

3/1/2022

## Practice Model Review Protocol



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## Practice Model Review General Instructions

**Period Under Review (PUR):** For all items other than Item 17, the Period Under Review looks back six (6) months prior to the 2nd day of the review. Item 17 looks back twelve (12) months from the 2nd day of the review.

**Out-of-Home Cases:** Out-of-home cases should be scored considering only the identified target child on every item except Assessing Outcome Items 7 and 8 which apply to the target child and any other child in the family home.

For Assessing Outcome Items 7 and 8, when considering who to score, include any children in the family involved in an open case and any parent/guardians home where they live or visit.

**In-Home Cases:** In-home cases should score every applicable child in each item. Child applicability questions should be answered regarding each child to determine which children should be scored.

### Parent Definition

#### In-Home Cases:

- “Mother” and “Father” are defined as the parents/caregivers with whom the child(ren) was living when the department became involved with the family and with whom the child(ren) will remain (for example, biological parents, relatives, guardians, adoptive parents)
- If a biological parent does not fall into any of the categories above, determine whether that parent should be included in this item based on the circumstances of the case
  - Some things to consider in this determination are:
    - The reason for the department’s involvement and the identified perpetrators in the case
    - The status of the child(ren)’s relationship with the parent
    - The nature of the case (CHINS or IA) and the length of case opening
- If a biological parent indicates a desire during the period under review to be involved with the child(ren) and it is in the child(ren)’s best interests to do so, they should be assessed in this item

#### Out-of-Home Cases:

- “Mother” and “Father” are defined as the parents/caregivers from whom the child(ren) was removed
- “Mother” and “Father” include biological parents who were not the parents from whom the child(ren) was removed
- Stepparents should only be scored as “Mother” or “Father” if they are married
  - If they are not married, they should be considered in the rating given to the parent they are associated with
- Parents who are of the same gender should be captured according to their role as you would for other parents
  - The protocol allows capturing more than one “Mother” and more than one “Father”

## Case Information

Review Date: \_\_\_\_\_

PUR: \_\_\_\_\_

Region: \_\_\_\_\_

County: \_\_\_\_\_

Case Name: \_\_\_\_\_

Reviewer Names: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Case Type:

Out-of-Home CHINS       In-Home CHINS       Informal Adjustment (IA)       Adoption

Is this a Dual Status case?       Yes       No

If Yes, was the case led by DCS or Probation?       DCS       Probation

### Case Opening:

- For In-Home cases, including Informal Adjustments, the date should be the date the department decided to open a case
- For Out-of-Home CHINS, if the case began with a removal, that is the date of case opening
  - If an In-Home case was open prior to removal, use the date of In-Home case opening

### Length of Case:

- Calculate this by counting the number of months from the date of case opening until case closure or the 2<sup>nd</sup> day of the current review.

### Case Closure:

- Case closure should be documented as the date the court ordered dismissal regardless of whether the department has received a copy of the court order or not

Date of Case Opening: \_\_\_\_\_

Number of Months in Care: \_\_\_\_\_

Date of Removal: \_\_\_\_\_

Date of Case Closure: \_\_\_\_\_

Not Yet Closed

### Reason for Case Opening:

- |  |   |
|--|---|
| <input type="checkbox"/> Physical Abuse—Non accidental injury to child   | <input type="checkbox"/> Medical Neglect                          |
| <input type="checkbox"/> Suspicious Death of Child or Near Fatality  | <input type="checkbox"/> Educational Neglect                      |
| <input type="checkbox"/> Sexual Abuse  | <input type="checkbox"/> Emotional Injury                         |
| <input type="checkbox"/> General Neglect   | <input type="checkbox"/> Drug Exposed Infant                      |
| <input type="checkbox"/> Failure to Protect  | <input type="checkbox"/> Lack of Supervision                      |
| <input type="checkbox"/> Exposed to Domestic Violence in the Home  | <input type="checkbox"/> Sexual Exploitation or Labor Trafficking |
| <input type="checkbox"/> Abandonment   | <input type="checkbox"/> Risk of Harm                             |
| <input type="checkbox"/> Other (Please Specify)<br><div style="border: 1px solid black; height: 40px; width: 100%;"></div> |   |

**Current Placement:**

- |                                       |                                   |   |
|---------------------------------------|-----------------------------------|---|
| <input type="checkbox"/> Foster Home  | <input type="checkbox"/> Relative | <input type="checkbox"/> Residential/Group Home         |
| <input type="checkbox"/> Pre-adoptive | <input type="checkbox"/> Kinship  | <input type="checkbox"/> Custodial/Non-Custodial Parent |

**Number of Permanency FCMs throughout life of case:** \_\_\_\_\_**Length of time (months) current FCM has had case:** \_\_\_\_\_**Length of time (years/months) current FCM has been employed:** \_\_\_\_\_**Caregiver Stress Factors:**

- |   |   |
|---|---|
| <input type="checkbox"/> None                                   | <input type="checkbox"/> Lack of Parenting Skills   |
| <input type="checkbox"/> Abused/Neglected as a child (wardship) | <input type="checkbox"/> Language Problems          |
| <input type="checkbox"/> Alcoholism                             | <input type="checkbox"/> Learning Problems          |
| <input type="checkbox"/> Authoritarian Method of Discipline     | <input type="checkbox"/> Legal Problems             |
| <input type="checkbox"/> Domestic Violence                      | <input type="checkbox"/> Mental Health Problems     |
| <input type="checkbox"/> Drug Addiction/Substance Abuse         | <input type="checkbox"/> Other Medical Condition    |
| <input type="checkbox"/> Emotionally Disturbed                  | <input type="checkbox"/> Physically Disabled        |
| <input type="checkbox"/> Family Discord/Marital Problems        | <input type="checkbox"/> Physical Health Problems   |
| <input type="checkbox"/> Heavy Child Care Responsibility        | <input type="checkbox"/> Poor Money Management      |
| <input type="checkbox"/> Inadequate Housing                     | <input type="checkbox"/> Pregnancy/New Child        |
| <input type="checkbox"/> Incarceration                          | <input type="checkbox"/> Recent Relocation          |
| <input type="checkbox"/> Insufficient Income                    | <input type="checkbox"/> Social Isolation           |
| <input type="checkbox"/> Intellectual Disability                | <input type="checkbox"/> Unstable Living Conditions |
| <input type="checkbox"/> Job Related Problems                   | <input type="checkbox"/> Visual/Hearing Impaired    |

**Children:**

Target Child	Child's Name	Race	Ethnicity	Date of Birth	Gender	Interviewed

**Case Participants:**

Name	Role	Relationship to Child	Interviewed
	FCM		
	FCMS		
	Mother		
	Father		

# TEAMING OUTCOME: TO ASSEMBLE OR COORDINATE A GROUP OF INDIVIDUALS WITH THE INTENT TO BRING IDEAS AND/OR SOLUTIONS TO ACHIEVE A COMMON GOAL

## Item 1: Team Formation

**Purpose of Assessment:** To determine whether, during the period under review, the people who provide support and services for the child(ren) and family have been identified and formed a working team with the skills, family knowledge, and abilities necessary to organize effective services, meet the family's needs, and assist the child and family in achieving their desired outcomes.

**Item 1 Applicable Cases:** All cases are applicable for an assessment of this item.

### Question A & B Definitions:

- Child and family team meeting (CFTM) is defined as a meeting established with parent(s), caregivers, child(ren), and their formal/informal supports to create a plan that ensures child(ren) safety and meets the family's needs and goals in achieving positive outcomes
  - In situations without parents, such as TPR, abandonment, or death of parents; teaming should occur around the child(ren) and/or caregivers
- The child, age 14 or older, should select up to two "Child Representatives"
  - "Child Representative" is defined as a person who is at least 18 years of age, a member of the team, and selected by the child
  - The child representative may not be a resource parent or FCM
  - The child may select one of the child representatives to also be his or her adviser and advocate
  - Child representatives are subject to the approval of the department and may be rejected if there is cause to believe that they would not act in the best interest of the child

### Question A & B Instructions:

- Teams should always consist of at least one or more formal or informal supports identified by the family
- Efforts should always be made to meet the logistical needs of the family, including the time and location of the CFTM
- Concerted efforts toward forming a child and family team should occur throughout the period under review and may include:
  - Face-to-face engagement of family regarding process
  - Documented efforts to reach absent parents
  - Discussions with age-appropriate child(ren)/youth regarding CFTM process
- Accommodations can include phone calls, skype, etc.
- Question A3 should be answered NA if none of the children are at least 14 years of age

**A1.** Indicate who has been included in the CFTM during the period under review.

- |  |  |
|--|--|
| <input type="checkbox"/> Mother                            | <input type="checkbox"/> Father  |
| <input type="checkbox"/> Child(ren)                        | <input type="checkbox"/> Resource Parents                                  |
| <input type="checkbox"/> Informal Supports                 | <input type="checkbox"/> CASA/GAL  |
| <input type="checkbox"/> Service Providers/Formal Supports | <input type="checkbox"/> Other: _____                                      |
| <input type="checkbox"/> No team has been formed           | <input type="checkbox"/> No team has been formed despite concerted efforts |

**A2.** If there were team members unable to attend in person, were accommodations made to allow them to participate?

- Yes       No       NA

**A3.** If the child(ren) is 14 or older, were they given the opportunity to select up to two child representatives to be part of the team?

Yes       No       NA

**A.** During the period under review, did the department make **ongoing concerted efforts** to engage the family in developing a Child and Family Team consisting of the people who provide supports and services for the child(ren) and family?

Yes       No       NA

**Question B Instructions:**

- Separate teams may be warranted for each parent when:
  - There is concern that one parent and/or the child would be in danger or intimidated and is therefore unable to represent what he or she feels is in the child's best interest
  - A "no contact order" is in place
  - Domestic violence is a concern in the case
- If none of the above concerns are present, B should be answered NA

**B.** If separate teams for each parent were warranted, did the department make concerted efforts to engage each parent to form a team?

Yes       No       NA

**Question C Definitions:**

- "Case juncture" is defined as any time there is a new awareness of significant information regarding the child(ren) or family's strengths or needs, which may impact the Case Plan and/or Safety Plan
  - Case junctures may include, but are not limited to,
    - Transition planning and/or positive or negative changes in placement, permanency plan, formal or informal supports, family involvement, visitation, behavior, diagnosis (mental or physical), sobriety, skills acquisition, education, or case closure

**C1.** During the period under review, what was the most typical pattern of CFTMs?

More than once a month  
 Once a month  
 Less than once a month, but at least bi-monthly  
 Less than bi-monthly, but at least quarterly  
 Less than quarterly, but at least one every 180 days  
 Never

**C2.** What is the date of the most recent CFTM during the period under review?

\_\_\_\_ / \_\_\_\_ / \_\_\_\_       No CFTM during the period under review

**C.** During the period under review, did the department facilitate CFTMs with the family on an ongoing basis and at critical case junctures?

Yes       No

**Question D Instructions:**

- A CFTM may fulfill the requirement to hold a Case Plan Conference if all required parties are invited
  - Required participants include the mother, father, placement, CASA/GAL (if one is appointed), Child (age 14 and older)
- If D is Yes, include date of Case Plan Conference
- D should be NA for an informal adjustment

D. If the family chose not to participate in the CFTM process, or if the Child and Family Team does not include the resource parent or CASA/GAL, was a Case Plan Conference held after notification of all required participants?

Yes       No       NA

If yes, what is the date of the most recent Case Plan Conference during the period under review?

  /  /

## Item 1 Rating Criteria

### Item 1 should be rated as a Strength if the following applies:

- Questions A, B, and C, are Yes and question D is Yes or NA
- The answer to A is Yes; B and C are answered NA; and D is answered Yes

### Item 1 should be rated as an Area Needing Improvement if the following applies:

- The answer to any one of questions A, B, C, and D is answered No

There are no circumstances under which this item could be rated NA

### Item 1 Rating (select one):

Strength       Area Needing Improvement

Provide item rating justification. Include any comments that highlight strengths or challenges related to specific practices, systemic issues, or resources that affected this item in the narrative field below:

# TEAMING OUTCOME: TO ASSEMBLE OR COORDINATE A GROUP OF INDIVIDUALS WITH THE INTENT TO BRING IDEAS AND/OR SOLUTIONS TO ACHIEVE A COMMON GOAL

## Item 2: Quality Child and Family Team Meetings

**Purpose of Assessment:** To determine whether, during the period under review, members of the family team collectively functioned as a unified and coordinated team in planning services and evaluating results. Actions of the family team reflected a coherent pattern of effective teamwork and collaborative problem solving that benefits the child(ren) and family in achieving positive results.

### Item 2 Applicable Cases:

- Cases are applicable for an assessment of this Item if a CFTM has been held during the PUR
- If the answer to Item 1 question A1 was No team has been formed OR No team has been formed despite concerted efforts, then Item 2 should be rated as Not Applicable

### Is this case applicable?

- Yes       No

If the response is No, Item 2 will be rated NA

### Item 2 Definitions:

- “Quality Teaming” provides a greater richness of family support and more inclusive decision making
  - This results in more effective plans and interventions to achieve positive outcomes and safe, sustainable case closure
- “Prep meeting” is defined as a conversation with parents(s)/caregiver(s)/child(ren) to prepare for the CFTM
  - Goals are set; team members selected; location, date, and time for the CFTM are established
  - Prep meetings may also occur with identified team members
- Answer this question based on a review of documented CFTM notes, reviewer interviews with team members, and your professional judgement regarding quality Child and Family Team Meetings

### Item 2 Instructions:

- When scoring Item 2, base your response on the content of the meeting rather than the format in which it was done
- If the department made concerted efforts to complete a prep meeting but were unable to due to situations outside of their control, answer A “Yes”

A. During the period under review did the department make concerted efforts to complete a prep meeting prior to each CFTM?

- Yes       No

B. Did the team discuss child(ren) safety in all settings during the CFTM?

- Yes       No

C. Did the team address the needs of the family during the CFTM?

- Yes       No

D. Did the team create or revisit the visitation plan during the CFTM?

- Yes       No       NA

E. Did the team identify measurable outcomes and the family's underlying needs during the CFTM?

Yes       No

F. Did the team make an action plan that indicated Who? What? When? during the CFTM?

Yes       No

**Question G Instructions:**

- Alternative Plan/Concurrent Plan relates to the overall permanency plan in the case
  - The team should be discussing the current permanency plan and what plan may be considered if this plan does not succeed

G. Did the team develop an alternative plan/concurrent plan during the CFTM?

Yes       No

H. Did the team plan around what could go wrong with the action plan developed during the CFTM?

Yes       No

I. Was there a shared understanding among team members of the plan for case progression?

Yes       No

## Item 2 Rating Criteria

### Item 2 should be rated as a Strength if the following applies:

- Questions A through I are all answered Yes
- Question I is answered Yes and no more than three questions, A through H, are answered No

### Item 2 should be rated as an Area Needing Improvement if the following applies:

- Question I is answered No
- Question I is answered Yes and more than three questions, A through H, are answered No

### Item 2 should be rated as NA if the response to the question of applicability is No

#### Item 2 Rating (select one):

Strength       Area Needing Improvement       NA

Provide item rating justification. Include any comments that highlight strengths or challenges related to specific practices, systemic issues, or resources that affected this item in the narrative field below:

# TEAMING OUTCOME: TO ASSEMBLE OR COORDINATE A GROUP OF INDIVIDUALS WITH THE INTENT TO BRING IDEAS AND/OR SOLUTIONS TO ACHIEVE A COMMON GOAL

## Item 3: Informal Supports

**Purpose of Assessment:** To determine whether, during the period under review, the family engaged with an informal support system that assists them with caring for their child(ren) in order to achieve goals and attain safe, sustainable case closure.

### Item 3 Definitions:

- In-home services cases:
  - “Mother” and “Father” are defined as the parents/caregivers with whom the child(ren) was living when the department became involved with the family and with whom the child(ren) will remain
    - Biological parents, relatives, guardians, adoptive parents, etc.
  - If a biological parent does not fall into any of the categories above, determine whether that parent should be included in this item based on the circumstances of the case. Some things to consider in this determination are:
    - The reason for the department’s involvement
    - the identified perpetrators in the case
    - the status of the child(ren)’s relationship with the parent
    - the nature of the case (CHINS or IA) and the length of case opening
  - If a biological parent indicates a desire, during the period under review, to be involved with the child(ren) and it is in the child(ren)’s best interests to do so, they should be assessed in this item
- Out-of-home cases:
  - “Mother” and “Father” are defined as the parents/caregivers from whom the child(ren) was removed
  - “Mother” and “Father” include biological parents who were not the parents from whom the child(ren) was removed
  - Stepparents should only be scored as “Mother” or “Father” if they are married
    - If they are not married, they will be considered in the rating given to the associated parent

### Item 3 Applicable Cases:

- Because multiple case participants can be assessed in these questions, consider applicability for all appropriate case participants before determining that the rating should be NA.
- To determine if Item 3 should be answered NA, if any of the following applies to either the mother or the father being assessed in this item (check Yes for any that apply and No for any that do not apply)
  - Parent was deceased during the entire period under review  Yes  No
  - Parental rights remained terminated during the entire period under review  Yes  No
  - During the entire period under review, it was documented in the case file that it was not in the child(ren)’s best interests to involve the parent in case planning  Yes  No
  - During the entire period under review, the parent has indicated he/she does not want to be involved in the child(ren)’s life and this was documented in the case file  Yes  No
  - Parent’s whereabouts were not known during the entire period under review despite concerted efforts to locate the parent  Yes  No

### Is Item 3 applicable for Mother?

Yes  No

If No, answer questions A1 and A2 NA

**Is Item 3 applicable for Father?**

Yes       No

If No, answer questions B1 and B2 NA

Indicate why participants are NA in this item

If both parents are NA, Item 3 will be NA in the Ratings section

**Question A Definitions:**

- “Informal Supports” are people who are part of the family’s personal social network
  - They might be related to the family or be a friend, neighbor, colleague from work, school personnel, past foster parents, or members of a faith-based community
  - These meaningful connections can provide caregivers with important supports, knowledge, linkages, and opportunities

**Question A & B Instructions:**

- If A1 or B1 is Yes, the corresponding A2 or B2 should be NA
- The focus of this item is on determining the adequacy and durability of family supports in helping parents succeed in parenting their child(ren)
- Consider the role or contribution informal supports make in the family’s life
- When families have an already functioning informal network, the goal of the Department is to engage, join, and build on their capacity to support the parents
- Concerted efforts toward assisting in developing informal supports should occur throughout the period under review and may include:
  - Face-to-face engagement to discuss family’s informal supports
  - Documented efforts to engage informal supports
  - Assisting the family to identify community organizations, support groups, educational and/or recreational activities that can support them in parenting their child(ren)
- When considering the reliability and sustainability of a support system think about their influence on the mother or father
  - Do they promote good decisions and/or assist the parent in making progress toward permanency?
    - If they do not, this would be an area to develop and expand

**A1.** During the period under review, did the mother have an adequate (reliable and sustainable) informal support system to assist her to achieve and sustain the conditions necessary for safe, sustainable case closure?

Yes       No       NA

**A2.** During the period under review, if the mother did not have an adequate informal support system, did the department make concerted efforts to assist her to develop or expand her informal supports?

Yes       No       NA

**B1.** During the period under review, did the father have an adequate (reliable and sustainable) informal support system to assist him to achieve and sustain the conditions necessary for safe, sustainable case closure?

Yes       No       NA

**B2.** During the period under review, if the father did not have an adequate informal support system, did the department make concerted efforts to assist him to develop or expand his informal supports?

Yes       No       NA

## Item 3 Rating Criteria

### Item 3 should be rated as a Strength if the following applies:

- Questions A1 & B1 are answered Yes and A2 & B2 are answered NA
- Questions A1 & B1 are No but A2 & B2 are Yes
  - If mother is NA, B1 and B2 follow one of the patterns above
  - If father is NA, A1 and A2 follow one of the patterns above

### Item 3 should be rated as an Area Needing Improvement if the following applies:

- Questions A2 or B2 are answered No

### Item 3 should be rated as NA if the response to the question of applicability is No for both parents

#### Item 3 Rating (select one):

Strength

Area Needing Improvement

NA

Provide item rating justification. Include any comments that highlight strengths or challenges related to specific practices, systemic issues, or resources that affected this item in the narrative field below:

## TEAMING OUTCOME RATING

TEAMING OUTCOME: TO ASSEMBLE OR COORDINATE A GROUP OF INDIVIDUALS WITH THE INTENT TO BRING IDEAS AND/OR SOLUTIONS TO ACHIEVE A COMMON GOAL

What is the level of outcome achievement that best describes the extent to which this outcome is being or has been achieved, based on the ratings for Items 1, 2, & 3?

**Instructions:**

- Teaming Outcome should be rated as Substantially Achieved if the following applies:
  - Items 1, 2, and 3 are rated as Strengths
  - Items 1 is rated as Strength and Items 2 and 3 are rated as Strength or NA
- Teaming Outcome should be rated as Partially Achieved if the following applies:
  - If all 3 Items scored, at least two of Items 1, 2, and 3 are rated as a Strength
  - If only 2 items are scored, 1 item must be rated as a Strength
- Teaming Outcome should be rated as Not Achieved if either of the following applies:
  - All of Items 1, 2, and 3 are rated as Areas Needing Improvement
  - Item 1 is rated as Area Needing Improvement and Items 2 and 3 are rated as Area Needing Improvement or NA
  - At least 2 of items 1, 2, or 3 is rated as Area Needing Improvement

**Select the appropriate response:**

Substantially Achieved       Partially Achieved       Not Achieved

# ENGAGING OUTCOME: TO EFFECTIVELY ESTABLISH A RELATIONSHIP WITH ESSENTIAL INDIVIDUALS IN A MEANINGFUL WAY FOR THE PURPOSE OF SUSTAINING WORK THAT IS TO BE ACCOMPLISHED TOGETHER

## Item 4: Family Case Manager Visits with Child(ren)

**Purpose of Assessment:** To determine whether, during the period under review, the frequency and quality of visits between the Family Case Manager and the child(ren) in the case are sufficient to ensure the safety, permanency, and well-being of the child(ren) and promote achievement of case goals.

**Item 4 Applicable Cases:** All cases are applicable for an assessment of this item.

### Question A1 & A Definitions:

- A “visit” is defined as a face-to-face contact between the Family Case Manager or other designated individual from the department and the child(ren)

### Question A1 Instructions:

- If this is an in-home services case, question A1 should be answered for all child(ren) in the case
- If this is an out-of-home case, question A1 should be answered only for the target child
- Consider only the pattern of visits during the period under review and not over the life of the case
- Focus on the visitation frequency of the department Family Case Manager responsible for the case and not on other service providers who may be visiting the child(ren)
- Determine the most typical pattern of visitation because the actual frequency may vary in specific time periods

**A1.** What was the most typical pattern of visitation between the Family Case Manager and the child(ren) in the case? Select the box that describes the usual pattern of visitation during the period under review.

- More than once a week
- Once a week
- Less than once a week but at least twice a month
- Less than twice a month, but at least once a month (and every 30 days)
- Less than once a month
- Never

### Question A Instructions:

- If A1 is Never, question A is No
- If the typical pattern of visits is less than once a month, the answer to question A should be No unless you determine that there is a substantial justification for a Yes answer
- In responding to question A, consider the frequency of visits selected in question A1
  - Base your determination on the frequency necessary to ensure the child(ren)’s safety, permanency, and well-being along with state policy requirements regarding caseworker contacts or visits with the child(ren)
  - Frequency of visitation should be determined based on the circumstances of the case, such as any risk and safety concerns, the age and vulnerability of the child(ren), the reason for the department’s involvement with the family, etc.
- If the child is in a placement in another state, you should determine whether a caseworker from where the child is placed, or a caseworker from the department, visits with the child in the placement on a schedule that is consistent with the child’s needs and state policy

- A. Was the frequency of the visits between the Family Case Manager and the child(ren) sufficient to address issues pertaining to the safety, permanency, and well-being of the child(ren) and promote achievement of case goals?
- Yes       No

**Question B Instructions:**

- If A1 is Never, question B is NA
- Consider the length of the visit, the location of the visit, and the consistency of the worker completing the visit
  - Was it of sufficient duration to address key issues with the child(ren), or was it a brief visit
  - Was it in a place conducive to open and honest conversation, such as a private home, or was it in a more formal or public environment, such as a courthouse or restaurant
  - Did a worker not assigned to the case or a supervisor routinely visit with the child
- Consider whether the Family Case Manager saw the child(ren) alone or whether the parent or foster parent was usually present during the caseworker's visits with the child(ren)
  - The age and appropriateness of speaking with the child(ren) alone should be assessed
- Consider the topics that were discussed during the visits, if that information is available in the case file or through interviews
  - For the answer to question B to be Yes, there must be some evidence that the Family Case Manager and the child(ren) addressed issues pertaining to the child(ren)'s needs, services, and case goals during the visits

- B. Was the quality of the visits between the Family Case Manager and the child(ren) sufficient to address issues pertaining to the safety, permanency, and well-being of the child(ren) and promote achievement of case goals?

Yes       No       NA

## Item 4 Rating Criteria

**Item 4 should be rated as a Strength if the following applies:**

- Questions A & B are answered Yes

**Item 4 should be rated as an Area Needing Improvement if the following applies:**

- Question A or B is No

**There are no circumstances under which this item could be rated NA**

**Item 4 Rating (select one):**

- Strength       Area Needing Improvement

Provide item rating justification. Include any comments that highlight strengths or challenges related to specific practices, systemic issues, or resources that affected this item in the narrative field below:

# ENGAGING OUTCOME: TO EFFECTIVELY ESTABLISH A RELATIONSHIP WITH ESSENTIAL INDIVIDUALS IN A MEANINGFUL WAY FOR THE PURPOSE OF SUSTAINING WORK THAT IS TO BE ACCOMPLISHED TOGETHER

## Item 5: Family Case Manager Visits with Parents

**Purpose of Assessment:** To determine whether, during the period under review, the frequency and quality of visits between the Family Case Manager and the mother and father of the child(ren) are sufficient to ensure the safety, permanency, and well-being of the child(ren) and promote achievement of case goals.

### Item 5 Definitions:

- In-home services cases:
  - “Mother” and “Father” are defined as the parents/caregivers with whom the child(ren) was living when the department became involved with the family and with whom the child(ren) will remain
    - Biological parents, relatives, guardians, adoptive parents, etc.
  - If a biological parent does not fall into any of the categories above, determine whether that parent should be included in this item based on the circumstances of the case. Some things to consider in this determination are:
    - The reason for the department’s involvement
    - the identified perpetrators in the case
    - the status of the child(ren)’s relationship with the parent
    - the nature of the case (CHINS or IA) and the length of case opening
  - If a biological parent indicates a desire, during the period under review, to be involved with the child(ren) and it is in the child(ren)’s best interests to do so, they should be assessed in this item
- Out-of-home cases:
  - “Mother” and “Father” are defined as the parents/caregivers from whom the child(ren) was removed
  - “Mother” and “Father” include biological parents who were not the parents from whom the child(ren) was removed
  - Stepparents should only be scored as “Mother” or “Father” if they are married
    - If they are not married, they should be considered in the rating given to the parent they are associated with

### Item 5 Applicable Cases:

- Because multiple case participants can be assessed in these questions, consider applicability for all appropriate case participants before determining that the rating should be NA
- Corresponding questions will not be scored if any of the following applies to the mother or father being assessed in this item (check Yes for any that apply and No for any that do not apply)
  - Parent was deceased during the entire period under review  Yes  No
  - Parental rights remained terminated during the entire period under review  Yes  No
  - During the entire period under review, it was documented in the case file that it was not in the child(ren)’s best interests to involve the parent in case planning  Yes  No
  - During the entire period under review, the parent has indicated he/she does not want to be involved in the child(ren)’s life and this was documented in the case file  Yes  No
  - Parent’s whereabouts were not known during the entire period under review despite concerted efforts to locate the parent  Yes  No

**Is Item 5 applicable for Mother?**

Yes       No

If No, answer questions A1, A2, and A3 NA

**Is Item 5 applicable for Father?**

Yes       No

If No, answer questions B1, B2, and B3 NA

Indicate why participants are NA in this item

If both mother and father are NA, Item 5 will be NA in the Ratings section

**Question A1, B1, A, & B Definitions:**

- A “visit” is defined as a face-to-face contact between the Family Case Manager or other designated individual from the department and the mother and/or father

**Question A1 & B1 Instructions:**

- Determine the most typical pattern of visitation because the actual frequency may vary in specific time periods.
- In extenuating circumstances, for example when a parent is located out of state or a large distance from the county, other forms of contact may be considered including phone calls and virtual contact. When considering this, determine if this level of contact meets the circumstances of the case, including a non-custodial parent who the child will not reside with in the future, a parent who is not part of the Informal Adjustment, etc.
- Select Never for questions A1 and B1 if the department did not make concerted efforts to locate a mother or father whose whereabouts were unknown

**A1.** What was the most typical pattern of visitation between the Family Case Manager and the mother of the child(ren) during the period under review? Select the appropriate response:

- More than once a week
- Once a week
- Less than once a week, but at least twice a month
- Less than twice a month, but at least once a month
- Less than once a month
- Never
- NA

**B1.** What was the most typical pattern of visitation between the Family Case Manager and the father of the child(ren) during the period under review? Select the appropriate response:

- More than once a week
- Once a week
- Less than once a week, but at least twice a month
- Less than twice a month, but at least once a month
- Less than once a month
- Never
- NA

**Question A2 & B2 Instructions:**

- If the answer to question A1 or B1 is NA, the answer to question A2 or B2 for that parent is also NA
- Consider the frequency of visits that is necessary to effectively address:
  - The child(ren)'s safety, permanency, and well-being
  - Achievement of case goals
- Do not answer the question based only on the caseworker visit requirements that may be established by state policy
  - Consider attempts such as home visits, phone calls, texts, emails, virtual visits
- The answers to questions A2 and B2 should be No if the typical pattern of contact is less than once a month, unless you have a substantial justification for answering either question as Yes

**A2.** During the period under review, were concerted efforts made to ensure the frequency of the visits between the Family Case Manager and the mother were sufficient to address issues pertaining to the safety, permanency, and well-being of the child(ren) and promote achievement of case goals?

Yes       No       NA

**B2.** During the period under review, were concerted efforts made to ensure the frequency of the visits between the Family Case Manager and the father were sufficient to address issues pertaining to the safety, permanency, and well-being of the child(ren) and promote achievement of case goals?

Yes       No       NA

**Question A3 & B3 Instructions:**

- Consider the length of the visit, the location of the visit, and the consistency of the worker completing the visit
  - Was it of sufficient duration to address key issues with the mother/father, or was it a brief visit
  - Was it in a place conducive to open and honest conversation, such as a private home, or was it in a more formal or public environment, such as a courthouse or restaurant
  - Did a worker not assigned to the case or a supervisor routinely visit with the mother/father
- Consider whether the visits between the Family Case Manager and the mother/father focused on issues pertinent to case planning, service delivery, and goal achievement
- If the answer to question A1 or B1 is Never or NA, then the answer to the corresponding question (same parent) A3 or B3 should be NA

**A3.** Was the quality of the visits between the Family Case Manager and the mother sufficient to address issues pertaining to the safety, permanency, and well-being of the child(ren) and promote achievement of case goals?

Yes       No       NA

**B3.** Was the quality of the visits between the Family Case Manager and the father sufficient to address issues pertaining to the safety, permanency, and well-being of the child(ren) and promote achievement of case goals?

Yes       No       NA

## Item 5 Rating Criteria

**Item 5 should be rated as a Strength if the following applies:**

- Questions A2, A3, B2, & B3 are answered Yes
- Questions A2 & A3 are Yes and B2 & B3 are answered NA
- Questions A2 & A3 are NA and B2 & B3 are answered Yes

**Item 5 should be rated as an Area Needing Improvement if the following applies:**

- Any one of questions A2, A3, B2, or B3 is answered No

**Item 5 should be rated as NA if the response to the question of applicability is No for both parents**

**Item 5 Rating (select one):**

Strength

Area Needing Improvement

NA

Provide item rating justification. Include any comments that highlight strengths or challenges related to specific practices, systemic issues, or resources that affected this item in the narrative field below:

# ENGAGING OUTCOME: TO EFFECTIVELY ESTABLISH A RELATIONSHIP WITH ESSENTIAL INDIVIDUALS IN A MEANINGFUL WAY FOR THE PURPOSE OF SUSTAINING WORK THAT IS TO BE ACCOMPLISHED TOGETHER

## Item 6: Child(ren), Family, and Resource Parent Involvement in Case Planning

**Purpose of Assessment:** To determine whether, during the period under review, concerted efforts were made (or are being made) to involve parents, child(ren) (if developmentally appropriate), and resource parents in the case planning process on an ongoing basis

### Item 6 Definitions:

- Most child(ren) who are elementary school-aged or older may be expected to participate to some extent in case planning
  - However, the capacity to participate will need to be decided on a case-by-case basis due to child(ren)'s current developmental abilities
- Out-of-home cases will also include any resource parents who are responsible for the care of the target child(ren) during the period under review
- In-home services cases:
  - "Mother" and "Father" are defined as the parents/caregivers with whom the child(ren) was living when the department became involved with the family and with whom the child(ren) will remain
    - Biological parents, relatives, guardians, adoptive parents, etc.
  - If a biological parent does not fall into any of the categories above, determine whether that parent should be included in this item based on the circumstances of the case. Some things to consider in this determination are:
    - The reason for the department's involvement
    - the identified perpetrators in the case
    - the status of the child(ren)'s relationship with the parent
    - the nature of the case (CHINS or IA) and the length of case opening
  - If a biological parent indicates a desire, during the period under review, to be involved with the child(ren) and it is in the child(ren)'s best interests to do so, they should be assessed in this item
- Out-of-home cases:
  - "Mother" and "Father" are defined as the parents/caregivers from whom the child(ren) was removed
  - "Mother" and "Father" include biological parents who were not the parents from whom the child(ren) was removed
  - Stepparents should only be scored as "Mother" or "Father" if they are married
    - If they are not married, they should be considered in the rating given to the parent they are associated with
- Resource Home:
  - Any placement where the child is being cared for in a family setting
    - This does not include residential facilities, group homes, detention centers, or any other facility setting with staff members providing care

### Item 6 Applicable Cases:

- Because multiple case participants can be assessed in these questions, consider applicability for all appropriate case participants before determining that the rating should be NA.
- Corresponding questions will not be scored if any of the following applies to the child, mother, father, or resource parents being assessed in this item (check Yes for any that apply and No for any that do not apply)

- Case involves child(ren) who are not of school age or for whom participating in planning is not developmentally appropriate  Yes  No
- Parent was deceased during the entire period under review  Yes  No
- Parental rights remained terminated during the entire period under review  Yes  No
- During the entire period under review, it was documented in the case file that it was not in the child(ren)'s best interests to involve the parent in case planning  Yes  No
- During the entire period under review, the parent has indicated he/she does not want to be involved in the child(ren)'s life and this was documented in the case file  Yes  No
- Parent's whereabouts were not known during the entire period under review despite concerted efforts to locate the parent  Yes  No
- Child has not been in a resource home during the period under review  Yes  No
- Child has been placed in a secure facility, residential facility, group home, or emergency shelter for the entirety of the period under review  Yes  No

**Is Item 6 applicable for Mother?**

Yes  No

If No, answer question A NA

**Is Item 6 applicable for Father?**

Yes  No

If No, answer question B NA

**Is Item 6 applicable for Child(ren)?**

Yes  No

If No, answer question C NA

**Is Item 6 applicable for Resource Parents?**

Yes  No

If No, answer question D NA

Indicate why participants are NA in this item

If all participants are NA, Item 6 will be NA in the Ratings section

**Question A, B, & D Definitions:**

- “Actively involved” means the department involved the mother or father in
  - Identifying strengths and needs
  - Identifying services and service providers
  - Establishing goals in case plans
  - Evaluating progress toward goals
  - Discussing the case plan

**Question A, B, & D Instructions:**

- Focus on the mother’s or father’s involvement in ongoing case planning, particularly regarding evaluating progress and making changes to the plan
- Select No if the department did not make concerted efforts to locate a mother or father whose whereabouts were unknown
- Focus on the resource parents’ involvement in ongoing case planning, particularly regarding evaluating progress and making changes to the plan regarding foster child(ren) in their care

A. Did the department make concerted efforts to actively involve the mother in the case planning process?

Yes       No       NA

B. Did the department make concerted efforts to actively involve the father in the case planning process?

Yes       No       NA

**Question C Definition:**

- “Actively involved” means the department consulted with the child(ren) (as developmentally appropriate) regarding the child(ren)’s goals and services, explained the plan and terms used in the plan in language that the child(ren) can understand, and included the child(ren) in periodic case planning meetings, particularly if any changes are being considered in the plan

**Question C Instructions:**

- If the case is out-of-home, this applies to the target child only
- If the case is an in-home services case, this applies to all child(ren) in the family home unless you determine that based on case circumstances only specific child(ren) in the home should be engaged in case planning
  - For example, only child(ren) receiving services from the department
- Identify the extent to which the child(ren) (if developmentally appropriate) was involved in determining:
  - Their strengths and needs
  - The type and level of services needed
  - Their goals and progress toward meeting them
- Determine whether this information was documented in the case file in any way
- Focus on the child(ren)’s involvement in ongoing case planning, particularly with regard to evaluating progress and making changes in the type and level of services needed as well as understanding changes made to their permanency goal (in out-of-home cases)
- Do not assume that child(ren)’s knowledge about their case plan is an indicator of active involvement

C. Did the department make concerted efforts to actively involve school aged and developmentally appropriate child(ren) in the case planning process?

Yes       No       NA

D. Did the department make concerted efforts to actively involve the resource parents in the case planning process?

Yes       No       NA

## Item 6 Rating Criteria

### Item 6 should be rated as a Strength if the following applies:

- Questions A, B, C, & D are answered Yes
- At least one question is answered Yes, and all others are answered NA

### Item 6 should be rated as an Area Needing Improvement if the following applies:

- Any one of questions A, B, C, or D is answered No

### Item 6 should be rated as NA if the response to the question of applicability is No for all participants

#### Item 6 Rating (select one):

Strength       Area Needing Improvement       NA

Provide item rating justification. Include any comments that highlight strengths or challenges related to specific practices, systemic issues, or resources that affected this item in the narrative field below:

## ENGAGING OUTCOME RATING

ENGAGING OUTCOME: TO EFFECTIVELY ESTABLISH A RELATIONSHIP WITH ESSENTIAL INDIVIDUALS IN A MEANINGFUL WAY FOR THE PURPOSE OF SUSTAINING WORK THAT IS TO BE ACCOMPLISHED TOGETHER

What is the level of outcome achievement that best describes the extent to which this outcome is being or has been achieved, based on the ratings for Items 4, 5, & 6?

**Instructions:**

- Engaging Outcome should be rated as Substantially Achieved if the following applies:
  - Items 4, 5, and 6 are rated as Strengths
  - Items 4 is rated as Strength and Items 5 and 6 are rated as Strength or NA
- Engaging Outcome should be rated as Partially Achieved if the following applies:
  - At least one of items 4, 5, and 6 is rated as a Strength and no more than one item is rated as an Area Needing Improvement
- Engaging Outcome should be rated as Not Achieved if either of the following applies:
  - All of Items 4, 5, and 6 are rated as Areas Needing Improvement
  - Item 4 is rated as Area Needing Improvement and Items 5 and 6 are rated as Area Needing Improvement or NA

**Select the appropriate response:**

Substantially Achieved       Partially Achieved       Not Achieved

# ASSESSING OUTCOME: TO EVALUATE A SERIES OF EVENTS OR A SITUATION AND DETERMINE THE ABILITY, WILLINGNESS, AND AVAILABILITY OF RESOURCES FOR ACHIEVING AN AGREED UPON GOAL FOR THE AGENCY

## Item 7: Services to the Family to Protect Child(ren) in the Home and Prevent Removal or Return into Out-of-Home Care

**Purpose of Assessment:** To determine whether, during the period under review, the department made concerted efforts to provide services to the family to prevent child(ren)'s entry into out-of-home care or return after reunification

### Item 7 Definitions:

- When considering who to score, include any children in the family involved in an open case and any parent/guardian's home where the child(ren) lives or visits

### Item 7 Applicable Cases:

- In the list of criteria below, check Yes for any that apply and No for any that do not apply
- A case is applicable for assessment of this item if it meets at least one of the following criteria:
  - It is an in-home services case and the reviewer determines that there were concerns regarding the safety of at least one child in the family during the PUR  Yes  No
  - It is an in-home services case and services were provided for child(ren) at risk of out-of-home placement to remain safely in their homes  Yes  No
  - It is an in-home services case and the child(ren) was moved from the custodial parent to the non-custodial parent  Yes  No
  - It is an out-of-home case and the child entered care during the PUR due to safety concerns  Yes  No
  - It is an out-of-home case and the child was returned to a trial home visit and the reviewer determines that there are concerns regarding the safety of that child in the home  Yes  No
  - It is an out-of-home case, and although the target child entered care before the PUR and remained in care for the entire PUR, there are other child(ren) involved in the open case and remaining in the home and the reviewer determines that there are concerns regarding the safety of those child(ren) during the PUR  Yes  No
- However, a case is NA for an assessment of this item if it meets the following criterion, even if the case is applicable based on the criteria above:
  - Only a safety plan was needed to ensure the child(ren)'s safety and no safety-related services were necessary based on the circumstances of the case. (In this situation, Item 7 would be NA and the safety plan would be assessed in Item 8.)  Yes  No

### Is Item 7 applicable for this case?

- Yes  No

If the response is No, Item 7 will be NA in the Ratings section

**Question A Definitions:**

- “Appropriate services,” for the purposes of Item 7, are those that are provided to, or arranged for, the family with the explicit goal of ensuring the child(ren)’s safety. Examples include:
  - If there are safety issues in the home due to environmental hazards, homemaking services could be an appropriate safety-related service
  - If there are safety concerns related to the parent’s ability to manage specific child(ren) needs or child(ren) behaviors, intensive in-home services could be an appropriate safety-related service
  - Child(ren) care services could be a safety-related service in cases where the child(ren) was being cared for in an unsafe setting or by an inappropriate caregiver
  - If there are safety concerns related to parental substance abuse, substance abuse treatment could be an appropriate safety-related service
- In most cases a child(ren)’s need for mental health services, education-related services, or services to address health issues, would not be considered relevant to the child(ren)’s safety if the child(ren) remained in the home
  - The department’s efforts to meet those service needs are assessed in other items.
- “Concerted efforts,” for the purposes of Item 7, refers to facilitating a family’s access to needed services and working to engage the family in those services.
- Safety concerns include any substantiated report during the PUR
- When answering question 7A consider if the department had an opportunity to provide services prior to removal or re-removal. If there was a delay between the time the department received the report and the time of removal it would indicate there was an opportunity to provide services and this should be considered.

**Question A Instructions:**

- In answering question A, focus only on whether the department made concerted efforts to provide appropriate and relevant services to the family to address the safety issues in the family so that the child(ren) could remain safely in the home or would not return to out-of-home care after reunification
  - Concerns about monitoring service participation and safety planning and assessment of progress made will be captured in Item 8
- If the department removed the child(ren) from the home without making concerted efforts to provide services, the answer to question A should be No, even if the department determined that it was necessary to remove the child(ren) for safety reasons
  - This issue will be addressed in question B

- A. For the PUR, did the department make concerted efforts to provide or arrange for appropriate services for the family to protect the child(ren) to prevent their entry into out-of-home care or return to out-of-home care after reunification? (Be sure to assess the entire PUR.)

Yes       No       NA

**Question B Instructions:**

- If the answer to question A is Yes, but, after making efforts to provide services, the child(ren) was removed from the home during the PUR due to unmanageable safety concerns, the answer to question B should be NA
- If the child(ren) was not removed from the home during the period under review, the answer to question B should be NA
- Focus on whether the circumstances of the case and of the removal suggest that services would not have been able to ensure the child(ren)'s safety if the child(ren) remained in the home
  - If the information indicates that it was necessary to remove the child(ren) immediately to ensure the child(ren)'s safety, the answer to question B should be Yes
  - If the information indicates that services could have been provided to prevent removal, but the child(ren) was removed without providing those services, this question should be answered No
- If services should have been offered to protect the child(ren), but were not because those services were not available in the community, the answer to question B should be No

- B. If during the PUR, any child was removed from the home without providing or arranging for services, was this action necessary to ensure the child(ren)'s safety?

Yes       No       NA

## Item 7 Rating Criteria

### Item 7 should be rated as a Strength if the following applies:

- Question A is answered Yes, and question B is NA
- Question A is answered No, and question B is Yes

### Item 7 should be rated as an Area Needing Improvement if the following applies:

- Question A is answered No, and question B is No
- Question A is answered No, and question B is NA

### Item 7 should be rated as NA if the response to the question of applicability is No

#### Item 7 Rating (select one):

Strength

Area Needing Improvement

NA

Provide item rating justification. Include any comments that highlight strengths or challenges related to specific practices, systemic issues, or resources that affected this item in the narrative field below:

# ASSESSING OUTCOME: TO EVALUATE A SERIES OF EVENTS OR A SITUATION AND DETERMINE THE ABILITY, WILLINGNESS, AND AVAILABILITY OF RESOURCES FOR ACHIEVING AN AGREED UPON GOAL FOR THE AGENCY

## Item 8: Risk and Safety Assessment and Management

**Purpose of Assessment:** To determine whether, during the PUR, the department made concerted efforts to assess and address the risk and safety concerns relating to child(ren) in their own homes or while in out-of-home care

**Item 8 Applicable Cases:** All cases are applicable for an assessment of this item

### Question A & B Definitions:

- “Safety Concern” is an active threat to child(ren) safety or an event that is currently impacting child(ren) safety
- “Risk” is defined as the likelihood that a child(ren) will be maltreated in the future
- An assessment of safety is made to determine whether a child(ren) is in a safe environment.
  - A safe environment is one in which there are no threats that pose a danger or, if there are threats, there is a responsible adult in a caregiving role who demonstrates sufficient capacity to protect the child(ren)
- “Target child” is defined as the child in an out-of-home case who is the subject of the review.

### Question A & B Instructions:

- For in-home services cases, questions A and B should be answered for all child(ren) involved in the open case at any parent/guardians’ home where the child(ren) live or visit
- For out-of-home cases, questions A and B should be answered for the target child in out-of-home care and any child(ren) involved in the open case at any parent/guardians’ home where the child(ren) live or visit
- When answering Question A, if the child(ren) was removed, consider the quality of the initial assessment of risk and safety concerns
  - Was the child(ren) removed and placed in out-of-home care due to safety concerns?
    - If the answer is No, the placement may have been due to an inappropriate assessment
  - If reviewers determine the child(ren) was placed in out-of-home care but there were no risk or safety concerns that would be captured in this question.
- Question A should be answered NA if the case was opened before the PUR, unless the initial assessment related to the case opening was pending or completed during the PUR
- In responding to questions A and B, consider any concerns selected in A1

#### A1. Did any of the following concerns exist during the PUR?

- There were maltreatment allegations about the family, but they were never formally reported or formally investigated/assessed  Yes  No
  - There were maltreatment allegations that were not substantiated despite evidence that would support substantiation  Yes  No
- A. If the case was opened during the PUR, did the department conduct an initial assessment that accurately assessed all risk and safety concerns for the target child(ren) in out-of-home care and/or any child(ren) in the family with open involvement remaining in the home?
- Yes       No       NA

**Question B Instructions:**

- In responding to question B, determine whether ongoing assessments (formal or informal) were conducted during the PUR including safety and risk assessment tools
  - If the department conducted an initial assessment of risk and safety at the onset of the case, but did not assess for risk and safety concerns on an ongoing basis and at critical times in the case, then the answer to question B should be No. Critical times may include:
    - When there were new allegations of abuse or neglect
    - Changing family conditions
    - New people coming into the family home or having access to the child(ren)
    - Changes to visitation
    - Upon reunification
    - At case closure
- Note that in some cases that were opened during the PUR, the issue of ongoing assessments may not be relevant because the case was opened for a very short period of time. For example,
  - If the case was opened shortly before the end of the PUR and during the initial assessment the department determined that there were no risk or safety concerns, then it may be reasonable to conclude that the department would not have conducted a second risk and safety assessment during the PUR
  - If the case was opened during the PUR and you believe that ongoing assessments were not necessary given the time frame and circumstances of the case, question B may be answered NA
- If a case was closed during the PUR, determine whether the department conducted a risk and safety assessment before closing the case
  - If not, the answer to question B should be No

- B. During the PUR, did the department conduct ongoing assessments that accurately assessed all the risk and safety concerns for the target child in out-of-home care and/or any child(ren) in the family with open involvement remaining in the home?

Yes       No       NA

**Question C Definitions:**

- “Safety plan” refers to a plan that describes strategies developed by the department and family to ensure that the child(ren) is safe. Safety plans should address:
  - Safety threats and how those will be managed and addressed by the caregiver
  - Caregiver capacity to implement the plan and report safety issues to the department
  - Family involvement in implementation of the plan
- Safety plans may be separate from or integrated into the case plan

**Question C Instructions:**

- Question C is applicable to all case types if there is a safety concerns for the target child(ren) in out-of-home care or child(ren) involved in the DCS case that are in the home
- Question C should be answered NA if the reviewer determines that, during the PUR, there were no apparent safety concerns for the target child(ren) in out-of-home care or child(ren) involved in the DCS case that are in the home.
- Safety Plans must be written and known by all parties referenced in the plan for question C to be answered Yes

- C. During the PUR, if safety concerns were present, did the department: (1) develop an appropriate safety plan with the family and (2) continually monitor and update the safety plan as needed, including monitoring family engagement in any safety-related services?

Yes       No       NA

**Question D Definitions:**

- “Plan of Safe Care” will be completed for each infant under the age of one year who is identified as being born affected by or exposed in utero to substance use (the drugs may be legal or illegal), experiencing symptoms or withdrawal, diagnosed with Neonatal Abstinence Syndrome, and/or diagnosed with Fetal Alcohol Spectrum Disorder (FASD)
  - The plan will address the mental and physical health and substance use treatment needs of the infant, parent(s), household members, and the infant’s caregiver(s)

**Question D Instructions:**

- If question D1 is No, question D should be answered NA

**D1.** Did this case meet the criteria for a Plan of Safe Care during the PUR?

- Yes       No

**D.** Was a Plan of Safe Care (State Form 56565) completed and documented in the system of record and continually monitored and updated as needed during the PUR

- Yes       No       NA

**Question E Definitions:**

- “Recurring maltreatment” means there was at least one substantiated report on any child in the family during the period under review AND there was another substantiated report within a 6-month period before or after that report **that involved the same or similar circumstances**
  - In determining the similarity of the circumstances, consider the perpetrator of the maltreatment and other individuals involved in the incident

**Question E Instructions:**

- Question E is applicable to all cases
- Answer NA if no safety concerns were present during the PUR
- Answer Yes if all safety-related concerns were adequately addressed by the department
- Answer No if any safety-related incidents in E1 are selected

**E1.** Indicate whether any safety-related incidents occurred during the PUR. Select all that apply

- NA (no safety concerns were present during the PUR)  
 All safety-related concerns were adequately addressed by the department  
 Recurring maltreatment  
 The case was closed while significant safety concerns that were not adequately addressed still existed in the home  
 Other—describe any other safety-related concerns that were not adequately addressed by the department
- 

**E.** During the PUR, did the department adequately or appropriately address safety concerns pertaining to the target child(ren) in out-of-home care and/or any child(ren) in the family with open involvement remaining in the home?

- Yes       No       NA

**Question F Instructions:**

- Select NA if this is an in-home case, there was no visitation, or no visitation related safety concerns existed during the PUR
- Answer Yes If all safety concerns, related to visitation, were adequately addressed
- Answer No if any visitation related safety concerns in F1 are selected

**F1.** For out-of-home cases only, indicate whether any safety concerns related to visitation were present during the PUR. Select all that apply:

- NA (this is an in-home services case, or the target child(ren) did not have any visitation)
- NA, there were no safety concerns during the PUR
- All safety concerns, related to visitation, were adequately addressed
- Sufficient monitoring of visitation by parents/caretakers or other family members was not ensured
- Unsupervised visitation was allowed when it was not appropriate
- Visitation was court-ordered despite safety concerns that could not be mitigated with supervision
- Other (describe the safety concerns that existed with visitation): \_\_\_\_\_

**F.** During the PUR, was the target child in out-of-home care free from safety concerns during visitation with parents/caretakers or other family members?

- Yes
- No
- NA

**Question G1 & G Definitions:**

- “Resource parents” are defined as related or non-related caregivers who have been given responsibility for care of the child(ren) by the department while the child(ren) is under the placement, care, responsibility and supervision of the department

**Question G Instructions:**

- Answer NA if this is an in-home case, or there were no safety concerns.
- Answer Yes if all concerns were adequately addressed were noted in G1.
- Answer No if you determine that, during the PUR, the child was in at least one resource placement in which he or she was unsafe, and appropriate action was not taken. Examples include:
  - Providing closer monitoring of the placement
  - Placing fewer children in the home
  - Providing services to address potential problems or existing problems
  - Finding a more appropriate placement
- If any concerns are selected in G1, question G should be answered No

**G1.** For out-of-home cases only, indicate whether any safety concerns existed for the child in at least one out-of-home care placement during the PUR. Select all that apply:

- NA, this is an in-home services case
- NA, there were no safety concerns
- All safety concerns for the target child, while in resource home placement, were adequately addressed
- There was a substantiated allegation of maltreatment of the child by a resource parent or facility staff member that could have been prevented if the department had taken appropriate actions
- There was a critical incident report or other major issue relevant to noncompliance by resource parents or facility staff that potentially make the child unsafe, and the department could have prevented it or did not provide an adequate response after it occurred
- The child’s placement during the PUR presented other risks to the child that are not being addressed, even though no allegation was made and no critical incident reports were filed
- You, as a reviewer, discover that there are safety concerns related to the child in the resource home or facility of which the department is unaware because of inadequate monitoring
- Other (describe the safety concerns that existed with placement): \_\_\_\_\_

**G.** For out-of-home cases only, during the PUR, did the department adequately or appropriately address any concerns for the target child’s safety related to the resource parents, members of the resource parents’ family, other child(ren) in the resource home or facility, or facility staff member?

- Yes
- No
- NA

## Item 8 Rating Criteria

### Item 8 should be rated as a Strength if the following applies:

- Questions A, B, C, D, E, F, & G are all answered Yes or NA

### Item 8 should be rated as an Area Needing Improvement if the following applies:

- Any one of questions A, B, C, D, E, F, or G is answered No

There are no circumstances under which this item could be rated NA

### Item 8 Rating (select one):

- Strength       Area Needing Improvement

Provide item rating justification. Include any comments that highlight strengths or challenges related to specific practices, systemic issues, or resources that affected this item in the narrative field below:

# ASSESSING OUTCOME: TO EVALUATE A SERIES OF EVENTS OR A SITUATION AND DETERMINE THE ABILITY, WILLINGNESS, AND AVAILABILITY OF RESOURCES FOR ACHIEVING AN AGREED UPON GOAL FOR THE AGENCY

## Item 9: Stability of the Child(ren)

**Purpose of Assessment:** To determine whether, during the PUR, the child(ren)'s daily setting, routines, and relationships are stable, consistent, and any changes in placement that occurred were in the best interests of the child(ren) and consistent with achieving the child(ren)'s permanency goals; and, if negative disruptions occurred, prompt and active measures were taken to restore the child(ren) to a stable situation

**Item 9 Applicable Cases:** All cases are applicable for an assessment of this item

### Item 9 Instructions:

- In-home cases:
  - Do not complete the placement table or question A
  - Questions B, C, D, and E should be answered NA

### Table A1 Definitions and Instructions

- Complete the placement table
  - Begin with the child(ren)'s placement type at the start of the period under review, or if the child(ren) was removed during the PUR, begin with the first placement type at time of removal
  - List each separate placement during the period under review
    - Runaways, respite care, and a brief hospitalization for acute care is not considered a placement if the child(ren) returns to the same home
- Select from the following options for placement type:
  - **Pre-Adoptive**—A home in which the family intends to adopt the child and may or may not be receiving a monthly payment or an adoption subsidy on behalf of the child
  - **Relative/Kinship Home**—A licensed or unlicensed home of the child's relatives or kinship
  - **Foster Home**—A licensed foster family home with no relationship to the child
  - **Group Home**—A licensed or approved home providing 24-hour care for the child in a small group setting that generally has from 7 to 12 children
  - **Residential**—A childcare facility operated by a public or private department and providing 24-hour care and/or treatment for children who require separation from their own homes and group living experience
    - These facilities may include childcare institutions, residential facilities, maternity homes, etc.
  - **Other**—A licensed or unlicensed placement setting that is not included in the list of placement types considered for this item AND is not one of the placement settings that could not be counted as a placement per Table A1 instructions, such as runaway, respite care, hotel, or department office
- Select from the following options for reason for change in placement setting:
  - NA, this is the current placement
  - Move to an adoptive or permanent guardian's home
  - Move from a more restrictive to a less restrictive placement
  - Move from a less restrictive to a more restrictive placement
  - Move to a relative or kinship placement
  - Move that brings the child closer to family or other important connections
  - Move to a temporary placement while awaiting a more appropriate placement
  - Move due to resource parent's request
  - Other (describe)

**A1. Placement Table**

Placement Date	Placement Type	Reason for Placement

**Question A Definitions:**

- “Placement setting” refers to a location in which a child resides while in out-of-home care
  - A new placement setting would result when a child moves from one resource home to another or to a group home or institution
  - If a resource family, with whom a child is placed, moves and the child moves with them, this does **not** constitute a change in placement or additional setting.

**Question A Instructions:**

- Add up the number of placement settings during the period under review
  - If the child was in the same placement for the entire period under review, then the response to question A should be 1
  - If a child moves from resource home (A) to resource home (B) then to relative caregiver home (A), then the response to question A should be 3
  - If a child is placed home on a THV with custodial or non-custodial parent this is not considered a placement setting.
    - If the child is moved from resource home (A) to THV (custodial/non-custodial) then back to resource home (A), this would only be 1 placement setting.
- Do not consider the following as a placement setting:
  - A trial home visit
  - A runaway episode
  - Temporary absences from the child’s ongoing resource home placement, including visitation with a sibling, relative, or other caretaker
    - For example, pre-placement visits with a subsequent resource home or pre-adoptive parents
  - Hospitalization for medical treatment, acute psychiatric episodes, or diagnosis
  - Respite care
  - Day or summer camps
  - Locked facilities (for example, when a youth is held in a juvenile detention center)
  - Removal from custodial parent and placed directly with non-custodial parent

A. How many placement settings did the child experience during the PUR? \_\_\_\_\_

**Question B Definitions:**

- “Placement changes” refers to a change in the placement setting in which a child is residing while under the care and responsibility of the department.
  - A change in placement would result, for example, when a child moves from one resource home to another or to a group home or institution
  - If, however, a resource family with whom a child is placed moves to another residence and the child moves with the family, this does not constitute a change in placement
- “Removal” refers to a child’s removal from his or her parent, guardian, or custodian’s normal place of residence and placement in a substitute care setting under the care and responsibility of the department

**Question B Instructions:**

- If the response to question A is 0 or 1, then the response to question B should be NA
- An initial removal from the home does not count as a placement change
  - This is captured in Item 7
- Placement changes that reflect the department’s efforts to achieve case goals include
  - Moves from a resource home to an adoptive home
  - Moves from a more restrictive to a less restrictive placement
  - Moves from non-relative/kinship resource care to relative care
  - Moves that bring the child closer to family or community
- Placement changes that do not reflect the department’s efforts to achieve case goals include
  - Moves due to unexpected and undesired placement disruptions
  - Moves due to placing the child in an inappropriate placement
    - Moves based on mere availability rather than on appropriateness
  - Moves to more restrictive placements when this is not essential to achieving a child(ren)’s permanency goal or meeting a child(ren)’s needs
  - Temporary placements while awaiting a more appropriate placement
  - Practices of routinely placing children in a particular placement type, such as shelter care, upon initial entry into out-of-home care regardless of individual needs
- If ALL placement changes during the PUR reflect planned efforts to achieve the child(ren)’s permanency goals or meet the needs of the child, then the answer to question B should be Yes
  - Placement changes that occur as a result of unexpected circumstances that are out of the control of the department (such as the death of a resource parent or resource parents moving to another state) can be considered similar to those that reflect the department’s efforts to achieve permanency goals for purposes of question B
- If any single placement change that occurred during the PUR was for a reason other than efforts to achieve permanency goals or to meet the child’s needs, the answer to question B should be No

B. Were all placement changes during the period under review planned by the department in an effort to achieve the child’s case goals or to meet the needs of the child?

Yes       No       NA

C1. Indicate whether any of the circumstances below apply to the child’s current placement. Select all that apply:

- NA – this is an In-Home case
- None apply, placement is stable
- The child’s current placement is in a temporary shelter or other temporary setting
- There is information indicating that the child’s current substitute care provider may not be able to continue to care for the child
- There are problems in the current placement threatening its stability that the department is not addressing
- The child has run away from this placement more than once or is in runaway status at the time of review
- Other (describe reason why the current placement is not stable): \_\_\_\_\_

**Question C Instructions:**

- If any of the circumstances in C1 apply to the child's current placement, the answer to question C is No

C. Is the child's current placement stable?

- Yes       No       NA

**Question D & E Definitions:**

- "Least restrictive setting" means
  - The child's current living arrangement meets the child(ren)'s needs to be connected to his or her community, extended family, tribe, faith, social activities, and peer group
  - The child's home community is generally the area in which the child has lived for a considerable amount of time and is usually the area in which the child was living prior to removal.
  - The child is ideally living with relatives or placed with siblings unless known barriers are present
  - The caregiver(s) is able to meet the child's daily needs for care and nurturing, including any special medical, behavioral, or cognitive needs
  - The child feels safe and well cared for in this setting
  - The child, parents, out-of-home caregivers, therapists, and FCM believe that this is the best place for the child to be living

**Question D & E Instructions:**

- Answer these questions based on your professional judgement regarding the appropriateness of the child's current living arrangement
- If the answer to D is Yes, the answer to E should be NA

D. Is the child living in the least restrictive setting?

- Yes       No       NA

E. Has the department made concerted efforts to locate and change placement to the least restrictive setting?

- Yes       No       NA

**Table F1 & F Definitions:**

- Complete the negative disruption table.
  - Only list negative disruptions during the PUR
  - “Negative Disruption” refers to an event or situation that **negatively** impacts the child(ren)
  - Any change in a child(ren)’s life may be disruptive to established relationships and the familiar comforts, rhythms, and routines of a normal, stable life
  - While change is a part of life, the focus of this table is placed on events or situations that may negatively impact the child(ren)’s permanency and/or routines
- Select from the following options for disruption type:
  - **Change of FCM**—The case is transferred from one FCM to another FCM without proper notice to the family/child(ren), transition meeting, and/or child(ren) was not introduced to the new FCM by previous FCM
    - Do not include transfer from assessment FCM to permanency FCM if the transfer ensured continuity of care for child(ren) and families, pertinent information is understood by the new FCM, and was a smooth and informative process
  - **Services**—Focus on provider changes that negatively impact the child(ren)
    - This would include home based case workers, therapists, and other individuals providing services to the child(ren)
  - **School**—Focus on school changes or disruptions that negatively impact the child(ren)
    - Repeated school suspensions or expulsions would be considered a disruption to a child(ren)’s education
    - Unplanned school moves
    - A normal age-related transition from elementary to middle school or high school is not a disruption
  - **Meaningful non-relative relationships**—Child(ren) is detained or moved and is unable to maintain connections with his or her neighborhood, community, faith, Tribe and/or friends
  - **Other**—A disruption that is not included in the list of disruption types considered for this item
- In the column, “Reason for Negative Disruption and How it Negatively Impacted Child(ren)”, indicate why the change occurred and how it negatively impacted the child(ren)

**Question F Instruction:**

- Total the number of negative disruptions from Table F1
  - Each row may contain multiple disruptions
  - If multiple children are being rated, consider whether the same incident caused a disruption for each child
    - If there is a sibling group of 3 who have an FCM leave this would only count as 1 disruption even though all three experienced it
    - Within this same sibling group, if the children have two separate therapists who leave the case for different reasons, this would count as 2 disruptions in the services column, 1 for each child

**F1. Negative Disruption Table**

# of Negative Disruptions	Disruption Type	Reason for Negative Disruption and How it Negatively Impacted Child(ren)
	Change of FCM	
	Services	
	School	
	Meaningful non-relative relationships	
	Other	

**F.** How many negative disruptions did the child(ren) experience during the period under review? \_\_\_\_\_

**Question G Instructions:**

- If the response to F is zero and the child(ren) is not pending any imminent known disruptions, the answer to G is Yes
- If the response to F is greater than zero, the answer to G is No

**G.** Has the child(ren) been stable in all domains during the PUR?

Yes       No

**Question H Instructions:**

- If the response to F is zero (0) then the response to question H should be NA
- If the department made concerted efforts to address any disruptions and minimize the impact to the child(ren)'s life, then the response to question H should be Yes
- If the department did not make concerted efforts to mitigate any disruptions or was not aware of a disruption, then the response to question H should be No

**H.** Did the department make concerted efforts to appropriately address all life disruptions during the period under review?

Yes       No       NA

## Item 9 Rating Criteria

### Item 9 should be rated as a Strength if the following applies:

- Questions B, C, & E are all answered Yes, or NA and G is answered Yes, and H is answered NA
- Questions B, C, & E are all answered Yes, or NA and G is answered No but H is answered Yes

### Item 9 should be rated as an Area Needing Improvement if the following applies:

- Any one of questions B, C, E, or H is answered No

There are no circumstances under which this item could be rated NA

### Item 9 Rating (select one):

- Strength       Area Needing Improvement

Provide item rating justification. Include any comments that highlight strengths or challenges related to specific practices, systemic issues, or resources that affected this item in the narrative field below:

# ASSESSING OUTCOME: TO EVALUATE A SERIES OF EVENTS OR A SITUATION AND DETERMINE THE ABILITY, WILLINGNESS, AND AVAILABILITY OF RESOURCES FOR ACHIEVING AN AGREED UPON GOAL FOR THE AGENCY

## Item 10: Assessing the Needs and Services of Child(ren)

Item 10 is divided into 5 sub-items: 10A: Educational Needs, 10B: Physical Health, 10C: Mental/Behavioral Health, 10D: Independent Living Skills, and 10E: Assessing Social Skills

**Purpose of Assessment:** To determine whether, during the period under review, the department (1) made concerted efforts to assess the needs of child(ren) (both initially, if the child(ren) entered out-of-home care or the case was opened during the period under review, and on an ongoing basis) and identify the services necessary to achieve case goals and adequately address the issues relevant to the department's involvement with the family, and (2) provide the appropriate services

### Item 10 Instructions:

- Assessment of needs may take different forms
  - Needs may be assessed through a formal evaluation conducted by another agency or by a contracted provider
  - Through a more informal case planning process involving intensive interviews with the child(ren), family, and service providers
- Answer questions based on a determination of whether the department made concerted efforts to achieve an in-depth understanding of the needs of the child(ren), regardless of whether the needs were assessed in a formal or informal manner
  - Consequently, the evaluation of the assessment should focus on its adequacy in accurately assessing the child(ren)'s needs in addition to whether one was conducted

### Sub-Item 10A: Assessing and Services for Educational Needs of Child(ren)

#### Sub-Item 10A Applicable Cases:

- All out-of-home cases involving a school-aged child, including those in pre-school, are applicable for an assessment of this sub-item
  - If a child is 1 years old or younger and has been identified as having developmental delays, the case may be applicable if the developmental delays need to be addressed through an educational approach rather than through physical therapy or some form of physical health approach
- Out-of-home cases are NA if the child is age 2 or younger and there are no apparent developmental delays
- In-home cases are applicable for an assessment of this sub-item if
  - Educational issues are relevant to the reason for the department's involvement with the family
  - It is reasonable to expect that the department would address educational issues if the maltreatment appeared to be affecting the child(ren)'s school performance
- In-home cases are NA if there is no reason to expect that the department would address educational issues for any child in the family given the reason for agency involvement or circumstances of the case

#### Is this case applicable?

- Yes       No

If the response is No, Sub-Item 10A will be NA in the Ratings section

**Question A Instructions:**

- All school-aged child(ren), including those in pre-school, are applicable for review
  - If a child is 2 years old or younger and has been identified as having developmental delays, the child may be applicable if the developmental delays need to be addressed through an educational approach rather than through physical therapy or some form of physical health approach
  - In these latter cases, the issue of developmental delays would be addressed under question 10C
- Question A should be answered Yes if there was evidence of an educational assessment in the case file, such as:
  - An educational assessment included in the comprehensive needs assessment
  - A separate educational assessment conducted by the school (and made available to the department) or by the department
  - An informal (and documented) educational assessment conducted by the department
- Question A should be answered Yes if reviewers determine, through interviews with key individuals, that the system assessed the child(ren)'s educational needs, even if the case file did not include the documentation identified above

A. During the PUR, did the department make concerted efforts to accurately assess the child(ren)'s educational needs?

Yes       No       NA

**Question B Instructions:**

- Question 10B should be answered NA if an educational assessment was conducted (i.e., question 10A is answered Yes) but no needs were identified
- Review any services needed but not provided when responding to question 10B
  - Focus on system efforts (including school, community, and department), even if these efforts were not fully successful due to factors beyond the system's control
    - If the department made concerted efforts to advocate for special education classes, but those are not available at the school or in the community you may answer Yes to question 10B, although the child(ren) did not receive the needed services
    - This lack of resource availability will be addressed in Item 19 of the tool
    - Also consider whether the service need was recently identified during the PUR and the system has not had a reasonable amount of time to arrange for/request the service

B. During the PUR, did the department and other agencies engage in concerted efforts to address the child(ren)'s educational needs through appropriate services?

Yes       No       NA

## Sub-Item 10A Rating Criteria

**Sub-Item 10A should be rated as a Strength if the following applies:**

- Question A is answered Yes, and B is answered Yes or NA

**Sub-Item 10A should be rated as an Area Needing Improvement if the following applies:**

- Either question A or B is answered No

**Sub-Item 10A should be rated as NA if the response to the question of applicability is No**

**Sub-Item 10A Rating (select one):**

Strength

Area Needing Improvement

NA

Provide item rating justification. Include any comments that highlight strengths or challenges related to specific practices, systemic issues, or resources that affected this item in the narrative field below:

## Sub-Item 10B: Assessing and Services for Physical Health of Child(ren)

### Sub-Item 10B Applicable Cases:

- All out-of-home cases are applicable for assessment of this sub-item
- In-home cases are applicable for an assessment of this sub-item if:
  - Physical/dental health issues are relevant to the reason for the department's involvement with the family
  - It is reasonable to expect that the department would address physical/dental health issues if the maltreatment appeared to be affecting the child(ren)'s physical health
- In-home cases are NA if there is no reason to expect that the department would address physical or dental health issues for any child in the family given the reason for agency involvement or circumstances of the case

### Is this case applicable?

Yes       No

If the response is No, Sub-Item 10B will be NA in the Ratings section

### Question C Instructions:

- The purpose of these questions is to determine if the child(ren) is achieving and maintaining his/her optimum health status
  - If the child(ren) has a serious or chronic physical illness determine if the child(ren) is achieving his/her best attainable health status given the health diagnosis and prognosis
- For out-of-home cases, determine whether there is evidence that, during the PUR, the department arranged for assessment of the child(ren)'s health care needs, including dental care needs, both initially, and on an ongoing basis through periodic health and dental screening services conducted during the PUR
  - The evidence to consider would include, but is not limited to:
    - Conducting an initial health care screening or comprehensive medical examination upon entry into out-of-home care (if the child(ren) entered out-of-home care during the PUR)
    - Ensuring that, during the PUR, the child(ren) received ongoing periodic preventive physical and dental health screenings to identify and avoid potential problems
      - Preventive health care refers to initial and periodic age-appropriate dental or physical health examinations
    - Including an assessment of physical and dental health needs through ongoing needs assessments conducted to guide case planning
- For in-home services cases, determine whether there is evidence that, during the PUR, the system worked with the parent/caregiver to ensure that the child(ren)'s health and dental needs were assessed
  - The evidence to consider would include, but is not limited to:
    - Documentation in the system of record of health information the system was provided by the parent or child(ren)'s health care provider
    - Documentation in the system of record of conversations between the FCM and parent/caregiver regarding the child(ren)'s health and dental status

- C. During the PUR, did the department and other agencies accurately assess the child(ren)'s physical and dental health care needs?

Yes       No       NA

**Question D Definition:**

- Health records include:
  - The names and addresses of the child's health care providers
  - A record of the child(ren)'s immunizations
  - The child(ren)'s known medical problems
  - The child(ren)'s medications
  - Other relevant health information

D. For out-of-home cases only, determine whether, during the period under review, there was evidence that the health records criteria, required by federal statute, were met (select each one that was met)

- NA, this is an in-home services case
- No evidence found
- To the extent available and accessible, the child(ren)'s health records are up to date and included in the case file
- The case plan addresses the issue of health and dental care needs
- To the extent available and accessible, foster parents or out-of-home care providers are provided with the child's health records

**Question E Definition:**

- "Appropriate oversight" includes, but is not limited to, the following:
  - Ensure a child is seen regularly by a physician to monitor the effectiveness of the medication, assess any side effects and/or health implications, consider any changes needed to dosage or medication type and determine whether medication is still necessary and/or if other treatment options would be more appropriate
  - Regularly following up with resource parents/caregivers about administering medication(s) appropriately and about the child(ren)'s experience with the medication(s), including any side effects
  - Following any additional state protocols that may be in place related to the appropriate use and monitoring of medications

**Question E Instructions:**

- If the child was not prescribed any medications for physical health issues during the period under review, select NA

E. During the period under review, did the system provide appropriate oversight of prescription medications for physical health issues?

- Yes
- No
- NA

**Question F Instructions:**

- If the answers to question C is Yes and no needs for services or treatment were identified, then question F should be answered NA
- If any services were needed but not provided, question F should be No, unless the service was recently identified during the period under review and the department has not had a reasonable amount of time to arrange for the service
  - If services were not provided due to delays on the providers part or the department, question F should be No
  - Do not include if services were unavailable in the community or the child(ren) was put on a waitlist as this is captured under Item 19 Resource Availability
- Answer No to question F if the case management criteria noted in question D was not met and you determine that had or has a negative impact on the department's ability to meet the child(ren)'s health and dental care needs. For example:
  - Resource parents were unable to effectively address health care needs because they had never seen the child(ren)'s health records
  - The child(ren)'s health care needs were not being met because there were no health records in the case file and the FCM was unaware of the child(ren)'s health care needs
- Routine exams can include both evaluations and services (e.g. teeth cleaning)
  - In cases where initial and/or ongoing assessments were conducted and the child(ren) received routine care, but no follow-up services were needed, the answer to F should be Yes
  - If either routine care or any additional services were needed but not provided, the answer to F should be No

**F.** During the period under review, did the system ensure that appropriate services were provided to the child(ren) to address all identified physical and dental health needs?

Yes       No       NA

## Sub-Item 10B Rating Criteria

**Sub-Item 10B should be rated as a Strength if the following applies:**

- Question C is answered Yes, and E & F are answered Yes or NA

**Sub-Item 10B should be rated as an Area Needing Improvement if the following applies:**

- Any one of questions C, E, or F is answered No

**Sub-Item 10B should be rated as NA if the response to the question of applicability is No**

**Sub-Item 10B Rating (select one):**

Strength

Area Needing Improvement

NA

Provide item rating justification. Include any comments that highlight strengths or challenges related to specific practices, systemic issues, or resources that affected this item in the narrative field below:

## Sub-Item 10C: Assessing and Services for Mental/Behavioral Health of Child(ren)

### Sub-Item 10C Applicable Cases:

- Out-of-home cases are applicable for assessment of this sub-item if the reviewer determines that, during the period under review, the child had existing mental/behavioral health needs, including substance abuse issues
  - If the child had mental/behavioral issues before the period under review that were adequately addressed and there are no remaining needs during the period under review, the case is not applicable to be scored
- In-home cases are applicable for an assessment of this sub-item if:
  - Mental/behavioral health issues are relevant to the reason for the department's involvement with the family
  - It is reasonable to expect that the department would address mental/behavioral health issues if the maltreatment appeared to be affecting the child(ren)'s mental health
- In-home cases are NA if there is no reason to expect that the department would address mental/behavioral health issues for any child in the family given the reason for agency involvement or circumstances of the case

### Is this case applicable?

- Yes       No

If the response is No, Sub-Item 10C will be NA in the Ratings section

#### Question G Definition:

- "Behavioral health needs" includes needs related to behavioral problems that are not always specified as mental health needs, including substance abuse

#### Question G Instructions:

- An assessment of mental/behavioral health should include consideration of any trauma that the child(ren) may have experienced, including exposure to domestic violence

G. During the period under review, did the department and/or other agencies conduct an accurate assessment of the child(ren)'s mental/behavioral health needs initially and on an ongoing basis to inform case planning decisions?

- Yes       No       NA

#### Question H Instructions:

- If question G is answered Yes, but no mental/behavioral health service needs were identified, then the answer to question H should be NA
- If you identified any services needed but not provided, question H should be No, unless the service was recently identified during the period under review and the department has not had a reasonable amount of time to arrange for the service
  - Do not include if services were unavailable in the community or the child(ren) was put on a waitlist as this is captured under Item 19 Resource Availability

H. During the period under review, did the department provide appropriate services to address the child(ren)'s mental/behavioral health needs?

- Yes       No       NA

**Question I Definition:**

- “Appropriate oversight” includes, but is not limited to, the following:
  - Ensure that a child is seen regularly by a physician to monitor the effectiveness of the medication, assess any side effects and/or health implications, consider any changes needed to dosage or medication type and determine whether medication is still necessary and/or whether other treatment options would be more appropriate
  - Regularly following up with resource parents/caregivers about administering medications appropriately and about the child(ren)’s experience with the medication(s), including any side effects
  - Following any additional state protocols that may be in place related to the appropriate use and monitoring of medications

**Question I Instructions:**

- If the child(ren) was not prescribed any medications for mental/behavioral health issues during the period under review answer this question NA

I. During the period under review, did the department provide appropriate oversight of prescription medications for mental/behavioral health issues?

Yes       No       NA

## Sub-Item 10C Rating Criteria

### **Sub-Item 10C should be rated as a Strength if the following applies:**

- Question G is answered Yes, and H & I are answered Yes or NA

### **Sub-Item 10C should be rated as an Area Needing Improvement if the following applies:**

- Any one of questions G, H, or I is answered No

### **Sub-Item 10C should be rated as NA if the response to the question of applicability is No**

#### **Sub-Item 10C Rating (select one):**

Strength

Area Needing Improvement

NA

Provide item rating justification. Include any comments that highlight strengths or challenges related to specific practices, systemic issues, or resources that affected this item in the narrative field below:

## Sub-Item 10D: Assessing and Services for Independent Living Skills

### Sub-Item 10D Applicable Cases:

- Only out-of-home youth aged 14 or older are applicable for this question
  - For all other children answer No

### Is this case applicable?

- Yes       No

If the response is No, Sub-Item 10D will be NA in the Ratings section

### Question J, K, & L Instructions:

- Determine whether the child(ren)'s needs for independent living services are being assessed on an ongoing basis as part of the child(ren)'s independent living plan. In making this determination, consider the following:
  - Did the department assess for independent living skills? (e.g. Ansell Casey Life Skills assessment)
  - Is there a transition plan for successful adulthood in the file? (This is required for all youth aged 14 and older)
- Independent living services are required to be provided to all out-of-home youth aged 16 and older and to child(ren) of any age with a goal of emancipation/independence or "another planned permanent living arrangement" who are expected to eventually exit care to independence
  - Consider whether concerted efforts were made to provide the child(ren) with services to adequately prepare the child(ren) for independent living when the child(ren) leaves out-of-home care, such as
    - Post-high school planning
    - Life skills
    - Employment training
    - Financial planning skills
    - Transitional services
- Consider age and the ability of the youth when determining if the independent living skill needs were accurately assessed and supported.
- If the youth's needs have been accurately assessed but no needs identified, the answer to question K should be NA

J. For all out-of-home youth aged 16 and older, did the department accurately assess the youth's independent living skills?

- Yes       No       NA

K. During the period under review for all out-of-home youth aged 16 and older, were appropriate services provided to support the youth's independent living skills?

- Yes       No       NA

L. During the period under review, was a transition plan for successful adulthood completed/updated and documented within the case for all out-of-home youth aged 14 and older?

- Yes       No       NA

## Sub-Item 10D Rating Criteria

**Sub-Item 10D should be rated as a Strength if the following applies:**

- Questions J & L are answered Yes, and K is answered Yes or NA

**Sub-Item 10D should be rated as an Area Needing Improvement if the following applies:**

- Any one of questions J, K, or L is answered No

**Sub-Item 10D should be rated as NA if the response to the question of applicability is No**

**Sub-Item 10D Rating (select one):**

Strength

Area Needing Improvement

NA

Provide item rating justification. Include any comments that highlight strengths or challenges related to specific practices, systemic issues, or resources that affected this item in the narrative field below:

## Sub-Item 10E: Assessing and Services for Social Skills

**Sub-Item 10E Applicable Cases:** All cases are applicable for this sub-item

### Sub-Item 10E Instructions:

- If the case is an out-of-home case, determine whether the department assessed the needs of, and provided services for, the target child in the case, even if there are other children in the family in out-of-home care or involved in the open case remaining in the home
- If the case is an in-home case, determine whether the department assessed the needs of, and provided services for, all children involved in the open case

### Question M Instructions:

- Answer this question with regard to an assessment of needs other than those related to the child(ren)'s education, physical health, mental/behavioral health and independent living skills
- Needs that should be assessed in this sub-item include those related to social/emotional development that are not connected to other physical health or mental health issues. These may include
  - Social competencies
  - Attachment and caregiver relationships
  - Social relationships and connections
  - Social skills
  - Self-esteem
  - Coping skills

**M.** During the period under review, did the department conduct a formal or informal initial and/or ongoing comprehensive assessment that accurately assessed the child(ren)'s social/emotional needs?

Yes       No

### Question N Instructions:

- If the answer to question M is Yes, but the result of the assessment was that no service needs were identified other than those related to education, physical health, mental/behavioral health, and independent living skills and therefore no services were provided other than services to address those needs, the answer to question N should be NA
- Focus on the department's provision of services during the period under review
  - If services were provided before the PUR, and an assessment conducted during the period under review indicated no further service needs, then the answer to question N should be Not Applicable.
- Answer question N regarding services other than those related to education, physical health, mental/behavioral health, independent living skills, and safety
- Examples of services that are assessed under this item include
  - Childcare services not required for the child(ren)'s safety
  - Mentoring programs not related to education
  - Recreational services
  - Teen parenting education
  - Preparation for adoption and other permanency goals
  - Services that address family relationships
  - Services to assist with social skills or to boost self-esteem

**N.** During the period under review, were appropriate services provided to meet the child(ren)'s identified social/emotional needs?

Yes       No       NA

## Sub-Item 10E Rating Criteria

**Sub-Item 10E should be rated as a Strength if the following applies:**

- Question M is answered Yes, and N is answered Yes or NA

**Sub-Item 10E should be rated as an Area Needing Improvement if the following applies:**

- Either one of questions M or N is answered No

**There are no circumstances under which this item could be rated NA**

**Sub-Item 10E Rating (select one):**

Strength       Area Needing Improvement

Provide item rating justification. Include any comments that highlight strengths or challenges related to specific practices, systemic issues, or resources that affected this item in the narrative field below:

## Item 10 Rating Criteria

**Item 10 should be rated as a Strength if the following applies:**

- All Sub-Items are rated as a Strength or NA

**Item 10 should be rated as an Area Needing Improvement if the following applies:**

- Any Sub-Item is rated as an Area Needing Improvement

**There are no circumstances under which this item could be rated NA**

**Sub-Item 10 Rating (select one):**

- Strength       Area Needing Improvement

# ASSESSING OUTCOME: TO EVALUATE A SERIES OF EVENTS OR A SITUATION AND DETERMINE THE ABILITY, WILLINGNESS, AND AVAILABILITY OF RESOURCES FOR ACHIEVING AN AGREED UPON GOAL FOR THE AGENCY

## Item 11: Assessing the Needs and Services of Parents

**Purpose of Assessment:** To determine whether, during the period under review, the department (1) made concerted efforts to comprehensively assess the needs of parents (both initially, if the child(ren) entered out-of-home care or the case was opened during the period under review, and on an ongoing basis) and identify the services necessary to achieve case goals and adequately address the issues relevant to the department's involvement with the family, and (2) identified underlying needs of the parents.

### Item 11 Definitions:

- Assessment of needs may take different forms
  - Needs may be assessed through a formal evaluation conducted by another department or by a contracted provider
  - Needs may also be assessed through a more informal case planning process involving intensive interviews with the child(ren), family, and service providers
- Answer questions based on a determination of whether the system made concerted efforts to achieve an in-depth understanding of the needs of the parents, regardless of whether the needs were assessed in a formal or informal manner
  - Consequently, the evaluation of the assessment should focus on its adequacy in accurately assessing the parents' needs in addition to whether one was conducted
- In-home services cases:
  - "Mother" and "Father" are defined as the parents/caregivers with whom the child(ren) was living when the department became involved with the family and with whom the child(ren) will remain
    - Biological parents, relatives, guardians, adoptive parents, etc.
  - If a biological parent does not fall into any of the categories above, determine whether that parent should be included in this item based on the circumstances of the case. Some things to consider in this determination are:
    - The reason for the department's involvement
    - the identified perpetrators in the case
    - the status of the child(ren)'s relationship with the parent
    - the nature of the case (CHINS or IA) and the length of case opening
  - If a biological parent indicates a desire, during the period under review, to be involved with the child(ren) and it is in the child(ren)'s best interests to do so, they should be assessed in this item
- Out-of-home cases:
  - "Mother" and "Father" are defined as the parents/caregivers from whom the child(ren) was removed
  - "Mother" and "Father" include biological parents who were not the parents from whom the child(ren) was removed
  - Stepparents should only be scored as "Mother" or "Father" if they are married
    - If they are not married, they should be considered in the rating given to the parent they are associated with

### Item 11 Applicable Cases:

- Because multiple case participants can be assessed in these questions, consider applicability for all appropriate case participants before determining that the rating should be NA.

- Corresponding questions will not be scored if any of the following applies to the mother or father being assessed in this item (check Yes for any that apply and No for any that do not apply)
  - Parent was deceased during the entire period under review  Yes  No
  - Parental rights remained terminated during the entire period under review  Yes  No
  - During the entire period under review, it was documented in the case file that it was not in the child(ren)'s best interests to involve the parent in case planning  Yes  No
  - During the entire period under review, the parent has indicated he/she does not want to be involved in the child(ren)'s life and this was documented in the case file  Yes  No
  - Parent's whereabouts were not known during the entire period under review despite concerted efforts to locate the parent  Yes  No

**Is Item 11 applicable for Mother?**

Yes  No

If No, answer questions A1 and A2 NA

**Is Item 11 applicable for Father?**

Yes  No

If No, answer questions B1 and B2 NA

Indicate why participants are NA in this item

If both mother and father are NA, Item 11 will be NA in the Ratings section

**Question A1 and B1 Instructions:**

- If the case was opened during the period under review, focus on whether the department conducted an initial comprehensive assessment as a basis for developing a plan, and whether ongoing assessing was conducted as appropriate
- If the case was opened before the period under review, focus on whether the department conducted periodic comprehensive needs assessments (as appropriate) during the period under review to update information relevant to ongoing planning
- Assessment of mother's and father's needs refers to a determination of what the mother or father needs to provide appropriate care and supervision and to ensure the well-being of his/her child(ren). This could include:
  - Mental and physical health needs, if those needs impact the parent's capacity to care for the child(ren)
  - Needs related to supporting a biological parent's relationship with the child(ren) if they did not have an established relationship prior to the child(ren)'s entry into out-of-home care
- Consider the strengths that were identified through formal and informal assessing. This could include:
  - Functional strengths—buildable characteristics, attributes, or interests that help the family make positive changes
  - Protective factors—characteristics that include nurturing and attachment, knowledge of parenting and of child and youth development, parental resilience, social connections, concrete supports, and social and emotional competence of children

- A1.** During the period under review, did the department conduct an informal or formal initial and/or ongoing assessment that accurately assessed the mother's strengths and needs?

Yes  No  NA

**B1.** During the period under review, did the department conduct an informal or formal initial and/or ongoing assessment that accurately assessed the father's strengths and needs?

Yes       No       NA

**Question A2 and B2 Instructions:**

- Underlying needs are the root source of an individual and/or family's challenges and determines the appropriate use of services or interventions
  - To identify the underlying need, the question of what does the family need or what needs to change in order to achieve the family's outcomes should be answered
  - The FCM will assist the family and team to identify these needs
  - The ability to determine the underlying needs is a crucial step in understanding the family and promoting safety, permanency, and well-being
  - We address underlying needs so that we understand the root of the problem and can provide accurate and effective services to address the needs and support safe sustainable case closure
  - A disproportionate focus on symptoms can overshadow underlying needs
    - For Example
      - A parent may have substance abuse issues that led to department involvement
      - The parent discloses a history of sexual abuse that was never discussed
      - The substance abuse may be the symptom of the underlying need--trauma of sexual abuse

**A2.** Did the department accurately assess the mother's underlying needs through an understanding of her family story and reasons for involvement?

Yes       No       NA

**B2.** Did the department accurately assess the father's underlying needs through an understanding of his family story and reasons for involvement?

Yes       No       NA

## Item 11 Rating Criteria

**Item 11 should be rated as a Strength if the following applies:**

- All questions are answered Yes or NA

**Item 11 should be rated as an Area Needing Improvement if the following applies:**

- Any one of questions A1, B1, A2, or B2 is answered No

**Item 11 should be rated as NA if the response to the question of applicability for both Mother and Father is No**

**Item 11 Rating (select one):**

Strength

Area Needing Improvement

NA

Provide item rating justification. Include any comments that highlight strengths or challenges related to specific practices, systemic issues, or resources that affected this item in the narrative field below:

# ASSESSING OUTCOME: TO EVALUATE A SERIES OF EVENTS OR A SITUATION AND DETERMINE THE ABILITY, WILLINGNESS, AND AVAILABILITY OF RESOURCES FOR ACHIEVING AN AGREED UPON GOAL FOR THE AGENCY

## Item 12: Assessing the Needs and Services of Resource Parents

**Purpose of Assessment:** To determine whether, during the period under review, the department (1) made concerted efforts to assess the needs of resource parents (both initially, if the child(ren) entered out-of-home care or the case was opened during the period under review, and on an ongoing basis) and identify the services necessary in order for resource parents to provide appropriate care and supervision to ensure the safety and well-being of the children in their care and (2) provided the appropriate services

### Item 12 Applicable Cases:

- In the list of criteria below, check Yes for any that apply and No for any that do not apply
- A case is applicable for assessment of this item if both criteria are marked No

- In-Home case  Yes  No
- Out-of-home case with child in a congregate care setting during the entire period under review  Yes  No

### Is this case applicable?

- Yes
- No

If the response is No, Item 12 will be NA in the Ratings section

### Item 12 Definitions:

- Assessment of needs may take different forms
  - Needs may be assessed through a formal evaluation conducted by another department or by a contracted provider
  - Needs may also be assessed through a more informal case planning process involving intensive interviews with the child(ren), family, and service providers
- Answer questions based on a determination of whether the system made concerted efforts to achieve an in-depth understanding of the needs of the parents, regardless of whether the needs were assessed in a formal or informal manner
  - Consequently, the evaluation of the assessment should focus on its adequacy in accurately assessing the parents' needs in addition to whether one was conducted
- Resource parents are defined as related or non-related caregivers who have been given responsibility for care of the child by the department while the child is under the placement and care responsibility and supervision of the department
  - This includes licensed and non-licensed caregivers as well as pre-adoptive parents

### Question A Instructions:

- All resource parents who cared for the child during the period under review are included in this item
- Determine whether an assessment was conducted to identify what the resource parents needed to enhance their capacity to provide appropriate care and supervision to the children in their home, such as:
  - Respite care
  - Assistance with transportation
  - Counseling to address the child's behaviors
- Determine whether assessment of resource parent needs was done on an ongoing basis
  - If there is no evidence in the case file that the department assessed the needs of the resource parents at any time during the period under review, and the resource parents (if available for interview) indicate that they have not been assessed, then the answer to question A should be No

A. During the period under review, did the department adequately assess the needs of the resource or pre- adoptive parents on an ongoing basis with respect to services they need in order to provide appropriate care and supervision to ensure the safety and well-being of the children in their care?

Yes       No       NA

**Question B Instructions:**

- All resource parents who cared for the child during the period under review are included in this question
- If needs were assessed but no service needs were identified, the answer to question B should be NA

B. During the period under review, were the resource or pre-adoptive parents provided with appropriate services to address identified needs that pertained to their capacity to provide appropriate care and supervision of the children in their care?

Yes       No       NA

## Item 12 Rating Criteria

**Item 12 should be rated as a Strength if the following applies:**

- Question A is answered Yes, and B is answered Yes or NA

**Item 12 should be rated as an Area Needing Improvement if the following applies:**

- Question A or B is answered No

**Item 12 should be rated as NA if the response to the question of applicability is No**

**Item 12 Rating (select one):**

Strength

Area Needing Improvement

NA

Provide item rating justification. Include any comments that highlight strengths or challenges related to specific practices, systemic issues, or resources that affected this item in the narrative field below:

## ASSESSING OUTCOME RATING

ASSESSING OUTCOME: TO EVALUATE A SERIES OF EVENTS OR A SITUATION AND DETERMINE THE ABILITY, WILLINGNESS, AND AVAILABILITY OF RESOURCES FOR ACHIEVING AN AGREED UPON GOAL FOR THE AGENCY

What is the level of outcome achievement that best describes the extent to which this outcome is being or has been achieved, based on the ratings for Items 7 through 12?

**Instructions:**

- Assessing Outcome should be rated as Substantially Achieved if the following applies:
  - At least three items are rated as a Strength and no more than one item is rated as an Area Needing Improvement
- Assessing Outcome should be rated as Partially Achieved if the following applies:
  - At least two items are rated as a Strength and other items are rated as an Area Needing Improvement or NA
- Assessing Outcome should be rated as Not Achieved if both of the following apply:
  - One item is rated as a Strength and other items are rated as an Area Needing Improvement or NA

**Select the appropriate response:**

Substantially Achieved       Partially Achieved       Not Achieved

**PLANNING OUTCOME: TO PREPARE AN IMPLEMENTATION PROCESS THAT WILL PUT IN PLACE TEAM-DRIVEN DECISIONS THAT SUPPORT THE DEPARTMENT'S MISSION. THE PLAN WILL INCLUDE AN EVALUATION TOOL FOR EFFECTIVENESS, A DETERMINED CELEBRATION FOR SUCCESSES, AND FLEXIBILITY FOR POTENTIAL SETBACKS.**

**Item 13: Placement with Siblings and/or Relatives/Kinship**

Item 13 is divided into 2 sub-items: 13A: Placement with Siblings and 13B: Placement with Relatives

**Purpose of Assessment:** To determine whether, during the period under review, the department made concerted efforts (1) to ensure that siblings in out-of-home care are placed together unless a separation was necessary to meet the needs of one of the siblings and (2) to ensure the child is placed with relatives when appropriate

**Sub-Item 13A: Placement with Siblings**

**Sub-Item 13A Applicable Cases:**

- Cases applicable for an assessment of this item include all out-of-home cases in which the child has one or more siblings who are (or were) also in out-of-home care during the period under review
  - If the child has no siblings in out-of-home care during the period under review, the case is NA for an assessment of this sub-item
    - For example, if the child in out-of-home care has an older sibling who was in out-of-home care at one time, but not during the period under review, this case would be NA

**Is this case applicable?**

- Yes       No

If the response is No, Sub-Item 13A will be NA in the Ratings section

**Question A1 Definition and Instructions:**

- Siblings are children who have one or more parents in common either biologically, through adoption, or through the marriage of their parents, and with whom the child lived before his or her out-of-home care placement, or with whom the child would be expected to live if the child were not in out-of-home care
- In answering question A1, consider only the location of each of the siblings, not the reason for their location
  - If the child was placed with siblings for a portion of the period under review, or if the child(ren) was placed with one but not all siblings during the period under review, answer question A1 No

**A1.** During the entire period under review, was the child placed with all siblings who also were in out-of-home care?

- Yes       No       NA

**Question A2 Instructions:**

- If question A1 was answered Yes, then question A2 is NA
- Consider the circumstances of the placement of siblings, focusing on whether separation was necessary to meet the child's needs. For example, were siblings separated
  - Temporarily because one sibling needed a specialized treatment or to be in a treatment foster home
  - One sibling was abusive to the other
  - Siblings with different biological parents were placed with different relatives
- If the separation of siblings is attributed by the department to a lack of foster homes willing to take sibling groups, question A2 should be answered No
- In cases of large sibling groups, reviewers should determine if concerted efforts were made to place the child with any of his or her siblings who were also in out-of-home care, even if he or she was not placed with all siblings
  - If, for example, the department was able to split a large sibling group into two placements so that the target child was in fact placed with some of his or her siblings, it could be determined that the department made concerted efforts to place siblings together, and that would be reflected in the response to question A2.
- If siblings were separated for a valid reason, consider the entire period under review and determine whether that valid reason existed during the whole period of separation.
  - For example, the siblings were separated because one sibling needed temporary treatment services. However, during the period under review, the sibling's treatment services ended.
    - In this situation, determine whether concerted efforts were made to reunite the siblings after the treatment service was completed
    - If the need for separation no longer existed and no efforts were made to reunite the siblings,

**A2.** If the answer to question A1 is No, was there a valid reason for the child's separation from the siblings?

- Yes       No       NA

## Sub-Item 13A Rating Criteria

**Sub-Item 13A should be rated as a Strength if the following applies:**

- Question A1 is answered Yes
- Question A1 is answered No, but question A2 is answered Yes

**Sub-Item 13A should be rated as an Area Needing Improvement if the following applies:**

- Questions A1 & A2 are answered No

**Sub-Item 13A should be rated as NA if the response to the question of applicability is No**

**Sub-Item 13A Rating (select one):**

Strength

Area Needing Improvement

NA

Provide item rating justification. Include any comments that highlight strengths or challenges related to specific practices, systemic issues, or resources that affected this item in the narrative field below:

## Sub-Item 13B: Placement with Relatives or Kinship

### Sub-Item 13B Applicable Cases:

- All out-of-home cases are applicable for assessment of this sub-item except those in which
  - The agency determined upon the child's initial entry into out-of-home care that his or her needs required a specialized placement (such as residential treatment services) and that they will continue to require such specialized treatment the entire time the child is in care and a relative placement would be inappropriate
  - Situations such as abandonment in which the identity of both parents and all relatives remains unknown despite concerted efforts to identify them

### Is this case applicable?

- Yes       No

If the response is No, Sub-Item 13B will be NA in the Ratings section

### Question B1 & B2 Definitions:

- "Relative" is defined as a person related to the child by blood, marriage, or adoption
- "Kinship" is defined as a relationship that a child has with someone that is not blood related. In order to be considered kinship, 3 factors must be met:
  - The relationship should have the same characteristics or be similar to the relationship that the child has with an individual related to them by blood, marriage, or adoption
  - Have existed prior to the department's current involvement with the child or family
  - Be verified through interviews or attested by the written or oral designation of the child or of another person including other relatives related to the child by blood, marriage, or adoption

### Question B1 & B2 Instructions:

- If the answer to question B1 is No, the answer to question B2 should be NA

**B1.** During the period under review, was the child's current or most recent placement with a relative or kinship?

- Yes       No       NA

**B2.** If the child's current or most recent placement is with a relative or kinship, is (or was) this placement stable and appropriate to the child's needs? (Not considered in scoring, captured in Item 9)

- Yes       No       NA

**Question B3 & B4 Instructions:**

- The answers to questions B3 and B4 are NA if the answers to both questions B1 and B2 are Yes
- If a child entered out-of-home care during the period under review, determine whether the department followed the requirements of the title IV-E provision that requires states to consider giving preference to placing the child with relatives, and determine whether the state considered such a placement and how
  - For example, identifying, seeking out, and informing and evaluating the child's relatives
- If the parent's whereabouts were not known during the entire period under review despite department efforts to locate the parent, and as a result relatives could not be identified, the answer to question B3 and/or B4 should be NA
- If a child entered out-of-home care before the period under review and the answer to either question B1 or B2 is No, determine whether, during the period under review, the department made concerted efforts to search for and assess relatives as placement resources, if appropriate
  - If all maternal and/or paternal relatives had already been appropriately considered and permanently ruled out before the period under review, the answer to question B3 and/or B4 can be NA
    - If, however, you determine that, during the period under review, the department should have reconsidered relatives who had previously been ruled out and they did not, the answer to question B3 and/or B4 should be No
    - Reasons for ruling out relatives as a placement resource may include
      - Improper fit
      - Relative's unwillingness
      - Child's best interest

- B3.** Did the department, during the period under review, make concerted efforts to identify, locate, inform, and evaluate maternal relatives as potential placements for the child during the period under review?

Yes       No       NA

If No, specify the area(s) in which concerns existed

Identify       Locate       Inform       Evaluate

- B4.** Did the department, during the period under review, make concerted efforts to identify, locate, inform, and evaluate paternal relatives as potential placements for the child during the period under review?

Yes       No       NA

If No, specify the area(s) in which concerns existed

Identify       Locate       Inform       Evaluate

## Sub-Item 13B Rating Criteria

### **Sub-Item 13B should be rated as a Strength if the following applies:**

- Question B1 is answered Yes and B3 & B4 are NA
- Question B1 is answered No, but question B3 and/or B4 is answered Yes or NA

### **Sub-Item 13B should be rated as an Area Needing Improvement if the following applies:**

- Question B1 is answered No and question B3 or B4 is answered No

### **Sub-Item 13B should be rated as NA if the response to the question of applicability is No**

#### **Sub-Item 13B Rating (select one):**

Strength

Area Needing Improvement

NA

Provide item rating justification. Include any comments that highlight strengths or challenges related to specific practices, systemic issues, or resources that affected this item in the narrative field below:

## Item 13 Rating Criteria

**Item 13 should be rated as a Strength if the following applies:**

- Sub-Items 13A and 13B are rated as a Strength or NA

**Item 13 should be rated as an Area Needing Improvement if the following applies:**

- Either Sub-Item 13A or 13B is rated as an Area Needing Improvement

**Item 13 should be rated as Not Applicable if this is an In-Home case or the answer to the applicability questions to both 13A and 13B are No**

**Sub-Item 13 Rating (select one):**

Strength

Area Needing Improvement

NA

**PLANNING OUTCOME: TO PREPARE AN IMPLEMENTATION PROCESS THAT WILL PUT IN PLACE TEAM-DRIVEN DECISIONS THAT SUPPORT THE DEPARTMENT'S MISSION. THE PLAN WILL INCLUDE AN EVALUATION TOOL FOR EFFECTIVENESS, A DETERMINED CELEBRATION FOR SUCCESSES, AND FLEXIBILITY FOR POTENTIAL SETBACKS.**

**Item 14: Permanency Goal for Child**

**Purpose of Assessment:** To determine whether appropriate permanency goals were established for the child in a timely manner

**Item 14 Applicable Cases:**

- All out-of-home cases are applicable for assessment of this item, unless the child has not been in out-of-home care long enough (at least 45 days) for the department to have developed a case plan and established a permanency goal
- If the child has been in out-of-home care for less than 45 days, but a permanency goal has been established, the case is applicable for assessment
- In-home cases are not applicable for this item

**Is this case applicable?**

- Yes       No

If the response is No, Item 14 will be NA in the Ratings section

**Table A1 Definitions:**

- Permanency goals are defined as follows:
  - A goal of reunification is defined as a plan for the child to be discharged from out-of-home care to his or her parents or primary caretaker
  - A goal of guardianship is defined as a plan for the child to be discharged from out-of-home care to a legally established custody arrangement with an individual that is intended to be permanent. This could include permanent placement with a relative.
  - A goal of adoption is defined as a plan for the child to be discharged from out-of-home care to the care and custody of adoptive parents through a legal adoption
  - A goal of another planned permanent living arrangement (APPLA) refers to a situation in which the department maintains placement and care responsibility for, and supervision of, the child, and places the child in a setting in which the child is expected to remain until adulthood. Examples of these “permanent” living arrangements include situations where:
    - Foster parents have made a commitment to care for the child until adulthood
    - The child is with relatives who plan to care for the child until adulthood
    - The child is in a long-term care facility to meet special needs and will be transferred to an adult facility at the appropriate time

**Table A1 Instructions:**

- Complete the table for each of the permanency goals in place during the period under review
  - Begin with the child's first permanency goal in place during the period under review, and end with the current or latest permanency goal or goals
  - If no permanency goal is specified in the case file, but the caseworker indicates that a permanency goal has been established reviewers should consider that goal
  - If two concurrent permanency goals have been established and are identified in the case plan, identify both goals in the table

**A1. Permanency Goal Table**

Permanency Goal	Date Established	Time in Out-of-Home Care Before Goal Established	Date Goal Changed	Reason for Goal Change

- A.** What is (are) the child's current permanency goal(s)? (If concurrent permanency goals have been established in the case plan, identify both goals.) Or, if the case was closed during the period under review, what was the permanency goal before the case was closed?

Permanency Goal 1: \_\_\_\_\_

Permanency Goal 2 (if applicable): \_\_\_\_\_

**Question B Instructions:**

- If the permanency goal is not specified anywhere in the case file, such as in the case plan or in a court order, the answer to question B should be No

- B.** Is the child's permanency goal specified in the case file?

Yes       No       NA

**Question C Instructions:**

- The default goal is reunification except under special circumstances, such as a safe-haven situation
- Answer this question based on your professional judgment regarding the timeliness of establishing the goal, particularly with regard to changing a goal.
  - For a child who recently entered care, expect the first permanency goal to have been established no later than 45 days from the date of the child's entry into out-of-home care
  - For a child whose goal was changed from reunification to adoption, consider the guidelines established by the federal Adoption and Safe Families Act regarding seeking termination of parental rights, which might affect the timeliness of changing a goal from reunification to adoption
- Answer this question for all permanency goals in effect during the period under review
  - If there are concurrent goals, the answer should apply to both goals
    - For example, if there are concurrent goals of reunification and adoption, and you believe that the reunification goal was established in a timely manner, but the adoption goal was not, the answer to question C should be No

- C.** Were all the permanency goals that were in effect during the period under review established in a timely manner?

Yes       No       NA

**Question D Instructions:**

- Answer this question based on your professional judgment regarding the appropriateness of the permanency goal
- Consider the factors that the department considered in deciding on the permanency goal and whether all relevant factors were evaluated
- If one of the goals is another planned permanent living arrangement and the reviewer determines that the goal was established without a thorough consideration of other permanency goals, then the answer to question D should be No

D. Were all the permanency goals in effect during the period under review appropriate to the child's needs for permanency and to the circumstances of the case?

Yes       No       NA

## Item 14 Rating Criteria

**Item 14 should be rated as a Strength if the following applies:**

- Question B, C, & D are answered Yes

**Item 14 should be rated as an Area Needing Improvement if the following applies:**

- Any one of questions B, C, or D is answered No

**Item 14 should be rated as NA if the response to the question of applicability is No**

**Item 14 Rating (select one):**

Strength

Area Needing Improvement

NA

Provide item rating justification. Include any comments that highlight strengths or challenges related to specific practices, systemic issues, or resources that affected this item in the narrative field below:

**PLANNING OUTCOME: TO PREPARE AN IMPLEMENTATION PROCESS THAT WILL PUT IN PLACE TEAM-DRIVEN DECISIONS THAT SUPPORT THE DEPARTMENT'S MISSION. THE PLAN WILL INCLUDE AN EVALUATION TOOL FOR EFFECTIVENESS, A DETERMINED CELEBRATION FOR SUCCESSES, AND FLEXIBILITY FOR POTENTIAL SETBACKS.**

**Item 15: Child(ren) & Family Planning Process**

**Purpose of Assessment:** To determine whether, during the period under review, the planning process was individualized and relevant to the needs and goals for the child(ren) and family, organized into a coherent plan, and adjusted based on changing needs for the child(ren) and family

**Item 15 Applicable Cases:** All cases are applicable for an assessment of this item

**Item 15 Definitions:**

- Planning should be based on a big picture understanding of accurate and current assessments that explain underlying needs that must be addressed
- Planning should:
  - Clearly identify essential family changes
  - Reflect the views and preferences of the child(ren) and family
  - Be directed toward the achievement of conditions necessary for family independence and safe, sustainable case closure
  - Modified frequently to address changing needs and transitions

**A.** During the period under review, was there a specific and coherent plan developed with a clear understanding of when case objectives and activities were achieved?

- Yes       No

**B.** Was the planning process individualized to the child(ren) and family's needs and goals to obtain safe, sustainable case closure?

- Yes       No

**C.** During the period under review, did the department **effectively track** progress for the child(ren) and family regarding the progress or lack of progress in achieving case objectives and activities?

- Yes       No

**Question D Instructions:**

- If parents or child(ren) have not requested changes to their case plan or services, the answer to D should be NA

**D.** During the period under review, were case plan strategies adjusted for the child(ren) and family based on parent or child(ren) requests for changes?

- Yes       No       NA

**Question E Instructions:**

- If plans have been effectively tracked and no adjustments were needed during the period under review, question E can be NA
- If plans have not been effectively tracked, the answer to question E should be No

**E.** During the period under review, were case plan strategies **adjusted** for the child(ren) and family based on progress or lack of progress in achieving case plan objectives and activities?

Yes       No       NA

**F.** If the case closed during the period under review, was there a plan for safe, sustainable case closure known by all team members?

Yes       No       NA

## Item 15 Rating Criteria

### Item 15 should be rated as a Strength if the following applies:

- Questions B, & C are answered Yes and D, E, & F are answered Yes or NA

### Item 15 should be rated as an Area Needing Improvement if the following applies:

- Any one of questions B, C, D, E, or F is answered No

There are no circumstances under which this item could be rated NA

### Item 15 Rating (select one):

- Strength       Area Needing Improvement

Provide item rating justification. Include any comments that highlight strengths or challenges related to specific practices, systemic issues, or resources that affected this item in the narrative field below:

## PLANNING OUTCOME RATING

PLANNING OUTCOME: TO PREPARE AN IMPLEMENTATION PROCESS THAT WILL PUT IN PLACE TEAM-DRIVEN DECISIONS THAT SUPPORT THE DEPARTMENT'S MISSION. THE PLAN WILL INCLUDE AN EVALUATION TOOL FOR EFFECTIVENESS, A DETERMINED CELEBRATION FOR SUCCESSES, AND FLEXIBILITY FOR POTENTIAL SETBACKS.

What is the level of outcome achievement that best describes the extent to which this outcome is being or has been achieved, based on the ratings for Items 13 through 15?

**Instructions:**

- Planning Outcome should be rated as Substantially Achieved if the following applies:
  - Item 15 is rated as a Strength and Items 13 & 14 are rated as either Strength or NA
- Planning Outcome should be rated as Partially Achieved if the following applies:
  - At least one item is rated as a Strength
  - At least one item is rated as an Area Needing Improvement
- Planning Outcome should be rated as Not Achieved if both of the following apply:
  - No item is rated as a Strength

**Select the appropriate response:**

Substantially Achieved       Partially Achieved       Not Achieved

# INTERVENING OUTCOME: TO INTERCEDE WITH THE INTENT OF ALTERING A COURSE OF EVENTS THAT WOULD BE VIEWED AS A RISK TO THE DEPARTMENT'S MISSION

## Item 16: Intervention Adequacy

**Purpose of Assessment:** To determine whether, during the period under review, concerted efforts were made to provide change-related interventions that (1) were timely and of sufficient frequency, duration, and intensity to produce intended results, (2) utilized information obtained from comprehensive formal and/or informal assessments, and (3) led to progress necessary to meet safe, sustainable case closure.

### Item 16 Definitions:

- An intervention is a combination of services and/or strategies designed to produce positive changes for families
  - Interventions may include Parent Education, Family Preservation, Head Start, First Steps, Diagnostic and Evaluation Services, Therapy, Home-Based Casework, Concrete Services, etc.
- In-home services cases:
  - “Mother” and “Father” are defined as the parents/caregivers with whom the child(ren) was living when the department became involved with the family and with whom the child(ren) will remain
    - Biological parents, relatives, guardians, adoptive parents, etc.
  - If a biological parent does not fall into any of the categories above, determine whether that parent should be included in this item based on the circumstances of the case. Some things to consider in this determination are:
    - The reason for the department’s involvement
    - the identified perpetrators in the case
    - the status of the child(ren)’s relationship with the parent
    - the nature of the case (CHINS or IA) and the length of case opening
  - If a biological parent indicates a desire, during the period under review, to be involved with the child(ren) and it is in the child(ren)’s best interests to do so, they should be assessed in this item
- Out-of-home cases:
  - “Mother” and “Father” are defined as the parents/caregivers from whom the child(ren) was removed
  - “Mother” and “Father” include biological parents who were not the parents from whom the child(ren) was removed
  - Stepparents should only be scored as “Mother” or “Father” if they are married
    - If they are not married, they should be considered in the rating given to the parent they are associated with
- Resource parents are defined as related or non-related caregivers who have been given responsibility for care of the child by the department while the child is under the placement and care responsibility and supervision of the department
  - This includes licensed and non-licensed caregivers as well as pre-adoptive parents

### Item 16 Applicable Cases:

- Cases are applicable for an assessment of this item if there were interventions during the PUR
  - If the child(ren), mother, father, or resource parent had existing needs before the period under review that were adequately addressed and there are no remaining interventions in place during the period under review, the item should be rated as NA

### Is Item 16 applicable for Mother?

- Yes       No

**Is Item 16 applicable for Father?**

Yes       No

**Is Item 16 applicable for Child(ren)?**

Yes       No

**Is Item 16 applicable for Resource Parents?**

Yes       No

Indicate why participants are NA in this item

If all participants are NA, Item 16 will be NA in the Ratings section

**Question 1 Instructions:**

- Interventions should address the reason for involvement
- Interventions should be based on an understanding of the underlying needs of the family or resource parents
- Ensure services are matched to the family or resource parents' needs
- Concerted efforts to provide appropriate interventions may include
  - Ensuring accessibility and availability of needed services by removing and/or addressing any barriers to participation
  - Monitoring participation to ensure needs are being met
  - Adjusting services or service levels as necessary

**A1.** During the period under review, did the department make concerted efforts to provide appropriate interventions based on all formal/informal assessments that evaluated the mother?

Yes       No       NA

**B1.** During the period under review, did the department make concerted efforts to provide appropriate interventions based on all formal/informal assessments that evaluated the father?

Yes       No       NA

**C1.** During the period under review, did the department make concerted efforts to provide appropriate interventions based on all formal/informal assessments that evaluated the child(ren)?

Yes       No       NA

**D1.** During the period under review, did the department make concerted efforts to provide appropriate interventions based on all formal/informal assessments that evaluated the resource parents?

Yes       No       NA

**Question 2 & 3 Instructions:**

- Determine if the referral was made in a reasonable amount of time
  - Policy states that referrals should be made within 10 days of an identified need
- Strengths, participation, and progress of the family should be reassessed throughout the life of the case and interventions adjusted as necessary
- Interventions should reflect identified risks and needs of the family or resource parent
- Answer NA if no interventions were needed or implemented for questions 2 and 3 for corresponding participant

- A2.** During the period under review, were the identified interventions initiated timely and with sufficient frequency, duration, and intensity to meet the needs of the mother?
- Yes       No       NA
- B2.** During the period under review, were the identified interventions initiated timely and with sufficient frequency, duration, and intensity to meet the needs of the father?
- Yes       No       NA
- C2.** During the period under review, were the identified interventions initiated timely and with sufficient frequency, duration, and intensity to meet the needs of the child(ren)?
- Yes       No       NA
- D2.** During the period under review, were the identified interventions initiated timely and with sufficient frequency, duration, and intensity to meet the needs of the resource parent?
- Yes       No       NA
- A3.** Were the interventions successful in moving the mother toward achieving safe, sustainable case closure?
- Yes       No       NA
- B3.** Were the interventions successful in moving the father toward achieving safe, sustainable case closure?
- Yes       No       NA
- C3.** Were the interventions successful in moving the child(ren) toward achieving safe, sustainable case closure?
- Yes       No       NA
- D3.** Were the interventions successful in meeting the resource parents' needs?
- Yes       No       NA

## Item 16 Rating Criteria

### Item 16 should be rated as a Strength if the following applies:

- At least one question is answered Yes, and all other questions are answered Yes or NA

### Item 16 should be rated as an Area Needing Improvement if the following applies:

- Any one of the questions is answered No

### Item 16 should be rated as NA if the response to the question of applicability is No

#### Item 16 Rating (select one):

Strength

Area Needing Improvement

NA

Provide item rating justification. Include any comments that highlight strengths or challenges related to specific practices, systemic issues, or resources that affected this item in the narrative field below:

# INTERVENING OUTCOME: TO INTERCEDE WITH THE INTENT OF ALTERING A COURSE OF EVENTS THAT WOULD BE VIEWED AS A RISK TO THE DEPARTMENT'S MISSION

Item 17: Achieving Reunification, Guardianship, Adoption, or Another Planned Permanent Living Arrangement

**Purpose of Assessment:** To determine whether, during the period under review, concerted efforts were made, or are being made, to achieve reunification, guardianship, adoption, or another planned permanent living arrangement

**Item 17 Applicable Cases:** All cases are applicable for an assessment of this item

- **SPECIAL NOTE: PUR for this item should be measured from the 2<sup>nd</sup> day of the review through the prior 12 months**

## Question A1 Definitions and Instructions:

- “Entry into out-of-home care” refers to a child’s removal from his or her normal place of residence and placement in a substitute care setting under the placement and care responsibility of the state
  - Children are considered to have entered out-of-home care if the child has been in substitute care for 24 hours or more
- For in-home cases, including informal adjustments, use the date the department decided to open a case
- Use the MM/DD/YYYY format

**A1.** What is the date of the child’s most recent entry into out-of-home care or date of case opening (for in-home cases)?

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Question A2 Instructions:

- Calculate this by counting the number of months from the date entered into A1 until case closure or the 2<sup>nd</sup> day of the current review

**A2.** What is the time in care (in months) at the time of the onsite review?

\_\_\_\_\_

## Question A3 Definitions and Instructions:

- Case closure should be documented as the date the court ordered dismissal regardless of whether the department has received a copy of the court order or not
- Using the MM/DD/YYYY format, enter the date the child’s case closed

**A3.** What is the date of case closure?

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

NA, not yet closed

**B.** What is (are) the child(ren)’s current permanency goal(s)? (If concurrent permanency goals have been established in the case plan identify both goals.) Or, if the case was closed during the period under review, what was the permanency goal before the case was closed?

Reunification     Guardianship     Adoption     APPLA     IA

## Question C Instructions:

- Trial home visits and runaway episodes are not included when calculating 15 out of 22 months
- Question C should be NA for in-home cases

**C.** Has the child been in out-of-home care for at least 15 of the most recent 22 months?

Yes     No     NA

**Question D Definitions:**

- The Adoption and Safe Families Act requires a department to seek termination of parental rights when the child has been in care for at least 15 of the most recent 22 months, or a court of competent jurisdiction has determined that:
  - The child is an abandoned infant
  - The child(ren)'s parents have been convicted of one of the felonies designated in Section 475(5)(E) of the Social Security Act
    - Committed murder of another child(ren) of the parent
    - Committed voluntary manslaughter of another child of the parent
    - Aided or abetted, attempted, conspired, or solicited to commit such a murder or such a voluntary manslaughter
    - Committed a felony assault that resulted in serious bodily injury to the child(ren) or another child of the parent

**Question D Instructions:**

- Question D applies to all children in out-of-home care regardless of adjudication type
- If the answer to question C is Yes, the answer to question D should be NA
- Question D must be answered if the answer to question C is No
- If any of the conditions noted above apply to the case under review, question D should be answered Yes

D. Does the child meet other Adoption and Safe Families Act criteria for termination of parental rights?

Yes       No       NA

**Question E Instructions:**

- If the answers to both questions C and D are No, the answer to question E should be NA
- Answer E as NA if this is an in-home case or both parents were either deceased or relinquished parental rights prior to the 15/22 month time frame
- Review the case file for evidence of petitioning for termination of parental rights
  - If there is no evidence of this in the file, then ask the caseworker for documentation regarding petitioning for termination of parental rights
  - If there is no evidence in the file or other documentation, then question E should be answered No

E. Did the department file or join a termination of parental rights petition before the period under review or in a timely manner during the period under review?

Yes       No       NA

**Question F1 and F Instructions:**

- If the answer to E is NA, F1 and F should be NA
- If TPR was filed and proceeded on by the department, F1 should be No, and F should be NA
- If TPR was dismissed prior to the PUR and has not been filed again at the time of the review, answer F1 Yes
- If TPR was filed and dismissed during the PUR, F1 should be Yes
- If F1 is Yes, F should be answered Yes or No
  - If a reason for dismissal was present, select Yes for F and Yes by the appropriate dismissal reason
    - If not, answer question F as No and mark No for each dismissal reason

F1. Did the department dismiss the filed petition for TPR?

Yes       No       NA

**F. Was one of the following reasons present to dismiss the filed petition?**

Yes       No       NA

- At the option of the department, the child is being cared for by a relative at the 15/22 month time frame       Yes       No
- The department documented in the case plan a compelling reason for determining that termination of parental rights would not be in the best interests of the child       Yes       No
- The department has not provided to the family the services that the state deemed necessary for the safe return of the child to the child's home       Yes       No

**Question G Definitions and Instructions:**

- If the current or most recent goal for the child(ren) during the period under review was another planned permanent living arrangement, and no other concurrent goals were in place, select NA.
- In determining a response to question G, consider the time the child(ren) has been in out-of-home care or involved in an In-Home case as well as department and court efforts. The following time frames for achievement should be considered for each goal:
  - Informal Adjustment: 6 months
  - Reunification: 12 months
  - Guardianship: 18 months
  - Adoption: 24 months
- If the child(ren) has been in out-of-home care or involved in an In-Home case for more than the suggested time frame (6, 12, 18, or 24 months, depending on the goal) and the goal has not yet been achieved, then the answer to question G should be No, unless there are circumstances that justify the delay. For example:
  - An informal adjustment was extended for a period of 3 months to ensure completion of objectives
  - The permanency goal of reunification has been in place for longer than 12 months, but the child(ren) was physically returned to the parents during or before the 12<sup>th</sup> month and remained at home on a trial home visit beyond the 12<sup>th</sup> month
  - If you determine that the length of time that the child(ren) spent in out-of-home care and on the trial home visit was reasonable given the child(ren) and family circumstances, then the item may be rated as a Strength even though the child(ren) was not discharged from out-of-home care until after the 12<sup>th</sup> month
  - The permanency goal of adoption has been in place for longer than 24 months but there is evidence that the department has made concerted efforts to find an adoptive home for a child with special needs although an appropriate family has not yet been found, or a pre-adoptive placement disrupted despite concerted efforts on the part of the department to support it
  - If you determine that the department could have achieved the permanency goal before the suggested time frame, but there was a delay due to lack of concerted efforts on the part of the department during the period under review, then the answer to question G should be No even if the child(ren) achieved the goal within the suggested time frame

**G. During the period under review, did the department make concerted efforts to achieve permanency in a timely manner?**

Yes       No       NA

**Question H Instructions:**

- If the child's only goal during the period under review was reunification, guardianship, or adoption, select NA

H. For a child with a goal of another planned permanent living arrangement during the period under review, did the department make concerted efforts to exhaust all other permanency options prior to a change in plan to APPLA?

- Yes       No       NA

**Question I Instructions:**

- FCM actions are considered in Question G
- Legal barriers can include barriers from the department's legal team or the family and/or juvenile courts. Things to consider include:
  - Timeliness of requesting hearings for the DCS assessment or case
  - Continuations for the DCS assessment or case
  - Legal availability including docket time and attorney time for the family or juvenile court
  - Legal change to APPLA prior to the child's 16th birthday or before all other options exhausted
  - Denial of requests by the family or juvenile court
- If there are no legal barriers that delayed achieving permanency, I should be No

I. Were there legal barriers present that lead to a delay of achieving permanency?

- Yes       No

## Item 17 Rating Criteria

**Item 17 should be rated as a Strength if the following applies:**

- Questions E, G, & H are answered Yes or NA and question I is answered No

**Item 17 should be rated as an Area Needing Improvement if the following applies:**

- Any one of questions E, G, or H is answered No or question I is answered Yes

**There are no circumstances under which this item could be rated NA**

**Item 17 Rating (select one):**

- Strength       Area Needing Improvement

Provide item rating justification. Include any comments that highlight strengths or challenges related to specific practices, systemic issues, or resources that affected this item in the narrative field below:

# INTERVENING OUTCOME: TO INTERCEDE WITH THE INTENT OF ALTERING A COURSE OF EVENTS THAT WOULD BE VIEWED AS A RISK TO THE DEPARTMENT'S MISSION

## Item 18: Maintaining Family Connections

**Purpose of Assessment:** To determine whether, during the period under review, concerted efforts were made to (1) ensure that visitation between a child(ren) in out-of-home care and their mother, father, and siblings is of sufficient frequency and quality to promote continuity in the child(ren)'s relationship with these close family members and (2) promote relationships between parents and child(ren) outside of visitation

### Item 18 Definitions:

- "Mother" and "Father" are defined as the parents/caregivers from whom the child(ren) was removed
- "Mother" and "Father" include biological parents who were not the parents from whom the child(ren) was removed
- Stepparents should only be scored as "Mother" or "Father" if they are married
  - If they are not married, they should be considered in the rating given to the parent they are associated with

### Item 18 Applicable Cases:

- In-home cases are Not Applicable for assessment of this item
- Because multiple case participants can be assessed in these questions, consider applicability for all appropriate case participants before determining that the rating should be NA.
- Corresponding questions will not be scored if any of the following applies to the mother or father being assessed in this item (check Yes for any that apply and No for any that do not apply)
  - Parent was deceased during the entire period under review  Yes  No
  - Parental rights remained terminated during the entire period under review  Yes  No
  - During the entire period under review, it was documented in the case file that it was not in the child(ren)'s best interests to involve the parent in case planning  Yes  No
  - During the entire period under review, the parent has indicated he/she does not want to be involved in the child(ren)'s life and this was documented in the case file  Yes  No
  - Parent's whereabouts were not known during the entire period under review despite concerted efforts to locate the parent  Yes  No
- Corresponding questions will not be scored if the following does not apply to the target child (check Yes if it applies and No if it does not apply)
  - Target child has at least one sibling who is in out-of-home care and in a different placement setting during any part of the period under review  Yes  No

### Is Item 18 applicable for Mother?

Yes  No

If No, answer questions A1, A2, and A3 NA

### Is Item 18 applicable for Father?

Yes  No

If No, answer questions B1, B2, and B3 NA

### Is Item 18 applicable for a sibling?

Yes  No

If No, answer questions C1, C2, and C3 NA

Indicate why participants are NA in this item

If all participants are NA, Item 18 will be NA in the Ratings section

**A1.** What was the most typical pattern of visits between the mother and child during the period under review? Select the appropriate response:

- More than once a week
- Once a week
- Less than once a week, but at least twice a month
- Less than twice a month, but at least once a month
- Less than once a month
- Never
- NA

**B1.** What was the most typical pattern of visits between the father and child during the period under review? Select the appropriate response:

- More than once a week
- Once a week
- Less than once a week, but at least twice a month
- Less than twice a month, but at least once a month
- Less than once a month
- Never
- NA

**Questions C1 Instructions:**

- Answer C1 NA if the child
  - Has no siblings in out-of-home care
  - Is placed with all siblings
  - If contact with all siblings who are in out-of-home care was not considered to be in the best interests of the child for the entire period under review (for example, one sibling is a physical threat to the other sibling or has a history of physical or sexual abuse of the other sibling and this concern remained throughout the period under review)

**C1.** What was the most typical pattern of visits between the child and his or her siblings during the period under review? Select the appropriate response:

- More than once a week
- Once a week
- Less than once a week, but at least twice a month
- Less than twice a month, but at least once a month
- Less than once a month
- Never
- NA

**Questions A2, B2, and C2 Instructions:**

- If A1, B1, or C1 is NA, corresponding question A2, B2, or C2 is answered NA
- Determine whether the frequency of visitation during the period under review was sufficient to maintain the continuity of the relationship between the child and the mother, father, or sibling depending on the circumstances of the case. For example:
  - Frequency may need to be greater for infants and young children who are still forming attachments
  - Frequency also may need to be greater if reunification is imminent
  - Visitation should be as frequent as possible, unless safety concerns cannot be appropriately managed with supervision
  - The opportunity for visitation should not be used as a consequence or reward for parents or for children
- If, during the period under review, frequent visitation with the mother, father, or sibling was not possible (for example, due to incarceration in a facility where visitation is not feasible, or if the family lives in another state), determine whether there are documented concerted efforts to promote other forms of contact between the child and the mother, father, or sibling such as telephone calls or letters, in addition to facilitating visits when possible and appropriate.
- Address the question of appropriate frequency based on the circumstances of the child and the family

**A2.** During the period under review, were concerted efforts made to ensure that visitation (or other forms of contact if visitation was not possible) between the child and his or her mother was of sufficient frequency to maintain or promote the continuity of the relationship?

Yes       No       NA

**B2.** During the period under review, were concerted efforts made to ensure that visitation (or other forms of contact if visitation was not possible) between the child and his or her father was of sufficient frequency to maintain or promote the continuity of the relationship?

Yes       No       NA

**C2.** During the period under review, were concerted efforts made to ensure that visitation (or other forms of contact if visitation was not possible) between the child and his or her sibling(s) was of sufficient frequency to maintain or promote the continuity of the relationship?

Yes       No       NA

**Questions A3, B3, and C3 Instructions:**

- If A1, B1, or C1 is NA or Never, corresponding question A3, B3, or C3 is answered NA
- Determine whether concerted efforts were made to ensure that the quality of parent-child or sibling visitation, and/ or other forms of contact, was sufficient to maintain the continuity of the relationship. For example,
  - Did visits take place in a comfortable atmosphere and were they of an appropriate length
  - Did visitation allow for sufficient interaction between mother/father/sibling and child
  - If siblings were involved, did visits allow mother or father to interact with each child individually
  - Did sibling visits only occur in the context of parent visitations
  - If appropriate, were unsupervised visits and visits in the mother's or father's home in preparation for reunification allowed

**A3.** During the period under review, were concerted efforts made to ensure that the quality of visitation (or other forms of contact if visitation was not possible) between the child and the mother was sufficient to maintain or promote the continuity of the relationship?

Yes       No       NA

**B3.** During the period under review, were concerted efforts made to ensure that the quality of visitation (or other forms of contact if visitation was not possible) between the child and the father was sufficient to maintain or promote the continuity of the relationship?

Yes       No       NA

**C3.** During the period under review, were concerted efforts made to ensure that the quality of visitation (or other forms of contact if visitation was not possible) between the child and the sibling(s) was sufficient to maintain or promote the continuity of the relationship?

Yes       No       NA

## Item 18 Rating Criteria

**Item 18 should be rated as a Strength if the following applies:**

- At least one question is answered Yes, and all other questions are answered Yes or NA

**Item 18 should be rated as an Area Needing Improvement if the following applies:**

- Any one of questions A2 through C3 is answered No

**Item 18 should be rated as NA if the response to the question of applicability is No**

**Item 18 Rating (select one):**

Strength

Area Needing Improvement

NA

Provide item rating justification. Include any comments that highlight strengths or challenges related to specific practices, systemic issues, or resources that affected this item in the narrative field below:

# INTERVENING OUTCOME: TO INTERCEDE WITH THE INTENT OF ALTERING A COURSE OF EVENTS THAT WOULD BE VIEWED AS A RISK TO THE DEPARTMENT'S MISSION

## Item 19: Resource Availability

**Purpose of Assessment:** To determine whether, during the period under review, identified services for child(ren), parents, and resource parents were available locally, timely, and available for the identified needs

### Item 19 Definitions:

- In-home services cases:
  - “Mother” and “Father” are defined as the parents/caregivers with whom the child(ren) was living when the department became involved with the family and with whom the child(ren) will remain
    - Biological parents, relatives, guardians, adoptive parents, etc.
  - If a biological parent does not fall into any of the categories above, determine whether that parent should be included in this item based on the circumstances of the case. Some things to consider in this determination are:
    - The reason for the department’s involvement
    - the identified perpetrators in the case
    - the status of the child(ren)’s relationship with the parent
    - the nature of the case (CHINS or IA) and the length of case opening
  - If a biological parent indicates a desire, during the period under review, to be involved with the child(ren) and it is in the child(ren)’s best interests to do so, they should be assessed in this item
- Out-of-home cases:
  - “Mother” and “Father” are defined as the parents/caregivers from whom the child(ren) was removed
  - “Mother” and “Father” include biological parents who were not the parents from whom the child(ren) was removed
  - Stepparents should only be scored as “Mother” or “Father” if they are married
    - If they are not married, they should be considered in the rating given to the parent they are associated with
- Resource parents are defined as related or non-related caregivers who have been given responsibility for care of the child by the department while the child is under the placement and care responsibility and supervision of the department
  - This includes licensed and non-licensed caregivers as well as pre-adoptive parents

### Item 19 Applicable Cases:

- Cases are applicable for an assessment of this item if there were services referred or services that should have been referred, for child(ren), parent(s), and/or resource parents
  - If the case was opened during the PUR and has only been open for 45 days and services have not been able to start, the item should be rated NA
  - If the child(ren), mother, father, or resource parent had existing needs before the period under review that were adequately addressed and there are no remaining services in place during the period under review, the item should be rated as NA

#### Is Item 19 applicable for Mother?

- Yes       No

#### Is Item 19 applicable for Father?

- Yes       No

**Is Item 19 applicable for Child(ren)?**

Yes       No

**Is Item 19 applicable for Resource Parents?**

Yes       No

Indicate why participants are NA in this item

If all participants are NA, Item 19 will be NA in the Ratings section

**Item 19 Definitions:**

- Resource availability refers to the degree a formal support, service, and/or resource necessary to implement planned change is available as required.
- Things to consider for availability include
  - Timeliness of the service
  - Ability to meet specific needs identified in Items 10, 11, and 12 including intensity and duration
  - Locally accessible

**A.** Were all identified services available as needed for the mother?

Yes       No       NA

**B.** Were all identified services available as needed for the father?

Yes       No       NA

**C.** Were all identified services available as needed for the child(ren)?

Yes       No       NA

**D.** Were all identified services available as needed for the resource parents?

Yes       No       NA

## Item 19 Rating Criteria

**Item 19 should be rated as a Strength if the following applies:**

- At least one question is answered Yes, and all other questions are answered Yes or NA

**Item 19 should be rated as an Area Needing Improvement if the following applies:**

- Any one of questions A, B, C, or D is answered No

**Item 19 should be rated as NA if the response to the question of applicability is No**

**Item 19 Rating (select one):**

Strength

Area Needing Improvement

NA

Provide item rating justification. Include any comments that highlight strengths or challenges related to specific practices, systemic issues, or resources that affected this item in the narrative field below:

# INTERVENING OUTCOME: TO INTERCEDE WITH THE INTENT OF ALTERING A COURSE OF EVENTS THAT WOULD BE VIEWED AS A RISK TO THE DEPARTMENT'S MISSION

## Item 20: Provider Quality

**Purpose of Assessment:** To determine whether, during the period under review, service providers accurately and appropriately developed a service array to meet the individual needs of the family with the correct duration, frequency, and intensity, tracked and adjusted services based on case progression, and had frequent communication with the department regarding family participation and progress

### Item 20 Applicable Cases:

- Most cases are applicable for assessment of this item, unless during the period under review interventions were not offered to any case participants, whether due to a lack of assessment and referral by the Department or the need for services did not exist

### Is this case applicable?

Yes       No

If no, please explain:

If the response is No, Item 20 will be NA in the Ratings section

### Question A Instructions:

- Only consider referrals made during the Period Under Review
  - If no referrals were made, question A should be answered NA
- When looking at referrals consider whether client history information was included, reason for referral, and specific objectives of the service
- Use your professional judgement and feedback from providers in considering the quality of referrals

A. Was the written referral provided to the service provider detailed in explaining the need for assessment and/or services?

Yes       No       NA

B. Did the providers' assessment(s) convey adequate and appropriate recommendations for interventions?

Yes       No       NA

### Question C Instructions:

- Consider whether the services being provided match those referred for by the agency
  - If the agency referred for intensive outpatient services but the client is receiving individual therapy sessions, assess the reason for the discrepancy and whether referral objectives are being met with the modified services
- If the service is not being offered due to the service not being available, the lack of resource should be captured in Item 19 while the quality of the offered service should be captured here
- Question C should be answered NA if a referral was made but services have not yet started

- C. Did the intervention strategies delivered by service providers meet the frequency, duration, and intensity identified in the department's referral for ongoing services?
- Yes       No       NA
- D. Did the provider make recommendations to maintain and/or adjust intervention strategies based on the family's continuing needs?
- Yes       No       NA
- E1. What was the most common form of communication between providers and the department? (Select all that apply)
- Monthly report  
 Phone conversations  
 Face-to-face  
 E-mail  
 Text messages  
 CFTMs  
 Other \_\_\_\_\_
- E. Besides monthly reports, did the provider communicate with the Department as needed to deliver ongoing information regarding the achievement of service objectives?
- Yes       No       NA
- F. Did providers deliver appropriate monthly documentation that is reflective of current information regarding the family's interventions?
- Yes       No       NA

## Item 20 Rating Criteria

### Item 20 should be rated as a Strength if the following applies:

- At least one question B, C, D, E, or F is answered Yes, and all other questions B, C, D, E, or F are answered Yes or NA

### Item 20 should be rated as an Area Needing Improvement if the following applies:

- Any one of questions B, C, D, E, or F is answered No

### Item 20 should be rated as NA if the response to the question of applicability is No

#### Item 20 Rating (select one):

Strength

Area Needing Improvement

NA

Provide item rating justification. Include any comments that highlight strengths or challenges related to specific practices, systemic issues, or resources that affected this item in the narrative field below:

## INTERVENING OUTCOME RATING

INTERVENING OUTCOME: TO INTERCEDE WITH THE INTENT OF ALTERING A COURSE OF EVENTS THAT WOULD BE VIEWED AS A RISK TO THE DEPARTMENT'S MISSION

What is the level of outcome achievement that best describes the extent to which this outcome is being or has been achieved, based on the ratings for Items 16 through 20?

**Instructions:**

- Intervening Outcome should be rated as Substantially Achieved if the following applies:
  - If four or less items are scored
    - No items are rated as an Area Needing Improvement
  - If five items are scored
    - At least four items are rated as a Strength AND
    - No more than one item is rated as an Area Needing Improvement
- Intervening Outcome should be rated as Partially Achieved if the following applies:
  - If two items are scored
    - One item is rated as an Area Needing Improvement AND
    - One item is rated as a Strength
  - If three or more items are scored
    - At least one item, but fewer than all five items, are rated as an Area Needing Improvement AND
    - At least two items are rated as a Strength
- Intervening Outcome should be rated as Not Achieved if both of the following apply:
  - No more than one item is rated as a Strength
  - At least one item is rated as an Area Needing Improvement

**Select the appropriate response:**

Substantially Achieved       Partially Achieved       Not Achieved



# Attachment 19.1

## CEU Title IV-E Initial Eligibility Checklist

Please review the CEU Title IV-E Eligibility checklist for each child. The information on this checklist should be uploaded in MaGIK within 30 days of the child's removal. Eligibility documentation should be clearly labeled (e.g., Preliminary Inquiry, IV-E/EA Information Form, etc.) and 'Eligibility' selected as the subject matter so they can be easily located in MaGIK.

Child's Bio Name:

Case #: [Click here to enter text.](#)

### The following documentation must be uploaded in MaGIK for the Title IV-E Eligibility Determination.

<input type="checkbox"/>	<b>Child's Birth Certificate</b> If the child's birth certificate is not available, or the child is not a U.S. citizen, upload one of the documents listed in DCS Child Welfare Policy <a href="#">2.23 Verifying Citizenship or Immigration Status</a>
<input type="checkbox"/>	<b>Preliminary Inquiry (PI)</b> and/or the <b>Verified Petition Alleging a Child to be a Child in Need of Services</b>
<input type="checkbox"/>	<b>Court Orders</b> <ul style="list-style-type: none"><li><input type="checkbox"/> Upload <u>all</u> of the child's court orders to the applicable hearing (<i>Detention, Emergency Custody Order, Order Authoring Taking Custody of the Child, Writ, etc.</i>)</li><li><input type="checkbox"/> Court orders must be <u>dated and signed</u> by the judge to be acceptable</li></ul>
<input type="checkbox"/>	<b>Title IV-E/EA Information Form (SF 55435)</b> <ul style="list-style-type: none"><li><input type="checkbox"/> Include the date the child was physically removed and the date the child last lived with the person he/she is being legally removed from</li><li><input type="checkbox"/> Include income information for the entire month of removal for everyone living in the home of the person the child is removed from</li><li><input type="checkbox"/> Obtain appropriate signatures on the form or, if signatures are not possible, a statement at the bottom of the form that documents who provided the information and the date the information was obtained. If the information needed for the form cannot be obtained, provide a statement indicating why the information could not be gathered.</li></ul>
<input type="checkbox"/>	<b>Other Documentation to Support the Determination</b> , including: <ul style="list-style-type: none"><li><input type="checkbox"/> Documentation to verify income and resources for the entire month of removal, such as: <u>intake forms; pay stubs; W-2 forms; employer, bank, or tax statements; documentation of Social Security benefits, unemployment, or child support; insurance policies; deeds/titles; loan documents; or signed statements from a parent/reliable person cognizant of the facts</u></li><li><input type="checkbox"/> Documentation to verify the household composition, relationship of individuals in the removal home, or other information relevant to the eligibility determination, such as: <u>removal petition; court, hospital, or marriage records; adoption decree; or a paternity affidavit</u></li></ul> <p><u>Note:</u> If there is not documentation to verify the persons living in the home at the time of removal, their employment status and/or any earned/earned income received, document this information in a <u>case note (labeled with the subject: Eligibility)</u>. If income is unable to be verified, unknown, or the individual is unemployed this information should be documented in a case note.</p>

### The following items must be completed in MaGIK in order for CEU to determine eligibility.

<input type="checkbox"/>	<b>Removal Household Entered:</b> The child's household in MaGIK should always reflect the household composition on the day of removal, not the child's current placement.
<input type="checkbox"/>	<b>All Family Relationships to the Child are Accurate:</b> CEU will review the child's relationships in MaGIK, and they should correctly reflect each individual's relationship to other individuals. Only one relationship between two individuals in MaGIK should be listed.
<input type="checkbox"/>	<b>Child's Person Page Includes Age and Citizenship Verification Information:</b> Update the child's Person Page in MaGIK with the following information: <ul style="list-style-type: none"><li><input type="checkbox"/> The child's age and source of verification</li><li><input type="checkbox"/> List the person's citizenship and source of verification</li><li><input type="checkbox"/> Enter the child's Social Security Number and source of verification</li></ul>
<input type="checkbox"/>	<b>Child's Placement is Entered:</b> Update the child's placement on the 'Removals and Locations' card in MaGIK. <ul style="list-style-type: none"><li><input type="checkbox"/> Child's current placement and correct address are entered</li><li><input type="checkbox"/> Date of the child's first placement reflects the date the child was physically or constructively removed from home</li></ul>

# Reflective Practice Assessment Survey

## 1. Date of Initial FCM Contact with Family

## 2. Type of additional observation during the quarter (check multiple selections if applicable)

CFTM (Child Family Team Meeting)

Home visit

Resource home visit

Supervised visit

Court

NA

Other

## 3. Please specify:

## 4. Was a safety assessment completed within 24 hours of seeing the victim?

Yes

No

## 5. Did the FCM complete the Initiation Tracking Tool?

Yes

No

## 6. The FCM did the following to begin the teaming preparation process:

FCM asked about informal supports

Yes No

FCM inquired about activities the child/family participates in

Yes No

## 7. FCM offered to facilitate a CFTM

Yes

No

NA

## 8. FCM adequately explained how a CFTM could benefit the family

Yes

No

NA

**9. Did the FCM approach the assessment with a mindset of teaming?**

Yes

No

**10. Did the FCM facilitate a CFTM during the assessment?**

Yes

No

**11. Was the CFTM completed to transition to a case?**

Yes

No

**12. The CFTM had quality components as indicated by:**

There was a shared understanding among team members of the purpose for the CFTM

Yes No

The team thoroughly discussed child safety

Yes No

The team addressed all the family needs

Yes No

The team made an action plan that indicated who, what, where

Yes No

The team accurately identified needs and objectives

Yes No

The team addressed "what can go wrong" and developed a "Plan B"

Yes No

CFTM notes accurately reflect team meeting

Yes No

The appropriate people attended the CFTM

Yes No

**13. Did the FCM facilitate a quality CFTM?**

**14. Was the mother/legal caregiver available to be interviewed during the assessment?**

Yes

No

**15. Please indicate what measures the FCM took to engage the mother/legal caregiver:**

Home visits to last known address

Yes No

Phone calls, texts, letters

Yes No

Investigator referral/gather information from maternal relatives

Yes No

**16. Did the FCM make concerted efforts to locate and interview the mother/legal caregiver?**

**17. FCM demonstrates the ability to engage the mother/legal caregiver by discussing:**

Allegations on the Hotline report	Yes	No
Family situation	Yes	No
Safety of the child(ren)	Yes	No
Needs (both immediate and underlying)	Yes	No
Strengths	Yes	No

**18. Did the FCM make concerted efforts to engage the mother/legal caregiver?**

**19. Was the father/legal caregiver available to be interviewed during the assessment?**

Yes  
No

**20. Please indicate what measures the FCM took to engage the father/legal caregiver:**

Home visits to last known address	Yes	No
Phone calls, texts, letters	Yes	No
Investigator referral/gather information from paternal relatives	Yes	No

**21. Did the FCM make concerted efforts to locate and interview the father/legal caregiver?**

**22. FCM demonstrates the ability to engage the father/legal caregiver by discussing:**

Allegations on the Hotline report	Yes	No
Family situation	Yes	No
Safety of the child(ren)	Yes	No
Needs (both immediate and underlying)	Yes	No

Strengths	Yes	No
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**23. Did the FCM make concerted efforts to engage the father/legal caregiver?**

**24. Is the child(ren) able to communicate during an interview? (Note that any child at the cognitive level of a kindergartner must be scored.)**

Yes  
No

**25. FCM demonstrates the ability to engage child(ren) by discussing:**

Allegations on the Hotline report	Yes	No
Family situation	Yes	No
Safety of the child(ren)	Yes	No
Needs	Yes	No
Activities	Yes	No
School	Yes	No

**26. Did the FCM make concerted efforts to engage the child(ren)?**

**27. Did the FCM gather enough information to make informed decision on the following:**

Safety of the child(ren)	Yes	No
Family situation	Yes	No
Services needed	Yes	No
Substantiation decision	Yes	No

**28. FCM interviewed/contacted the following to conduct a thorough assessment?**

Mother	Yes	No	NA
Father	Yes	No	NA
Other caregivers	Yes	No	NA
All children living in the home	Yes	No	NA

Report source	Yes	No	NA
Professional collateral contacts	Yes	No	NA
Informal collateral contacts	Yes	No	NA
Witnesses	Yes	No	NA
Law enforcement	Yes	No	NA

## **29. Victim(s)**

Yes  
No

## **30. Alleged Perpetrator(s)**

Yes  
No

## **31. Did the FCM provide the appropriate documents to the family?**

Notice of availability	Yes	No	NA
Consent to interview child	Yes	No	NA
Notice of child interview	Yes	No	NA
Advisement of legal rights when taking custody of the child	Yes	No	NA
Background check information	Yes	No	NA
Appropriate court documents	Yes	No	NA
Release of information	Yes	No	NA

## **32. Did the FCM accurately identify all safety and risk factors?**

Yes  
No

## **33. Elements of a quality assessment demonstrated by the FCM:**

FCM did a thorough visual observation of the home environment	Yes	No
FCM did a thorough visual observation of the child(ren)	Yes	No
FCM reviewed the family's DCS history/limited criminal history	Yes	No
FCM addressed all the allegations in the Hotline report	Yes	No
FCM interviewed the child(ren) separate from the parent(s)	Yes	No
The collection of evidence was thorough and purposeful	Yes	No
Required contacts were made	Yes	No

**34. FCM addressed any other concerns discovered during the interviews**

Yes  
No  
NA

**35. FCM interviewed the parents separate from each other**

Yes  
No  
NA

**36. FCM took pictures to support findings**

Yes  
No  
NA

**37. Did the FCM conduct a quality assessment?**

**38. Were safety concerns identified during the assessment?**

Yes  
No

**39. Was a safety plan developed during the assessment?**

Yes  
No

**40. FCM demonstrated the ability to work with the family to develop a quality safety plan as evidenced by:**

All identified safety concerns are addressed in the plan

Yes  
No

The family participated in creating the plan

Yes  
No

The plan, if followed, will keep child(ren) safe

Yes  
No

There is a family support person who will monitor the plan

Yes  
No

There is a common understanding of the plan

Yes  
No

**41. If age appropriate, child(ren) participated in making the safety plan**

Yes

No

NA

**42. Does the safety plan meet quality standards?**

**43. Did the FCM talk with the family about case planning and transitioning to a case?**

Yes

No

NA

**44. Does the FCM demonstrate knowledge of community resources?**

Yes

No

NA, no resources needed

**45. Did the FCM demonstrate the ability to complete an accurate, thorough referral?**

Yes

No

NA, no referrals needed

**46. Was the level of intervention proposed by the FCM appropriate?**

Yes

No

NA, no intervention needed

**47. What level of intervention was warranted?**

Community resource referral, case not opened

Informal Adjustment

In-Home CHINS

Out-of-Home CHINS

**48. The FCM completed the following documentation accurately and timely:**

Court documents

Yes No NA

Background checks

Yes No NA

Yes No NA

Visitation Plan	Yes	No	NA
Service Referral	Yes	No	NA
Investigative Referral	Yes	No	NA
Safety & Risk Assessment	Yes	No	NA
CANS	Yes	No	NA
Contact in electronic system	Yes	No	NA
CFTM notes	Yes	No	NA
Eligibility documents	Yes	No	NA
Placements are up to date in the electronic system	Yes	No	NA

**49. Did the assessment entered in the electronic system accurately reflect what the FCM supervisor observed during the RPS visit?**

Yes

No

**50. Identify the top 3 FCM's strengths that were observed this quarter: (Must choose 3)**

- Accountability
- Assessing skills
- Continuous improvement
- Cultural sensitivity
- Electronic documentation
- Empathy
- Engagement skills
- Genuineness
- Honesty
- Intervening skills
- Organizational skills
- Professionalism
- Rapport with family
- Respect
- Responsibility
- Teaming skills
- Teamwork
- Time management skills
- Transparency
- Other

**51. Please specify:**

**52. Please write a short explanation of what was observed to justify the items checked:**

**53. Identify 3 areas for FCM to enhance their practice model skills this quarter: (Must choose 3)**

Accountability  
Assessing skills  
Continuous improvement  
Cultural sensitivity  
Electronic documentation  
Empathy  
Engagement skills  
Genuineness  
Honesty  
Intervening skills  
Organizational skills  
Professionalism  
Rapport with family  
Respect  
Responsibility  
Teaming skills  
Teamwork  
Time management skills  
Transparency  
Other

**54. Please specify:**

**55. Please write a short explanation of what was observed to justify the items checked:**

# Reflective Practice Permanency Survey

## 1. Date of Initial Observation

## 2. Select all observations that were completed during the quarter:

CFTM (Child Family Team Meeting)

Home visit

Resource Home visit

Supervised visitation

Court

Other

## 3. Please specify

## 4. Has the FCM demonstrated the ability to engage with the family to identify informal supports?

Yes

No

## 5. Did the FCM have a CFTM with this family in the last 90 days?

Yes

No

## 6. The CFTM had quality components as indicated by:

Shared understanding among team members of the purpose for the CFTM

Yes No

The team thoroughly discussing all aspects of child safety in home, school, community

Yes No

The team addressing all the family needs

Yes No

The team making an action plan that indicates who, what, where

Yes No

The team accurately identifying needs and objectives

Yes No

The team developing an alternative permanency plan

Yes No

The team addressing 'what can go wrong' and developing a 'Plan B'

Yes No

CFTM notes accurately reflecting team meeting

Yes No

Inviting or asking the appropriate people to attend the CFTM

Yes No

## 7. Did the FCM facilitate a quality CFTM?

**8. The FCM made concerted efforts to engage the child(ren)/family to have a CFTM by:**

Thoroughly explaining the purpose of a CFTM and how it can help the family	Yes	No
Offering to have the meeting at a time convenient to the family	Yes	No
Offering to have the meeting in a place the family chooses (if safe)	Yes	No
Offering a child/youth centered CFTM	Yes	No

**9. Offering CFTM to resource parent**

Yes  
No  
NA

**10. Offering the CFTM to each parent/caregiver**

Yes  
No  
NA

**11. Offering a child/youth lead CFTM**

Yes  
No  
NA

**12. Did the FCM make concerted efforts to engage the child(ren)/family to participate in a CFTM?**

**13. Has there been a CFTM or case conference for this child/family in the last 6 months?**

Yes  
No

**14. Are any of the child(ren) school aged and at least developmentally at the level of a kindergartner?**

Yes  
No

**15. FCM demonstrates the ability to conduct quality visits with children by:**

Meeting with child(ren) alone	Yes	No
Discussing with the child(ren) how they are safe in all settings	Yes	No
Discussing goals and services	Yes	No
Discussing case plan and progress	Yes	No
Meeting in a place conducive to open and honest communication	Yes	No
Visually assessing child(ren)	Yes	No
Visually assessing home environment	Yes	No
Assessing relationship/interactions between child(ren) and caregivers	Yes	No

**16. Does the FCM meet standards for quality visits with the child(ren)?**

**17. FCM demonstrates the ability to conduct quality visits with children who are not school aged or at least developmentally at the level of a kindergartener by:**

Discussing all aspects of safety and/or safety plan with parents/caregiver or resource parent	Yes	No
Discussing goals and services with parent/caregiver or resource parent	Yes	No
Discussing case plan and progress with parent/caregiver or resource parent	Yes	No
Visually assessing child(ren)	Yes	No
Visually assessing home environment	Yes	No
Assessing relationship/interactions between children and caregivers	Yes	No

**18. Does the FCM meet quality standards for visits with children?**

**19. Has the FCM had a visit with the mother/legal caregiver in the last 30 days?**

- Yes, mother/legal caregiver was seen
- No, mother/legal caregiver was not seen
- NA, mother/legal caregiver is TPR/deceased

**20. FCM demonstrates the ability to conduct quality visits with the mother/legal caregiver by:**

Meeting with the mother/legal caregiver face to face	Yes No
Discussing child safety in all settings and/or safety plan	Yes No
Discussing services and progress	Yes No
Discussing case plan	Yes No
Meeting in a place conducive to open and honest communication	Yes No
Communicates via text, email and/or phone calls	Yes No

**21. In domestic violence situations, mother/legal caregiver is met with separate from partner.**

Yes  
No  
NA

**22. Did the FCM make concerted efforts to have quality visits with the mother/legal caregiver?**

**23. Please indicate what measures the FCM took in the last 90 days to engage the mother/legal caregiver:**

Home visits to last known address	Yes No
Phone calls, texts, letters	Yes No
Investigator referral/gather information from maternal relatives	Yes No

**24. Did the FCM make concerted efforts to engage the mother/legal caregiver?**

**25. Has the FCM had a visit with the father/caregiver in the last 30 days?**

Yes, father/legal caregiver was seen  
No, father/legal caregiver was not seen  
NA - father/legal caregiver is TPR/Deceased

**26. FCM demonstrates the ability to conduct quality visits with the father/legal caregiver by:**

Yes

Meeting with the father/legal caregiver face to face	No
Discussing child safety in all settings and/or safety plan	Yes
Discussing services and progress	No
Discussing case plan	Yes
Meeting in a place conducive to open and honest communication	No
Communicates with father/legal caregiver via text, e-mail and/or phone calls	Yes
	No

**27. In domestic violence situations, FCM meets with father/legal caregiver separate from partner**

Yes  
No  
NA

**28. Does the FCM meet standards for quality visits with the father/legal caregiver?**

**29. Please indicate what measures the FCM took to engage the father/legal caregiver in the last 90 days:**

Home visits to last known address	Yes
Phone calls, texts, letters	No
Investigator referral/gather information from paternal relatives	Yes
	No

**30. Did the FCM make concerted efforts to engage the father/legal caregiver?**

**31. Did the FCM accurately identify safety and risk factors?**

Yes  
No

**32. FCM demonstrates ability to accurately assess or obtain formal/informal assessments of the child's:**

Independent living skills/needs	Yes	No
	NA	
Educational needs	Yes	No
	NA	

Mental and behavioral health needs	Yes	No
	NA	
Social skills	Yes	No
	NA	
Attachment/bonding to caregiver	Yes	No
	NA	
Physical and dental health needs	Yes	No
	NA	

**33. Were all the child(ren)'s needs adequately assessed?**

**34. FCM demonstrated the ability to assess or obtain informal/formal assessments of mother/legal caregiver's:**

Mental health needs	Yes	No
	NA	
Parenting capacities	Yes	No
	NA	
Knowledge of child/youth development	Yes	No
	NA	
Concrete supports	Yes	No
	NA	
Underlying needs	Yes	No
	NA	

**35. Were all the mother/legal caregiver's needs adequately assessed?**

**36. FCM demonstrated the ability to assess or obtain informal/formal assessments of father/legal caregiver's:**

Mental health needs	Yes	No
	NA	
Parenting capacities	Yes	No
	NA	
Knowledge of child/youth development	Yes	No
	NA	
Concrete supports	Yes	No
	NA	
Underlying needs	Yes	No
	NA	

**37. Were the father/legal caregiver's needs adequately assessed?**

**38. Did the FCM demonstrate the ability to adequately assess the resource parent's needs in regards to caring for the child(ren) placed in their home?**

Yes  
No  
NA, child is not in a resource home

**39. Does the FCM have written documentation around safety planning within the case in the last 90 days?**

Yes  
No

**40. FCM demonstrated the ability to work with the family to develop a quality safety plan as evidenced by:**

All identified safety concerns are addressed in the plan	Yes No
The family participated in forming, and is in agreement, with the plan	Yes No
The plan, if followed, will keep child(ren) safe	Yes No
There is a family support person who will monitor the plan	Yes No
There is a common understanding of the plan	Yes No

**41. If age appropriate, the child(ren) participated in making the safety plan**

Yes  
No  
NA

**42. Does the safety plan meet quality standards?**

**43. The child/family's plan for case progression has the following qualities:**

The child/family assisted in developing the plan	Yes No
The FCM takes into account the child and family's strengths	Yes No
The plan is individualized to meet the child and family's specific needs	Yes No
The goals are relevant to the family needs	Yes No
The plan, if followed, will help the child and family reach sustainable, safe case closure	Yes No
Shared understanding amongst the team	Yes No

**44. Is there a specific, coherent plan developed with a clear understanding of the case plan objectives and activities to be achieved for successful case closure?**

**45. Did the FCM offer appropriate services to the child(ren) to meet identified needs?**

Yes

No

NA, no services were necessary

**46. Did the FCM offer appropriate services to the mother/legal caregiver to meet identified needs?**

Yes

No

NA, no services were necessary or no mother/legal caregiver

**47. Did the FCM offer appropriate services to the father/legal caregiver to meet identified needs?**

Yes

No

NA, no services were necessary or no father/legal caregiver

**48. Did the FCM offer appropriate services to the resource parents to meet identified needs and maintain placement?**

Yes

No

NA, no services were necessary or child was not in a resource home

**49. Did the FCM track services to the child(ren)/family appropriately?**

Yes

No

**50. Were services and case objectives adjusted based on case progression and child/family needs?**

Yes

No

**51. Are the child(ren) in this case in out-of-home placement?**

Yes

No

**52. Are the child(ren) in relative/kinship placement?**

Yes

No

**53. In the last 90 days, FCM tried to place child(ren) with relatives by:**

Asking family members for information on paternal/maternal relatives/kinship	Yes	No	NA
Sending letters to family members	Yes	No	NA
Calling family members to assess possible placement	Yes	No	NA
Obtaining investigator referrals	Yes	No	NA
Visiting relative homes to assess possible placement	Yes	No	NA
Completing background checks	Yes	No	NA
Reviewing school records for relatives listed to call for emergencies	Yes	No	NA

**54. Did the FCM make concerted efforts to place the child(ren) with relatives?**

Yes

No

**55. Is there a visitation plan in place for this family?**

Yes

No

**56. Are the following components in the visitation plan for this family:**

Appropriate for the case circumstances	Yes	No	NA
Contains a plan for safety in every environment	Yes	No	NA
Encourages the mother- child relationship	Yes	No	NA
Encourages the father- child relationship	Yes	No	NA
Encourages sibling relationships	Yes	No	NA
Visitation plan meets the overall needs of the child	Yes	No	NA

**57. Does the FCM have a quality visitation plan in place with the family?**

Yes

No

**58. The FCM made concerted efforts to maintain the child(ren)'s important connections to:**

School	Yes	No	NA
Community	Yes	No	NA
Faith	Yes	No	NA
	Yes	No	

Activities	NA
siblings	Yes No NA
Tribe	Yes No NA

**59. Was the child(ren) able to maintain their important connections?**

Yes  
No

**60. In the last 90 days, has the FCM completed required documentation accurately and timely?**

Safety and Risk Assessments	Yes No NA
CANS Assessments	Yes No NA
Service Referrals	Yes No NA
Court documents	Yes No NA
Contacts entered into electronic system	Yes No NA
Case Plans	Yes No NA
CFTM notes	Yes No NA
Visitation Plan	Yes No NA
Eligibility documents	Yes No NA
Placements are up to date in electronic system	Yes No NA
Medical information is up to date in electronic system	Yes No NA
School information is up to date in electronic system	Yes No NA

**61. Did the contact in the electronic system accurately reflect what the FCM supervisor observed during RPS?**

Yes  
No

**62. Identify the top 3 FCM's strengths that were observed this quarter: (must choose 3)**

Ability to track & adjust needs of child/family  
Accountability  
Assessing Skills  
Continuous improvement  
Cultural Sensitivity  
Electronic documentation  
Empathy  
Engagement skills  
Genuineness  
Honesty  
Intervening skills  
Organizational skills  
Professionalism  
Rapport with family  
Respect  
Responsibility  
Teaming skills  
Teamwork  
Time management skills  
Transparency  
Other

**63. Please specify:**

**64. Please write a short explanation of what was observed to justify the items checked:**

**65. Identify the top 3 areas for the FCM to enhance their practice model skills this quarter: (Must choose 3)**

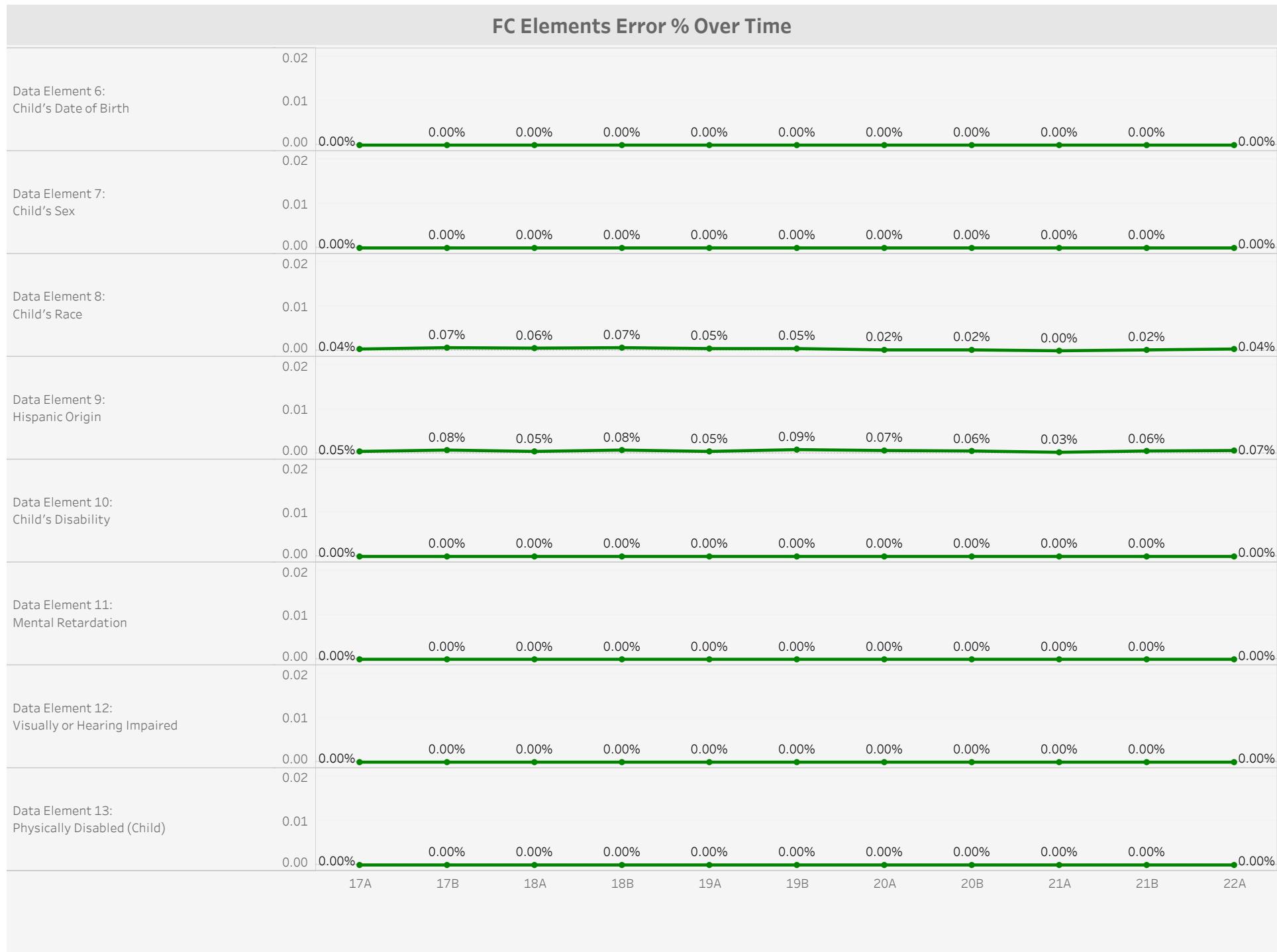
Ability to track & adjust needs of child/family  
Accountability  
Assessing Skills  
Continuous improvement  
Cultural Sensitivity  
Electronic documentation  
Empathy  
Engagement skills  
Genuineness  
Honesty  
Intervening skills  
Organizational skills  
Professionalism  
Rapport with family

Respect  
Responsibility  
Teaming skills  
Teamwork  
Time management skills  
Transparency  
Other

**66. Please specify:**

**67. Please write a short explanation of what was observed to justify the items checked:**

## Attachment 19.3



## FC Elements Error % Over Time



## FC Elements Error % Over Time



# Attachment 19.4

## FC Elements Error % Over Time

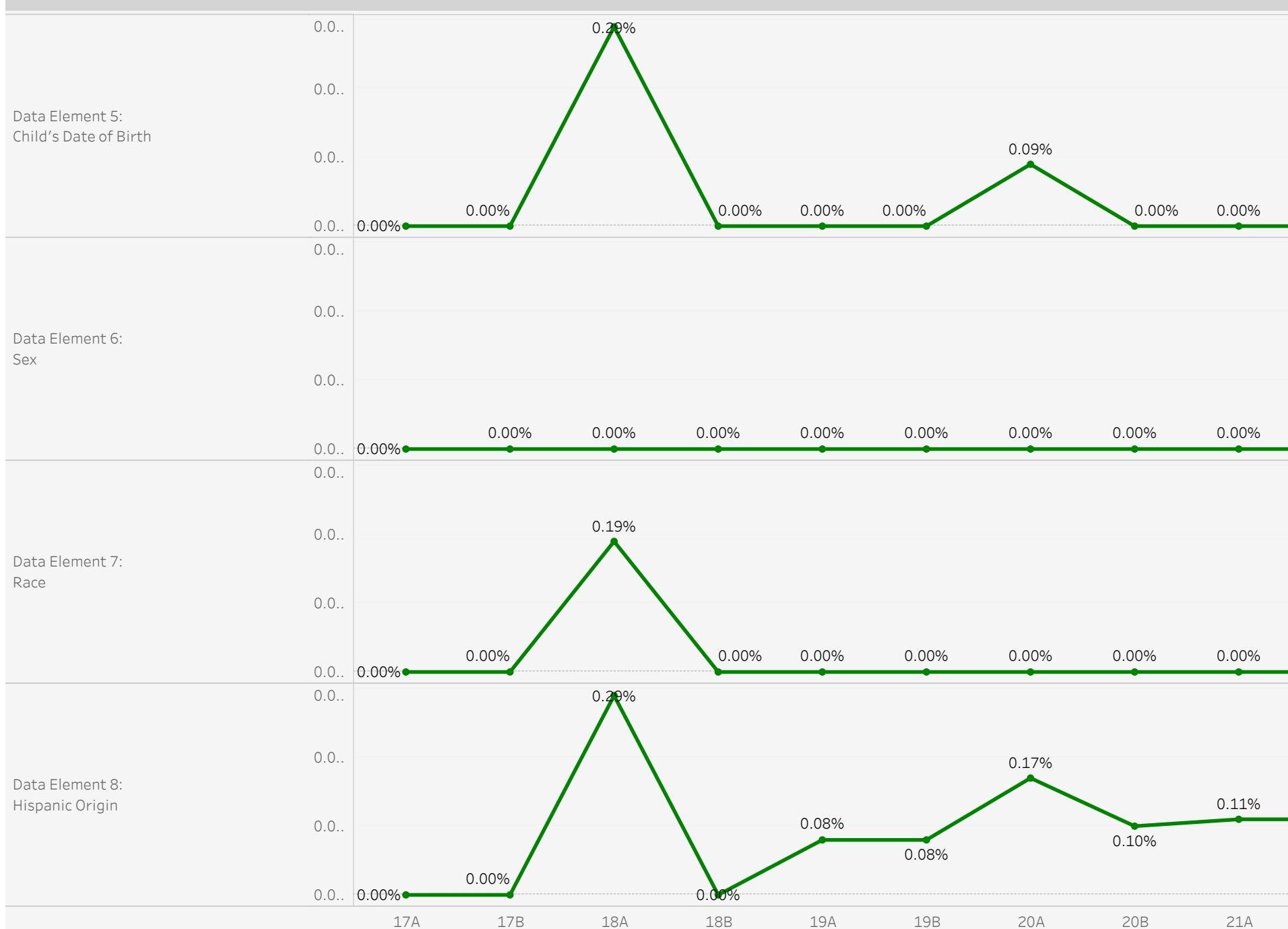


## FC Elements Error % Over Time

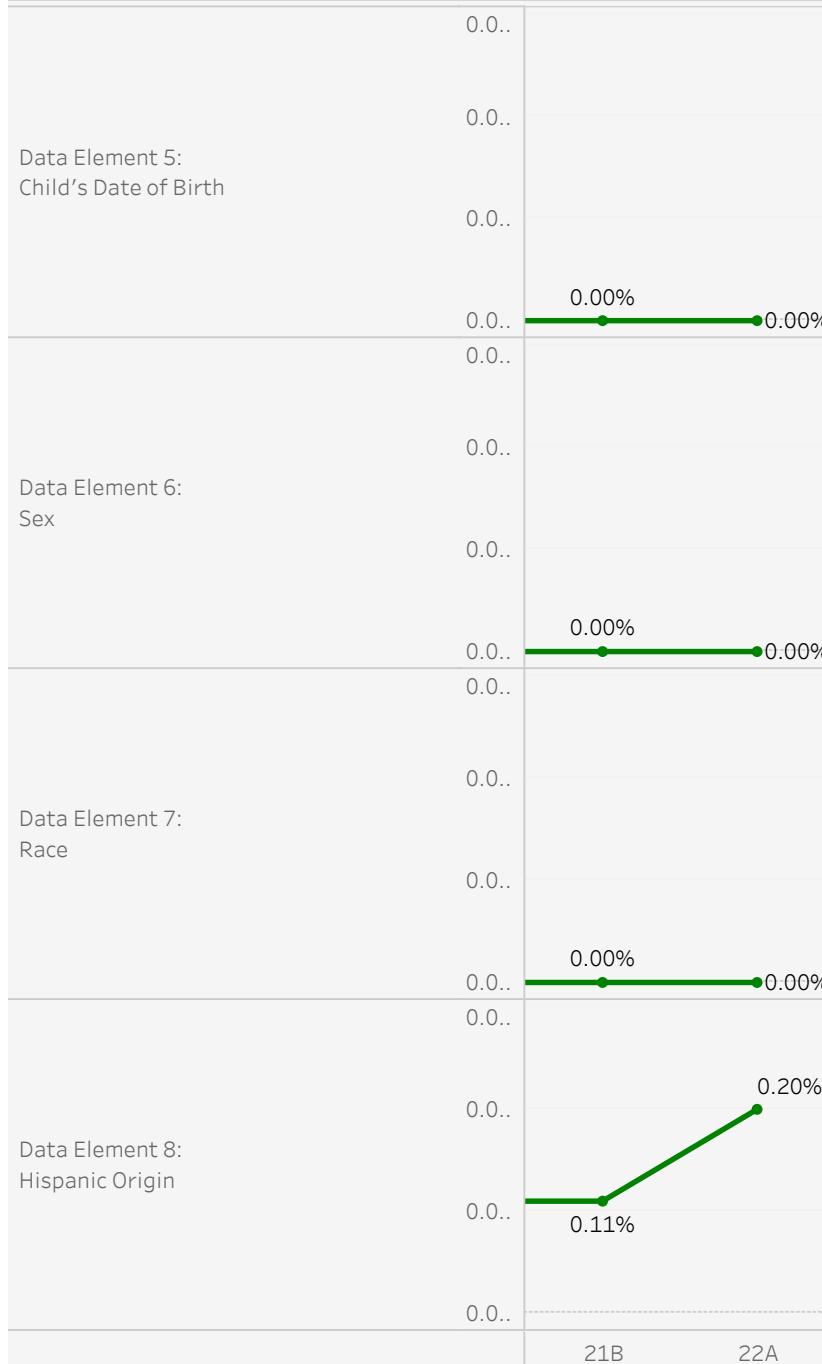


# Attachment 19.5

## AD Elements Error % Over Time



## AD Elements Error % Over Time

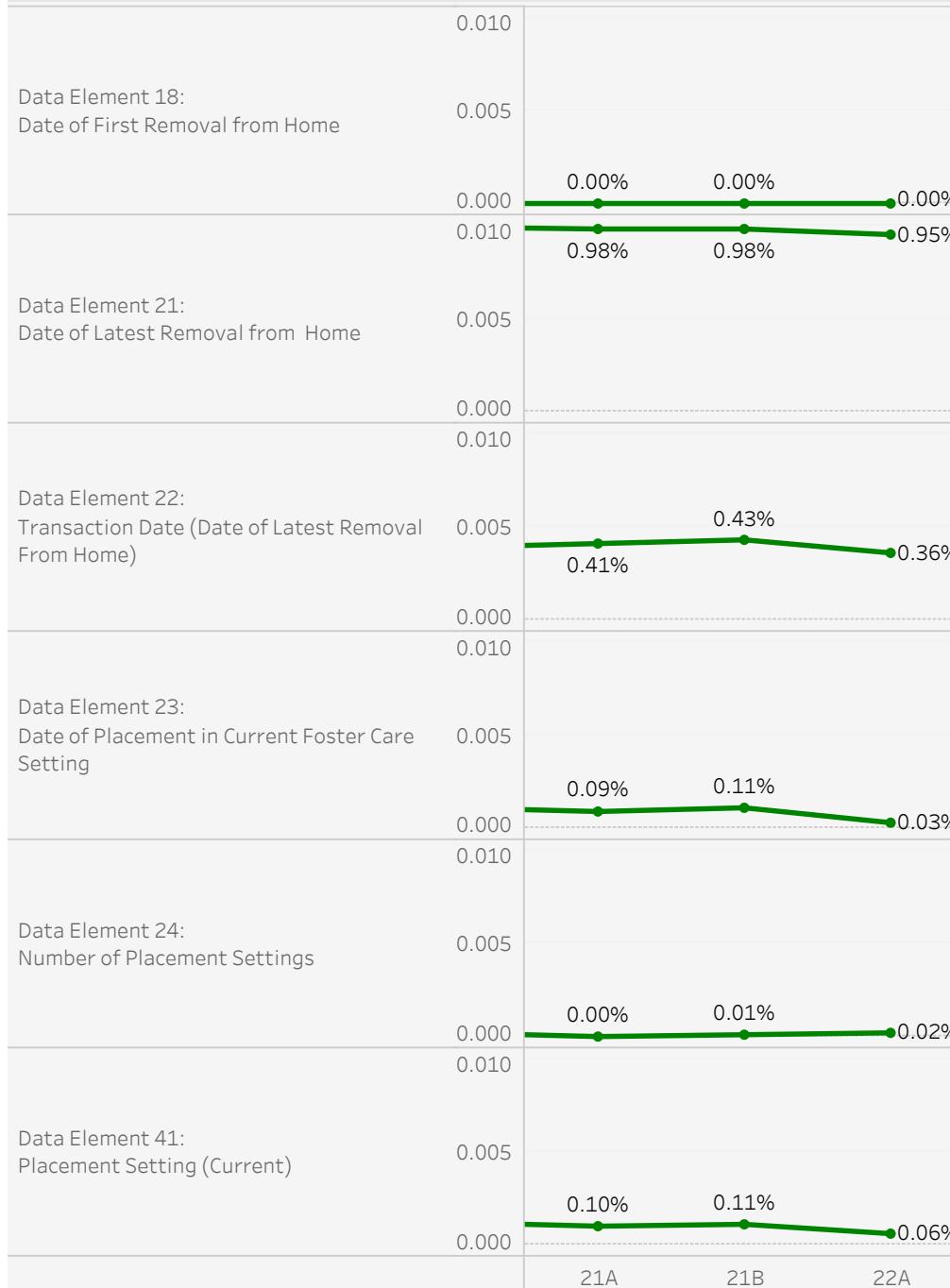


# Attachment 19.6

## FC Elements Error % Over Time

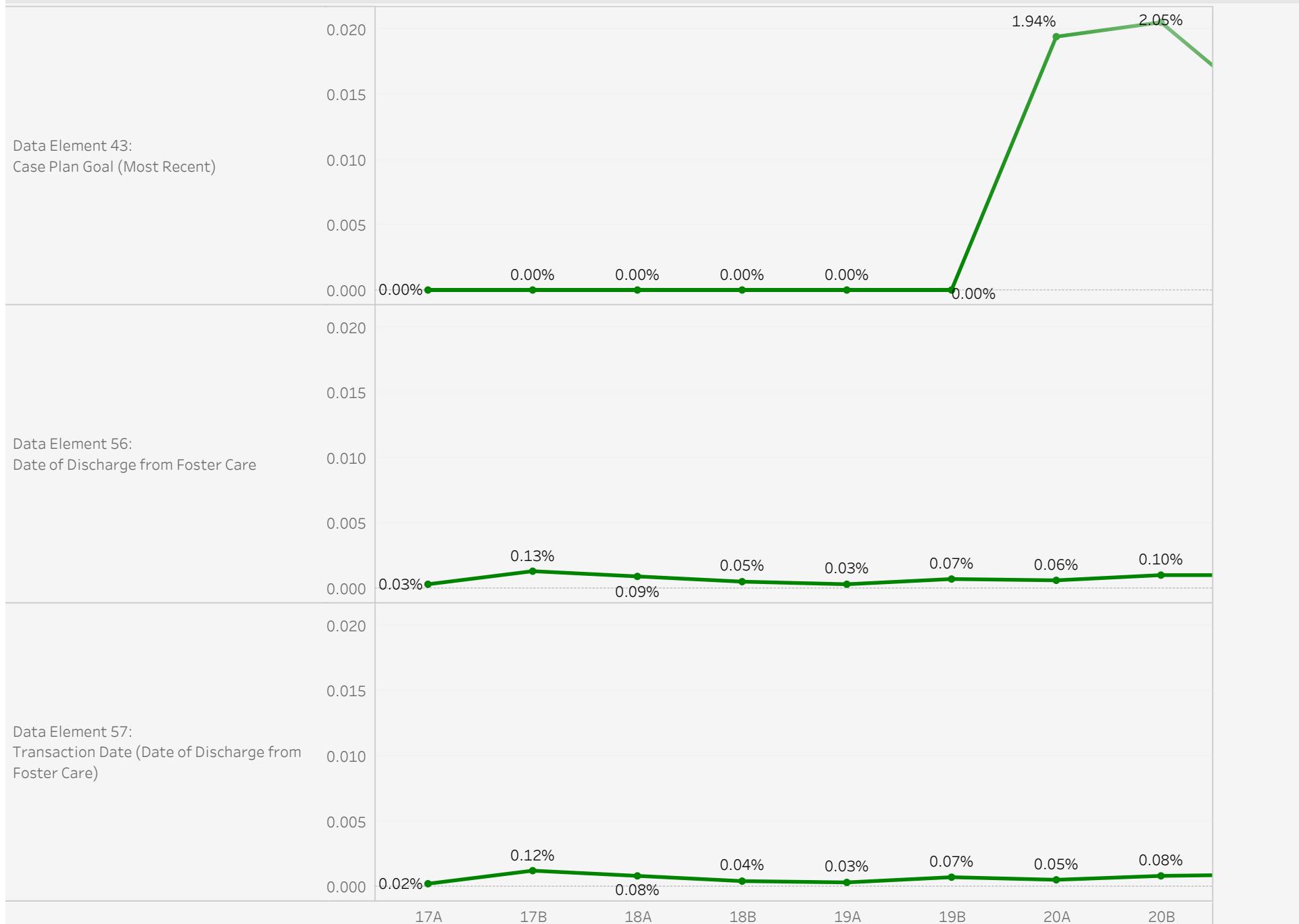


## FC Elements Error % Over Time

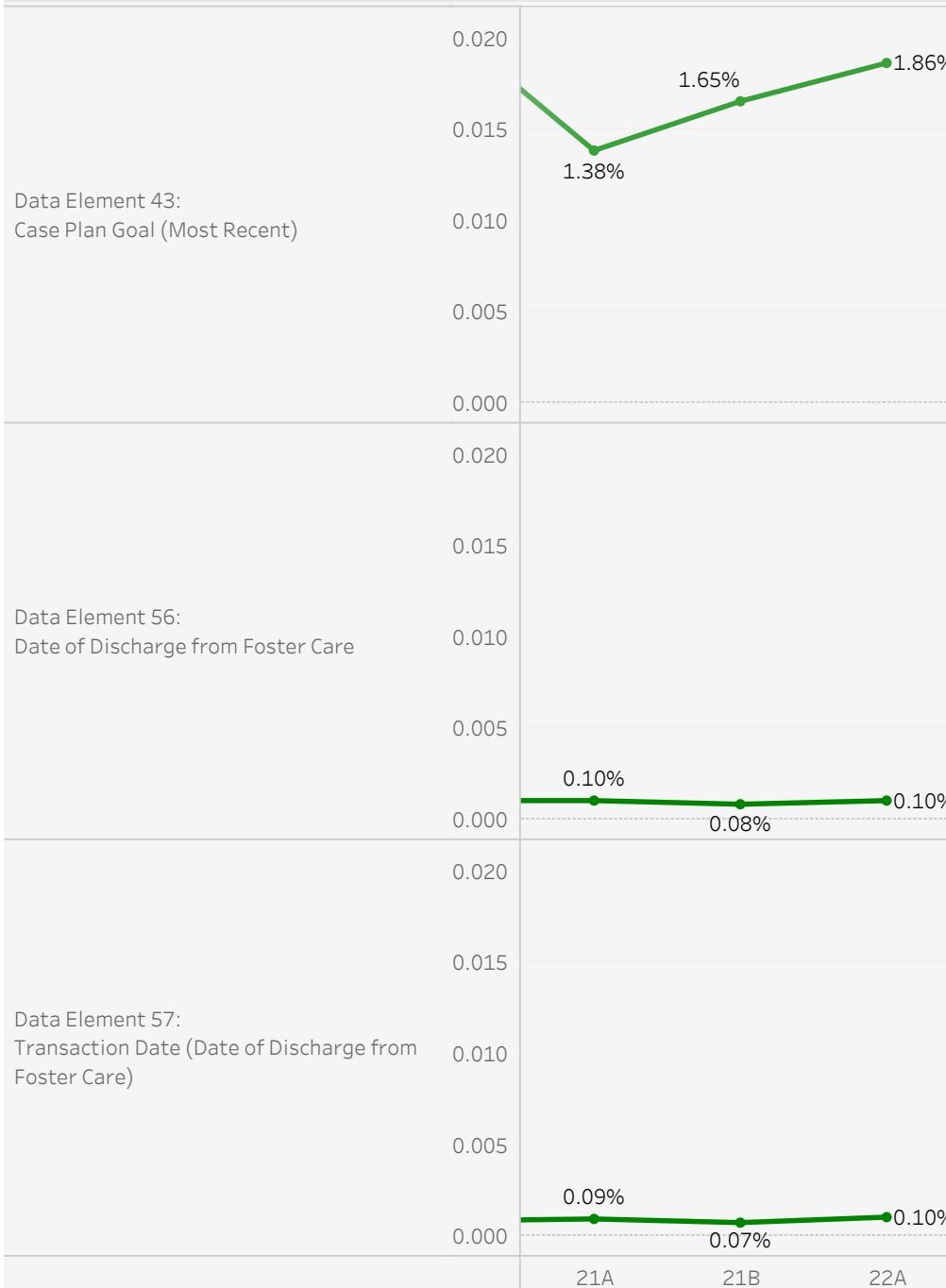


# Attachment 19.7

## FC Elements Error % Over Time

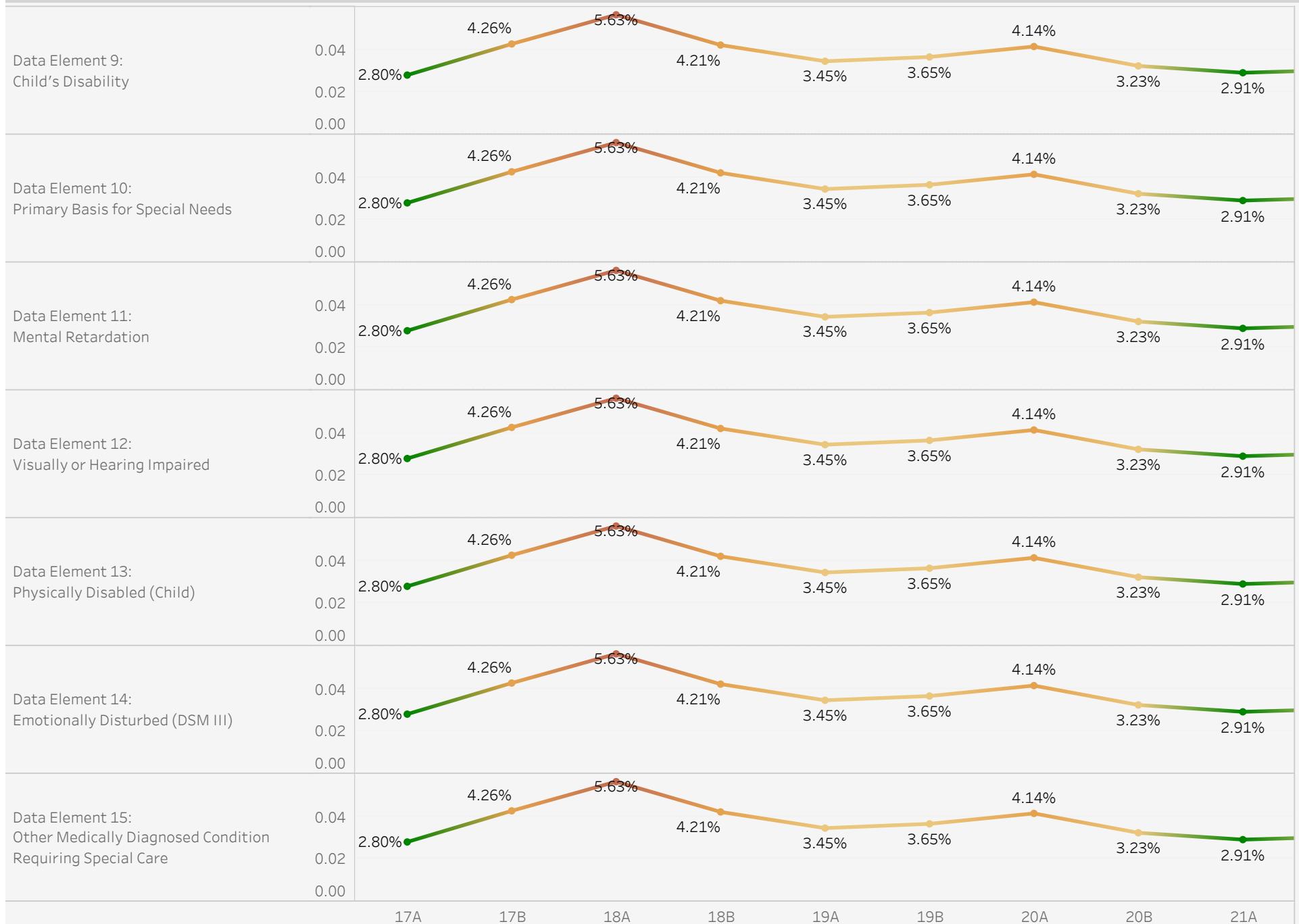


## FC Elements Error % Over Time

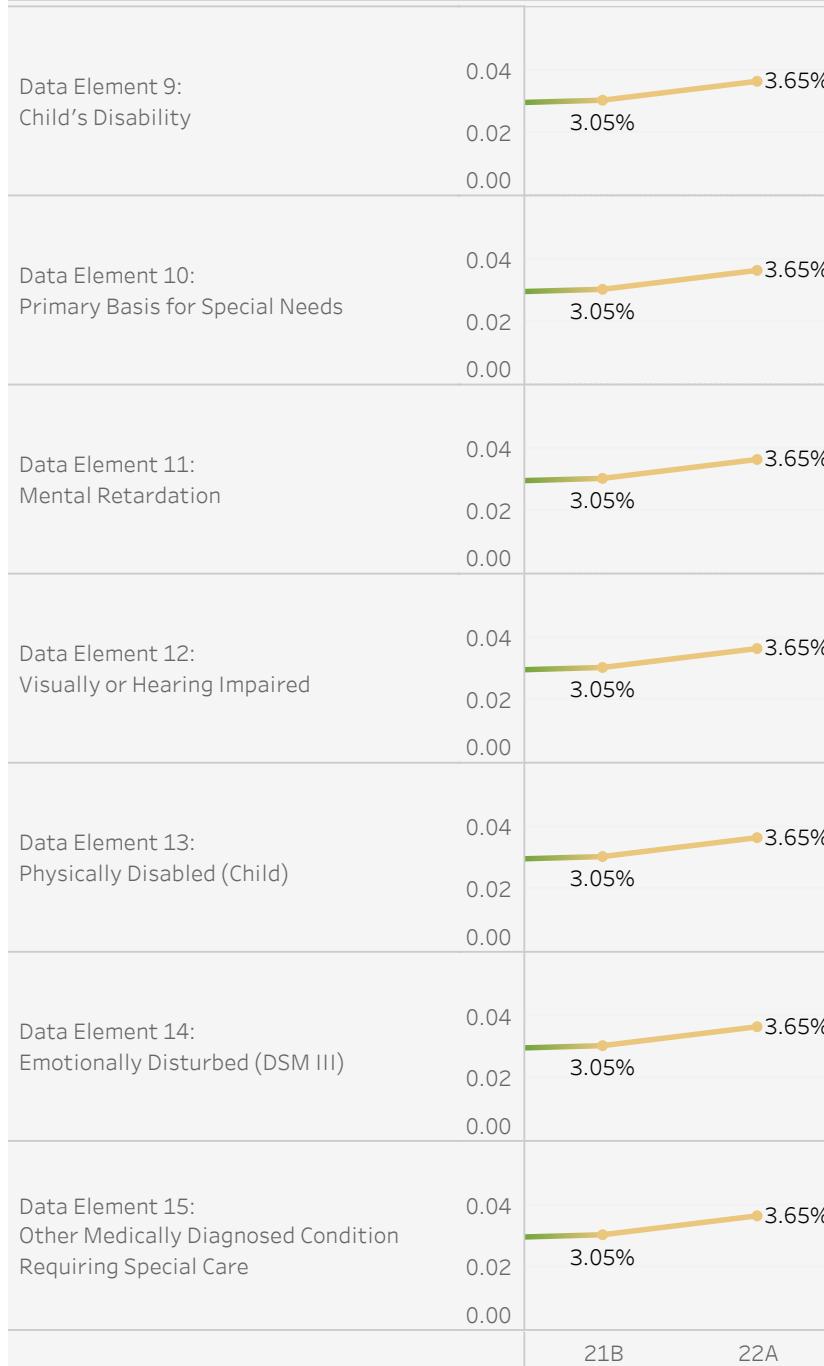


# Attachment 19.8

## AD Elements Error % Over Time



## AD Elements Error % Over Time

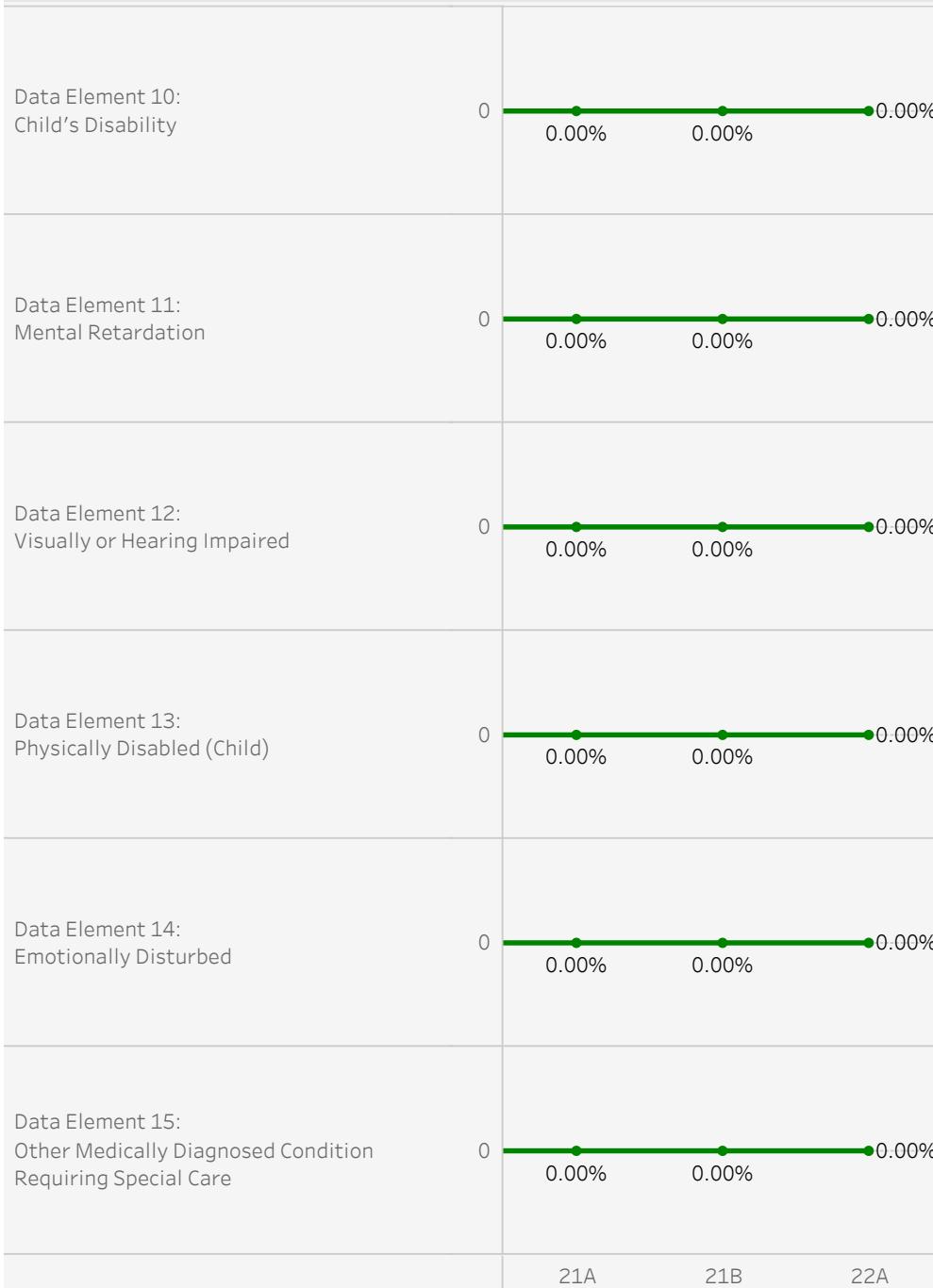


21B      22A

## Attachment 19.9



## FC Elements Error % Over Time



# Attachment 20.2



## CASE PLAN/PREVENTION PLAN

State Form 2956 (R13 / 7-21)  
DEPARTMENT OF CHILD SERVICES

SECTION 1 – CHILD AND FAMILY INFORMATION			
Name of child		Cause number	
Date of birth (month, day, year)	Date of disposition (month, day, year)	Effective dates of plan (month, day, year) From _____ to _____	Child in need of services: <input type="checkbox"/> In-home: This child is a candidate for foster care and is a imminent risk of entering foster care <input type="checkbox"/> Out-of-home
Name(s) of sibling(s) and date(s) of birth (month, day, year)			
Is child a pregnant or parenting youth in need of prevention planning services? (Mark "Yes" for any child who is pregnant, an expectant father, or a minor parent.)			
<input type="checkbox"/> Yes (Prevention Plan Narrative box below regarding parenting youth must be completed) _____ Name and date of birth of minor parent's child (or due date for an unborn child): _____			<input type="checkbox"/> No
History of the matter (Describe how DCS became involved with the child and include any identified safety and risk factors.)			
Date of most recent Child and Family Team (CFT) Meeting (month, day, year)	CFT Meeting Notes (SF 54601) attached to Case Plan/ Prevention Plan (SF 2956)? (Notes MUST be attached if the child is in residential treatment)		Has child safety been addressed in the most recent CFT Meeting? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name(s) of Parent(s)			
<b>List all members of the CFT:</b>			<input style="width: 20px; height: 20px; border: 1px solid green; background-color: green; color: white; font-size: 10px; margin-right: 5px;" type="button" value="+"/> <input style="width: 20px; height: 20px; border: 1px solid red; background-color: red; color: white; font-size: 10px;" type="button" value="-"/>
Name:	Contact Information:	Relationship to the child:	
			<input style="width: 20px; height: 20px; border: 1px solid green; background-color: green; color: white; font-size: 10px; margin-right: 5px;" type="button" value="+"/> <input style="width: 20px; height: 20px; border: 1px solid red; background-color: red; color: white; font-size: 10px;" type="button" value="-"/>
Name:	Contact Information:	Relationship to the child:	

## SECTION 2 - SAFETY

What are the child's safety needs?

How has the child's safety been addressed?

Is there a Safety Plan (SF 53243) in place? <input type="checkbox"/> Yes <input type="checkbox"/> N/A	If Yes, attach to Case Plan/Prevention Plan (SF 2956)	Date of the most recent supervisor review of the Safety Plan (SF 53243) to ensure appropriateness (month, day, year)	
Is there a Plan of Safe Care (SF 56565) in place? <input type="checkbox"/> Yes <input type="checkbox"/> N/A	If Yes, attach to Case Plan/Prevention Plan (SF 2956)	Date of the most recent supervisor review of the Plan of Safe Care (SF 56565) to ensure appropriateness (month, day, year)	
Explain the efforts the school has put in place to support the child and ensure the child's safety.			
<b>List all family members and kin who are not members of the CFT:</b>			
<b>SECTION 3 - PLACEMENT</b>			
<b>Placement Status Information</b>			
What is the Child and Adolescent Needs and Strengths (CANS) score / recommendation?		Is child placed in Residential Treatment? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, the most recent QRTP Determination Report, Residential-Treatment Focused CFT Meeting Notes, and Step-Down Planning (SF57072) MUST be attached to the Case Plan/Prevention Plan SF 2956))	
<b>Placements</b>			
Name	From (month, day, year)	To (month, day, year)	Type of Resource
<b>Document the intensive, ongoing, and current unsuccessful efforts made by DCS to:</b>			
Return the child home			
Secure placement with a fit and willing relative (including adult siblings)			
Secure placement with a legal guardian			
Secure placement with an adoptive parent			
Locate biological family members for the child, including efforts that utilize search technology (including social media)			
Number of months child/youth has been in out-of-home placement		Number of months out of last twenty-two (22) months in out-of-home placement	
Has the child moved since the last Case Plan/Prevention Plan (SF 2956)? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, explain	
Is the placement the least restrictive setting to meet the child's needs? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, explain	
Are the child and siblings placed together? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		If no, explain	
Explain the opportunities offered for strengthening the relationship between the child and each parent.			
Prevention Plan: For all minor parents, pregnant youth, and expectant fathers explain the prevention plan and services being offered to prevent removal of the minor parent's child.			
If either parent is incarcerated, explain how the parent and child may be afforded visitation opportunities while parent is incarcerated. If visitation with the incarcerated parent is not in the best interests of the child, explain the reasoning for not supporting visitation.			
Has the visitation plan (SF 50718) been completed and/ or updated as needed to maintain established connection with the parent? <input type="checkbox"/> Yes <input type="checkbox"/> No		Has the visitation plan (SF 50718) been entered into the Case Management System? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the child able to maintain essential connections (i.e., is the placement in close proximity to the parents or community)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		If no, why is this placement in the best interest of the child?	

Are the essential connections and culture / characteristics of the child being preserved in the placement?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, explain
Was the medical passport given to the child's resource placement?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, date given (month, day, year) the child is not in placement.
<b>Indian Child Welfare Act (ICWA)</b>		
Is the child a member of, eligible for membership in, or considered by a tribe to be a member of their tribal community?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Select the relationship by which the child is a member of the tribal community

#### SECTION 4 - PERMANENCY

Permanency plan	Estimated date for achieving permanency goal (month, day, year)	
Second permanency plan (if concurrent planning)		
<b>Complete the following when choosing any permanency option:</b> Describe how the permanency goal(s) is in the best interest of the child.		
If age and developmentally appropriate, has the child been consulted on the permanency option(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If the child is not in agreement with permanency plan option, please explain.
If a Termination of Parental Rights (TPR) Petition has not been filed or TPR has not been finalized as reflected above, what are the compelling reasons for not filing the TPR Petition?		
<b>Complete the following when choosing Reunification:</b> With whom will the child be reunified?		
<b>Complete the following when choosing Adoption:</b> Was adoption discussed with the relative caregivers?		If no, why and what are the planned recruitment efforts? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Has a potential adoptive family been identified?		<input type="checkbox"/> Yes <input type="checkbox"/> No
List reason(s) why reunification is not possible or has the court ordered that reasonable efforts for reunification be abandoned.		
<b>Complete the following when choosing Another Planned Permanent Living Arrangement (APPLA):</b> (Only applicable to youth age sixteen [16] and older.)		
Have reasonable efforts been made to seek maternal and paternal relative placement or guardianship?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
List the compelling reasons why it continues to not be in the best interest of the youth to have a permanency plan that is:		
Reunification		
Adoption		
Legal Guardianship		
Placement with a fit and willing relative		
<b>Complete the following when choosing Legal Guardianship:</b> Describe the steps taken to determine that it is not appropriate for this child to be returned home or adopted.		
Was adoption discussed with the relative caregiver as a more permanent method of achieving the permanency plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	If no, why not?
Describe reasons why a permanent placement with a fit and willing relative through a relative guardianship assistance arrangement is in the child's best interests.		

Describe efforts made to discuss with the child's parent or parents the relative guardianship assistance arrangement, or the reasons why the efforts were not made.		
Describe reasons for any separation of siblings during the placement.		
If the child is fourteen (14) years old or older, was the relative guardianship arrangement discussed with the child?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Describe the ways in which the child meets the eligibility requirements for a kinship guardianship assistance program.		
List reason(s) why reunification is not possible or has the court ordered that reasonable efforts for reunification be abandoned.		
<b>Complete the following when choosing Placement with a Fit and Willing Relative:</b>		
Describe the steps taken to determine that it is not appropriate for this child to be adopted or the appropriateness of a relative guardianship.		
Was adoption and/or guardianship discussed with the caregiver as a more permanent option for achieving permanency?		<input type="checkbox"/> Yes <input type="checkbox"/> No If no, why not?
Why is placement with a Fit and Willing Relative the best and most appropriate placement for the child?		
If the child is fourteen (14) years old or older, was the Fit and Willing Relative arrangement discussed with the child?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
List reason(s) why reunification is not possible or has the court ordered that reasonable efforts for reunification be abandoned.		

#### SECTION 5 - GOALS / SERVICES

Document the services and any reasonable accommodations in place for the child and family. Include services in which the parent and/or child may already be participating. Note: If a parent is incarcerated, have services been provided to the parent? If so, document in the Case Plan/Prevention Plan (SF 2956). If the incarcerated parent is not receiving services, document the services and treatment available to the incarcerated parent at the facility at which the parent is incarcerated and how the availability of these services and treatment have been communicated to the incarcerated parent.	
Objective	Start date (month, day, year)
Status	Last updated (month, day, year)
Challenges and any reasonable accommodations	
Activity	Who will accomplish the activity?

#### SECTION 6 - TRANSITION PLAN FOR SUCCESSFUL ADULTHOOD (SF 55166)

For youth 14 years of age and older, attach copy of the appropriate Transition Plan for Successful Adulthood (SF 55166)		
Youth has completed the age appropriate sections of the Transition Plan for Successful Adulthood (SF 55166) detailing goals and services to transition from foster care to Successful Adulthood?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Youth has had the opportunity to select or has selected up to two (2) Child Representatives as members of the Case Planning Team (not a foster parent or FCM)?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Youth has had the opportunity to select or has selected an advocate / advisor as a member of the Case Planning Team?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

#### SECTION 7 - HEALTH

Name of physician	Specialty	Is this provider the primary care provider? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (number and street, city, state, and ZIP code)		Telephone number
Immunizations		
Complete table for <u>all</u> medications (including over the counter medications and supplements) the child is currently taking.		

Medication	Diagnosis / Reason	Dosage / Frequency	Diagnosing Physician	Medication Usage Dates (month, day, year)
Has the primary caregiver been made aware of the side effects of all medications prescribed for the child?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, why not?		
List the child's allergies				
List the child's surgeries with dates and locations				

SECTION 8 - MENTAL HEALTH / DEVELOPMENTAL DISABILITY SERVICES				
Has there been an assessment by First Steps, if the child is zero (0) to three (3) years old; or an assessment by a Mental Health Professional, for a child age three (3) years or older?				
<input type="checkbox"/> Yes <input type="checkbox"/> No				
If there was an assessment, was there a diagnosis?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, date of diagnosis (month, day, year)	Diagnosis	
Is the Child enrolled in Bureau of Developmental Disability Services (BDDS)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, has an application been submitted to the BDDS program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, is the child eligible for BDDS?
Dates of application to, and eligibility for, Supplemental Security Income (SSI) (month, day, year)				

SECTION 9 - EDUCATION				
Is the child enrolled in school?	If no, please explain.			
<input type="checkbox"/> Yes <input type="checkbox"/> No				
If Yes, name of current educational provider			Telephone number of school	
Address of school (number and street, city, state, and ZIP code)				
Date on which school personnel (i.e., principal or Every Student Succeeds Act [ESSA] Point of Contact [POC]) was provided with the School Notification and Best Interest Determination (BID) (SF47412) and was thereby invited to provide information and participate in the case planning process for the child: _____				
<input type="checkbox"/> N/A (for in-home CHINS ONLY)				
Start date (month, day, year)	Child's current grade level		Reading level	
Educational needs				
Is the child working at or above grade level?				
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
Does the child have an Individualized Education Program (IEP)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, date of last IEP conference (month, day, year)		If no, has child been evaluated for an IEP?
<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
Who from DCS attended the last IEP conference?		Date of the next IEP conference (month, day, year)		
Does the child have an educational surrogate?		If yes, please list name and contact information.		
<input type="checkbox"/> Yes <input type="checkbox"/> No				
Has an application been submitted for the 21 <sup>st</sup> Century Scholars Program?				
<input type="checkbox"/> Yes <input type="checkbox"/> No				
If the child is in grades 3 -10, did the child pass all sections of state administered standardized testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	If no, list plans for remediation.		
If the child is in grade 10 or higher, has the child passed all standardized testing required to graduate from high school?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	If no, list plans for remediation.		
In what extracurricular, community, or cultural activities does the child participate?				
Has the child received any school disciplinary actions?				
<b>Educational Stability</b>				
How far is the current placement from the school the child attends?				

Did the child change schools as a result of the current placement?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what efforts were made to allow the child to stay in the school they attended at the time of removal?
Were efforts made to coordinate with local educational agencies to ensure that the child remained in the school of origin?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Why was it in the best interest of the child to transfer schools?
Has the school the child attended at the time of removal been notified of the need to transfer records to the new school?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, please explain why not.
Is there a copy of the child's School Record in the case file?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, explain efforts to obtain this information.
Has DCS coordinated with new and previous educational providers to ensure transition from one provider to the next?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, please explain why not.

#### SECTION 10 - SIGNATURES

Only for IN-HOME CHINS, Imminent Risk-Family Case Manager should be given the below three options to choose from:

- 1. This child is a candidate for foster care and is at imminent risk of removal from the home. Absent effective preventative services, the Department will petition the court to place the child in foster care.
- 2. The child is not at imminent risk of removal from the home environment.
- 3. The child is no longer at imminent risk of removal from the home environment due to the success of preventative services.

**I affirm that:**

- I agree with this Case Plan/Prevention Plan (SF 2956).  I disagree with all of this Case Plan/Prevention Plan (SF 2956).  I have no comment.
- I disagree with a part(s) of this Case Plan/Prevention Plan (SF 2956) (specify): \_\_\_\_\_

Are comments attached to this Case Plan/Prevention Plan (SF 2956)?  Yes  No

**I understand that nothing in this acknowledgment/agreement shall limit the duties or discretion of DCS or the court to act in the best interests of the child(ren) involved in this Case Plan/Prevention Plan (SF 2956).**

Signature of Parent, Guardian, or Custodian	Printed name of Parent, Guardian, or Custodian	Date (month, day, year)
---	--	-------------------------

**I affirm that:**

- I agree with this Case Plan/Prevention Plan (SF 2956).  I disagree with all of this Case Plan/Prevention Plan (SF 2956).  I have no comment.
- I disagree with a part(s) of this Case Plan/Prevention Plan (SF 2956) (specify): \_\_\_\_\_

Are comments attached to this Case Plan/Prevention Plan (SF 2956)?  Yes  No

**I acknowledge that I have been given a copy of the Bill of Rights for Youth in Care. I understand my rights and the document has been explained to me in a manner that is age and developmentally appropriate.**

**I understand that nothing in this acknowledgement/agreement shall limit the duties or discretion of DCS or the court to act in the best interests of the child(ren) involved in this Case Plan/Prevention Plan (SF 2956).**

Signature of Child (Child's signature is required after age fourteen [14] and older, but younger children may sign if developmentally appropriate.)	Date (month, day, year)
---	-------------------------

Printed name of Child

#### REQUIRED SIGNATURES

Printed Name	Role	Date of Notice (month, day, year)	CFT Meeting or Case Plan/Prevention Plan Conference Participation	Signature	Date of Signature (month, day, year)
	CASA/GAL		Select One		
	Placement Provider (LCPA, Residential, Resource Parent)		Select One		
	Child Representative (for Youth fourteen (14) and older)		Select One		
	Child Representative (for Youth fourteen (14) and older)		Select One		
	Family Case Manager (FCM)		Select One		

Printed Name	Role	Date of Notice (month, day, year)	CFT Meeting or Case Plan/Prevention Plan Conference Participation	Signature	Date of Signature (month, day, year)
	FCM Supervisor		Select One		
<b>DISTRIBUTION CHECKLIST</b>					
Copies of the Case Plan/Prevention Plan (SF 2956) were distributed to the following individuals:			<input type="checkbox"/> CASA / GAL Date (month, day, year): <input type="checkbox"/> Placement Provider Date (month, day, year): <input type="checkbox"/> Child Representative (14 and older) Date (month, day, year): <input type="checkbox"/> Child Representative (14 and older) Date (month, day, year):		
List service providers.					
Explain reason for not distributing a copy of the Case Plan/Prevention Plan (SF 2956) to any individual listed above.					
Signature of FCM			Date (month, day, year)		

# Attachment 21.1



## INDIANA SUPREME COURT

Office of Judicial Administration

251 N Illinois St | Ste 700  
Indianapolis, Indiana 46204

COURTS.IN.GOV

To: Indiana Trial Court Judges

From: Judge Dana Kenworthy, Chair, Juvenile Justice Improvement Committee  
and President, Indiana Council of Juvenile and Family Court Judges

Date: May 22, 2020

### **SUGGESTED BEST PRACTICES FOR CHINS<sup>1</sup> AND DELINQUENCY HEARINGS IN LIGHT OF COVID-19**

The Juvenile Justice Improvement Committee (JJIC) met on May 19, 2020 to consider issues related to court hearings in CHINS and Delinquency cases in light of COVID-19 challenges. On May 22, 2020, the JJIC and ICJFCJ approved the following suggested best practices for trial courts handling CHINS and Delinquency cases with input from various system partners.

- I. CHINS cases involve fundamental rights and should be treated as essential: U.S. Constitution includes “fundamental liberty interest of natural parents in the care, custody, and management of their child.” This fundamental liberty interest is affected whenever state action interferes, temporarily or permanently, with the parent-child relationship. Because dependency cases affect this fundamental liberty interest, they are not just civil cases, but require enhanced procedural protection. The following hearing types should be deemed essential in CHINS proceedings: initial, detention, fact-finding, dispositional, periodic case review and permanency hearings.
- II. Consistent with a child’s constitutional and statutory rights, the following hearing types should be deemed essential in Delinquency proceedings: detention, initial, waiver, factfinding, dispositional, periodic case review, formal (permanency) review and formal continued jurisdiction hearings.
  - Title IV-E requirements remain – See Milner letter<sup>2</sup>

<sup>1</sup> This document focuses on CHINS cases; guidance for TPR cases is being developed.

<sup>2</sup> [https://www.cwda.org/sites/main/files/file-attachments/cws\\_acf\\_guidance\\_03\\_27\\_20.pdf?1585609015](https://www.cwda.org/sites/main/files/file-attachments/cws_acf_guidance_03_27_20.pdf?1585609015)

MARY KAY HUDSON, EXECUTIVE DIRECTOR

Indiana Office of Court Services | mk.hudson@courts.in.gov | 317.232.1313

- III. Proceed in safest, most practicable manner available for hearings (this will depend on local circumstances, resources).
- a. Remote/video hearings – Use remote hearings in all cases where it is possible and practicable.
    - i. On May 13, 2020, the Indiana Supreme Court issued order authorizing expanded use of remote hearings, notwithstanding Administrative Rule 14.<sup>3</sup>
    - ii. The Supreme Court’s Emergency Order Permitting Expanded Remote Proceedings of May 13, 2020 specifically modifies Administrative Rule 14. The timelines and procedures in AR 14 are not applicable until further order from the Supreme Court.
    - iii. When the May 13, 2020 Emergency Order Permitting Expanded Remote Proceedings expires, ensure you follow AR 14, since procedural requirements differ.
    - iv. Court should hold attorneys/parties responsible for communicating to Court if there are issues with holding the hearing remotely. Require specific reasons, not just the party or attorney does not like appearing remotely.
    - v. Ensure DCS/Probation is aware of their responsibility to provide notice of remote hearing links to child’s placements and service providers.
    - vi. Consider the Court providing a kiosk/laptop/iPad for people without access to internet or other remote technology.
    - vii. Refer to Remote Hearings Benchbook in Incite.
    - viii. Protect the Record.
      1. Utilize Court’s recording program, i.e., FTR, as primary protection, and Zoom or other software as backup.
      2. Ensure consent to remote hearing is part of the Record.
      3. Take steps to ensure confidentiality of proceedings.
      4. Remind parties on the record of prohibition on recording & broadcasting proceedings (watermark available in Incite).
      5. Remind parties frequently the same rules of decorum and professionalism/ethics apply to remote hearings. Provide instruction sheet to parties prior to hearing.
      6. Establish procedure for presentation of exhibits during hearings.
      7. Establish instruction for witness separation orders.
      8. Inform parties of “breakout room” option for attorney-client consultation.
      9. To avoid multiple parties speaking simultaneously, provide structure for the hearing: designate order in which each party will be called upon to speak, instruct parties they will be muted until called upon.
      10. Provide reasonable public access for public hearings, based upon local conditions and available options.
      11. See suggested opening dialogue attachments.

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<sup>3</sup> <https://www.in.gov/judiciary/files/order-other-2020-20S-CB-123i.pdf>

12. See “Conducting Effective Remote Hearings in Child Welfare Cases.”<sup>4</sup>
- b. In-person hearings
    - i. Establish criteria which will provide clear guidance on when in-person hearings will be held if remote proceeding is not possible or practicable. Communicate this to parties.
    - ii. Use time-certain scheduling rather than block scheduling or “cattle call” docket.
    - iii. Consider “hybrid” hearings if necessary, to allow for social distancing – some parties (parents) appear in person and others (service providers, placements, etc.) appear remotely. Ensure all parties can hear/see one another, and due process rights are protected, if holding a “hybrid” hearing.
  - c. Follow AR 17 Orders, which should be informed by local Health Department and community partners
    - i. See Indiana Supreme Court’s Emergency Orders web page<sup>5</sup>
    - ii. See Resuming Operations of the Trial Courts Guidelines<sup>6</sup>
  - d. Do administrative reviews of pleadings when appropriate, i.e., requests for additional/different services, etc. Include in any administrative orders the opportunity for parties to request a hearing.
  - e. “Email hearings” are not advisable due to concerns about security/confidentiality of information and added challenges related to protection of the record.
  - f. Periodically gather feedback from parties to improve procedures: DCS, CASA, parent attorneys, service providers, foster and relative placements, and other placement providers.

#### IV. Be mindful of backlog

- a. Always remember safety, best interests, and due process. Will lack of diligence endanger the child’s safety? Is the delay contrary to the child’s best interests? Will delay prejudice parents’ right to Due Process?
- b. Prioritize high risk cases.
- c. Consider effect of delay on future requests to change permanency plans and termination of parental rights proceedings.

---

<sup>4</sup> [https://www.acf.hhs.gov/sites/default/files/cb/covid19\\_conducting\\_effective\\_hearings.pdf](https://www.acf.hhs.gov/sites/default/files/cb/covid19_conducting_effective_hearings.pdf)

<sup>5</sup> <https://www.in.gov/judiciary/5575.htm>

<sup>6</sup> <https://www.in.gov/judiciary/files/covid19-resuming-trial-court-operations.pdf>

- d. Avoid blanket continuances based solely upon the COVID-19 pandemic. Require parties to provide case-specific reasons why the hearing cannot proceed remotely.
- e. Use the void in docket left by jury trials or other case types to reduce existing backlog in CHINS docket.
  - i. Review cases which are nearing permanency/closure. Can these cases be expedited on the hearing docket to safely effect closure?
  - ii. Review cases with permanency plans of adoption or guardianship—encourage attorneys to prioritize & complete these cases.
  - iii. With isolation, unemployment, and lack of school/childcare, it is entirely possible CHINS cases will surge as doors reopen. Juvenile Courts need to be ready and available to receive emergency cases.
- f. Consider use of mediation to reduce number of contested fact-finding hearings. Mediation can be held remotely. The court will need to provide the mediator as CHINS/TPR parents are unlikely to be able to afford one.
- g. Consider use of senior judges to reduce backlog. A senior judge may host an entire docket from the safety of his/her home. Ensure recording if using this option.

## V. Reasonable Efforts during the pandemic

- Review reports closely and use hearings to investigate reasonable efforts. Are families receiving adequate services? Are parents receiving adequate parenting time?<sup>7</sup>

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<sup>7</sup>[https://content.govdelivery.com/attachments/INCOURTS/2020/04/20/file\\_attachments/1431397/Parenting%20Time.pdf](https://content.govdelivery.com/attachments/INCOURTS/2020/04/20/file_attachments/1431397/Parenting%20Time.pdf)

# Attachment 25.1

## 2023 Reviews

Statewide Review

Regional Review

CFSR

January						
Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Region 7

February						
Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28				

Region 13

March						
Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

Region 6

April						
Su	Mo	Tu	We	Th	Fr	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

Region 18

May						
Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

Region 9

June						
Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

Region 3

July						
Su	Mo	Tu	We	Th	Fr	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

Region 15

August						
Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5		
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

Region 12

September						
Su	Mo	Tu	We	Th	Fr	Sa
			1	2		
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

Region 10

October						
Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

November						
Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

December						
Su	Mo	Tu	We	Th	Fr	Sa
			1	2		
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

# 2024 Reviews

## Statewide Review

## Regional Review

January						
Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

Region 16

February						
Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29		

Region 5

March						
Su	Mo	Tu	We	Th	Fr	Sa
				1	2	
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

Region 11

April						
Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

Region 4

May						
Su	Mo	Tu	We	Th	Fr	Sa
		1	2	3	4	
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

Region 8

June						
Su	Mo	Tu	We	Th	Fr	Sa
				1		
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

Region 14

July						
Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

Region 17

August						
Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

Region 2

September						
Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

Region 1

October						
Su	Mo	Tu	We	Th	Fr	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

November						
Su	Mo	Tu	We	Th	Fr	Sa
			1	2		
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

December						
Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

# Safe Systems Improvement Tool

Copyright  
Praed Foundation  
Cull, Lindsey, & Epstein,  
2019

2021  
REFERENCE  
GUIDE

# ACKNOWLEDGEMENTS

A large number of individuals have collaborated in the development of the Safe Systems Improvement Tool (SSIT). This information integration tool is designed to support system improvement activities. The SSIT is an open domain tool. The copyright is held by the Praed Foundation to ensure that it remains free to use. Training and certification is expected for appropriate use.

For specific permission to use please contact the Praed Foundation. For more information on the SSIT contact:

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# I. INTRODUCTION

## SAFE SYSTEMS IMPROVEMENT TOOL

The pursuit of learning is the characteristic that distinguishes high-quality service delivery systems. Organizations with a well-developed culture of excellence find ways to successfully identify improvement opportunities, implement strategies for change, evaluate change over time, and hardwire what they learn.

The following is a multi-purpose information integration tool designed to be the output of an analysis process. The purpose of this instrument is to support a culture of safety, improvement, and resilience. As such, completion of this instrument is accomplished in order to allow for effective communication at all levels of the system. Since its primary purpose is communication, this instrument is based on communication theory rather than the psychometric theories that have influenced most measurement development. There are six key principles of a communimetric measure that apply to understanding this instrument.

### SIX KEY PRINCIPLES

1. Items are included because they are relevant and inform system change opportunities.
2. Each item uses a 4-level rating (0-3) system. Ratings translate into action levels designed to support quality improvement (QI) activities. For a description of these action levels please see below.
3. Ratings are made to identify an opportunity for improvement independent of a current intervention. If interventions are in place that are masking a need/opportunity, the underlying need/opportunity is described, not its status as a result of the intervention. For example, if a work-around has been created to overcome an equipment failure, the underlying equipment failure should be rated.
4. Item-level ratings are designed to promote objectivity and avoid bias. The potential for implicit and explicit biases should always be considered when rating an item.
5. Ratings use the influences' proximity to the incident as an organizing principle to support communication. If there was closeness in time or distance, and with relationship to the incident, a rating of "proximal" (i.e., 3) is appropriate.
6. It is about the "what and how," not the "who and why." Items are organized into domains to engage rich discussion on the complexity of factors affecting casework practice. Items are about *relationship and influence* and avoid the controversy of causal assumptions.

This is an effective assessment tool for use in critical incident review (e.g., child fatalities, child near fatalities) but may be used more broadly to understand systemic influences to other outcomes (e.g., youth in foster care being trafficked, children experiencing a long-length of stay in care, maltreatment recurrence). In short, the SSIT provides structure to the output of a review process. It organizes the reviewers' learnings, shares the "system's story" of a critical incident, and advocates for targeted system reform efforts to lessen the likelihood of the problem occurring again in casework. To administer the instrument found at the end of this manual, the reviewer should read the anchor descriptions for each item and then record the appropriate rating on the assessment form.

## REFERENCE GUIDE STRUCTURE

This reference guide is divided into the following four parts:

**Section One:** origins, overarching purpose, and the general structure of how items are rated

**Section Two:** domains and items, item definitions, descriptive rating anchors, and guidance (i.e., "Questions to Consider") in assessing the items.

**Section Three:** scoresheet as a template for case reviews

**Section Four:** sharing the "system's story" of a critical incident and advocating for strategic quality improvement work to support safe, effective, and reliable care of children and families.

## HISTORY AND BACKGROUND

The SSIT was first developed for use in Tennessee's Department of Children's Services' (TN DCS) critical incident reviews (i.e., Child Death and Near-Death reviews). During critical incident reviews, professionals assigned to work with the family, both past and present, are requested to participate in debriefing. These debriefings are voluntary, supportive, facilitated opportunities for professionals to process their casework, identify barriers and improvement opportunities, and highlight learning. SSIT provides both a guide in facilitating these debriefings (e.g., questions to consider) and an efficient means to capture the complex information provided as a result of debriefings. After debriefings, critical incident reviews are presented to a multi-disciplinary team who dissects the case and relevant findings from a systemic perspective. SSIT is used to facilitate these conversations and to capture rich discussion. SSIT is only completed once, at the closing of every case review. SSIT's scores are aggregated and analyzed on at least a quarterly basis to review findings and discuss trends. In a similar way to how a barometer measures pressures in the atmosphere, SSIT measures pressure existing within organizations and provides a frame for targeted quality improvement work.

Since 2015, the SSIT has been successfully used to support the analysis of deaths and near deaths, reports made to TN DCS' Confidential Safety Reporting System, and critical incident reviews that do not involve death or near death (e.g., staff injuries, incidents where custodial children absconded and were subsequently exploited).

## WHAT IS THE SSIT?

### IT IS AN IMPROVEMENT STRATEGY

When items are rated with a 2 or 3, they indicate a need for improvement. The SSIT helps a system identify and prioritize systems improvement opportunities. The structure of the SSIT allows a system to uncover those threats/opportunities that are most proximal to adverse events. Quality improvement resources can then be directed efficiently to mitigate risk and support safe, reliable, and effective care.

### IT FACILITATES OUTCOMES MEASUREMENT

Ratings on items can be aggregated across cases. The SSIT standardizes critical incident review data for use in quality improvement. SSIT data contributes to professional learning at the individual case level and can be aggregated at any level of the system to support improvement and evaluate change over time.

### IT IS A COMMUNICATION TOOL

Classifying complex systems findings into a common language supports improvement discussions at all levels of the organization. SSIT domains, items, and anchors derive from research in human factors and safety science. The SSIT supports organizational learning and an improvement approach focused on human interaction in complex systems.

### IT IS A CULTURE CARRIER

The SSIT becomes an important organizational artifact. Use of the SSIT in critical incident reviews reinforces important organizational values and shifts focus away from discussions of blame-worthy acts and simple cause and effect relationships. It supports efforts to create a culture of safety by increasing understanding of complex interactions in tightly-coupled systems.

## SSIT BASIC STRUCTURE

The SSIT is organized into four domains to facilitate learning and improvement. While each item is unique and not replicated in other items, the domains are nested. In other words, a family working with a professional, who works within a team, who all work within an environment. For example, a professional may have experienced trouble interpreting external assessments (e.g., medical records) about a child with complex needs, and which may have been exacerbated by the availability and case direction given by the supervisor. These factors may be further affected by the absence of helpful policy, training, and internal professionals to support the

interpretation of medical records. In summary, while the domains provide structure to learning, they are not intended to suggest exclusivity. The intention is of the domains is to guide the reviewer into assessing all system levels.

<b>Child/Family Domain</b>		
Family Conflict	Substance Use	Medical/Physical
Developmental	Financial Resources	Developmental/Intellectual
Mental Health	Parenting Behavior	Mental Health
<b>Professional Domain</b>	<b>Team Domain</b>	<b>Environment Domain</b>
Bias	Teamwork/Coordination	Demand-Resource Mismatch
Stress	Supervisory Support	Equipment/Technology/Tools
Fatigue	Supervisory Knowledge Transfer	Policies
Knowledge Base	Production Pressure	Training
Documentation		Service Array
Evidence		Practice Drift

## RATING ITEMS

The SSIT is easy to learn and use in critical incident reviews. It provides structure to organizational learning. The SSIT assesses the underlying factors that influence casework problems. For example, if a critical incident review about a child's unsafe sleep-related death discovers the child welfare professional assigned to the family did not educate on safe sleep practices, the SSIT is designed to support an understanding of the factors that influenced that problem. To use the same example, it is possible the professional co-bedded with his/her own children and therefore undervalued safe sleep practices (SSIT item: Bias), had no policy, training or supervision to support the provision of safe sleep information (SSIT items: Policy, Training, Supervisory Support), and/or did not have external or internal resources to provide the family with a safe sleeping environment (SSIT items: Service Array, Demand-Resource Mismatch).

## Improvement Opportunities

It is important to note the SSIT does not identify the problems in the case under review. In this Reference Guide, problems identified in the case under review are called Improvement Opportunities (IOs). These are defined as actions or inactions in the case under review that are either relevant to the outcome (e.g., a child dies abusively at the hands of a caregiver unassessed by the child welfare agency prior to the death) or an important industry standard (e.g., meeting response timeframes for assessing an alleged victim, speaking to collaterals). Systems may use different terms to describe IOs such as learning opportunity, key finding, or observation. The SSIT's ratings are organized around IOs. In order to rate a SSIT as a 2 or 3, the item must be affecting an identified IOs.

The SSIT should be used by someone who is well-versed in their system and current industry standards, acknowledging of the high-risk and complex sociotechnical nature of human service work, and appreciative of the professional's goal to achieve "zero harm" and only the best outcomes.

Like all Transformational Collaborative Outcomes Management (TCOM) tools, the ratings translate into action levels. The SSIT has one retrospective set of action levels for the Family domain, and a prospective set of action levels for the remaining domains.

## Scoring the Child and Family Domain

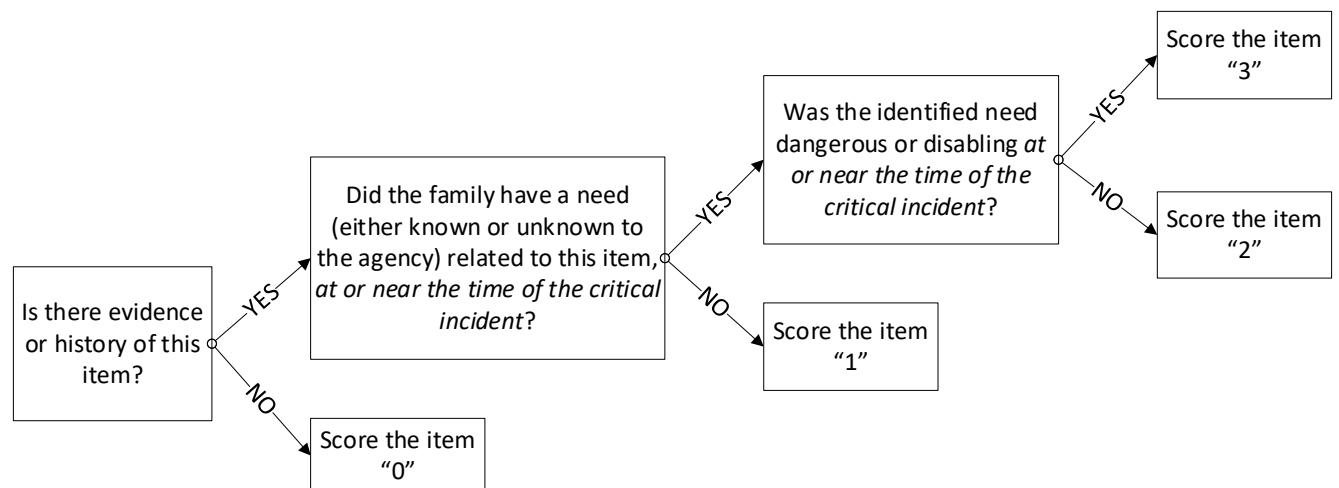
For the Family Domain, the items are rated based on the family's status at the time of the critical incident (Table 1). Consistent with the National Partnership for Child Safety's Data Dictionary, caregiver is defined as the adult(s)

living in the household who is legally obligated and entitled to provide for the safety and well-being of the child, and a household is a group of people who have frequent contact with the child leading up to the time of the critical incident.

**Table 1: Child Family Domain Basic Ratings Design**

Rating	Observation	Appropriate Action Level
0	No evidence	No action was needed
1	History	Watchful waiting/prevention was indicated
2	Need interfered with functioning	Action/intervention was needed
3	Need was dangerous or disabling	Immediate action/intensive action was needed

**Figure 1: Decision Scoring Tree for Family Domain**



A scoring of '2' or '3' denotes an item as retrospectively actionable. Whether known or unknown to helping professionals at the time of the critical incident, scoring these items actionable means the family had a need for support (e.g., intervention, formal/informal help, services) at or near the time of the critical incident. Actionable items should be accompanied by a narrative description to support the rating.

## Scoring the System Domains: Proximity

Proximity is used to differentiate between ratings of 2 and 3 (Figure 2) in the 3 system domains – Professional Team, and Environment. Proximity is a Gestalt Principle about how the human mind naturally organizes items. If an IO identified in a case was close in time or distance and with relationship to the critical incident, then a rating of proximal (3) is appropriate. For example, if an infant dies in an unsafe sleep environment, and the child welfare agency did not provide safe sleep education and/or timely access to needed safe sleep resources, then SSIT items related to that IO are all scored as proximal (3). Conversely, if an infant dies from a congenital heart condition, yet historical engagement with the household did not include a private interview with all children in the home, all SSIT items related to the IO are scored as non-proximal (2).

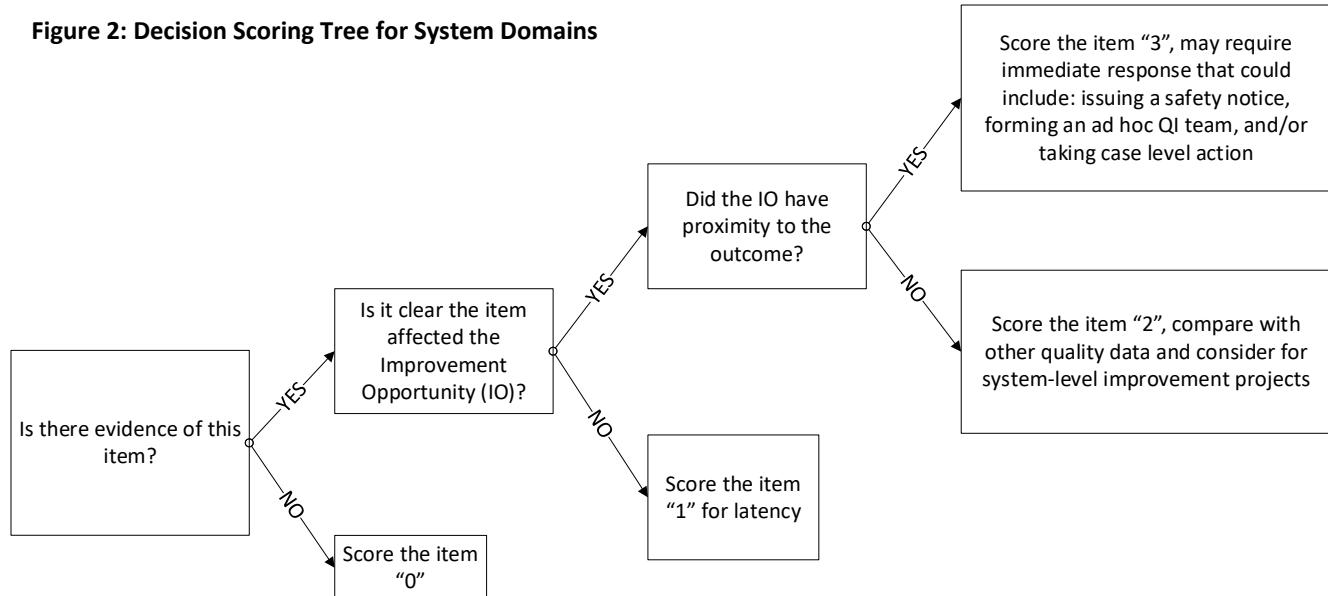
**Table 2: System Domains Basic Ratings Design**

Rating	Observation	Appropriate Action Level
0	No evidence	No action needed
1	Latent factor	Watchful waiting/prevention

2	Influence to Improvement Opportunity <b>without</b> proximity to the outcome	QI action may be needed to promote best practices in casework. IOs should be tracked over time and/or compared with other quality data before being considered for system-level improvement projects.
3	Influence to Improvement Opportunity <b>with</b> proximity to the outcome	QI action to protect against recurrence of critical incidents may be needed. Response could include: providing case-level or system-wide education or forming an ad hoc QI team.

Scoring in this way promotes rating reliability and secures an understanding of the system-level needs most proximal to critical incidents (Figure 1). While human service agencies are not solely responsible for prevention of critical incident, such organizations are still invested in reducing any and all adverse outcomes as much as possible and in pursuit of “zero harm.”

**Figure 2: Decision Scoring Tree for System Domains**



A scoring of ‘2’ or ‘3’ denotes an item as actionable; it means the item affected an IO. Actionable items should be accompanied by a narrative description to support the rating. This combination of quantitative and qualitative data facilitates simple and structured communication on every case but also creates a rich database of information over time—allowing for dissection of themes (e.g., common casework barriers, casework problems connected to poor outcomes).

## 2. SSIT DOMAINS AND ITEMS

### FAMILY DOMAIN

This section focuses on factors present in the family at the time of the critical incident. It provides an opportunity to document the family/caregiver and child/youth's needs during the time the critical incident occurred. This domain can be useful in drawing correlations between other domains and certain family items (e.g., if bias correlates to the presence of families with developmental disabilities). A caregiver is defined as the adult(s) living in the household who is legally obligated and entitled to provide for the safety and well-being of the child, and a household is a group of people who have frequent contact with the child leading up to the time of the critical incident.

For the **FAMILY DOMAIN**, the item ratings translate into the following categories and action levels, *as they existed at the time of the critical incident* (e.g., death or near death):

- 0 No evidence; there was no need for action at the time of the critical incident
- 1 History; there was a need for “watchful waiting” at the time of the critical incident
- 2 Action was needed at the time of the critical incident
- 3 Dangerous or disabling problem required immediate and/or intensive action at the time of the critical incident

#### FAMILY/CAREGIVER ITEMS

##### FAMILY CONFLICT

This item refers to how much fighting and arguing occurred between family members. Domestic violence refers to physical fighting in which family members might get hurt.

Questions to Consider	Ratings & Descriptions
	0 Family had minimal conflict, got along well and negotiated disagreements appropriately.
• Did members of the family get along well?	1 Family generally got along fairly well, but when conflicts arose, resolution was difficult or there was a history of significant conflict or domestic violence.
• Did arguments escalate to physical altercations?	2 Family was generally argumentative and significant conflict was a fairly constant theme in family communications.
	3 Family experienced domestic violence. There was threat or occurrence of physical, verbal, or emotional altercations. If the family had a current restraining order against one member, then they would be rated here.

##### CAREGIVER DEVELOPMENTAL

This item refers to developmental disabilities including autism and intellectual disabilities.

Questions to Consider	Ratings & Descriptions
	0 There was no evidence that the caregiver had developmental needs.
• Had the caregiver been identified with any developmental or intellectual disabilities?	1 The caregiver had developmental challenges, but they did not currently interfere with parenting or there was a history of those challenges interfering with parenting.
	2 The caregiver had developmental challenges that interfered with their capacity to parent.

## CAREGIVER DEVELOPMENTAL

This item refers to developmental disabilities including autism and intellectual disabilities.

	3	The caregiver had developmental challenges that made it impossible for them to parent at the time of the critical incident
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## CAREGIVER MENTAL HEALTH

This item refers to mental health needs only (not substance abuse). A formal mental health diagnosis is not required to rate this item.

*Note: Mental Health Disorders would be rated '2' or '3' unless the individual was in recovery.*

Questions to Consider	Ratings & Descriptions			
	0	1	2	3
• Did the caregiver have any mental health needs?	There was no evidence that the caregiver had mental health needs.			
• Were the caregiver's mental health needs interfering with their functioning?		The caregiver was in recovery from mental health difficulties or there was a history of mental health problems.		
			The caregiver had mental health difficulties that interfered with their capacity to parent.	
				Caregiver had mental health difficulties that made it very difficult or impossible for them to parent.

## CAREGIVER SUBSTANCE USE

This item includes problems with alcohol, marijuana, illegal drugs and/or prescription drugs.

*Note: Substance-Related Disorders would be rated '2' or '3' unless the individual was in recovery.*

Questions to Consider	Ratings & Descriptions			
	0	1	2	3
• Did caregivers have any substance use needs that make parenting difficult?	There was no evidence that the caregiver had any alcohol or drug use problems.			
• Did anyone else in the family have a serious substance use need that is impacting the resources for caregiving?		The caregiver may have had mild problems with work or home life that result from occasional alcohol or drug use or there was a past history of substance use problems.		
			The caregiver had clear problems with alcohol or drug use that interfered with their life; caregiver had a diagnosable substance-related disorder near the time of the critical incident.	
				Caregiver had substance use problems that made it very difficult or impossible for them to parent at the time of the critical incident.

## CAREGIVER FINANCIAL RESOURCES

This item rates the family's financial situation.

Questions to Consider:	Ratings & Descriptions			
	0	1	2	3
• Did the caregiver ever struggled financially?	No current need; no need for action or intervention. This may have been a resource for the child. Caregivers had sufficient financial resources to raise the child.			
• Did the caregiver ever worried they won't enough money to meet needs?		Caregiver had some financial resources that actively help with raising the child. History of struggles with sufficient financial resources would be rated here.		
• What financial challenges did the caregiver have at the time of the critical incident?			Need interfered with the provision of care; action is required to ensure that the identified need is addressed. Caregiver had limited financial resources that may be able to help with raising the child.	
				Need prevented the provision of care; required immediate and/or intensive action. Caregiver had few to no financial resources to help with raising the child. Caregiver needed financial resources.

**Supplemental Information:** This item reflects whether or not the parent was able to rely on financial resources to support the needs of their child. This does not suggest that the family that was limited in their income did not have strength in this area as they may have demonstrated a strong ability to conserve their spending and stretch their resources. A family that overspent and was left with the inability to meet the financial needs of the child and family would not rate highly in this area. The focus is whether or not the family had the resources to meet the needs of the child and how well this was managed.

### CAREGIVER PARENTING BEHAVIORS

This item rates the caregiving behaviors of the primary caregivers. The item rates if the caregiver gave developmentally-appropriate care and followed the care-based recommendations of professionals (e.g., physicians)

Questions to Consider	Ratings & Descriptions			
	0	1	2	3
• Did caregivers provide developmentally appropriate supervision?	0	Caregiver(s) were involved with the child and provided appropriate levels of expectations and supervision for the child.		
• Did caregivers meet the basic caregiving needs of the child, following through on the recommendations of professionals (e.g., physicians, counselors)?	1	Caregiver(s) were involved and generally provided appropriate levels of expectations and supervision for child. There were some concerns about caregiving behavior, but they were mild or historical and unrelated to child safety.		
	2	Caregiver(s) did not follow through with professional recommendations or provide developmentally-appropriate care. Caregivers often did not provide appropriate levels of expectations and supervision.		
	3	Caregiver(s) did not provide adequate developmentally-appropriate care and deficits in caregiving resulted in serious safety concerns.		

### CHILD/YOUTH ITEMS

#### CHILD/YOUTH MEDICAL/PHYSICAL

This item is used to describe the child/youth's medical/physical health.

*Note: Most transient, treatable conditions would be rated as a '1'. Most chronic conditions (e.g., diabetes, severe asthma, HIV) would be rated a '2'. The rating '3' is reserved for life threatening medical conditions.*

Questions to Consider	Ratings & Descriptions			
	0	1	2	3
• How was the child/youth's health?	0	No evidence that the child/youth had any medical or physical problems, and/or they were healthy.		
• Did the child/youth have any chronic conditions or physical limitations?	1	Child/youth had transient or well-managed physical or medical problems. These include well-managed chronic conditions like juvenile diabetes or asthma.		
	2	Child/youth had serious medical or physical problems that required medical treatment or intervention or child/youth had a chronic illness or a physical challenge that requires ongoing medical intervention.		
	3	Child/youth had life-threatening illness or medical/physical condition. Immediate and/or intense action was needed due to imminent danger to child/youth's safety, health, and/or development.		

#### CHILD/YOUTH DEVELOPMENTAL/INTELLECTUAL

This item describes the child/youth's development as compared to standard developmental milestones, as well as rates the presence of any developmental (motor, social and speech) or intellectual disabilities. It includes Intellectual Developmental Disorder (IDD) and Autism Spectrum Disorders. Rate the item depending on the significance of the disability and the related level of impairment in personal, social, family, school, or occupational functioning.

Questions to Consider	Ratings & Descriptions			
	0	1	2	3
• Did the child/youth's growth and development seem age appropriate?	0	No evidence of developmental delay and/or child/youth had no developmental problems or intellectual disability.		

### CHILD/YOUTH DEVELOPMENTAL/INTELLECTUAL

This item describes the child/youth's development as compared to standard developmental milestones, as well as rates the presence of any developmental (motor, social and speech) or intellectual disabilities. It includes Intellectual Developmental Disorder (IDD) and Autism Spectrum Disorders. Rate the item depending on the significance of the disability and the related level of impairment in personal, social, family, school, or occupational functioning.

<ul style="list-style-type: none"><li>Had the child/youth been screened for any developmental problems?</li></ul>	<ol style="list-style-type: none"><li>There were concerns about possible developmental delay. Child/youth may have low IQ, a documented delay, or documented borderline intellectual disability (i.e. FSIQ 70-85). Mild deficits in adaptive functioning were indicated.</li><li>Child/youth had developmental delays (e.g., deficits in social functioning, inflexibility of behavior causing functional problems in one or more settings) and/or mild to moderate Intellectual Disability/Intellectual Disability Disorder. (If available, FSIQ 55-69.) IDD affected communication, social functioning, daily living skills, judgment, and/or risk of manipulation by others.</li><li>Youth had severe to profound intellectual disability (FSIQ, if available, less than 55) and/or Autism Spectrum Disorder with marked to profound deficits in adaptive functioning in one or more areas: communication, social participation and independent living across multiple environments.</li></ol>
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### CHILD/YOUTH MENTAL HEALTH

This item is used to describe the child/youth's mental health (not substance abuse or dependence). A formal mental health diagnosis is not required to score this item.

Questions to Consider	Ratings & Descriptions
<ul style="list-style-type: none"><li>Did the child/youth have any mental health needs?</li><li>Were the child/youth's mental health needs interfering with their functioning?</li></ul>	<ol style="list-style-type: none"><li>There was no evidence that the child/youth was experiencing mental health challenges. The child/youth had no signs of any notable mental health problems.</li><li>The child/youth had mild problems with adjustment, may have been somewhat depressed, withdrawn, irritable, or agitated.</li><li>The child/youth had moderate mental health challenges and/or a diagnosable mental health problem that interfered with their functioning.</li><li>The child/youth had significant challenges with their mental health. The child/youth had a serious psychiatric disorder.</li></ol>

# PROFESSIONAL DOMAIN

This section focuses on factors primarily present within professionals. Largely intrapersonal in focus, this domain centers on the experience, knowledge, perceptions, and skills of professionals assigned to the case or experiencing the problem under review. This domain focuses on behaviors as well as the presence of psychological factors within professionals, like fatigue and stress. Neither this domain nor any domain is created to assign blame for a problem's existence; rather this domain offers an organized way to deconstruct perspectives before, during, and after decision-making.

For the **PROFESSIONAL DOMAIN**, the item ratings translate into the following categories and action levels:

- 0 No evidence, no need for action.
- 1 Latent factor.
- 2 QI action may be needed to mitigate risk and avoid recurrence of non-proximal influences.
- 3 A priority for QI action to prevent recurrence of proximal influences.

## BIAS

A faulty understanding of a situation due to inherent predisposition(s) (e.g., confirmation bias, cognitive fixation, focusing effect, transference).

Questions to Consider	Ratings & Descriptions
• What were your thoughts when you received the referral/case? About the family? Perpetrators? Children?	0 No evidence of bias(es).
	1 Evidence of latency (i.e. no known impact to an Improvement Opportunity, but bias was present).
	2 Bias(es) contributed to an Improvement Opportunity without proximity to the outcome.
	3 Bias(es) contributed to an Improvement Opportunity with proximity to the outcome.

## STRESS

Psychological strain or tension resulting from adverse or demanding circumstances. Professionals express or exhibit difficulty managing the strains of casework and/or other life circumstances (e.g., divorce).

Questions to Consider	Ratings & Descriptions
• What were the pressures you faced, professionally and personally? How did that impact casework? How do you know when you are stressed?	0 No evidence of stress.
	1 Evidence of latency (i.e. no known impact to an Improvement Opportunity, but stress was present).
	2 Stress contributed to an Improvement Opportunity without proximity to the outcome.
	3 Stress contributed to an Improvement Opportunity with proximity to the outcome.

## FATIGUE

Extreme tiredness as a result of casework and/or other life circumstances (e.g., single parent, personal illness).

Questions to Consider	Ratings & Descriptions
• What were the pressures you faced, professionally and personally, that contributed to fatigue? How did that impact casework? How much sleep had you received in the days preceding this incident?	0 No evidence of fatigue. 1 Evidence of latency (i.e. no known impact to an Improvement Opportunity, but fatigue was present). 2 Fatigue contributed to an Improvement Opportunity without proximity to the outcome. 3 Fatigue contributed to an Improvement Opportunity with proximity to the outcome.

## KNOWLEDGE BASE

An absence of knowledge or difficulty activating knowledge (i.e., putting knowledge into practice).

Questions to Consider	Ratings & Descriptions
• Was there anything you learned from this case that you previously had not known? Were there items you felt unequipped to assess or address? Were any records (i.e., medical records) difficult to interpret?	0 No evidence of knowledge gaps. 1 Evidence of latency (i.e. no known impact to an Improvement Opportunity, but knowledge gaps were present). 2 Knowledge gaps contributed to an Improvement Opportunity without proximity to the outcome. 3 Knowledge gaps contributed to an Improvement Opportunity with proximity to the outcome.

## DOCUMENTATION

Absent or ineffective official, internal records.

Questions to Consider	Ratings & Descriptions
• If someone only read the notes, would they know what was going on?	0 No evidence of documentation concerns. 1 Evidence of latency (i.e. no known impact to an Improvement Opportunity, but documentation concerns were present) 2 Documentation contributed to an Improvement Opportunity without proximity to the outcome. 3 Documentation contributed to an Improvement Opportunity with proximity to the outcome.

## EVIDENCE

Difficulties in obtaining and/or synthesizing (i.e., summarizing; combining multiple pieces of information into a coherent holistic assessment) externally-sourced information (e.g., medical records, criminal records, statements from key members, formal assessments).

Questions to Consider	Ratings & Descriptions
• How did you decide what records to request in this case? Were historical records on previous services requested? How were assessments used to plan services?	0 No evidence of difficulties in obtaining or synthesizing external records. 1 Evidence of latency (i.e. no known impact to an Improvement Opportunity, but difficulties were present). 2 Difficulties obtaining or synthesizing external records contributed to an Improvement Opportunity without proximity to the outcome. 3 Difficulties obtaining, or synthesizing external records contributed to an Improvement Opportunity with proximity to the outcome.

# TEAM DOMAIN

This section focuses on factors primarily present within teams. The pressures, communication, and climate of the team are considered in this domain, with specific attention given to the supervisor's unique role in supporting the professional. This domain is not exclusive to factors only present among internal teams; collaboration with relevant community partners is assessed as well.

For the **TEAM DOMAIN**, the item ratings translate into the following categories and action levels:

- 0 No evidence, no need for action.
- 1 Latent factor.
- 2 QI action may be needed to mitigate risk and avoid recurrence of non-proximal influences.
- 3 A priority for QI action to prevent recurrence of proximal influences.

## TEAMWORK/COORDINATION

Ineffective collaboration between two or more internal and/or external entities (e.g., agencies, people and teams). Notably, this item does not encompass the family's willingness or cooperation but rather the team of family-serving professionals.

*Note: Ineffective teamwork between a supervisor and supervisee is captured under "Supervisory Support."*

Questions to Consider	Ratings & Descriptions
• What barriers existed in communicating with outside partners during this case? How often did you communicate? What barriers existed in internal communication while working this case?	0 No evidence of issue with teamwork/coordination.
	1 Evidence of latency (i.e., no known impact to an Improvement Opportunity, but teamwork/coordination concerns were present).
	2 Teamwork/coordination problems contributed to an Improvement Opportunity without proximity to the outcome.
	3 Teamwork/coordination problems contributed to an Improvement Opportunity with proximity to the outcome.

## SUPERVISORY SUPPORT

Supervisor provides ineffective support, communication, teamwork, and/or is unavailable.

Questions to Consider	Ratings & Descriptions
• What support was received from supervisors during this case? What is supervision generally like on this team? What was the supervisor's leadership style?	0 No evidence of problems with supervisory support.
	1 Evidence of latency (i.e., no known impact to an Improvement Opportunity, but supervisory support concerns were present).
	2 Supervisory support problems contributed to an Improvement Opportunity without proximity to the outcome.
	3 Supervisory support problems contributed to an Improvement Opportunity with proximity to the outcome.

## SUPERVISORY KNOWLEDGE TRANSFER

Case direction from supervisor was inconsistent with best practice.

Questions to Consider	Ratings & Descriptions
	0 No evidence of problems with supervisory case direction.
• What case direction was received from supervisors during this case? Was case direction aligned with best practice?	1 Evidence of latency (i.e., no known impact to an Improvement Opportunity, but supervisory case direction concerns were present).
	2 Supervisory case direction contributed to an Improvement Opportunity without proximity to the outcome.
	3 Supervisory case direction contributed to an Improvement Opportunity with proximity to the outcome.

## PRODUCTION PRESSURE

Demands on professionals to increase efficiency.

*Note: This is distinctive from Demand Resource Mismatch (DRM) as Production Pressure describes pressures within casework (e.g., overdues, extensive court involvement, child removals in other assigned cases). Though not exclusively, the presence of DRM may impact the presence of Production Pressures.*

Questions to Consider	Ratings & Descriptions
	0 No evidence of problems with production pressures.
• How pushed were you by deadlines in this case? How many other cases did you have? What was happening in other cases during the time of this incident?	1 Evidence of latency (i.e., no known impact to an Improvement Opportunity, but production pressures were present).
	2 Production pressures contributed to an Improvement Opportunity without proximity to the outcome.
	3 Production pressures contributed to an Improvement Opportunity with proximity to the outcome.

# ENVIRONMENT DOMAIN

This section focuses on factors present in the team's environment. This domain fosters an appreciative inquiry of the team's internal and external access to resources, policies, services, training, and technologies needed to support safe and reliable care delivery. Items in this domain refer to the child-serving macrosystem.

For the **ENVIRONMENT DOMAIN**, the item ratings translate into the following categories and action levels:

- 0 No evidence, no need for action.
- 1 Latent factor.
- 2 QI action may be needed to mitigate risk and avoid recurrence of non-proximal influences.
- 3 A priority for QI action to prevent recurrence of proximal influences.

## DEMAND-RESOURCE MISMATCH

A lack of internal resources or programs (e.g., inadequate staffing, limited access to drug testing supplies, insufficient funding for services) to carry out safe work practices. *Note: The absence of equipment/technology and external resources/programs are scored in separate items.*

Questions to Consider	Ratings & Descriptions			
	0	1	2	3
• What was the staffing pattern at the time of this case? How long has it been that way? What problems did it cause in this case? What is the barrier to having adequate staffing?	0 No evidence of problems with demand-resource mismatch. Assigned case professionals appeared to have needed resources to carry out work practices.	1 Evidence of latency (i.e., no known impact to an Improvement Opportunity, but demand-resource mismatch was present).	2 Lack of resources to carry out safe work practices contributed to an Improvement Opportunity without proximity to the outcome.	3 Lack of resources to carry out safe work practices contributed to an Improvement Opportunity with proximity to the outcome.

## PRACTICE DRIFT

A widely-accepted, often gradient, departure from work-as-prescribed. Practice Drift usually occurs as a result of experienced success and as a means of managing production pressures and/or complex interpersonal decisions. Practice Drift uniquely describes an environmental (e.g., system-wide, county-wide, office-wide) departure from work-as-prescribed and may involve a single or multiple child serving agencies.

Questions to Consider	Ratings & Descriptions			
	0	1	2	3
• Were workarounds present at the time of the case? Did these workarounds potentially affect the family in a positive or negative way? Was the workaround widely-used in the county or across the state?	0 No evidence of Practice Drift.	1 Evidence of latency (i.e., no known impact an Improvement Opportunity, but Practice Drift was present).	2 Practice Drift contributed to an Improvement Opportunity without proximity to the outcome.	3 Practice Drift contributed to an Improvement Opportunity with proximity to the outcome.

## EQUIPMENT/TECHNOLOGY/TOOLS

An absence or deficiency in the equipment and technology (e.g., electronic records management system like SACWIS, communication devices, electronics) used to carry out work practices. Tools refers to the structured assessments (e.g., CANS, FAST, SDM), predictive analytics, and related algorithms (e.g., algorithms may perpetuate systemic bias toward underrepresented populations).

Ratings & Descriptions	
Questions to Consider	0 No evidence of problems with equipment, tools or technology.
• What equipment would have been helpful in this case? Were there any difficulties in acquiring or using certain equipment or technology?	1 Evidence of latency (i.e., no known impact to an Improvement Opportunity, but issues with equipment/technology/tools were present).
	2 The absence or deficiency of equipment, tools or technology contributed to an Improvement Opportunity without proximity to the outcome.
	3 The absence or deficiency of equipment, tools or technology contributed to an Improvement Opportunity with proximity to the outcome.

## POLICIES

The absence, poor clarity, or ineffectiveness of a written practice or procedure. Conflicting policies would also be rated here, as well as other written rules, statutes, and procedures detailing work-as-prescribed.

Ratings & Descriptions	
Questions to Consider	0 No evidence of absent or ineffective policies.
• What policies, protocols, or forms affected this case? How did it impact decisions? What would have been more helpful?	1 Evidence of latency (i.e., no known impact to an Improvement Opportunity, but the absence of ineffectiveness of a policy was present).
	2 The absence or ineffectiveness of one or more policies contributed to an Improvement Opportunity without proximity to the outcome.
	3 The absence or ineffectiveness of one or more policies contributed to an Improvement Opportunity with proximity to the outcome.

## TRAINING

The absence, poor clarity, or ineffectiveness of formal instruction. This may include a variety of learning modalities, such as: web-based, classroom, independent study, formal mentoring or coaching, etc.)

Ratings & Descriptions	
Questions to Consider	0 No evidence of absent or ineffective trainings.
• What trainings affected decision-making in this case? Were needed trainings helpful and available? What trainings would have been useful?	1 Evidence of latency (i.e., no known impact to an Improvement Opportunity, but the absence of ineffectiveness of a training was present).
	2 The absence or ineffectiveness of one or more trainings contributed to an Improvement Opportunity without proximity to the outcome.
	3 The absence or ineffectiveness of one or more trainings was contributed to an Improvement Opportunity with proximity to the outcome.

## SERVICE ARRAY

The unavailability or ineffectiveness of a particular external and/or community-based service. These services include provider agencies as well as county and state child-service partners (e.g., school, court, law enforcement).

Ratings & Descriptions	
Questions to Consider	0 No evidence of problems with service array.
• What services are available in the area? How accessible are those services? How effective do services appear to be?	1 Evidence of latency (i.e., no known impact to an Improvement Opportunity, but service array concerns were present).

**SERVICE ARRAY**

The unavailability or ineffectiveness of a particular external and/or community-based service. These services include provider agencies as well as county and state child-service partners (e.g., school, court, law enforcement).

- |  |  |
|--|--|
|  | <p>2 Problems with service array contributed to an Improvement Opportunity without proximity to the outcome.</p> <hr/> <p>3 Problems with service array contributed to an Improvement Opportunity with proximity to the outcome.</p> |
|--|--|

19. Production Pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<b>Environment Domain</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b><i>Required if rating is 2 or 3</i></b>
20. Demand-Resource Mismatch	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
21. Practice Drift	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
22. Equipment/Technology/Tools	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
23. Policies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
24. Training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
25. Service Array	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

## 4. QUALITY IMPROVEMENT ADVOCACY

In this final section we provide strategies for using SSIT data to share the “system’s story” of a critical incident and support advocacy for system improvement actions. A primary purpose of measurement is to cultivate shared language and inform decision-making. For this reason, item ratings within the Professional, Team, and Environment domains translate into the following action levels:

**Table 2: System Domains Basic Ratings Design**

Rating	Observation	Appropriate Action Level
0	No evidence	No action needed
1	Latent factor	Watchful waiting/prevention
2	Influence to Improvement Opportunity <b>without</b> proximity to the outcome	QI action may be needed to promote best practices in casework. IOs should be tracked over time and/or compared with other quality data before being considered for system-level improvement projects.
3	Influence to Improvement Opportunity <b>with</b> proximity to the outcome	QI action to protect against recurrence of critical incidents may be needed. Response could include: providing case-level or system-wide education or forming an ad hoc QI team.

SSIT action levels are not intended to be prescriptive. They are a steady and reliable guide for targeting system reform in the areas most likely to prevent a future critical incident. Items scoring “3” translate into a priority for action because the item influenced an IO proximal to a critical incident. Nesting the domains serves as a prompt to direct QI resources as deep into the system as possible, so—if a review yields proximal scores in the Professional, Team, and Environment domains—resources can be directed to improve the Environment, rather than merely providing professionals with directives.

SSIT data can be aggregated and reviewed to inform system-focused quality improvement opportunities. SSIT data should be viewed alongside the IOs from reviewed cases. For example, IOs may reveal inconsistent engagement of all caregivers in a home, allegation/incident-focused casework practice, or barriers in reviewing all applicable case history. Prior to review of SSIT data, it is useful to consider how likely these IOs are to recur in the system. While this can be done through content analysis of IOs as well as a review of other QI data (e.g., Child and Family Service Review findings), the following anchors (table 3) may be helpful in thinking through the likelihood for IOs to recur within a system:

**Table 3: Recurrence Rating Structure**

ORGANIZATIONAL RECURRENCE	
Questions to Consider	Ratings & Descriptions

• Is this finding already known to be part of a systems issue?

• Are effective procedures in place to address?

• Have system changes already been in effect since the problem last occurred?

0 Minimal or no likelihood of recurrence; problem appears a rare outlier.

1 There is a history of recurrence that appears to have been successfully addressed through organizational improvement(s).

2 There is a likelihood of future recurrence. Though some organizational constructs (e.g., policy, supervision practices, trainings, technology, resource allocation) exist to address the problem, it is unproven or disproven if these will successfully reduce recurrence.

3 Minimal or no organizational constructs currently exist to address the problem.

When considering where to focus finite QI resources, the QI Advocacy Matrix (figure 2) may support decision-making. After establishing recurrence likelihood - and with proximity established by the SSIT - QI professionals can use the matrix to identify and advocate for those IOs that should be prioritized. IOs that are both proximal and likely to recur may require more immediate action from the system (see top right quadrant in table below). IOs likely to recur but not proximal to critical incidents may benefit from system-level QI resources, but it is prudent to compare such findings with other system data so as to make the most informed decision (see bottom right quadrant). IOs unlikely to recur may be suitable for case-level intervention (see left side). For example, a region may have experienced an isolated and/or unusual problem that can be improved by collaborating directly with local region's personnel. The following table is a graphic depiction of this concept:

**Figure 2: QI Advocacy Matrix**

		Recurrence	
		Unlikely	Likely
Actionable	Proximal	<b>Low Priority for QI Efforts</b>  May Need Case-level Intervention	<b>High Priority for QI Efforts</b>  Immediate Action Likely Needed at the System-level to Promote Safe Outcomes
	Not Proximal	<b>Low Priority for QI Efforts</b>  May Benefit from Case-level Intervention	<b>Moderate Priority for System-level QI Efforts</b>  Findings should be compared with other quality data and considered for system-level improvement projects

## Advocating for System Change

Those tasked with reviewing critical incidents rarely have formal authority to move systems to change. More often, their success lies in their ability to effectively use data to tell a story and influence communities with such formal authority to move to action. These traits—accurate story-sharing and influence-- are the hallmarks of an effective advocate. QI advocacy, like all forms of advocacy, requires dedicated, experienced individuals armed with information. The SSIT allows a system to standardize important information about its system and to support QI advocacy.

### 3. SSIT SCORESHEET

CASE ID:				
<b>Improvement Opportunities (IOs)</b>				
1				
2				
3				
4				
5				
<b>Abbreviated Rating Summary for Family Domain</b>				
0=No Evidence	1=Minimal Problem or History	2=Problem affected Functioning	3=Severely Disabling or Dangerous Problem	
<b>Abbreviated Rating Summary for Professional, Team, and Environment Domains</b>				
0=No Evidence of Influence	1=Latent Factor	2=Evidence of Influence	3=Evidence of Proximity to Poor Outcomes	
<b>Family Domain</b>	<b>Influence</b>			<b>Narrative</b> <i>Required if rating is 2 or 3</i>
	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
1. Family Conflict (Caregiver)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Developmental (Caregiver)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Mental Health (Caregiver)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Substance Use (Caregiver)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Financial Resources (Caregiver)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Parenting Behaviors (Caregiver)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Medical/Physical (Child)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Developmental/Intellectual (Child)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Mental Health of (Child)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Professional Domain</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
				<i>Required if rating is 2 or 3</i>
10. Bias	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Stress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Fatigue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Knowledge Base	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Documentation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Evidence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Team Domain</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
				<i>Required if rating is 2 or 3</i>
16. Teamwork/Coordination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Supervisory Support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Supervisory Knowledge Transfer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Attachment 26.1

# INDIANA FAMILY PRESERVATION SERVICES

## PROVIDER-LEVEL REPORT

Provider: PROVIDER NAME

Date: 10-18-22

*Overall:*

Total # of families served: 1,627

Total # of children served: 3,386

Total # of families served > 90 days: 1,115

Total # of children served > 90 days: 2,313

Total # of families subbed maltreatment > 90 days (# and %): 138 and 8.48%

Total # of children subbed maltreatment > 90 days (# and %): 253 and 7.47%

Total # of families removals > 90 days (# and %): 136 and 8.36%

Total # of children removals > 90 days (# and %): 275 and 8.12%

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### STATEWIDE AVERAGES (ALL PROVIDERS)

Overall % Families with Subbed Maltreatment Statewide: 9.14%

Overall % Children with Subbed Maltreatment Statewide: 8.26%

Overall % Families with Removal: 9.43%

Overall % Children with Removal: 8.91%

# Attachment 27.1

## Experienced Child Welfare Worker Training Catalog

- **A Culture-Centered Approach to Recovery (3 hrs)**

A review of the many dimensions of culture, the impact of a worldwide view on psychosocial rehabilitation practice (PSR), and the steps to becoming a culturally competent service provider. It includes exercises which help the learner explore their own culture and worldview as well as identify biases which could impact their relationships with others.

- **ADHD: Diagnosis and Treatment (4 hrs)**

This course will help you identify the symptoms and diagnosis of ADHD, and understand the possible causes of the disorder. Additionally, you will learn some of the latest treatment options for children, teenagers, and adults. These skills will help you in the treatment of your clients who have ADHD. Page **19 of 34**

- **Adolescent Suicide (2.5 hrs)**

In 2004, suicide was the third leading cause of death in children, adolescents, and young adults. Common warning signs of suicide include suicidal threats both direct and indirect, dramatic changes in personality or appearance, severe drop in school performance and giving away belongings. High risk factors in this age group include a history of alcohol and substance abuse, family history of maltreatment or neglect, recent bereavement, physical illness, and school failure. Important elements of suicide assessment include asking directly about the presence and nature of suicidal thoughts, a plan for suicide, determining the availability of lethality, previous thoughts or attempts, exploring beliefs and values and barriers to suicide.

- **Alcohol and the Family (2.5 hrs)**

Alcohol use can have a destructive effect on individuals as well as their families and loved ones. In this course, you will gain in-depth knowledge about research concerning the impact of alcohol use disorders on the family context. You will learn the "brass tacks" of the family systems approach to understand the complicated dynamics of families struggling to deal with the impact of alcohol use disorders. Furthermore, you will be able to identify specific risk factors that are related to developing an alcohol use disorder. Vignettes and interactive exercises give you the opportunity to apply what you learn so that you can easily apply these competencies in your own setting.

- **Attachment Disorders and Treatment Approaches (1.5 hrs)**

This presentation given by the Center for Behavioral Health's as part of their ongoing Breakfast Learning Series addresses the concept of attachment theory and treatment of attachment disorders. Assessment parameters, treatment goals, ethical issues, and related disorders are also covered in this video course.  
\*\*Audio/Video Required

- **Attitudes at Work (2 hrs)**

An employee's attitude at work impacts performance, office culture, and the overall success of an organization. Unfortunately, an employee's attitude is often overlooked and considered a factor that is uncontrollable and unchangeable. Because of this perception, poor attitudes can easily infect the workplace and cause significant problems for both the employees and the organization. This course will give you valuable information about the importance of employees' attitudes in an organization, how certain attitudes can be promoted or changed, and how to create a workplace environment that fosters helpful attitudes.

- **Bipolar Disorder in Children and Adolescents (1 hr)**

This course discusses the signs and symptoms of Bipolar Disorder in children and adolescents, reviews the latest pharmacological and psychotherapeutic treatment for this population.

- **Child and Adolescent Psychopharmacology (2 hrs)**

This course – intended for non-MD mental health professionals, including marriage-family therapists and licensed clinical social workers – will give you in-depth knowledge of psychotropic medications used to treat children and adolescent psychiatric issues. This includes anxiety, mood, psychotic, and behavioral disorders. You will learn about the unique issues surrounding psychopharmacology for pediatric populations, including common uses, side effects, and timelines for medication response. Through interactive games, quizzes, and vignettes, this course will help you to take the learning back to your real-world work environment.

- **Communication Skills and Conflict Management for Children's Services Paraprofessionals (2 hrs)**

The ability to communicate with the children and families you serve is essential to your work with them. Passing along those basic communication skills that we take for granted--communicating successfully with others, basic social skills, coping with conflict or anger, and solving problems--is another important part of your work. In this course, we will be focusing on various forms of communication, communication skills, and how to use communication effectively in solving problems and conflicts.

- **Cultural Diversity for Paraprofessionals (1.5 hrs)**

This course is an introduction to understanding the various components of cultural competence and how they apply to providing mental health and other human services to various groups of people and to individuals from within those groups.

- **Domestic and Intimate Partner Violence (2 hrs)**

This course gives an overview of domestic violence, discusses the risk factors and clinical issues associated with domestic violence. It also describes the psychology of abuse and the best treatment strategies.

- **Dual Diagnosis Treatment (3 hrs)**

Dual Diagnosis Treatment is for people who have co-occurring disorders: Mental illness and a substance abuse addiction. This treatment approach helps people recover by offering services for both disorders at the same time. In this course, we will discuss treatment options that address the various mental and substance abuse issues.

- **Fundamentals of Fetal Alcohol Spectrum Disorders (1.5 hrs)**

This course gives you key information about Fetal Alcohol Spectrum Disorders (FASDs) and the commonly associated complications. You will learn ways to identify common symptoms, and the benefits of proper diagnosis treatment for those who have an FASD. Strengths and difficulties for these individuals will be emphasized to help you better recognize when someone you work with has an FASD. Finally, you will learn ways that you can raise awareness for these disorders – this can ultimately result in proper treatment and prevention of FASDs. You will have a chance to review what you have learned through a series of interactive exercises and vignettes.

- **Identifying and Preventing Child Abuse and Neglect (2 hrs)**

This course will familiarize you with different types of child abuse, how to identify them, and what to do if you suspect that a child has been abused. Definitions of child abuse – along with how and when to report it- vary from state to state so you must always check with your local state reporting agency regarding laws and requirements. Regardless of your location, this course will give you a solid overview of the most common types of abuse that a mandated reporter is likely to encounter.

- **Making Parenting Matter Part 1 (2.5 hrs)**

Many parents find themselves wondering if parenting matters. They may ask themselves if they know what decisions a “good” parent should make and whether their parenting style is good, bad, common, or unique. Working effectively with children, adolescents, and their families can be quite challenging if you are not adequately prepared with the best tools for the job. Drawing upon content developed by Carol Hurst, Ph.D. of the Corporate University of Providence, this series of trainings is designed to empower clinicians who work with parents and their children with clear, relevant, and actionable information about best practices. This first course gives you an overview of the importance that parenting plays on child development by covering various parenting styles and typologies, as well as the theoretical perspectives of psychologists Freud, Bowlby, Baumrind, and Bandura. The instructive information, interactive exercises, and case vignettes in these courses will leave you prepared to successfully apply these concepts in your work with parents and children. \*Flash required

- **Methamphetamine: Effects, Trends, and Treatment (1.5 hrs)**

The course provides a comprehensive overview of the drug methamphetamine including how the drug is created, the short- and long-term effects of meth abuse, recent law enforcement trends for manufacturing and trafficking, and the physical and psychological nature of methamphetamine dependence. It also describes treatment options and outcomes including the Matrix Model Intensive Outpatient Program. \*\*Audio/Video Required

- **Motivational Interviewing (4 hrs)**

This course helps you understand what Motivational Interviewing is and become familiar with strategies to help you with your client counseling.

- **Overview of Psychopharmacology (4 hrs)**

This course describes four major categories of medications by their generic and trade names (brand names used by pharmaceutical companies): anti-psychotics, mood stabilizers, antidepressants, and anti-anxiety medications. It presents information about clinical indications, dosages, and side effects. Medications that specifically affect children, the elderly, and women during the reproductive years are also discussed.

- **Overview of Serious Mental Illness for Paraprofessionals (3 hrs)**

This course provides an overview of serious mental illness including schizophrenia, bipolar disorder, and children and adolescents' mental disorders.

- **Overview of Suicide Prevention (3.5 hrs)**

This course is designed for professionals in the prevention, addictions, mental health, and related fields. The nature of the topic of suicide prevention also makes this course relevant to community members, including the gatekeepers identified in this course (healthcare workers, school personnel, protective service workers, law enforcement, members of faith communities, program planners, volunteers, and juvenile justice personnel) and any community members who have been touched by suicide. The content is adapted from the National Strategy for Suicide Prevention which is published on the Substance Abuse and Mental Health Services Administration website (SAMHSA).

- **Post-Traumatic Stress Disorder (3 hrs)**

This course discusses the prevalence and diagnostic criteria for PTSD; it discusses treatments for PTSD including psychotherapy and medication as well as PTSD in children and adolescents.

- **Safety Crisis Planning for At-Risk Adolescents and Their Families (2 hrs)**

This course focuses on how social service workers and mental health clinicians can work to create effective family safety/crisis plans with high-risk families in the community. As you are probably aware, high-risk adolescent consumers and their families face several obstacles that may seem impossible to manage. However, with the techniques you will learn in this course will help you to keep the family and the community

safer. After completing this training, you will understand a clear step-by- step process to safety/crisis planning- and you will even get a sample crisis/safety plan form that you will use to apply the knowledge you gain during the course.

- **Strength-Based Perspectives for Children's Services Paraprofessionals (1.5 hrs)**

While the medically oriented “deficit model” is standard training for most staff who work directly with children, the strength-based/recovery movement emphasizes the need to have a balanced view of clients. That balanced view includes learning the values, terminology, and interventions that allow clinicians and the consumers you serve to address strengths along with challenges throughout the treatment process. In this course, you will learn about assumptions about the strength-based perspective including the definition, principles, and beliefs about working with children and their families from the strength's perspective. You will also learn concrete strategies to apply these principles with children and their families at home.

- **Stress Management for Mental Health Professionals (2 hrs)**

As mental health professionals, you are prone to stress, which may lead to physiologic, emotional, and spiritual symptoms. This course explains the sources and types of stress unique to mental health professionals like you and the physiological mechanisms of stress. The interactive course identifies symptoms of stress and discusses several stress management, reduction, and prevention techniques that you can use. It provides an opportunity for you to assess your own levels of stress through the Compassion Fatigue Inventory. The course includes current resources for you to access as you develop your personal stress management strategy. We use a blend of experiential vignettes, interactive activities, and didactic information as tools to prevent stress in the workplace. This information is especially relevant to mental health professionals in all treatment settings. You can also use this information to teach patients stress management techniques. \*\*Audio Included

- **Substance Abuse and Violence Against Women (3.5 hrs)**

This course provides a comprehensive review of the nature and prevalence of substance abuse problems and its association with violence against women. The course discusses social, family, and cultural aspects associated with domestic violence. It also provides a comprehensive review of services available to women and men who are in this cycle of violence. A detailed discussion about legal options for women is also contained in this course.

- **Time Management (2.5 hrs)**

The bottom line in many organizations is productivity. If you find yourself overwhelmed, working too many hours, or running behind you may have room to improve your approach to time management.

This course will give you an overview of the top issues related to managing your time effectively at work. You will learn ways to streamline your daily work along with skills that can help you to get more work done in less time.

- **Trauma Informed Treatment for Children with Challenging Behaviors (3 hrs)**

This course is about how to help children who have been severely traumatized to regulate their emotions more effectively and better manage their challenging behaviors.

- **Valuing Diversity in the Workplace (2.5 hrs)**

In today's increasingly diverse workplace, recognizing and valuing diversity has never been more important for an organization's success. The differences and similarities that we share with our colleagues contribute to the successes and difficulties we experience. The key to valuing differences is to be appropriate about recognizing them so that they don't hold us back from performing at the highest level possible. In this course, you will learn about your own attitudes toward diversity along with specific skills to work effectively with other employees who have different backgrounds and training.

- **Working with Children in Families Affected by Substance Use (4 hrs)**

This course is designed to help you assist families experiencing Substance Use Disorders (SUDs) and the child maltreatment that often results. You will learn how to address each problem by gaining an understanding of SUDs, including their dynamics, characteristics, and effects. You will also learn how Child Protective Services workers recognize and screen for SUDs in child maltreatment cases. Finally, you will find out how to establish plans for families experiencing these problems, including how to support treatment and recovery, as appropriate. By completing this training, you will have opportunities to apply what you have learned in a series of interactive exercises, games, and vignettes that are designed to address issues you may encounter. The knowledge you gain will contribute to your understanding, helping you to identify avenues for enhanced services to families.

## Attachment 27.2

### Evaluation Summary

### 2022 Justice Services Conference

#### Case Management Booster

Skill/Outcome Desired	Avg Score 1-4 (4=high; 1=low)
Training addressed my questions and need for information	4.06
The faculty demonstrated expert knowledge of the subject matter	4.31
The faculty clearly communicated and demonstrated the skills needed to achieve the goals of the training	4.29
Overall, the session was a worthwhile learning experience	4.17

#### Addiction and the Family

Skill/Outcome Desired	Avg Score 1-4 (4=high; 1=low)
Training addressed my questions and need for information	4.53
The faculty demonstrated expert knowledge of the subject matter	4.48
The faculty clearly communicated and demonstrated the skills needed to achieve the goals of the training	4.45
Overall, the session was a worthwhile learning experience	4.45

#### Interviewing Skills Booster

Skill/Outcome Desired	Avg Score 1-5 (5=high; 1=low)
Training addressed my questions and need for information	4.20
The faculty demonstrated expert knowledge of the subject matter	4.44
The faculty clearly communicated and demonstrated the skills needed to achieve the goals of the training	4.36
Overall, the session was a worthwhile learning experience	4.24

#### Trust Based Relational Intervention

Skill/Outcome Desired	Avg Score 1-4 (4=high; 1=low)
Training addressed my questions and need for information	4.30
The faculty demonstrated expert knowledge of the subject matter	4.43

The faculty clearly communicated and demonstrated the skills needed to achieve the goals of the training	4.40
Overall, the session was a worthwhile learning experience	4.35

### Sex, Gender, Identity Expression

<b>Skill/Outcome Desired</b>	<b>Avg Score 1-4 (4=high; 1=low)</b>
Training addressed my questions and need for information	4.60
The faculty demonstrated expert knowledge of the subject matter	4.61
The faculty clearly communicated and demonstrated the skills needed to achieve the goals of the training	4.61
Overall, the session was a worthwhile learning experience	4.58

### Understanding Dual Status

<b>Skill/Outcome Desired</b>	<b>Avg Score 1-4 (4=high; 1=low)</b>
Training addressed my questions and need for information	4.20
The faculty demonstrated expert knowledge of the subject matter	4.40
The faculty clearly communicated and demonstrated the skills needed to achieve the goals of the training	4.24
Overall, the session was a worthwhile learning experience	4.13

### Indiana Human Trafficking Juvenile Intake Screening Tool

<b>Skill/Outcome Desired</b>	<b>Avg Score 1-4 (4=high; 1=low)</b>
Training addressed my questions and need for information	3.90
The faculty demonstrated expert knowledge of the subject matter	4.09
The faculty clearly communicated and demonstrated the skills needed to achieve the goals of the training	4.03
Overall, the session was a worthwhile learning experience	3.94

# Attachment 27.3

## Evaluation Summary

### October 2022 – PO Orientation

#### IOCS Overview

Evaluation Topic	Rating 1-5 (5=highest/best)
The presentation was effective and clear	4.31
The method of the presentation held my attention	4.08
The material and content helped me learn the topic and/or expand my knowledge of the topic	4.23
Overall, the session was a worthwhile learning experience	4.27

#### Ethics Q&A

Evaluation Topic	Rating 1-5 (5=highest/best)
The presentation was effective and clear	4.29
The method of the presentation held my attention	4.06
The material and content helped me learn the topic and/or expand my knowledge of the topic	4.21
Overall, the session was a worthwhile learning experience	4.31

#### PO Supervision

Evaluation Topic	Rating 1-5 (5=highest/best)
The presentation was effective and clear	4.27
The method of the presentation held my attention	4.17
The material and content helped me learn the topic and/or expand my knowledge of the topic	4.25
Overall, the session was a worthwhile learning experience	4.33

# Attachment 29.1

Service and Component Description	2020		2021		2022	
	\$ Amount	Count	\$ Amount	Count	\$ Amount	Count
GENERAL Product - PARENTAL TRAVEL - OTHER	\$ 2,928.00	72.00	\$ 21,161.25	468.00	\$ 32,693.67	668.00
GENERAL Product - PLACEMENT TRANSITION VISITS	\$ 18,551.82	309.00	\$ -	-	\$ -	-
GENERAL Product - TRANSPORTATION - CHILD	\$ 38,288.19	7,490.50	\$ 24,096.51	3,330.75	\$ 32,907.82	329.50
GENERAL Product - DRIVER'S EDUCATION (SEE POLICY 11.5)	\$ 389.00	1.00	\$ 3,789.00	429.00	\$ 8,519.94	23.00
GENERAL Product - PARENTAL TRAVEL FOR VISITATION	\$ 2,565.25	55.00	\$ 31,549.03	574.50	\$ 46,332.74	863.75
MATERIAL ASSISTANCE - RENT ASSISTANCE	\$ 20,204.15	39.33	\$ 70,796.75	86.00	\$ 69,894.30	92.00
MATERIAL ASSISTANCE - UTILITIES - (Electric Gas Water & Sewer ONLY)	\$ 32,813.26	120.65	\$ 84,993.84	239.00	\$ 94,133.38	262.00
MATERIAL ASSISTANCE - PEST CONTROL	\$ 25,594.51	85.35	\$ 71,078.95	2,458.00	\$ 57,632.45	193.00
MATERIAL ASSISTANCE - DAY CARE SERVICES	\$ 887,802.65	52,144.00	\$ 722,194.36	39,105.00	\$ 635,282.07	31,223.88
GENERAL PRODUCTS - CLOTHING	\$ 7,682.14	246.00	\$ 7,153.06	37.00	\$ 7,165.05	39.00
GENERAL PRODUCTS - CAR SEAT - UPGRADE OR EMERGENCY	\$ 27,480.05	273.00	\$ 36,849.39	474.99	\$ 22,492.43	319.49
GENERAL PRODUCTS - ONGOING CLOTHING	\$ 313,756.11	2,604.00	\$ 375,042.38	2,899.33	\$ 260,576.68	2,208.47
GENERAL PRODUCTS - BIRTH CERTIFICATE	\$ 250.00	1.00	\$ 263.00	11.00	\$ 319.70	13.00
GENERAL PRODUCTS - OTHER	\$ 77,394.66	2,748.68	\$ 113,265.30	1,732.62	\$ 187,768.51	2,354.21
GENERAL PRODUCTS - CHILDRENS BED AND BEDDING - \$400 max per child	\$ 939,670.50	3,698.00	\$ 828,763.30	3,628.45	\$ 697,306.83	2,679.81
GENERAL PRODUCTS - INITIAL CLOTHING	\$ 891,470.36	6,097.00	\$ 1,083,900.35	6,219.37	\$ 695,643.40	5,334.70
PERSONAL ALLOWANCE - EXTRA CURRICULAR ACTIVITY - LESSONS - (INDICATE WHAT TYPE OF LESSON/CLASS)	\$ 1,446.49	18.00	\$ 24,337.79	890.28	\$ 31,846.84	1,095.50
PERSONAL ALLOWANCE - HOLIDAY ALLOWANCE	\$ 130,525.63	4,113.96	\$ 119,925.49	4,600.27	\$ 93,893.27	3,111.18
PERSONAL ALLOWANCE - BIRTHDAY ALLOWANCE	\$ 112,988.42	3,760.00	\$ 98,963.12	4,230.82	\$ 85,769.42	3,324.47
PERSONAL ALLOWANCE - EDUCATION - COMPUTER HARDWARE/SOFTWARE/ELECTRONIC DEVICES	\$ 32,898.99	1,494.77	\$ 322,315.03	12,067.01	\$ 248,719.47	5,911.01
PERSONAL ALLOWANCE - EDUCATION - FIELD TRIPS	\$ 625.00	3.00	\$ 900.73	6.00	\$ 2,847.00	15.00
PERSONAL ALLOWANCE - EDUCATION - CLASS PICTURES	\$ 105.03	4.00	\$ 2,560.45	164.96	\$ 2,328.79	86.00
PERSONAL ALLOWANCE - HIGH CHAIR/BABY EQUIPMENT	\$ 66,931.14	4,439.93	\$ 66,558.83	3,903.95	\$ 61,897.84	1,957.84
PERSONAL ALLOWANCE - CAR SEAT - UPGRADE OR ADDITIONAL NEED	\$ 353.29	151.00	\$ -	-	\$ -	-
PERSONAL ALLOWANCE - EXTRA CURRICULAR ACTIVITY - TEAM SPORT LEAGUES - FEES	\$ 1,019.80	15.00	\$ 35,805.80	2,456.46	\$ 33,430.26	2,280.25
PERSONAL ALLOWANCE - EXTRA CURRICULAR ACTIVITY - SPORTING EQUIPMENT	\$ 440.43	4.00	\$ 11.94	2.00	\$ -	-
PERSONAL ALLOWANCE - SPECIAL EVENT	\$ 32,842.96	1,444.98	\$ 46,148.61	1,309.42	\$ 35,910.63	2,249.00
PERSONAL ALLOWANCE - APPLICATION FEES	\$ 2,025.94	19.00	\$ 1,555.00	10.00	\$ 702.00	7.00
PERSONAL ALLOWANCE - EXTRA CURRICULAR ACTIVITY - SUMMER CAMP	\$ 1,405.00	9.00	\$ 14,576.40	889.00	\$ 21,263.58	2,326.00
PERSONAL ALLOWANCE - SPECIAL PROGRAMS	\$ 614.17	3.00	\$ 3,806.76	131.00	\$ 6,930.11	1,239.02
PERSONAL ALLOWANCE - SPECIAL CIRCUMSTANCE (OTHER)	\$ 31,163.05	987.00	\$ 455,363.26	25,214.68	\$ 386,265.68	13,229.44
PERSONAL ALLOWANCE - ALL OTHER EXTRA CURRICULAR ACTIVITIES/FEES	\$ 10,861.31	131.00	\$ 120,383.76	6,576.32	\$ 140,344.51	7,167.65
PERSONAL ALLOWANCE - GRADUATION ITEMS	\$ 426.20	4.00	\$ 3,305.98	165.83	\$ 1,543.61	9.00
PERSONAL ALLOWANCE - PROM ITEMS	\$ 3,139.60	30.00	\$ 948.22	309.00	\$ 5,138.27	81.08
PERSONAL ALLOWANCE - CHILDRENS BED AND BEDDING - \$400 max per child	\$ 426.75	3.00	\$ -	-	\$ -	-
PERSONAL ALLOWANCE - INITIAL CLOTHING	\$ 1,243.14	206.00	\$ -	-	\$ -	-
GENERAL Product - EDUCATION - SUMMER SCHOOL/PROGRAMS	\$ -	-	\$ 1,282.00	6.00	\$ 2,448.25	214.00
GENERAL Product - EDUCATION - GED/SKILLS BASED PROGRAMS	\$ -	-	\$ 11,987.32	102.00	\$ 115.00	1.00
GENERAL PRODUCTS - MEDICATIONS	\$ -	-	\$ 34,723.77	160.00	\$ 19,328.27	70.00
PERSONAL ALLOWANCE - EDUCATION - PRESCHOOL (IF SCHOOL NOT OBLIGATED TO PAY)	\$ -	-	\$ 3,507.81	35.00	\$ 3,498.08	26.00
PERSONAL ALLOWANCE - EXTRA CURRICULAR ACTIVITY - PARKING/TOLLS/BUS PASSES	\$ -	-	\$ 2,579.34	408.55	\$ 2,957.31	22.00
PERSONAL ALLOWANCE - DRIVER'S EDUCATION (SEE POLICY 11.5)	\$ -	-	\$ 300.00	1.00	\$ -	-
GENERAL Product - MEDICAL EXPENSES	\$ -	-	\$ -	-	\$ 41.64	1.00
GENERAL PRODUCTS - DEATH CERTIFICATE	\$ -	-	\$ -	-	\$ 16.50	1.00
	<b>\$ 3,718,322.99</b>	<b>92,825.15</b>	<b>\$ 4,846,743.88</b>	<b>125,332.56</b>	<b>\$ 4,035,905.30</b>	<b>91,028.25</b>

# Attachment 29.2

## Home Based Services

- Family Preservation Services
- Comprehensive Home Based Services
- Home-Based Family Centered Casework Services
- Home-Based Family Centered Therapy Services
- Homemaker/Parent Aid
- Child Parent Psychotherapy

## Counseling, Psychological and Psychiatric Services

- Counseling
- Clinical Interview and Assessment
- Bonding and Attachment Assessment
- Trauma Assessment
- Psychological Testing
- Neuropsychological Testing
- Functional Family Therapy
- Medication Evaluation and Medication Monitoring
- Parent and Family Functioning Assessment

## Treatment for Substance Use Disorder

- Drug Screens
- Substance Use Disorder Assessment
- Detoxification Services-Inpatient
- Detoxification Services- Outpatient
- Outpatient Services
- Intensive Outpatient Treatment
- Residential Services
- Housing with Supportive Services for Addiction
- Sobriety Treatment and Recovery Teams (START)

## Domestic Violence Services

- Batterers Intervention Program
- Victims and Child Services

## Services for Children

- Child Advocacy Center Interview
- Services for Sexually Maladaptive Youth
- Day Treatment
- Day Reporting
- Tutoring
- Transition from Restrictive Placements
- Cross Systems Care Coordination
- Children's Mental Health Wraparound Services
- Services for Truancy
- Older Youth Services
- Therapeutic Services for Autism
- LGBTQ Services

## Services for Parents

- Support Services for Parents of CHINS
- Parent Education
- Father Engagement Services
- Groups for Non-offending Parents
- Visitation Supervision

## Global Services

- Special Services and Products
- Travel
- Rent & Utilities
- Special Occasions
- Extracurricular Activities

# How to Request an Interpreter

**We are transforming lives and bridging the communication gap.**



**PHONE: 888.456.1626**



**EMAIL: [interpreting@ltcls.com](mailto:interpreting@ltcls.com)**



**FAX: 371.578.1673**

**WEBSITE: <https://ltclanguagesolutions.com/interpreter-request/>**

## **Please Provide the Following When Making the Request**

- Requester's name and phone number/email
- Date, time, and location of appointment
- Name of person needing interpreting services
- Language

**Let's Get Started!**

# LANGUAGE CAPABILITIES

We are equipped with and have access to thousands of subcontract interpreters that speak **over 200 languages**, 24 hours per day, 7 days per week. Listed below are the languages we offer. If a language needed is not listed below, please contact us!

Acholi (Sudan-Uganda)	Chin (Tedi)	Gujarati	Krahn	Navajo	Sudanese Arabic
Afghan	Chin (Zophei)	Gulf Arabic	Krio	Ndebele	Susu/Soso
Afrikaans	Chui Chow	Gwa	Kru/Krumen	Neapolitan	Swahili
Akan	Chungshan	Haitian Creole	Kunama	Nepali	Swahili (Kibajuni)
Akateko	Chuukese	Hakka	Kurdish	Nigerian English	Swedish
Aklan	Cree 347	Hamer-Sana	Kurdish (Badini)	Pidgin	Sylheti
Albanian	Creek	Hausa	Kurdish (Kurmanji)	Norwegian	Tadzhik
Amharic (Ethiopia)	Crioulo	Hawaii Creole	Kurdish (Sorani)	Nuer (Sudan)	Taechew
Apache	Croatian	Hebrew	Lakota	Oromo (Ethiopia)	Tagalog
Arabic	Czech	Hindi	Lao	Paluan	Taiwanese
Armenian	Dakota	Hindko	Latvian	Pampango	Tamil
Armenian (Eastern)	Danish	Hindustani	Levantine Arabic	Pangasinan	Telugu
Armenian (Western)	Dari (Afghanistan)	Hmong	Lingala	Papiamento	Temne
Ashanti	Dinka (Sudan)	Hokkien	Lithuanian	Pashto (Afghanistan)	Thai
Assyrian	Dutch	Huizhou	Loma	Persian	Tibetan
Azerbaijani	Ebon	Hunanese	Luganda	Pidgin English	Tigrigna (Eritrea)
Bahasa/Brunei	Edo	Hungarian	Luo	Pohnpeian	Tohono O'Odham
Baluchi	Egyptian Arabic	Ibanag	Maay Somali	Polish	Toisan
Bambara	Eritrean	Ibo	Macedonian	Polynesian	Toishanese
Banda	Esperanto	Icelandic	Magahi	Portuguese	Tongan
Sangi	Estonian	Ilocano	Maithili	Portuguese Creole	Triqui
Basque	Ethiopian	Ilonggo	Malagasy	Pothohari	Trukese/Chuukese
Bassa	Ewe	Indonesian	Malay	Pulaar	Tshiluba
Belorussian	Fanti	Inupiaq	Malayalam	Punjabi	Turkish
Bemba (Zambia)	Farsi	Iraqi Arabic	Malinke	Pu repecha/Tarasco	Twi
Bengali	Fijian	Italian	Mam	Quechua	Ukrainian
Berber	Filipino	Jakartanese	Mandarin	Quiche	Urdu
Bhutanese/Dzongkha	Finnish	Jamaican English	Mandingo	Rohingya	Uzbek
Bicol	Fon	Creole(Patois)	Mandinka	Romani	Vietnamese
Borana	Foochow	Japanese	Mankon	Romanian	Visayan
Bosnian	French	Jarai	Marathi	Russian	Waray-Waray
Brazil-Portuguese	French Cajun	Javanese	Marshallese	Samoan	Welsh
Bulgarian	French Canadian	Jula	Maya	Saudi Arabic	Wolof
Burmese	French Creole	Kachchi	Mende	Senegalese	Wu
Cakchiquel	Frisian	Kamba	Mien	Serbian	Wuxinese
Cambodian	Fukienese	Kanjobal	Mina	Serbo-Croatian	Xhosa
Cantonese	Fulani	Kannada	Mirpuri	Shanghainese	Yapese
Cape Verdean	Fuzhou	Karen	Mixteco	Sichuan/Szechuan	Yemeni Arabic
Catalan	Ga	Karen/Kayah	Mixteco Alto	Sicilian	Yiddish
Cebuano	Gaddang	Kazakh	Mixteco Bajo	Sindi	Yoruba
Chaldean	Gaelic	Khamu	Mizo	Sinhala	Yucateco
Chamorro	Gallinya	Khmer	Mola/Mossi	Slovak	Yugoslavian
Chao Chow	Gana	Kikuyu	Moldovan	Slovakian	Yupik
Chavacano	Garri	Kinya/Rwanda	Mongolian	Slovenian	Zambal
Cherokee	Georgian	Kirghiz	Montagnard	Somali	Zande
Chichewa	German	Kirundi	Dega/Mon-Khmer	Soninke	Zapotec
Chin	Grebo	Kiswahili	Montenegrin	Soninke (Sarahuleh)	Zarma
Chin (Falam)	Greek	Kizigua	Moroccan Arabic	Soninke (Sarakole)	Zomi
Chin (Hakha)	Guamanian	Kongo	Nahuatl	Spanish	Zulu
Chin (Matu)	Guarani	Korean	Nanjing	Suchown	

# Residential and LCPA Licensing Regional Contacts

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|----|---|
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# Attachment 33.2

CONDUCTING BACKGROUND CHECKS FOR UNLICENSED RELATIVE PLACEMENT POLICY 13.11 or 13.5		TRIPLE I (aka Emergency National Name Based Criminal History Check <sup>1</sup> ) ONLY AGE 18+	TRIPLE I FOLLOW UP ACTION FORM SF 53424 (R4/4-16)	FINGERPRINT-BASED NATIONAL CRIMINAL HISTORY CHECK, Within 30 days of birthday for; AGE 18+	CPS HISTORY CHECK, SF 52802 (R7 / 6-18), Within 30 days of birthday for; AGE 6 +	NATIONAL SEX OFFENDER REGISTRY CHECK, Within 30 days of birthday for; AGE 14+	LOCAL CRIMINAL COURT RECORDS CHECK Within 30 days of birthday for; AGE 18+	INDIANA LIMITED CRIMINAL HISTORY, (LCH), Within 30 days of birthday for; AGE 18 +
EMERGENCY BACKGROUND CHECK - TIMEFRAME	✓ POLICY 13.11	PRIOR TO PLACEMENT	WHEN NO CHILD IS PLACED; WITHIN 5 business days	WITHIN 5 business days of Triple I check – <b>MUST PRINT FOR EMERGENCY REL PLACE.</b>	FOR INDIANA, WITHIN 72 HOURS. OTHER STATE MUST BE INITIATED WITHIN 72 HOURS	WITHIN 72 HOURS	RECEIVED RESULTS BACK AND EVALUATED WITHIN 30 DAYS	NEVER
NON-EMERGENCY BACKGROUND CHECK - TIMEFRAME	✓ POLICY 13.5	DO NOT COMPLETE – NOT APPLICABLE	NO – NOT APPLICABLE	PRIOR TO PLACEMENT <b>MUST PRINT FOR NON-EMERGENCY RELATIVE PLACEMENT</b>	PRIOR TO PLACEMENT	PRIOR TO PLACEMENT	PRIOR TO PLACEMENT	NEVER
HOUSEHOLD MEMBERS (in the home 21 days or more annually), AGE 18 AND OVER	✓ POLICY 13.11 or 13.5	YES-FOR EMERGENCY PLACEMENTS ONLY	YES-IF TRIPLE I CHECK IS DONE	YES <sup>2</sup>	YES	YES	YES	NEVER
HOUSEHOLD MEMBERS (in the home 21 days or more annually), AGE 14 – 17	✓ POLICY 13.11 or 13.5	DO NOT COMPLETE – NOT APPLICABLE	NOT APPLICABLE	NEVER	YES	YES	NEVER	NEVER
HOUSEHOLD MEMBERS (in the home 21 days or more annually), AGE 6 – 13	✓ POLICY 13.11 or 13.5	DO NOT COMPLETE – NOT APPLICABLE	NOT APPLICABLE	NEVER	YES	NEVER	NEVER	NEVER
BIOLOGICAL PARENTS WHO <b>LIVES IN THE HOME</b> OF THE RELATIVE OUT OF HOME PLACEMENT	POLICY 8.48	Note: The biological parent who has been approved by the court to live in the home of an unlicensed out-of-home resource must have background checks completed when the resource seeks Foster Family Home Licensure. See policy 13.9 Conducting Background Checks for Foster Home Licensing for more information.						
EMPLOYEE OR VOLUNTEER OF AN UNLICENSED RESOURCE HOME (including child care providers who provide <b>regular care</b> ) *IN THE RESOURCE HOME	✓ POLICY 13.11 or 13.5	YES-FOR EMERGENCY PLACEMENTS ONLY	YES-IF TRIPLE I CHECK IS DONE	YES- print for appropriate reason for type of placement in household	YES	YES	YES	NEVER
CUSTODIAL AND NONCUSTODIAL PARENTS, <b>INCLUDING THEIR HOUSEHOLD MEMBERS – *REUNIFICATION ONLY</b> – no waiver process, background checks optional for this purpose & are to be used as a tool for FCM	✓ POLICY 13.14	DO NOT COMPLETE – NOT APPLICABLE	NOT APPLICABLE	USE DISCRETION – IF OVER 18 YRS OLD, NO WAIVER PROCESS FOR REUNIFICATION	USE DISCRETION – NO WAIVER PROCESS FOR REUNIFICATION	USE DISCRETION - IF OVER 14 YRS OLD.	USE DISCRETION – IF OVER 18 YRS OLD	USE DISCRETION – IF OVER 18 YRS OLD – do not run if fingerprinted
CHILDCARE – LICENSED, OUT OF HOME – REGULAR CARE	✓ POLICY 13.13	DO NOT COMPLETE – NOT APPLICABLE	NOT APPLICABLE	NO	NO	NO	NO	NO
CHILD CARE-UNLICENSED, <b>REGULAR CARE PROVIDED OUTSIDE</b> OF THE RESOURCE HOME	✓ POLICY 13.13	DO NOT COMPLETE – NOT APPLICABLE	NOT APPLICABLE	NO	YES, ALL HH MEMBERS PER AGE GUIDELINES	YES, ALL HH MEMBERS PER AGE GUIDELINES	NO	YES, ALL HH MEMBERS PER AGE GUIDELINES
CHILD CARE- <b>IRREGULAR CARE</b> (provided <b>inside or outside</b> ) RESOURCE HOME	✓ POLICY 13.13	DO NOT COMPLETE – NOT APPLICABLE	NOT APPLICABLE	NO	OPTIONAL, USE DISCRETION	OPTIONAL, USE DISCRETION	NO	OPTIONAL, USE DISCRETION
EXTRACURRICULAR ACTIVITIES – INCLUDING OVERNIGHT/WEEKEND/EXTENDED UNSUPERVISED VISITS WITH FRIENDS OR FAMILY MEMBERS	✓ POLICY 13.13	DO NOT COMPLETE – NOT APPLICABLE	NOT APPLICABLE	NEVER	OPTIONAL, USE DISCRETION	OPTIONAL, USE DISCRETION	NO	OPTIONAL, USE DISCRETION

WAIVER PROCESS – PLEASE INCLUDE COMPLETED BACKGROUND CHECKS IN WAIVER REQUEST PACKET TO [cobcuinquiry@dcs.in.gov](mailto:cobcuinquiry@dcs.in.gov)

Waivers POLICY 13.16		SIGNED LETTER FROM APPLICANT	SIGNED LETTER FROM FCM	FINGERPRINT-BASED NATIONAL CRIMINAL HISTORY CHECK, AGE 18+	CPS HISTORY CHECK, SF 52802 (R7 / 6-18), AGE 6+	NATIONAL SEX OFFENDER REGISTRY CHECK, AGE 14+	LOCAL CRIMINAL COURT RECORDS CHECKS	INDIANA LIMITED CRIMINAL HISTORY, (LCH), AGE 18 +
CRIMINAL WAIVER - within 10 days of receiving disqualifying results	✓ POLICY 13.16	YES	yes – include any previous waivers, court docs, and/or safety plans addressing possible concerns	must contact COBCU for eligibility – include any additional dispositions or arrest reports requested	must be complete, correct and <12 mo. old- include all states of residence in the past 5 yrs	print screen of all names and combination of names, FCM = check all and sign & date	Name Based search in all criminal courts (County/City) where the applicant has resided in the past five years	never
CPS WAIVER - within 10 days of receiving CPS history	✓ POLICY 13.16	YES	Yes – same as criminal	include results letter	Same as criminal & include CPS substantiation 311	Same as criminal	Same as criminal	never

<sup>1</sup> See Exceptions to Fingerprint-Based Checks in the policy. Do not perform a TRIPLE I CHECK on a person who qualifies or may qualify for a MEDICAL EXCEPTION FOR FINGERPRINTING.

<sup>2</sup> If the subject of the check refuses to be fingerprinted, excluding the exceptions, do not place the child or remove the child from the home within 5 business days of the name based check.