

IN-HOME SERVICES POLICY, PROTOCOL, AND GUIDANCE

Purpose

The primary goal of opening an Ongoing Case for CPS In-Home Services is to support families to safely maintain their child(ren) in their own home by eliminating identified safety and threat concerns and reducing risk of future child maltreatment. This is achieved through engagement of the family, their support system, and other service providers.

CPS In-Home Services provides interventions and services to families after maltreatment has occurred. CPS In-Home Services are legally mandated and are provided to:

- Address child safety and threat factors and protection;
- Preserve families (maintain child(ren) safely in their home); and
- Prevent further abuse or neglect by strengthening the family's capacity to protect and nurture their children.

CPS In-Home Services:

- Provides the most intensive services and contacts to families with the greatest needs, while those with fewer needs receive fewer intensive services/contacts;
- Delivers services within the context of the family's own community culture;
- Enables county child welfare workers to better identify risks in their work with families;
- Engages children, youth, and families in the planning process while producing better outcomes of safety, permanence, and well-being for children; and
- Encourages families to develop a support network and shows how this support network can assist them in planning for coping with future challenges.

When the court is involved in a case, the court may order the parent or caretaker to participate in services or to complete certain actions on behalf of the child ([N.C.G.S. § 7B-904](#)). If the child cannot be maintained safely in their own home, then the agency may seek juvenile court intervention.

Note: CPS-A refers to the CPS Assessment.

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Policy and Legal Basis

Policy	Legal Basis
<p>CPS In-Home Services are legally mandated for:</p> <ul style="list-style-type: none"> • Families who have had a: <ul style="list-style-type: none"> ○ Substantiation of abuse, neglect, and/or dependency, or ○ Finding of Services Needed; and • Child(ren) remaining in the home: <ul style="list-style-type: none"> ○ While the parents/caretakers have custody, or ○ When the county child welfare services agency has filed a juvenile petition (but not a non-secure custody order) and the child(ren) has not been removed from the home; and • Child(ren) who, in the absence of these services, would be candidate(s) for county child welfare custody. <p>During the delivery of CPS In-Home Services, the county child welfare services agency must provide, arrange for, and coordinate interventions and services that focus on:</p> <ul style="list-style-type: none"> • Child safety and threat factors and protection; • Family preservation; and • The prevention of further abuse or neglect. <p>Ongoing Services through the delivery of CPS In-Home Services begins the date of the CPS-A case decision. After an ongoing case is created, and an In-Home Services county child welfare services worker is assigned all the information from the CPS-A must be reviewed to include:</p> <ul style="list-style-type: none"> • The Decision-Making Tools; 	<p>The director of each county child welfare services agency is required by law to establish protective services for children alleged to be abused, neglected, or dependent.</p> <p><u>N.C.G.S. § 7B-300</u> states: “The director of the department of social services in each county of the State shall establish protective services for juveniles alleged to be abused, neglected, or dependent. Protective services shall include the screening of reports, the performance of an assessment using either a Family Assessment response or an Investigative Assessment response, casework, or other counseling services to parents, guardians, or other caretakers as provided by the director to help the parents, guardians, or other caretakers and the court to prevent abuse or neglect, to improve the quality of child care, to be more adequate parents, guardians, or caretakers, and to preserve and stabilize family life.”</p> <p><u>10A NCAC 70A .0107 (d)</u> When Abuse, Neglect or Dependency is Found states: “In all cases in which abuse, neglect, or dependency is found, the county director shall determine whether protective services are needed and, if so, shall develop, implement, and oversee an intervention plan to ensure that there is adequate care for the victim child or children. The case plan shall:</p> <ol style="list-style-type: none"> (1) be based on the findings of the structured decision-making assessments; (2) contain goals representing the desired outcome toward which all case activities shall be directed; (3) contain objectives that: <ol style="list-style-type: none"> (A) describe specific desired outcomes; (B) are measurable; (C) identify necessary behavior changes; (D) are based on an assessment of the specific needs of the child or children and family;

Policy and Legal Basis

Policy	Legal Basis
<ul style="list-style-type: none"> • Any supporting information gathered during the assessment; and • The CPS-Assessment documentation. 	<p>(E) are time-limited; and (F) are mutually accepted by the county director and the client.</p> <p>(4) specify all the activities needed to achieve each stated objective; (5) have stated consequences that will result from either successfully following the plan or not meeting the goals and objectives specified in the plan; and (6) shall include petitioning for the removal of the child or children from the home and placing the child or children in appropriate care when protection cannot be initiated or continued in the child's or children's own home.”</p>

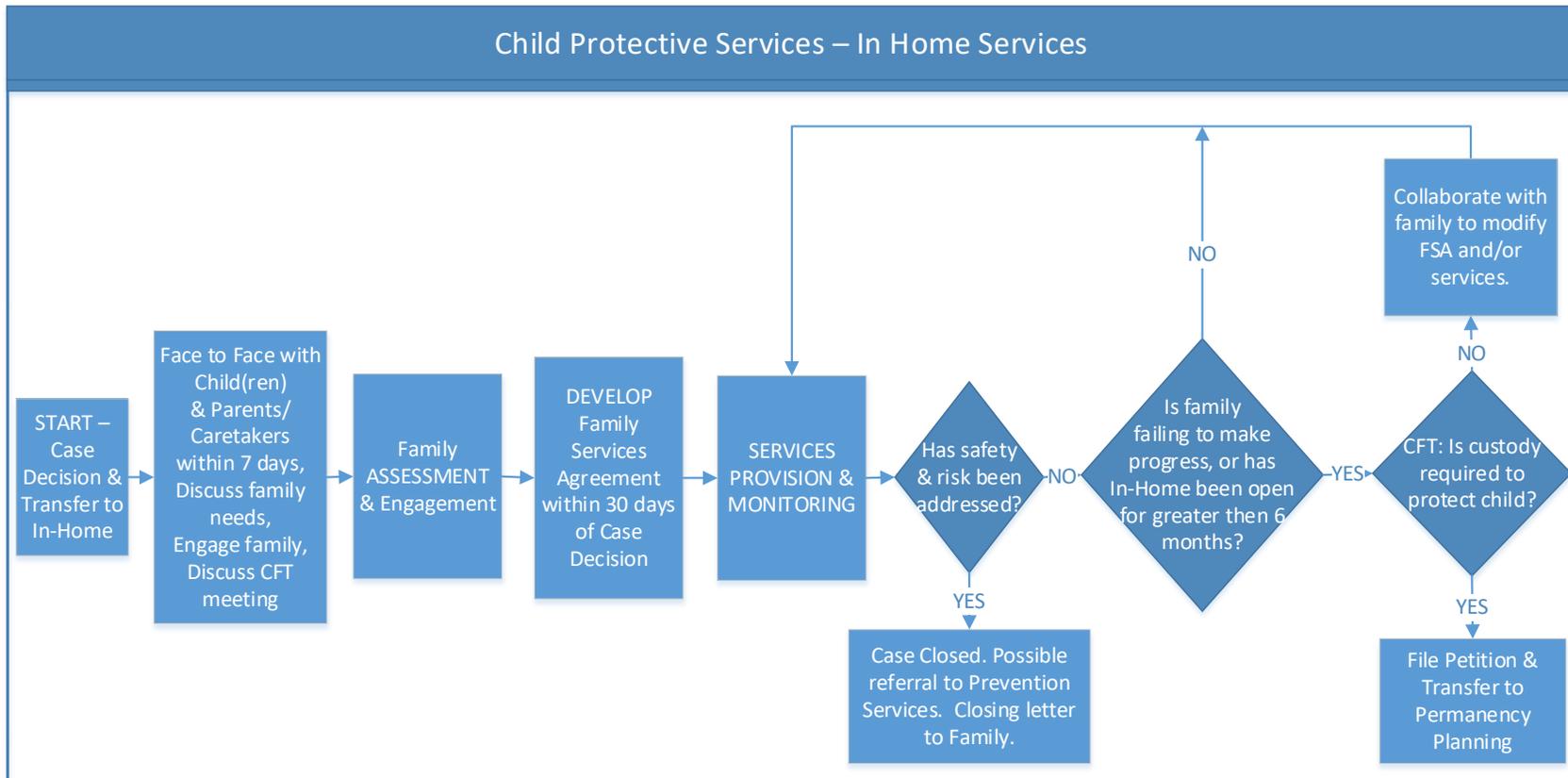
Required Timeframes

<ul style="list-style-type: none"> • Date of Case Decision 	<ul style="list-style-type: none"> • An ongoing case is opened, and the In-Home Services case begins
<ul style="list-style-type: none"> • Within 7 days of case decision 	<ul style="list-style-type: none"> • Face-to-face contact with family
<ul style="list-style-type: none"> • Within 30 days of case decision 	<ul style="list-style-type: none"> • Development of Family Services Agreement and integration of TPSA, if applicable
<ul style="list-style-type: none"> • Within 4 months of case decision (90 days after development of initial Family Services Agreement/CFT) & every 90 days thereafter 	<ul style="list-style-type: none"> • CFT to review and/or update the Family Services Agreement (including child well-being) • Risk Reassessment • Family Assessment of Strengths and Needs
<ul style="list-style-type: none"> • Within 6 months of development of the Family Services Agreement 	<ul style="list-style-type: none"> • Case review regarding family progress and county child welfare services agency determination about status of In-Home Services case
<ul style="list-style-type: none"> • Frequency of contacts with parent(s), child(ren), home visits, and collaterals 	<ul style="list-style-type: none"> • See <u>Required Contact Section</u> • Monthly attempts to locate absent parent(s), ICWA and Mexican Heritage inquiry
<ul style="list-style-type: none"> • Documentation 	<ul style="list-style-type: none"> • Current within 7 days of any case activity or action
When case involves a SAFETY PROVIDER	
<ul style="list-style-type: none"> • Prior to placement of child with safety provider 	<ul style="list-style-type: none"> • Meet with family to develop a safety plan (hold CFT) • Complete background checks for all household members 16 years or older • Complete Initial Safety Provider Assessment (& approved by supervisor)
<ul style="list-style-type: none"> • Within 30 days 	<ul style="list-style-type: none"> • Complete Comprehensive Provider Assessment (& approved by supervisor) within 30 days of: <ul style="list-style-type: none"> ○ Case decision (if placed during assessment); or ○ Placement of child(ren) with safety provider (if placed during In-Home).
<ul style="list-style-type: none"> • Within 90 days of date when use of Safety Provider initiated 	<ul style="list-style-type: none"> • Case review regarding safety issue and continued need for safety provider, whenever possible at the time of the Family Services Agreement review
<ul style="list-style-type: none"> • Within 6 months of date when use of Safety Provider initiated 	<ul style="list-style-type: none"> • Case review regarding safety issue and continued need for safety provider and/or filing of petition if safety issue has not been resolved, in a CFT meeting

Required Timeframes

If/When a county files a petition for custody	
<ul style="list-style-type: none"> • Prior to filing petition 	<ul style="list-style-type: none"> • Hold a CFT. See “File a Petition” and “Preparing Parents and Child(ren)” in Cross Function Topics in the NC Child Welfare manual.
<ul style="list-style-type: none"> • Prior to placing child(ren) out of the home 	<ul style="list-style-type: none"> • Locate placement in child(ren)’s best interest. Consider relatives/kin for placement (complete Initial Provider Assessment), ICWA considerations, Mexican Heritage inquiry, address educational stability (Best Interest Determination)
<ul style="list-style-type: none"> • At time of child(ren) placement 	<ul style="list-style-type: none"> • Provide to placement provider non-secure custody order, all available child information & county child welfare services agency contact information
<ul style="list-style-type: none"> • Within 7 days after the day of placement 	<ul style="list-style-type: none"> • Face-to-face visit with child(ren) and at least one placement provider. This contact is in addition to any contact or interaction with the child(ren) on the day of placement.
<ul style="list-style-type: none"> • Within 7 calendar days of custody 	<ul style="list-style-type: none"> • Child(ren) medical exam occurs (Child Health Status completed) & Educational Stability addressed (Child Educational Status or Best Interest Determination form completed) including BID meeting (within 5 school days) prior to any school change • Visitation of child(ren) with parent(s) and siblings,
<ul style="list-style-type: none"> • Within 14 calendar days of custody 	<ul style="list-style-type: none"> • Family Time and Contact Plan developed jointly with parent(s), Family Time and Contact Plan developed for sibling visits, Shared Parenting Meeting
Case Closure	
<ul style="list-style-type: none"> • Within 30 days prior to case closure 	<ul style="list-style-type: none"> • Risk Reassessment & Family Assessment of Strengths and Needs • Contact with collateral contacts regarding closure
<ul style="list-style-type: none"> • Within 14 days prior to case closure 	<ul style="list-style-type: none"> • Face-to-face contact with family to confirm safety and risk level in home, confirm family’s capacity to maintain child safety, & communicate with the family about closure
<ul style="list-style-type: none"> • Within 7 days after case closure 	<ul style="list-style-type: none"> • Closing letter to family & Complete all documentation, closing forms, and case file

Required Timeframes



ASSESSMENT which:

- Builds upon the information obtained during the CPS Assessment,
- Assesses the concerns behind the presenting safety or risk issue,
- Expands on the family's and family member's strengths,
- Assesses any history of trauma,
- Increases knowledge regarding family's and family member's well-being needs (parents & children), and
- Engages family in the process, including preparation for the CFT meeting.

DEVELOP the FSA which:

- Identifies and builds upon the family's strengths,
- Identifies the behaviors and/or conditions that put the child at risk of harm,
- Describes the desired behavior and/or condition, expected changes and what it will look like when the plan has been accomplished,
- Addresses child well-being needs,
- Identifies services to address child well-being needs,
- Establishes responsibility for the identified tasks, and
- Establishes a timeframe.

SERVICES PROVISION & MONITORING, to include:

- Ongoing monitoring of safety, risk of maltreatment and well-being,
- Ongoing contact with child(ren and parents/ caretakers (frequency determined by risk),
- Home visits, school visits, etc.,
- Refer for or Provide services to address identified needs,
- Contacts with service providers and extended family members as needed,
- Staffing with supervisor, and
- CFTs quarterly or more frequently if needed.

Assessing Safety and Risk of Maltreatment

Protocol - What you must do	Guidance – How you should do it
<p>Once the CPS-A recommendation is for the case to be transferred, an Ongoing case for In-Home Services is opened. During In-Home Services the county child welfare services agency must monitor and assess child(ren)’s safety and risk which includes, but is not limited to:</p> <ul style="list-style-type: none"> • Ongoing contacts that: <ul style="list-style-type: none"> ○ Include an interview with every child that is older than an infant ○ Be alone for at least part of the visit, ○ With all family members that live in the home; and ○ Contact collaterals at the frequency required; • Engagement with each family member that includes an assessment of the family and family member’s strengths and needs. See “Parent Engagement and Needs Assessment” in Cross Function Topics in the NC Child Welfare manual); • Use of the Family Assessment of Strengths and Needs and the Risk Assessment and Risk Reassessment; • Case staffing between the assigned child welfare worker and supervisor; • Use of CFT, Family Services Agreement and safety planning to address safety and risk; and • Documentation of all the above. <p>SAFETY</p> <p>The county child welfare services agency must make efforts to protect the child in their own home and to prevent placement. When a child’s safety in the child’s own home cannot be assured, the county child welfare services agency must:</p> <ul style="list-style-type: none"> • Develop the IH-FSA with the family to address safety and/or risk, which may include use of a temporary parental safety agreement (TPSA) see Cross Function: Temporary Safety Providers; or • File a petition for non-secure custody. 	<p>CPS In-Home Services involves arranging for and providing services to help the family mitigate the risk of future maltreatment. CPS In-Home Services include activities such as:</p> <ul style="list-style-type: none"> • Monitoring, expanding and updating the In-Home Outcome Plan Family Services Agreement (IH-FSA); • Routine case supervisory activities; • Maintenance of contact with the family and others significant to the case; • Working with the parents on the status of the IH-FSA; • Giving information, instruction, guidance and mentoring regarding parenting skills; • Referral or monitoring of services as appropriate, • Continued assessment for out-of-home candidacy; • Documentation of CPS In-Home Services activities <p>Ongoing contact and interview with every child alone can be considered met if the interview is conducted in a way that is sensitive to the child’s needs but allows the county child welfare worker to determine the safety and well-being of the child (OSRI: Item 14B).</p> <p>On-going In-Home Services begin the date of the CPS-Assessment case decision. However, the county child welfare services agency has the authority to determine what worker provides these services, to include how and when the case transfers from an assessment worker to an In-Home worker.</p>

Assessing Safety and Risk of Maltreatment

Protocol - What you must do	Guidance – How you should do it
	<p>from motivational interviewing and strengths based, solution focused interventions.</p> <p>CHRONIC NEGLECT/ RE-OCCURRENCE OF MALTREATMENT Although families are receiving services, there are times when families continue to have incidents of maltreatment. This cycle may happen several times leading to a description of the incidents or choices the family makes as being chronic, or a frequent occurrence of maltreatment. Item 3 of the OSRI tool speaks to the identification of chronic occurrences of maltreatment.</p> <p>One of the underlying beliefs of the family-centered approach continues to be that the safety of the child is the first concern. Family members should be encouraged to address and share concerns regarding the recurring neglect. The county child welfare worker should explain that the primary goal is to maintain the child safely in the home of the caretaker, but if the child’s safety is compromised the agency will take steps to ensure the safety of the child. This may include filing a petition.</p>
<p><u>NORTH CAROLINA FAMILY RISK REASSESSMENT</u></p> <p>The Family Risk Reassessment (DSS-5226) must be completed at the following milestones with the family, during CPS In-Home Services:</p> <ul style="list-style-type: none"> • When the IH-FSA is updated (at the 90-day IH-FSA reviews); • When there is a change in circumstance around risk or safety issues. The exception to completion of the Risk Reassessment would be when the change of circumstances results in a new CPS Intake report and CPS-A. Under these circumstances the CPS-A Risk Assessment must be completed and applied to the In-Home Services case; and 	<p>The purpose of the Family Risk Reassessment is to indicate a change in the risk level achieved due to progress on the IH-FSA; therefore, completion of the Risk Reassessment at the time that the IH-FSA is developed is not appropriate.</p>

Assessing Safety and Risk of Maltreatment

Protocol - What you must do	Guidance – How you should do it
<ul style="list-style-type: none"> • Within 30 days prior to case closure. <p>When there are two or more households involved on a case, a separate Risk Reassessment must be completed for each household that has a finding of maltreatment.</p> <p>See In-Home Structured Tools Timeframes Table.</p>	
<p><u>CASE STAFFING / TWO-LEVEL DECISION MAKING / ROLE OF SUPERVISOR</u></p> <p>Two-level decisions for In-Home cases should involve the assigned case worker and that worker’s supervisor. However, there may be circumstances that require another county child welfare worker or another supervisor or a higher-level manager in the agency to participate in the decision making.</p> <p>The case supervisor should staff each in-home case:</p> <ul style="list-style-type: none"> • At least 2 times a month for all cases in the first 3 months, monthly thereafter • High-risk cases at least 2 times a month • Whenever there is a change that impacts safety and risk <p>The case supervisor should review, and set milestones in NC FAST, for every CPS In-Home case file at least quarterly and within two weeks of case closure.</p>	<p><u>CASE STAFFING/SUPERVISION</u></p> <p>Case staffing can occur in various forms. The focus of case staffing is to ensure that the child welfare worker follows NC CW policy, addresses family needs, and monitors risk, safety, and family progress. Supervision provides coaching and support to the county child welfare worker. Achieving these goals may be accomplished through an office meeting but could also occur when a supervisor attends a home visit or other family meeting with a county child welfare worker.</p>
<p><u>TERMINATION OF IN-HOME SERVICES</u></p> <p>The agency must terminate CPS In-Home Services when:</p> <ul style="list-style-type: none"> • Parents/caretakers are willing to provide a safe home and demonstrate their ability to do so; or • The agency receives legal custody and/or placement responsibility (filing a petition) and the case is transferred to out-of-home Permanency Planning Services. 	<p><u>TERMINATION OF IN-HOME SERVICES CASE</u></p> <p>When reviewing the safety and risk present, the agency case summary should document:</p> <ul style="list-style-type: none"> • Changes in behavior by the parents/caretakers related to the Needs on the IH-FSA. Although all the activities may not have been completed, the parents/caretakers should be able to demonstrate change for each of the identified Needs and • The reduction in risk to the child(ren). Documentation

Assessing Safety and Risk of Maltreatment

Protocol - What you must do	Guidance – How you should do it
<p>Once parents/caretakers demonstrate the ability to provide a safe home and the risk has been adequately reduced, CPS In-Home Services must be closed even if all activities on the IH-FSA have not been completed.</p> <p>When the risk level for an In-Home case is low, the child(ren) is no longer a candidate for entering county child welfare custody. The county child welfare services agency must close an In-Home case with low risk when the Risk Reassessment has been completed, scored low risk, and:</p> <ul style="list-style-type: none"> • Staffed with and approved by a county child welfare supervisor (or another manager); and • There are no circumstances that would justify an override to Moderate risk. <p>Any circumstances that justifies an override of the risk level must be documented.</p> <p>Refer to In-Home Services Documentation for closing documentation requirements.</p> <p>CPS In-Home Services cannot be closed if the safety issues that lead to parents voluntarily placing their children with a TSP have not been adequately resolved.</p>	<p>should describe what factors in the home will provide safety or a reduction in risk for the child(ren)</p> <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> • The reason the county child welfare services agency received legal custody and placement responsibility for the child(ren). <p>TERMINATION OF IN-HOME SERVICES CASES INVOLVING DOMESTIC VIOLENCE</p> <p>When deciding if a case involving domestic violence can be closed, the following factors should be considered:</p> <ul style="list-style-type: none"> • The frequency and/or severity of domestic violence incidents; • The children and non-offending parent/adult victim feel relatively safe in their home;

Assessing Safety and Risk of Maltreatment

Protocol - What you must do	Guidance – How you should do it
	<ul style="list-style-type: none"> • A plan ensuring the child’s safety has been developed with the family and the family has demonstrated the capacity and willingness to implement the plan; • The perpetrator of domestic violence has completed treatment and demonstrated change; and • The degree to which the risk of domestic violence and child maltreatment has been lessened to the children and non-offending parent/adult victim. <p>When making any decisions on a domestic violence related child welfare case, it is important to realize that despite the county child welfare worker’s conscientious efforts towards safety planning, education, and referral services, some non-offending parents/adult victims will not be ready or able to escape from the abuser and may return to their violent relationships. It is also important to realize that leaving an abusive relationship does not necessarily equal safety of the child(ren) or the non-offending parent/adult victim. County child welfare services agency efforts cannot ensure that the violence will not reoccur.</p>

Required Contacts for In-Home Services

Protocol - What you must do	Guidance – How you should do it
<p><u>QUALITY OF CONTACTS</u></p> <p>A quality contact is one that is sufficient to ensure the safety, permanency and well-being of the child(ren). The contact must include:</p> <ul style="list-style-type: none"> • An assessment of child safety and risk of maltreatment; • An assessment of the family’s overall progress in addressing the safety threats and needs identified by the IH-FSA; and • An individual contact with each child. The contact with children that are older than an infant, must be at least in part, alone from the parent/caretaker. 	<p><u>QUALITY OF CONTACTS</u></p> <p>The assessment of safety and risk are accomplished through face-to-face interviews and the:</p> <ul style="list-style-type: none"> • Observation of each person, their behavior, and the environment, especially related to safety, risk and/or well-being; and • Observation of the interactions between family members.

Required Contacts for In-Home Services

Protocol - What you must do	Guidance – How you should do it
<p><u>PARENT ENGAGEMENT</u></p> <p>Throughout In-Home Services, the county child welfare worker must engage all parents of a child. All parents, whether the parent(s) live in the home with the child, must be engaged during In-Home Services. Engagement includes:</p> <ul style="list-style-type: none"> • Ongoing contacts; • Participation in development and review of the IH-FSA; • Assessment and monitoring of needs (See “Parent Engagement & Needs Assessment” in Cross Function Topics in the <u>NC Child Welfare manual</u>); • Provision of services to address identified risks and needs; • Assessment of progress in addressing identified safety, risks and needs; • Completion of Risk Reassessment and Family Assessment of Strengths and Needs; • Determination of ability to safely parent their child; • Diligent efforts to complete engagement of both parents; and • Documentation of this work. <p>When a child is in the custody or guardianship of someone other than the parent, identification, contact, and engagement of that parent must occur. Only when parental rights have been terminated, there is a court order that specifies no contact, or a safety issue is identified, should attempts to locate or contact the parent not occur. For specific requirements, refer to all protocol regarding non-resident parents. Staff and document all decisions.</p> <p><u>Domestic Violence</u></p> <p>At no time is the non-offending parent/adult victim to be placed in danger by being interviewed or meeting with the perpetrator of violence against them. The children will also not be interviewed with or required to be in the presence of the violent adult.</p> <p>If a direct threat is heard by the county child welfare worker, they must take immediate steps to protect themselves, the children and/or non-offending parent/adult victim.</p>	

Required Contacts for In-Home Services

Protocol - What you must do	Guidance – How you should do it
<p><u>INITIAL FAMILY/CHILD CONTACT</u></p> <p>Within seven days of case decision (Substantiation or a finding of Services Needed for any report of maltreatment, face-to-face contact with the family by a county child welfare worker must occur (the only exception is for cases that are substantiated and closed). This contact:</p> <ul style="list-style-type: none"> • Begins the transition from the CPS Assessment to CPS In-Home Services; • Informs the parent(s) or caretaker(s) of the reason and purpose for In-Home Services; • Must include a review of the Continuing Needs and Safety Requirements, (<u>DSS-5010a</u>). This page must be signed by the parent/custodian to ensure the parents understand the agency’s concerns and the actions the agency believes will address those concerns and states requirements to maintain the child(s) safety (including use, if necessary, of a Temporary Safety Provider). If the parent refuses to sign and verbally refuses to agree to its provisions, the agency must ensure that the child is safe whether the child is in their own home or in another type of arrangement. A copy must be provided to the family; and • Includes discussion about the development of the IH-FSA within 30 days of the case decision. <p>Documentation must include the diligent efforts made and/or rationale for the delay if this 7-day contact does not occur.</p>	<p><u>INITIAL FAMILY/CHILD CONTACT</u></p> <p>The initial 7-day face-to-face contact with the family should be completed by the In-Home Services county child welfare worker and should also include the CPS Assessment worker.</p> <p>The 7-day contact should occur in the family home and include all members of the family.</p> <p>It is expected that the parent or caretaker sign the Ongoing Needs and Safety Requirements DSS-5010A. If a parent refuses to sign, the county child welfare worker should address the parent’s concerns and stress the need for working together to alleviate risk for the child. The parent may verbally agree even if he or she refuses to sign the agreement. The worker must note the parent has agreed to comply if he or she refuses to sign.</p>

Required Contacts for In-Home Services

Protocol - What you must do	Guidance – How you should do it
<p><u>REQUIRED ONGOING CONTACTS</u></p> <p>Moderate risk cases require minimum contacts for all CPS In-Home Services that includes:</p> <p>Face-to-face contact with victim children:</p> <ul style="list-style-type: none"> • To meet requirements, the contact must be of quality and sufficient to ensure the safety, permanency and well-being of the child. It must also include an individual contact with each child that is older than an infant. This contact must be in part alone from the parent/caretaker; • Must be at least 2 times per month: at least one visit in the first half of the month and the second visit in the second half of the month or at least 15 days apart • Additional visits as needed at intervals to assure the child’s safety • Must include observation of the interaction and relationship between the child(ren) and parent/caretaker at least once a month; and • At least one of the contacts must occur in the home if the child is not with a Temporary Safety Provider. 	<p>It is important to build trust with the child and parent/caretaker. It is also important to see the children in the home to observe the conditions, and to gain a perspective about the level of safety and continuing risk. A home visit provides firsthand knowledge of the home environment and facilitates the observation of family interactions in the everyday setting. Creating a set of milestones will help keep required contacts on track.</p> <p>Assessing the physical home environment should be focused on where the child(ren) sleeps, eats, plays, etc.</p> <p>For information regarding sleep related infant deaths and recommendations to reduce the risk of occurrence, please refer to The American Academy of Pediatrics policy statement at: Updated 2016 Recommendations for a Safe Infant Sleeping Environment</p> <p><u>Non-Victim Children</u></p> <p>Examples of a non-victim child living in the home could be, but are not limited to:</p> <ul style="list-style-type: none"> • A child born to the family during In-Home services with no finding of substantiation or Services Needed; • A child that moved into the home after the In-Home Services case opened and after the abuse or neglect occurred; and • A circumstance with a case decision to substantiate, but not for every child in the home.

Required Contacts for In-Home Services

Protocol - What you must do	Guidance – How you should do it
<p>Face-to-face contact with parents/primary caretaker:</p> <ul style="list-style-type: none"> • Must be at least 2 times per month: at least one visit in the first half of the month and the second visit in the second half of the month or at least 15 days apart • Must emphasize the behavior change identified as a need in the IH-FSA <p>Face-to-face contact with other household members:</p> <ul style="list-style-type: none"> • Includes all other children in the home; and • Must occur at least once a month. <p>Contact with non-resident parents:</p> <ul style="list-style-type: none"> • Attempts to identify or locate a parent must occur monthly; • Contact must occur at least monthly with a non-resident parent who has been located but was not responsible or associated with the safety or risk of harm to the child. The frequency and type of contact must be determined in a case staffing. 	<p>Child Placed with a Temporary Safety Provider</p> <p>When a child is placed in the home of a TSP, that provider should be seen, along with the child at the required frequency for the child and caretaker. In High risk cases, where the child is placed with a TSP, the frequency of contacts can be reduced. However face-to-face contact with any non-victim child(ren) and any other household members at least once a month, should be applied to all members of the household of the Temporary Safety Provider.</p> <p><u>Non-Resident Parent</u></p> <p>To limit the non-resident parent’s interactions, a parent or caretaker may report that the non-resident parent has not been involved with the child. This may provide a good opportunity to discuss the parents’ relationship with each other, obtain information about the non-resident parent’s last contact with the child and what the quality of the contacts has been. The child may also be able to report on their own relationship with the non-resident parent, and quality of their contacts.</p> <p>Also, discuss with the non-resident parent their level of involvement with the child and discuss if relatives may be a resource in supporting the child. If the non-resident parent or the family is not involved in the child’s life, it may be beneficial to ask what it would take for them to become involved.</p>

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Protocol - What you must do	Guidance – How you should do it
<p>Contacts with collaterals:</p> <ul style="list-style-type: none"> • Must occur at least twice a month. 	<p>See “Parent Engagement & Needs Assessment” in Cross Function Topics in the NC Child Welfare manual for additional guidance regarding parent involvement, including absent and/or non-resident parents.</p> <p>When contact with the non-resident parent involves risk of harm to the child or to the residential parent, the county child welfare services agency should be thoughtful and consider the risk and safety. Refer to “Domestic Violence” in Cross Function Topics in the NC Child Welfare manual for the definition and for other considerations.</p> <p>Collateral contacts should be people with significant knowledge of the family and their ability to provide a safe home for their children such as; mental health therapists or case managers, school staff, child care staff, Work First workers, or other professionals working with the family.</p> <p>Service collaboration is a vital part of providing comprehensive, family-centered services to families. The focus of service collaboration between agencies is a comprehensive, coordinated community response to address child safety and risk. This may be extremely valuable on cases that involve domestic violence.</p> <p>Collateral contacts should vary monthly depending on what is going on in the case.</p>

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Protocol - What you must do	Guidance – How you should do it
<p>When the risk is HIGH, there are additional required contacts:</p> <p>Face-to-face contact with victim children:</p> <ul style="list-style-type: none"> • Must occur at least once a week; and • At least two of the contacts must occur in the home if the child is not with a Temporary Safety Provider. • Include an observation of the relationship and interaction between the parent/caretaker once a month <p>Face-to-face contact with parent(s)/caretaker(s):</p> <ul style="list-style-type: none"> • Must occur at least once a week. <p>Face-to-face contact with other household members:</p> <ul style="list-style-type: none"> • Includes all other children in the home; and • Must occur at least twice a month. <p>Documentation must include the diligent efforts made and/or rationale for contacts not completed at the frequency specified above.</p> <p>See Table of In-Home Services Required Contacts</p> <p>REDUCTION OF FREQUENCY OF CONTACTS</p> <p>Contacts frequency must continue until:</p> <ul style="list-style-type: none"> • The risk level in the home is reduced: or • The case is staffed for a reduction of contacts and the reason for that reduction is documented. <p>The option to reduce the number of required monthly contacts, on a moderate risk case, must only occur with the supervisor and child welfare worker discussing the rationale, and must:</p>	

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Protocol - What you must do	Guidance – How you should do it
<ul style="list-style-type: none"> • Occur after a discussion with the family and collaterals • There is a clear reduction in risk • Be based on the family’s progress on changing the identified behaviors, and the lessening of safety and risk concerns in the home; and • Be clearly documented. <p>The option to reduce contacts for high risk cases must only occur after a supervisor and child welfare worker discuss the rationale and only occur when:</p> <ul style="list-style-type: none"> • A child is in a safe, stable arrangement with a Temporary Safety Provider. <ul style="list-style-type: none"> ○ The frequency of contacts with the parent(s) or any child not in the Temporary Safety Provider placement must not be reduced; • Intensive Family Preservation Services (IFPS) is in place. Contacts by IFPS must be documented and shared with the In-Home services county child welfare worker. Contact by the In-Home services child welfare worker must be a minimum of twice per month while IFPS is involved. <p>Required contacts must never be reduced to less than once a month because of the on-going need to assess for risk and safety. This includes:</p> <ul style="list-style-type: none"> • face-to-face individual contact with both the victim child(ren) and all parents or primary caretakers in the home in which the child resides; and • observing the interaction and the relationship between the child(ren) and the primary caretaker(s). 	

Required Contacts for In-Home Services

Protocol - What you must do	Guidance – How you should do it
<p><u>HOME VISITS</u></p> <p>At least once per month, the county child welfare worker must assess the physical home environment for safety and risk. However, the county child welfare worker must not enter a home without at least one of the following:</p> <ul style="list-style-type: none"> • The permission of the alleged victim child’s parent or person responsible (adult) for the juvenile’s care; • The reasonable belief that a juvenile is in imminent danger of death or serious physical injury; • The accompaniment of a law enforcement officer who has legal authority to enter the residence; or • An order from a court of competent jurisdiction. <p>However, to assess the safety and risk of the physical home environment where the child lives, the county child welfare worker must work with the parent(s)/caretaker(s) to obtain permission to tour the home.</p> <p>A safe sleeping discussion must take place if an infant resides in the home, at least monthly and document the observation of the sleeping arrangements.</p> <p>If the request to tour the home the physical home environment is denied:</p> <ul style="list-style-type: none"> • The case must be staffed to determine if this tour is necessary to assess safety for the child(ren). If the decision is that a tour is necessary, the county child welfare services agency must consult with their county attorney about filing for obstruction. • Documentation of the refusal must focus on safety and/or risk concerns. 	

Required Contacts for In-Home Services

Protocol - What you must do	Guidance – How you should do it
<p><u>MONTHLY IN-HOME CONTACT RECORD</u></p> <p>The <u>Monthly In-Home Contact Record</u> (DSS-5236) must be completed during monthly face-to-face contacts with children and families. The entire form must be completed every month and can be done over the course of multiple visits.</p> <p>See “Parent Engagement,” “Identifying, Locating and Engaging Extended Family Members,” and “Special Legal Considerations (MEPA, ICWA, Mexican Heritage)” in Cross Function Topics in the <u>NC Child Welfare manual</u>.</p> <p>The <u>Monthly In-Home Contact Record</u> must be reviewed by an agency supervisor.</p>	<p>In NC FAST the ongoing contact case log known as the monthly In-Home contact record ensures that the county child welfare services agency meets federal and state requirements regarding:</p> <ul style="list-style-type: none"> • Absent parents; • Extended family members; • <u>Mexican heritage, and/or ICWA.</u> <p>Also, the use of this form should:</p> <ul style="list-style-type: none"> • Focus discussion and attention on safety, risk, and well-being of children and family; • Facilitate timely documentation of the home visit; • Facilitate follow-up on identified needs; and • Support movement toward the intended objectives on the IH-FSA <p>Participants should be provided the opportunity to sign the Monthly In-Home Contact Record.</p>

Required Contacts for In-Home Services

In-Home Services – Required Contacts Table See protocol for exceptions				
Risk Level	With Children	With Parents/ Caretakers	Non-Resident Parents	Home Visits
Moderate	<ul style="list-style-type: none"> • Face-to-face • Twice a month: <ul style="list-style-type: none"> ○ at least one visit in the first half of the month and second visit in the second half or at least 15 days apart; ○ additional visits as needed at intervals to assure child’s safety • Observation of the relationship and interaction between parent/caretaker once a month 	<ul style="list-style-type: none"> • Face-to-face • Twice a month, at least 15 days apart 	<ul style="list-style-type: none"> • Unassociated with the maltreatment: once a month • Identity unknown: monthly attempts to identify • Absent: attempts to locate must occur once per month 	<ul style="list-style-type: none"> • Once per month
High	<ul style="list-style-type: none"> • Face-to-face • Once a week • Observation of the relationship and interaction between parent/caretaker once a month 	<ul style="list-style-type: none"> • Face-to-face • Once a week 	<ul style="list-style-type: none"> • Same as Moderate Risk 	<ul style="list-style-type: none"> • Twice a month • All other children in the home: once per month
Collateral Contacts: two per month				

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<p>When an allegation is substantiated or found to be Services Needed, and the family is transferred for ongoing services, the agency must:</p> <ul style="list-style-type: none"> • Coordinate, provide for, and arrange interventions and services that focus on child safety and protection, family preservation and the prevention of further abuse or neglect; and • Document diligent efforts to engage and gain participation from the family. <p>The Outcome Plan for the IH-FSA (DSS-5239 and DSS-5239ins) must be developed with the family to provide a basis for providing services to the family with the primary goal of maintaining the child(ren) safely in the home of the parent/caretaker. It must:</p> <ul style="list-style-type: none"> • Be based on the information obtained from the Family Risk Assessment, Family Assessment of Strengths and Needs, Temporary Parental Safety Agreement (TPSA) is applicable, and other assessments regarding the needs of the child(ren) and family; • Incorporate relevant components of the Plan of Safe Care should the family include a substance affected infant; • Be developed jointly with parents or primary caretakers, other persons who are involved in and critical to completion of the agreement, and the child if cognitively and emotionally able to participate; • Include input from each child; • Contain objectives; • Describe the specific behaviors that created safety and/or risk to the children; • Describe specific desired outcomes; • Identify necessary behavior changes; 	<p>The CPS In-Home Services county child welfare worker should achieve a balance between helping families by performing tasks for them and by empowering them to perform the required tasks themselves. The CPS In-Home Services county child welfare worker is an active participant in the identification and implementation of services with the family.</p> <p>Timeframes for reviews are the maximum time allowed between reviews.</p> <p>The initial Family Services Agreement can be developed during a Child and Family Team Meeting (link to CFT policy) or individually with the family. If the birth mother or father are not included in the IH Outcome plan, the name of the caretaker responsible should be used.</p> <p>The Family Services Agreement developed with the family should be the result of formal and informal assessments with the family, as well as, taking into consideration what they see as important to them. Other assessments by the In-Home county child welfare worker or other profession providers should be utilized in the development and/or review of the In-Home Family Services Agreement.</p> <p>In NC FAST the goal for all IHS FSA’s automatically defaults to “Prevent Removal,” with a primary goal and a concurrent goal is also required.</p>

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<ul style="list-style-type: none"> • Identify activities that are measurable, time-limited, that support achievement of each stated objective, and that address all identified safety, risk and/or needs; • Specify how child safety will be maintained and monitored; • Specify the consequences resulting from following the plan successfully or not; • Reflect progress or lack of progress of the family in each of the updates or revisions; • Identify child well-being needs and the services to address those needs; • Clearly state that the child(ren) are at imminent risk of entering county child welfare custody absent specified services (The child is only eligible for IV-E funded CPS In-Home services if agency services are critical to prevent removal from the home); and • Include signatures of: <ul style="list-style-type: none"> ○ the parent/caretaker; ○ the child, if cognitively and emotionally able to participate. If the child participated but did not sign the agreement, the county child welfare worker must include an explanation of why the child did not sign; ○ the county child welfare worker; and ○ the supervisor. <p>The county child welfare services agency must engage or make efforts to engage all parents and caretakers in the process of developing the IH-FSA.</p> <p>When there are two or more households involved on a case, a separate the IH-FSA (DSS-5239) must be developed for each household. Exceptions include:</p> <ul style="list-style-type: none"> • A nonresident parent who has not been identified or located 	<p>Specify what action (consequences) will be taken if the safety and future risk of harm to the child becomes unacceptable such as the filing of a juvenile petition requesting non-secure custody and/or removal of the child from the home.</p> <p>Utilizing the following techniques will support family engagement and improved FSAs:</p> <ul style="list-style-type: none"> • Building on family strengths; • Discussing with the family ways in which they have successfully solved problems previously; • Writing goals and objectives using the families’ own words, acknowledging their culture, and supporting their ownership; • Creating concrete, behaviorally specific goals and objectives tailored to the individual and family needs; and • Tracking progress with the family and celebrating success along the way <p>In NC FAST the identification of the objective is either Mandatory or Voluntary. Mandatory objectives are those that are set by the county child welfare agency and must be closed prior to closing the IH-FSA. Voluntary objectives are those that are set by the family and do not necessarily need to be completed prior to closure. See the IH-FSA (DSS-5239) instructions for more requirements on use of this form.</p> <p>CPS In-Home Services workers should identify extended family members early and assess them for their capacity and willingness to care for the child. Knowing which family members can best meet the child’s needs becomes particularly important if the child must be removed.</p>

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Protocol – What you must do	Guidance – How you should do it
<ul style="list-style-type: none"> A staffing determined that a separate IH-FSA was not required to address the safety and risk. <p>If the plan is for parents to provide care in the same home, one plan is appropriate, unless <u>domestic violence</u> is involved.</p> <p>Input from all family members (parents/caretakers and each child) must be documented in the IH-FSA or justification of why input wasn't included must be documented. If the child participated but did not sign the agreement, the county child welfare worker must include an explanation of why the child did not sign. The parent/caretaker may verbally agree even if he or she refuses to sign the agreement. The county child welfare worker must document that the parent/caretaker has agreed to each need and activity if he or she refuses to sign the agreement. If the parent/caretaker refuses to sign the agreement and verbally refuses to agree to its provisions, the county child welfare services agency has the responsibility to ensure that the child is safe.</p> <p>Copies of the IH-FSA must be provided to all parties that participated in development.</p> <p>For CPS In-Home Services, the IH-FSA:</p> <ul style="list-style-type: none"> Be completed with the family within 30 days of the CPS assessment case decision to Substantiate or a finding of Services Needed; Be updated at least every three months thereafter (to coincide with the Family Assessment of Strengths and Needs and Risk Reassessment updates) or whenever family circumstances warrant a change; Be updated if major changes occur that affect the objectives or activities, or the safety or risk to the child; Include a review of the TPSA and use of Temporary Safety Provider if still in effect regarding ongoing safety threats; Signed by all parties, including supervisor, within above timeframes. 	<p>Meaningful engagement of all family members can be facilitated by following CFT protocol and guidance.</p> <p>If a parent/caretaker refuses to sign the IH-FSA, the county child welfare worker should try to address the parent/caretaker's concerns and stress the need for working together to prevent the need for court involvement.</p> <p>Other signatures may include service providers, community representatives, or family members and friends who have a role with the parent or child and support the plan. These other signatures are optional and not required.</p> <p>Quarterly assessments of the IH-FSA are formal discussions with the parent about the progress being made. However, the IH-FSA should be considered a "living document". Every contact with the parent should include a discussion of the progress on the IH-FSA and a review of any aspect of the TPSA still in effect. The formal assessment should bring few surprises. It is important to document the successes and the items that remain to be accomplished.</p> <p>As the work with the family progresses, changes to the IH-FSA will be necessary. It is important to reiterate with the parent the accomplishments that have been made. This is particularly important if other risk factors have surfaced. Changes to the IH-FSA should be indicated on the Agreement throughout the case during contact with the family. In NC FAST the update to progress on the IH-FSA is defined as: Achieved in Full; No Longer Appropriate; Partially Achieved; Not Achieved. When documenting the progress</p>

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Protocol – What you must do	Guidance – How you should do it
<p>The IH-FSA must indicate the expected end date. If it is not completed within 30 days, documentation must reflect diligent efforts made by the county child welfare services agency or rationale for extra time to develop the plan. If the Agreement is not updated within timeframe, documentation must reflect diligent efforts by the county child welfare services agency to engage the family or rationale for continuing the previous plan.</p>	<p>on a goal, NC FAST asks that the goal be identified as Completed and Attained or Not Accomplished. If Not Accomplished, provide the reason it was not attained. The county child welfare worker will also need to address next steps with the parent at the time of the quarterly review. Of importance are the discussions about how long the county child welfare services agency has been involved with the family, what changes have or have not been made, and what next steps will be needed.</p> <p>If the parent has been intermittently successful or successful only on minor items and the agency continues to have concerns for the child’s safety, see Lack of Progress and Stuck Cases.</p>
<p><u>NORTH CAROLINA FAMILY ASSESSMENT OF STRENGTHS AND NEEDS</u></p> <p>The Identified Needs in the IH-FSA must be based on the completed Family Assessment of Strengths and Needs.</p> <p>The North Carolina Family Assessment of Strengths and Needs (DSS-5229) must be completed with all parent(s) (custodian and non-custodial) and/or caretaker(s) at the following times during a CPS In-Home Services case:</p> <ul style="list-style-type: none"> • At the time of the IH-FSA updates; • When there is a change in circumstance around risk or safety issues; and • Within 30 days prior to case closure. <p>When there are two or more households involved on a case, a separate Family Assessment of Strengths and Needs must be developed for each household. The only exception to this requirement is a nonresident parent who has not been identified or located.</p>	<p>The structured-decision making tools drive the development of the IH-FSA. An exception may occur when strengths or needs are uncovered that were not identified during the CPS-A and should be addressed in the IH-FSA.</p> <p>In NC FAST, the factors identified on the Strengths and Needs Assessment are automatically populated on the IH-FSA, creating a Safety Threat Factor. NC FAST allows for additional factors to be documented. Factors can then be associated with the relevant case participant and child.</p>

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Protocol – What you must do		Guidance – How you should do it	
In-Home Services – Structured Tools Timeframes			
Timeframes	Risk Assessment & Strengths & Needs Assessment		Family Services Agreement
Within 30 days of case decision	<ul style="list-style-type: none"> Review & use of Risk Assessment completed during CPS-A. Review & use of Family Assessment of Strengths & Needs completed during CPS-A unless additional information obtained uncovers needs that impact safety and/or risk. 	&	Development of IH-FSA
Every 90 days thereafter	<ul style="list-style-type: none"> Completion of the Family Assessment of Strengths & Need Completion of Risk Reassessment 	&	Update IH-FSA (may take place in a CFT meeting)
Change in circumstances that impact safety and/or risk	<ul style="list-style-type: none"> Completion of Family Assessment of Strengths & Needs Completion of Risk Reassessment or Risk Assessment. <p>Note: When the change of circumstances results in a new CPS Intake report and CPS Assessment, the CPS Assessment Risk Assessment must be completed and applied to the In-Home Services case, and not the Risk Reassessment.</p>	&	Update IH-FSA (may take place in a CFT meeting)
Within 30 days of case closure	<ul style="list-style-type: none"> Completion of Family Assessment of Strengths & Needs Completion of Risk Reassessment 	&	No requirement. Review of the FSA with the family may be an effective way to discuss case closure.

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<p><u>DOMESTIC VIOLENCE</u></p> <p>Separate IH-FSA must be completed with the non-offending parent/adult victim and the perpetrator of domestic violence.</p> <p>The perpetrator of domestic violence must not have access to the non-offending parent/adult victim’s IH-FSA.</p> <p>IH-FSA in domestic violence cases must focus on:</p> <ul style="list-style-type: none"> ○ Reducing the risk of child maltreatment; and ○ Strengthening parenting ability. <p>By including activities that:</p> <ul style="list-style-type: none"> ○ Foster perpetrators of domestic violence taking responsibility to stop their acts of violence and their own behavioral change; and ○ Enhance the non-offending parent’s/adult victim’s capacity and willingness to protect the children. <p>The capacity and willingness of the non-offending parent/adult victim to take appropriate actions to protect the child are issues that must be assessed and monitored during the provision of CPS In-Home Services.</p> <p>The non-offending parent/adult victim must not be held responsible for the domestic violence perpetrator’s failure to follow through with services.</p>	<p><u>Domestic Violence</u></p> <p>The recommended domestic violence scaled assessment tools (Children’s Domestic Violence Assessment Tool DSS-5237, Non-Offending Parent/Adult Victim DV Assessment Tool, DSS-5235, DV Perpetrator Assessment Tool DSS-5234) should be considered in the ongoing assessment of whether safety and risk factors have been addressed. The Personalized DV Safety Plan, DSS-5233, should be considered for use and updated with the domestic violence victim parent/caretaker.</p> <p>There is not a specific timeframe for when the home environment is considered safe or risk free. Factors to consider in assessing change in behavior include:</p> <ul style="list-style-type: none"> ● Family interaction; ● Criminal behavior; and ● Environment of the home.
<p><u>CHILD WELL-BEING</u></p> <p>Every In-Home Services case must identify and document child well-being within the first thirty days. If not applicable, note why it is not applicable.</p> <p>Every well-being need identified must be addressed on the IH-FSA.</p>	

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<p><u>HUMAN TRAFFICKING</u></p> <p>A child who is sold, traded, or exchanged for sex or labor is an abused and neglected juvenile, regardless of the relationship between the victim and the perpetrator. County child welfare agencies must continue to assess the safety and well-being of children during the provision of In-Home Services, including children suspected or confirmed to be victims of human trafficking.</p> <p>County child welfare agencies must identify and document appropriate services for children who are believed to be or at risk of being victims of human trafficking.</p> <p>County child welfare workers must follow North Carolina child welfare policy and practice on Human Trafficking. For additional see “Human Trafficking” in Cross Function Topics in the NC Child Welfare manual.</p> <p><u>CHILD AND FAMILY TEAM MEETINGS</u></p> <p>County child welfare agencies must use Child and Family Team meetings during In-Home Services:</p> <ul style="list-style-type: none"> • To review the Temporary Parental Safety Agreement (TPSA) • For quarterly reviews of the IH-FSA • To update the Family Services Agreement to address safety or high-risk concerns, including, but not limited to: <ul style="list-style-type: none"> ○ Identification of a new safety threat; ○ High risk “stuck cases”; • When requested by the family; • At critical decision points, to include possible out-of-home placement; • When a child is placed with a TSP and the parent cannot be located and/or there is no parent to make decisions regarding the child; • At six months after development of the In-Home Family Services Agreement: 	<p>There may be times when a child is a victim of human trafficking, but it was not an allegation in the CPS Intake Report and was not discovered during the CPS-A.</p> <p><u>CHILD AND FAMILY TEAM MEETINGS</u></p> <p>Refer to Cross Function Topics in the NC Child Welfare manual for information regarding introduction of the CFT meeting to the family, discussion relating to who should be a member of the CFT, and documentation regarding this process.</p> <p>Both the Assessment & In-Home child welfare worker should participate in the development of the IH-FSA.</p> <p>Use of a neutral facilitator is best practice for all CFT meetings. While a facilitator is not required in moderate risk cases, it remains best practice as there are many benefits to a facilitated meeting.</p> <p>When conducting the Child and Family Team meeting, it is important to allow each participant to discuss their concerns of the recurring</p>

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<ul style="list-style-type: none"> ○ There is a lack of progress as indicated by no activities completed nor any behavioral changes demonstrated that mitigate risk; or ○ The child(ren) in the care of a TSP are unable to return home; ● Prior to and within 30 days of case closure in cases that are repeat recipients of CPS In-Home or received Permanency Planning services to specifically address the plan the family will follow to prevent repeat maltreatment. <p>A facilitator, who is neither the county child welfare worker for the family nor the supervisor of that child welfare worker, must be used in all cases:</p> <ul style="list-style-type: none"> ● With a current high-risk rating; and ● For cases open for six months with a lack of progress and/or use of a TSP. <p>See “Lack of Parent/Legal Custodian” in Cross Function Topics in the NC Child Welfare manual for more information.</p>	<p>neglect, as well as if he or she can support the family in hopes of providing safe care for the child.</p> <p>One of the underlying beliefs of the family-centered approach continues to be that the safety of the child is the first concern. The county child welfare worker should explain that the primary goal is to maintain the child safely in the home of the caretaker, but if the child’s safety is compromised, the agency will take steps to ensure the safety of the child. This may include filing a juvenile petition for custody.</p> <p>If an immediate safety threat is identified, the agency must respond to that threat. See Safety Planning protocol in Cross Function Topics in the NC Child Welfare manual.</p>
<p><u>LACK OF PROGRESS</u></p> <p>The county child welfare services agency must consider filing a juvenile petition when there continues to be safety and risk of harm factors and:</p> <ul style="list-style-type: none"> ● Efforts to engage a family are not successful; or ● A family refuses to follow through with services; or ● A family participates only marginally, receiving virtually no benefits from the process; or ● Families do not make sufficient and timely progress in addressing the issues that led to the child abuse, neglect, and/or dependency; or ● A case has been open for six months with a lack of progress, an ongoing TPSA and/or with children are in the care of a TSP; AND ● The child(ren) continues to be at risk of maltreatment. 	<p><u>LACK OF PROGRESS</u></p> <p>See “Filing a Juvenile Petition” in Cross Function Topics in the NC Child Welfare manual.</p> <p>If there is a lack of progress or behavior change that mitigates safety or risk after three months, there should be a facilitated Child and Family Team meeting to address the behavior change issues, set deadlines for change and to outline the court process.</p> <p>When conducting the Child and Family Team meeting, it is important to allow each participant to discuss their concerns of the recurring neglect, as well as if they can support the family in hopes of providing safe care for the child. When discussing issues of behavior</p>

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<p>Evaluation of safety and risk must include consideration of cultural practices that meet the safety needs of the child.</p>	<p>change, it is important to discuss the behaviors of the parent/caretaker that are continuing to create risk. Safety and on-going maltreatment concerns must be addressed. Consequences of a lack of behavior change should also be clearly stated so that the alternative process is outlined. The CFT meeting is an opportunity to bring the family, along with both formal and informal supports, to the table to plan to keep the child safe, in their community, without court intervention.</p> <p>At times, despite an agency’s best efforts to engage the family and coordinate the necessary remedial services during the provision of CPS In-Home Services, families may not make sufficient and timely progress in addressing the issues that led to the maltreatment. In these cases, the agency should consider the impact of filing a petition alleging that the child is abused, neglected, and/or dependent as well as the risk to the child(ren) if CPS services were no longer provided.</p>
	<p><u>STUCK CASES</u></p> <p>See “Filing a Juvenile Petition” in Cross Function Topics in the <u>NC Child Welfare manual</u>.</p> <p>Stuck cases are defined as situations where the risk of maltreatment remains moderate and the family is not making progress or simply not cooperating. If there are no high-risk issues present, the following actions should occur:</p> <ul style="list-style-type: none"> • Discussion between the county child welfare worker and supervisor; • With the assessment tools as a guide, evaluate:

Review of Services/Family Services Agreements

Protocol – What you must do	Guidance – How you should do it
	<ol style="list-style-type: none"> 1. Safety - Have other reports been received, assessed, and found to be substantiated or “Services Needed”? What are the current safety issues? 2. Future Risk- Using the Risk Reassessment, what is the risk, and how does risk affect the children now and since working with them? 3. Family Strengths/Needs- Using the Family Assessment of Strengths and Needs, what identified family issues remain unaddressed? <ul style="list-style-type: none"> • Use the CFT meeting to determine possible resolutions to bring down the risk and allow the family to achieve its objectives; • If safety and risk issues remain, file a juvenile petition; • After discussion of the issues, it is decided to close the case at moderate risk documentation should reflect that: there are no safety concerns in the parent’s home; all the services offered to the family; as well as the response and any progress made. A letter should be sent to the family notifying them of the closure decision indicating that the lack of progress will be considered if future maltreatment allegations arise.

Review of Services/Family Services Agreements

Protocol – What you must do	Guidance – How you should do it
<p><u>ICWA/MEXICAN HERITAGE</u></p> <p><u>Indian Child Welfare Act of 1978 (ICWA)</u> All cases substantiated or found to be Services Needed and transferred for ongoing services must indicate there was an inquiry about a parent/caretaker’s American Indian ancestry. See “Special Legal Considerations (MEPA, ICWA, Mexican Heritage)” in Cross Function Topics in the <u>NC Child Welfare manual</u> for protocol and guidance if American Indian ancestry is identified.</p> <p>If an American Indian child is the identified victim child, it remains the responsibility of the county child welfare services agency to provide CPS In-Home Services, if applicable.</p> <p><u>Mexican Heritage</u> All cases substantiated or found to be Services Needed and transferred for ongoing services must indicate there was an inquiry about a child’s Mexican heritage. For more information, see “Special Legal Considerations (MEPA, ICWA, Mexican Heritage)” in Cross Function Topics in the <u>NC Child Welfare manual</u>.</p>	

Documentation

Protocol -What you must do	Guidance – How you should do it
<p>Documentation of CPS In-Home Services must (for additional guidance see “Documentation” Cross Function Topics in the <u>NC Child Welfare manual</u>):</p> <ul style="list-style-type: none"> • Describe actions taken, to include but not limited to: <ul style="list-style-type: none"> ○ Home visits, school visits, and any other family member contact; ○ Collateral contacts with extended family, services providers, etc.; ○ Meetings and decisions made; ○ Observations regarding family interaction and relationships, engagement in services and parent and child behaviors; and ○ Services or interventions provided, arranged for or coordinated; • Describe all diligent efforts to make appropriate contacts, if not achieved; • Support the need for continuing agency involvement; • Describe the family’s progress or barriers toward case goals (through use of IH-FSA); • Include supervisor/child welfare worker and group/unit case conferences, including any two-level decisions made; • Provide justification for any missed policy or protocol requirements (missed timeframes, etc.); • Discuss ongoing safety and/or risk of maltreatment, including the risk level (through use of Risk Reassessment); • Document any new allegations and actions taken; • Discuss well-being needs of the child(ren); • Any other efforts by the county child welfare services agency to achieve child safety and protection, family preservation, and prevention of future abuse, neglect, and/or dependency; and • Be maintained in the case record and be prompt and current within seven days of any case activity or action. <p>The following information must be included for each documentation entry regarding a contact or attempted contact:</p> <ul style="list-style-type: none"> • Date of each contact and name of each person contacted; • Purpose of the contact; • Significant family/child/parent issues; • Type of contact (phone, face-to-face, home visit, etc.) and location for all face-to-face contacts; • Individual interview with each child present; • Observations regarding each person and the environment for face-to-face contacts; and/or 	

Documentation

Protocol -What you must do	Guidance – How you should do it
<ul style="list-style-type: none"> Diligent efforts to make a contact and date of the efforts, what were efforts to make this contact (phone call, home visit but no one home, etc.). 	
<p>Protocol -What you must do</p>	
<p>In-Home Services closing documentation must:</p> <ul style="list-style-type: none"> Support the rationale for case closure; Reflect either that the parents or caretakers are willing to provide a safe home and demonstrate their ability to do so, or the agency obtained legal custody or placement responsibility (see next paragraph for additional documentation requirements); Indicate that the decision was a shared decision made by the county child welfare worker and the CPS supervisor or supervisor’s designee; and Include notification to the family in writing that the case is closed within seven days of the agency’s decision to close the case. <p>When a child(ren) must be removed from the home (see “Filing a Juvenile Petition” in Cross Function Topics in the NC Child Welfare manual), the case record must document that the county child welfare services agency completed the following:</p> <ul style="list-style-type: none"> Efforts were made to protect the child in their own home and to prevent out-of-home placement; Relatives were assessed for willingness and ability to care for the child(ren) and whether such placement would be in the child’s best interests; Compliance with the following requirements occurred when temporary/emergency custody is initiated: <ul style="list-style-type: none"> That the child is at imminent risk of maltreatment if the county child welfare worker first had to obtain a court order; That the child was returned to the parents or persons from whom the child was removed unless a petition or motion for review was filed and an order for secure or non-secure custody was obtained; and That the parents were notified that they could be with the child(ren) while the court determined the need for secure or non-secure custody. The juvenile petition alleges the conditions that required court jurisdiction; The non-secure custody order sanctions a placement other than a licensed provider; that the juvenile petition was filed because the child(ren) was at imminent risk; and that a hearing was held within seven days; and If a child is taken into agency custody because of an adjudication of undisciplined behavior or delinquency, the required language is in the court order or if appropriate language is not included, that the agency filed a motion to have such language included in the court order. <p>Case documentation must include completion of a DSS-5027 (to be processed at the initiation and closure of every In-Home Services case) for every identified victim child.</p> <p>See the “Documentation” in Cross Function Topics in the NC Child Welfare manual for definitions and additional protocol and guidance.</p>	

New Report (Allegations) During In-Home Services

Policy	Legal Basis
<p>Any new allegation and/or incident that meets the statutory definition of abuse, neglect, or dependency received at any time during CPS In-Home Services must be documented in NC FAST and on the DSS-1402 as a new report and screened through Intake, and the agency must conduct a CPS Assessment.</p> <p>See Assessment Policy and Protocol.</p>	<p><u>N.C.G.S. §7B-302</u> Section 106 (b)(2)(A)(xviii) of the Child Abuse Prevention and Treatment Act (CAPTA)</p>

Protocol – What you must do
<p>See Assessments in the <u>NC Child Welfare manual</u> for policy, protocol, and guidance for completing the CPS-A.</p> <p>The report must be assessed independently of the In-Home Services case.</p> <p>If there is an existing Temporary Parental Safety Agreement (TPSA), the outcome of the Safety Assessment for the new CPS-A must include:</p> <ul style="list-style-type: none"> • A modification to the existing TPSA to address any new safety threat identified; • A modification to the existing TPSA if the current TPSA is inadequate to address an existing, ongoing safety threat; • A new TPSA that incorporates the actions from the existing TPSA; or • No change to existing TPSA. The current TPSA must continue if: <ul style="list-style-type: none"> ○ There are no additional safety threats associated with the new report. ○ The existing TPSA addresses all safety threats identified. <p>If the outcome of the new Safety Assessment is that there are no safety threats and that the existing TPSA is no longer required, before terminating the TPSA, the county child welfare services agency must:</p> <ul style="list-style-type: none"> • Hold a CFT; and • Modify the IH-FSA. <p>CASE DECISIONS FOR INVESTIGATIVE ASSESSMENTS (open CPS In-Home cases)</p> <p>If it is determined that the new allegations are true:</p> <ul style="list-style-type: none"> • The finding must be to Substantiate; • The county child welfare worker must notify the family of the decision; and

New Report (Allegations) During In-Home Services

Protocol – What you must do

- The identified safety and risk factors must be incorporated into the existing IH-FSA ([DSS-5239](#)).

If it is determined that the allegations are not true and there are no safety or risk factors:

- The agency's case decision must be to Unsubstantiate; and
- The county child welfare worker must notify the family of the decision not to substantiate the new allegations but explain that the ongoing CPS In-Home Services would continue based on the original allegations until successful completion of the IH-FSA.

CPS ASSESSMENT CASE DECISIONS FOR FAMILY ASSESSMENTS (open cps in-home cases)

If it is determined that the new allegations require CPS In-Home Services:

- The agency's case decision must be Services Needed;
- The county child welfare worker must notify the family of the decision; and
- The identified safety and risk factors must be incorporated into the existing IH-FSA ([DSS-5239](#)).

If the only needs that are identified are those that were uncovered during the previous assessment and none related to the new maltreatment of the child:

- The case decision must be Services Not Recommended;
- There must be concise documentation in the record stating that the risk and safety factors related to the original assessment continue and services must continue to reduce the original risk level through the provision of CPS In-Home Services; and
- The county child welfare worker must notify the family of the decision of Services Not Recommended regarding the new allegations but explain that the ongoing CPS In-Home Services would continue based on the original allegations until successful completion of the IH-FSA.

BIRTH OF CHILD ON OPEN IN-HOME SERVICES CASE

Whenever a child is born in a family open for In-Home Services, a new report must be generated in NC FAST or documented on the structured intake tool (DSS-1402) and referred to Intake for screening.

Transfer of In-Home Services to Another County

Policy	
<p>When the family relocates to another county in the state, the agency must request the new county of residence accept the In-Home Services case and provide CPS In-Home Services to the family.</p>	
Protocol – What you must do	Guidance – How you should do it
<p>When a county learns that a family has relocated, and the county has the new address for the family:</p> <ul style="list-style-type: none"> • The original county must notify the new county within 24 hours for high risk or 48 hours for moderate risk cases; • The new county of residence must confirm the family’s address within 72 hours; • The original county must share its entire case record with the new county within seven business days; and • The new county of residence is responsible for the provision of CPS In-Home Services as soon as the agency is aware that the family has moved into the county, including responsibility for overall case management and updating the IH-FSA. <p>EXCEPTION DUE TO COURT INVOLVEMENT When there is juvenile court involvement:</p> <ul style="list-style-type: none"> • CPS In-Home Services should not transfer to another county; • If the original county determines that transfer is appropriate due to the circumstances of the case, then prior to the transfer of custody or a change of venue, a hearing must be held giving each involved county the right to appear and plead their position; • Should a county elect not to be present at the change of venue hearing, all rights to argue against the transfer are forfeited; • The county with venue must notify all involved counties of any changes in venue. 	<p>Both counties should discuss whether immediate contact should be made with the family to assure the safety of the child. The child should be seen within 72 hours of the notification to the new county that the family has relocated to their area, unless there is an immediate need for the child and family to be seen,</p>

END OF CPS IN-HOME SERVICES POLICY, PROTOCOL, & GUIDANCE SECTION