

IN-HOME SERVICES POLICY, PROTOCOL, AND GUIDANCE

Purpose

The primary goal of opening an ongoing case for Child Protective Services In-Home Services is to support families in safely maintaining their child(ren) in their own home by eliminating identified **danger indicators** and reducing risk of future child maltreatment. This is achieved through engagement of the family **and strengthening and building of their Safety Network**.

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 **risk of future maltreatment** 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.

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;
- Enables **caseworkers** 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 **Circles of Safety and Support** and support **their Safety Network** in **participating in the** planning for coping with future challenges.

The North Carolina Division of Social Services and local county child welfare agencies are prohibited from discriminating for reasons of race, ethnicity, color, national origin, sex, religion, age, disability, and/or political beliefs. This includes when working with youth, families, parents, caregivers, kinship providers, and licensed foster parents.

Note: CPS-A refers to the CPS Assessment.

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Policy and Legal Basis

Policy	Legal Basis
<p>In-Home Services are appropriate for families:</p> <ul style="list-style-type: none"> • Who have a finding of maltreatment: <ul style="list-style-type: none"> ○ Substantiation of abuse, neglect, and/or dependency, or ○ Child Protective Services Needed; and • Whose children remain at risk of future maltreatment • Whose child(ren) can remain in the home safely with monitoring and service provision by Child Welfare that mitigates the risk of harm. <ul style="list-style-type: none"> ○ This includes when the local county child welfare agency has filed a juvenile petition without a non-secure custody order and the child(ren) remains in the home. <p>In-Home Services are not appropriate for families:</p> <ul style="list-style-type: none"> • When a child has been maltreated and there are no adequate safety interventions that can be put in place to ensure the child's safety. <p>The courts can be engaged through a juvenile petition to order parents to comply with plans that will protect children. This is appropriate only when the child(ren)'s safety is not compromised while waiting for the case to be heard in court. A non-secure petition must be filed for custody when children cannot be safely maintained in the home.</p> <p>Please see Model Court Report in the Permanency Planning Manual for additional information on use of the form when a juvenile petition is filed.</p>	<p>The director of each local county child welfare 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:</p> <p>“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</u> (d) When Abuse, Neglect or Dependency is found:</p> <p>“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 family 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; (E) are time-limited; and

Policy and Legal Basis

Policy	Legal Basis
<p>During the delivery of In-Home Services, the local county child welfare agency must provide, arrange for, and coordinate interventions and services that focus on:</p> <ul style="list-style-type: none"> • Child safety, reduction of risk factors, and protection; • Family preservation; and • The prevention of further abuse or neglect. <p>Ongoing Services through the delivery of In-Home Services begins the date of the CPS-A case decision. After an ongoing case is created, and an In-Home caseworker 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; • Any supporting information gathered during the assessment including a Plan of Safe Care (when applicable); and • The CPS-A documentation. 	<p>(F) are mutually accepted by the county director and the client.</p> <p>(4) specify all the activities needed to achieve each stated objective;</p> <p>(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</p> <p>(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 In-Home Services 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 • Refer to Evidenced Based Prevention Service Policy if a service from NC Title IV-E Evidence-Based Prevention Services Plan is recommended
<ul style="list-style-type: none"> • Within 30 days of case decision 	<ul style="list-style-type: none"> • North Carolina Trauma Screening Tool (DSS-6195a & 6195b-based on child’s age) (if not completed during the Assessment) • Review of NC Safety Assessment • Non-Offending Parent/Adult Victim Domestic Violence Assessment Tool (DSS-5235) and the Domestic Violence Perpetrator Assessment Tool (DSS-5234) (if not completed during the Assessment) • If placed with a Temporary Safety Provider during Assessments, the Comprehensive Provider Assessment (& approved by supervisor) • Development of In-Home Family Case Plan and integration of the Plan of Safe Care (POSC) (DSS-6191), if applicable • Child/Family Team Meeting, if an active Safety Plan is necessary (must include Safety Network members identified in the Safety Plan)
<ul style="list-style-type: none"> • Within 4 months of case decision (90 days after development of initial In-Home Family Case Plan/CFT) & every 90 days thereafter & after the completion of an Evidence-Based Prevention Services 	<ul style="list-style-type: none"> • CFT to review and/or update the In-Home Family Case Plan. This should include a review of the Safety Assessment completed by the Assessment caseworker <u>OR</u> the Progress to Case Closure Guide completed by IH, whichever is most recent, and the resulting Safety Plan. • Progress to Case Closure Guide • Family Strengths and Needs Assessment • Child Strengths and Needs Assessment, if applicable
<ul style="list-style-type: none"> • Within 6 months of development of the In-Home Family Case Plan 	<ul style="list-style-type: none"> • Case review regarding family progress and local county child welfare agency determination about status of In-Home Services case • Progress to Case Closure Guide • Family Strengths and Needs Assessment • Child Strengths and Needs Assessment, if applicable

Required Timeframes

<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 Required Contact Section • Monthly attempts to locate absent parent(s), ICWA and Mexican inquiry
<ul style="list-style-type: none"> • Documentation 	<ul style="list-style-type: none"> • Current within 7 days of any case activity or action
<p>When case involves a TEMPORARY SAFETY PROVIDER</p>	
<ul style="list-style-type: none"> • Prior to placement of child with Temporary Safety Provider (TSP) 	<ul style="list-style-type: none"> • Meet with family and TSP to develop a Safety Plan • CFT to review and/or update the In-Home Family Case Plan. This should include a review of the Safety Assessment completed by the Assessment caseworker OR the Progress to Case Closure Guide completed by IH, whichever is most recent, and the resulting Safety Plan. • Complete background checks for all household members 16 years or older in the TSP household • Complete Initial Provider Assessment_TSP (DSS-6193) (& approved by supervisor)
<ul style="list-style-type: none"> • Within 30 days 	<ul style="list-style-type: none"> • Complete Comprehensive Provider Assessment, if placed during In-Home (& approved by supervisor)
<ul style="list-style-type: none"> • Within 90 days of date when use of TSP initiated 	<ul style="list-style-type: none"> • Documented case review regarding safety issue and continued need for TSP • Legal consult with the local county child welfare agency county attorney • Child/Family Team Meeting to review the In-Home Family Case Plan to include the TSP
<ul style="list-style-type: none"> • Within 6 months of date when use of TSP initiated 	<ul style="list-style-type: none"> • Documented case review regarding safety issue and continued need for TSP and/or filing of petition if safety issue has not been resolved, in a CFT meeting • Legal consult with the local county child welfare agency county attorney
<p>If/When a petition with non-secure custody is filed</p>	
<ul style="list-style-type: none"> • Prior to filing petition 	<ul style="list-style-type: none"> • Review and refer to Evidenced Based Prevention Service Policy if a service from NC Title IV-E Evidence-Based Prevention Services • Hold a Child/Family Team Meeting. 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"> • Carry out diligent efforts to identify and notify adult relatives and other persons with legal custody of a sibling of the juvenile. When it is safe and appropriate the child must be placed with relatives

Required Timeframes

	<ul style="list-style-type: none"> • Locate placement in child(ren)’s best interest. Must consider relatives/kin (including non-relative kin) for placement (complete Initial Provider Assessment_Kinship), ICWA considerations, identify family’s country of origin and if outside of US contact with the NC DHHS Office of Repatriation, 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 placement provider non-secure Verification of Custody Order (DSS-5760), all available child information & local county child welfare agency contact information
<p>Note: After a child is placed in the custody of the local county child welfare agency, all subsequent actions are Permanency Planning functions and can be found in the <u>Permanency Planning manual</u> under Required Timeframes. Each local county child welfare agency can determine who is responsible for the completion of each function.</p>	
<p>Case Closure</p>	
<ul style="list-style-type: none"> • Within 30 days prior to case closure 	<ul style="list-style-type: none"> • Progress to Case Closure Guide & Family Assessment of Strengths and Needs • Documented “safe” Safety Assessment (if not already documented earlier in the case) • Contact with collateral contacts regarding closure • Documented review of IHFCP between In-Home caseworker and SWS
<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 (review of the IHFCP is required regardless of whether a CFT is held)
<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

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 local county child welfare 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 ○ 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 strengths and needs. See “Parent Engagement and Needs Assessment” in Cross Function Topics in the NC Child Welfare manual); • Use of the Family Strengths and Needs Assessment (FSNA) and the Progress to Case Closure Guide (PCCG); • Determine whether the child(ren) is at serious or imminent risk of removal from the home • Case staffing between the assigned In-Home caseworker and supervisor; • Use CFT meetings to: <ul style="list-style-type: none"> ○ Review the Safety Assessment/Safety Plan completed by CPS-A and the Progress to Case Closure Guide/Safety Plan completed by In-Home ○ Update the In-Home Family Case Plan (IHFCP), ensuring that safety and risk are addressed throughout; and • Documentation of all the above. 	<p>CPS In-Home Services involves arranging for and providing services to help the family address safety concerns and mitigate the risk of future maltreatment. CPS In-Home Services include activities such as:</p> <ul style="list-style-type: none"> • Safety planning, as determined through completing the Progress to Case Closure Guide (PCCG); • Monitoring, expanding and updating the In-Home Family Case Plan (IHFCP); • Routine case supervisory activities; • Maintenance of contact with the family and others significant to the case; • Working with the parents to maintain safety and support the behavioral change identified on the IHFCP; • 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 interviewing 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 In-Home caseworker to determine the safety and well-being of the child.</p> <p>When interviewing an infant some helpful tips to consider include:</p> <ul style="list-style-type: none"> • Ensure that the infant is awake • Observe if the caretaker has a healthy attachment with their child by them consistently responding to the child's

Assessing Safety and Risk of Maltreatment

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<p>SAFETY</p> <p>The local county child welfare agency must make efforts to protect the child in their own home and to prevent placement. When a child’s safety in their own home cannot be assured without continued intervention, the local county child welfare agency must:</p> <ul style="list-style-type: none"> • Develop the IHFCP with the family to address safety and/or risk by engaging the family in services, or • File a petition for non-secure custody when safety cannot be assured and there is no plan to prevent removal. <p>See <u>Information on engaging a parent when child is placed with a guardianship/custodian.</u></p> <p>NEW MEMBER OF HOUSEHOLD</p> <p>If during an open In-Home Services case, a new case participant moves into the home, the local county child welfare agency must:</p> <ul style="list-style-type: none"> • Search Partnership and Technology Hub North Carolina (PATH NC) for any previous reports of maltreatment; • Check criminal records for individuals 16 years of age or older; • Complete an updated Progress to Case Closure Guide (PCCG) <ul style="list-style-type: none"> ○ A new member of the household would constitute a change in circumstances and require the IH caseworker to complete an updated PCCG (and Safety Plan, if prompted by the tool). To complete the PCCG, IH caseworkers must use the NC SDM PCCG Manual to review ALL DANGER INDICATORS. ○ The IH caseworker must review the completed PCCG/Safety Plan with all caretakers and Safety Network members on the plan; and • Complete a review of 911 call logs on the person’s previous address(es). 	<p>cues (tired, hungry, upset, changing dirty diaper, smiling etc.) using warmth and touch.</p> <ul style="list-style-type: none"> • Observe is the child has any injuries not consistent with their ability to crawl or toddle. • Observe if they are meeting their developmental milestones and ask the caretaker about their progress. Caseworkers can use the Centers for Disease Control checklist as a resource to assess their progress with meeting social/emotional, communicative, cognitive, and physical developmental milestones <p>On-going In-Home Services begins the date of the CPS-Assessment case decision. However, the local county child welfare agency has the authority to determine what caseworker provides these services, to include how and when the case transfers from an Assessment caseworker to an In-Home caseworker.</p>

Assessing Safety and Risk of Maltreatment

Protocol - What you must do	Guidance – How you should do it
	<p>INITIAL AND ONGOING DETERMINATION OF FAMILY MEMBER’S STRENGTHS AND NEEDS</p> <p>Factors that are associated with the risk of maltreatment should be built on the strengths and needs assessment, completed during the CPS-A and should include, but not be limited to, a review of:</p> <ul style="list-style-type: none"> • Well-being needs of all children in the home; and • Family’s and parent(s)’s needs. See “Parent Engagement and Needs Assessment” in Cross Function Topics in the <u>NC Child Welfare manual</u>. <p>During the course of In-Home Services the focus of the assessment of the family’s strength and needs should be on what needs have been identified on the FSNA and CSNA and how the strengths can be leveraged to mitigate those needs that are a result of the danger indicator or risk of harm to the child.</p> <p>FAMILY ENGAGEMENT</p> <p>The effectiveness of In-Home Services can hinge on the In-Home caseworker’s ability to build a relationship with the family and other Network members. Rapport building along with the use of effective interviewing and listening skills to understand each members’ perspective is important. See also <u>Parent Involvement</u>.</p> <p>ROLE OF IN-HOME CASEWORKER</p> <p>The role of the CPS In-Home caseworker includes advocacy, education, motivation, and case management, all of which should be based upon a professional partnership with families. To be effective, the In-Home caseworker’s relationship with the</p>

Assessing Safety and Risk of Maltreatment

Protocol - What you must do	Guidance – How you should do it
	<p>family needs to be one that engages the family in the change process. An effective In-Home caseworker will properly assess and apply methods and skills from motivational interviewing and strengths based, solution focused interventions to support change.</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.</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 In-Home caseworker 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 local county child welfare agency will take steps to ensure the safety of the child. This may include filing a petition.</p>

Assessing Safety and Risk of Maltreatment

Protocol - What you must do	Guidance – How you should do it
<p><u>FAMILY STRENGTHS AND NEEDS ASSESSMENT (FSNA)</u></p> <p>The following is an abbreviated overview of the SDM Family Strengths and Needs Assessment (FSNA). The SDM FSNA Manual must be reviewed for comprehensive policies, procedures, and completion instructions.</p> <p>Purpose: From assessments to in-home to permanency planning, the Family Strengths and Needs Assessment (FSNA) is a Structured Decision Making (SDM) tool that is consistently updated throughout the life of the case.</p> <p>The FSNA tool (caretaker and child domains) examines key aspects of family and child functioning and guides caseworkers to the central question: <i>What are the most important needs to address in the case plan, and what strengths can we build on?</i></p> <p>The top three priority needs identified through the FSNA become the basis for the objectives/goals in the In-Home Family Case Plan (IHFCP). By explicitly naming a family’s strengths and natural supports, the FSNA helps caseworkers, supervisors, and safety network members engage in a collaborative assessment process that empowers families and grounds the case plan in their own capacity to create safety. This strengths-focused approach reinforces child safety while guiding effective and meaningful case planning.</p> <p>Structure: The FSNA has two core parts:</p> <ol style="list-style-type: none"> <u>Caretaker Strengths and Needs Assessment</u> <ul style="list-style-type: none"> All cases where a decision has been made to provide child protective services (CPS) In-Home or services. Complete on the caretakers of origin in the maltreating household; do not complete on kinship homes, residential treatment providers, or licensed family foster parents. 	<p><u>FAMILY STRENGTHS AND NEEDS ASSESSMENT (FSNA)</u></p> <p>PATH NC Preparation Tips: Caseworkers must complete each section of the FSNA in PATH NC. Caseworkers should document the justification for each selected domain in the case narrative. PATH NC will generate the FSNA as a document for signature(s).</p> <p>In PATH-NC, the factors identified/selected on the Family Strengths and Needs Assessment (FSNA) will automatically populate onto the In-Home Family Case Plan (IHFCP).</p> <p>Best Practices:</p> <ul style="list-style-type: none"> Gather information from family members and collaterals. Review records, including previous iterations of the FSNA. <p>Additional Resources: <i>NC Safety-Organized Practice Training Series (SOP)</i> on NCSWLearn</p> <ul style="list-style-type: none"> Family Strengths and Needs Assessment Overview Collaborative Assessment and Planning Framework

Assessing Safety and Risk of Maltreatment

Protocol - What you must do	Guidance – How you should do it
<ul style="list-style-type: none"> • If there is more than one caretaker (primary and a secondary caretaker) in the home, complete a separate caretaker domain for each caretaker. For the caretaker items, the caseworker partners with the caretaker in the household to assess all areas of functioning listed as caretaker domains. <p>2. <u>Child Strengths and Needs Assessment</u></p> <p>There are two circumstances when a child is transferring to In-Home services in which the child SNA should be completed:</p> <ul style="list-style-type: none"> • All cases transferring from a family assessment or investigative assessment to In-Home where the caseworker selected one of the challenging child characteristics on the FSNA. A Child SNA should be completed on each child that a challenging child characteristic was selected for. • A Child SNA should be completed for all children where the child is staying with a temporary safety provider (TSP) when the case transitions to IH. • In cases where Child Characteristics are identified, the IHFCP must reflect a plan to address them. <p>NOTE:</p> <ul style="list-style-type: none"> • Assessment caseworkers are responsible for completing the initial FSNA, even if the assessment/investigation isn't complete yet. • In-Home caseworkers are required to review the initial FSNA prior to completing the IHFCP. An exception may occur when strengths/needs are discovered that were not identified during the CPS-A and should be addressed in the IHFCP. • When there is a plan to address wellbeing needs for the child on the IHFCP, and it does not impact safety, the family should not remain open with In-Home services to complete them. 	

Assessing Safety and Risk of Maltreatment

Protocol - What you must do	Guidance – How you should do it
<p>PROGRESS TO CASE CLOSURE GUIDE (PCCG)</p> <p>The following is an abbreviated overview of the SDM Progress to Case Closure Guide (PCCG). The SDM Progress to Case Closure Guide Manual <u>must</u> be reviewed for comprehensive policies, procedures, and completion instructions.</p> <p>Purpose:</p> <ul style="list-style-type: none"> The purpose of the progress to case closure guide is to help caseworkers assess whether danger indicators have been resolved and the caretaker has demonstrated sufficient Family Case Plan progress to allow a case to be closed or whether services should continue. This is accomplished through evaluating whether the caretaker’s behaviors and actions have changed. The Progress to Case Closure Guide (PCCG) combines items from the SDM Safety Assessment with items that evaluate a family’s progress toward Family Case Plan goals. <p>In Home caseworkers must review the most recent Safety Assessment (completed in CPS Assessments) before completing the PCCG.</p> <p>NOTE: If a new danger indicator arises during an In-Home case (for example, the case was opened for severe neglect and a new allegation of sexual abuse is made), the In-Home caseworker must make a report to Intake. If Intake accepts the report, a new SDM Safety Assessment must be completed that addresses all current and newly identified danger indicators. Any new allegation or incident that meets the statutory definition of abuse, neglect, or dependency during CPS In-Home Services must be entered in PATH-NC as a new report and screened through Intake using the SDM Screening and Response Tool. If the report meets the screening threshold, a CPS Assessment must be initiated. See PATH NC Assessments for policy, protocol, and guidance for completing the CPS-A.</p>	<p>PROGRESS TO CASE CLOSURE GUIDE (PCCG)</p> <p>PATH NC Preparation Tips: PATH NC will show In-Home caseworkers what dangers were identified in the last safety assessment and give you access to the complete list of danger indicators and definitions to complete this section.</p> <p>Best Practices: Both In-Home (IH) and Permanency Planning (PP) staff use the Progress to Case Closure Guide in the same way: to assess current safety and sustained behavior change in support of case closure decisions. The difference is not how the guide is used, but where it fits in the case process.</p> <p>For In-Home staff, the guide is used to support case closure decisions without court oversight. The guide focuses on whether safety is currently maintained and whether behavior change is sufficient to safety close the case.</p> <p>Additional Resources:</p> <ul style="list-style-type: none"> <i>NC Safety-Organized Practice Training Series (SOP) on NCSWLearn</i> <ul style="list-style-type: none"> <i>SDM Progress to Case Closure Guide Introduction</i> <i>Safety Planning: Partnering with Families for Child Safety</i> <i>Safety and Support Networks</i> <i>The Child’s voice in Assessment and Planning</i>

Assessing Safety and Risk of Maltreatment

Protocol - What you must do	Guidance – How you should do it
<p>If the report is not accepted, the In-Home caseworker is still responsible for addressing the concern. In cases where there is not a new danger indicator identified, but the circumstances require a revised Safety Plan, a new Progress to Case Closure Guide (PCCG) and revised Safety Plan must be completed.</p> <p>See In-Home Structured Tools Timeframes Table.</p>	
<p><u>NORTH CAROLINA TRAUMA SCREENING TOOL</u> All children receiving In-Home services must be screened using the North Carolina Trauma Tool (DSS-6195A & 6195B). There are two versions of the screening tool, and the caseworker must use the screening tool that aligns with the child’s age, 0-5 or 6-21.</p> <p>For a child(ren) screened during the Assessment phase, the In-Home caseworker must review the completed screening tool and incorporate, as needed, into the In-Home Family Case Plan. In cases where a Trauma Screening Tool was not completed in the Assessment phase, it must be completed during the In-Home case.</p> <p>The child must also be re-screened if one of the following circumstances occur:</p> <ul style="list-style-type: none"> • When new or additional information is obtained during the provision of In-Home Services that indicates a trauma has occurred • If there is another incident of maltreatment • If the child’s behavior deteriorates • If the child has to be removed from the home (i.e. TSP or agency custody) 	<p>The North Carolina Trauma Screening Tools have been developed to assist caseworkers in identifying trauma that can impact safety and wellbeing for children. The tool should be used to support In-Home caseworkers in determining whether additional mental health services are needed. It can also be used to inform how In-Home caseworkers interact with the family as well as situations and circumstances that may be triggering for that child. The ability to identify potential triggers can help inform caseworkers practice and reduce future traumas. The inclusion of traumas identified in the screening tools is one way to capture an aspect of the child’s voice when developing the IHFCP.</p> <p>The screening tools were designed to be used through 21 to assist in screening young adults who have elected to voluntarily continue with services.</p>
<p><u>NON-OFFENDING PARENT/ADULT VICTIM DOMESTIC VIOLENCE ASSESSMENT TOOL AND DOMESTIC VIOLENCE PERPETRATOR ASSESSMENT TOOL</u></p>	<p>The use of these tools is designed to assist the caseworker in identifying concerning behaviors that can impact safety. When</p>

Assessing Safety and Risk of Maltreatment

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<p>In cases where there are concerns that Interpersonal/Domestic Violence exist, the Non-Offending Parent/Adult Victim Domestic Violence Assessment Tool (DSS-5235) and the Domestic Violence Perpetrator Assessment Tool (DSS-5234) must be completed. If they were not completed in the Assessment case or there is additional information learned, the tools must be completed by the In-Home caseworker.</p>	<p>caseworkers can accurately assess safety, they are better able to help the caretakers develop the behavioral changes needed for lasting safety. This can include the use of a batterer’s intervention program rather than anger management to address a perpetrator of domestic violence.</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 caseworker and that caseworker’s supervisor. However, there may be circumstances that require another caseworker or another supervisor or a higher-level manager in the local county child welfare agency to participate in the decision making.</p> <p>The case supervisor should, at minimum, 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>Case contacts must be reviewed by an agency supervisor to ensure that the following elements have been addressed:</p> <ul style="list-style-type: none"> • Review of the current safety Plan (if active); • Risk of ongoing and future maltreatment; • Home environment and observed interactions; • Strengths and Needs; • In-Home Family Case Plan • Progress/lack of progress in addressing danger indicator or risk; and • Contact with the Safety Network members and collaterals 	<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 caseworker follows statute and policy, addresses family needs, and monitors risk, safety, and family progress. Achieving these goals may be accomplished through an office meeting that is one-on-one between the In-Home caseworker and supervisor or with other members of the team during group staffings. It can also occur when a supervisor attends a home visit or other family meeting with a caseworker. The case supervisor should review and set milestones within PATH NC for every CPS In-Home case file at least quarterly and within two weeks of case closure.</p> <p>Supervision provides coaching and support to the caseworker in their professional development. It may be helpful to include the use of scaling and three-column mapping to achieve this.</p>

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<p>The staffing discussion must be documented in a case contact to include review of the Contact Staffing Tool, found in PATH NC, when the contacts for a case member(s) are reduced or increased.</p>	
<p>TERMINATION OF IN-HOME SERVICES</p> <p>The local county child welfare 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 local county child welfare agency receives legal custody and/or placement responsibility (filing a petition) and the case is transferred to out-of-home Permanency Planning Services. <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 IHFCP have not been completed.</p> <p>When the safety issues have been addressed and demonstrated behavioral changes and support from the Safety Network lowers the risk of future harm, there is no longer justification for continuing involuntary services with the family. The local county child welfare agency must close an In-Home case when the recommendations on the Progress to Case Closure Guide indicate case closure and the case has:</p> <ul style="list-style-type: none"> • A 'safe' Safety Assessment; • Been staffed with and approved by a county child welfare supervisor (or another manager); and • No circumstances that would justify a continuing need to be involved. <p>Refer to In-Home Services Documentation for closing documentation requirements.</p> <p>CPS In-Home Services <u>cannot</u> be closed if a child remains in a TSP OR if the safety</p>	<p>TERMINATION OF IN-HOME SERVICES CASE</p> <p>When reviewing the safety and risk present, documentation should include:</p> <ul style="list-style-type: none"> • Changes in behavior by the parents/caretakers related to the Needs on the IHFCP. All the activities do not have to be completed as long as the parents/caretakers are able to demonstrate the behavioral change needed to ensure safety and; • There is a reduction in the risk of future maltreatment to the child(ren). Documentation should describe what factors are in place to include Safety Network members assistance to ensure safety and reduce the risk for the child(ren); OR • The reason the local county child welfare 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; • Whether the children and non-offending parent/adult victim feel relatively safe in their home; • 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;

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<p>issues that led to parents voluntarily placing their child(ren) with a TSP have not been adequately resolved.</p>	<ul style="list-style-type: none"> • Whether the offender of domestic violence has completed treatment and demonstrated change; • The offender’s access to the children and non-offending parent/adult; 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 In-Home caseworker’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 offender 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. Local county child welfare agency efforts should focus on the safety of the child regardless of whether the non-offending parent/adult victim chooses to continue the relationship.</p>

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<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 danger indicators and needs identified on the IHFCP • Behavioral changes reported and observed; and • Contact with each child separately from the parent/caretaker at least part of the time for all children over 12 months old. <p><u>PARENT ENGAGEMENT</u></p> <p>Throughout In-Home Services, the In-Home caseworker must engage all parents, regardless of whether they live in the home with the child. Engagement includes:</p> <ul style="list-style-type: none"> • Ongoing contacts; • Participation in development and review of the IHFCP; • Assessment and monitoring of needs, regardless of whether they are the maltreating household; • Provision of services to address identified risks and needs; • Assessment of progress in addressing identified safety, risks and needs; • Completion of Progress to Case Closure Guide and Family/Child Assessment of Strengths and Needs; • Determination of ability to safely parent their child; • Diligent efforts to engage when unable to maintain regular contact; 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. Exceptions to required contact include:</p>	<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. <p>A quality contact covers:</p> <ul style="list-style-type: none"> • Any current safety issues • Safety planning • Behavioral Changes attempted and demonstrated • Discussion around the activities or issues identified at the previous visit • Changes in the household composition • Responsiveness and changes to the Safety Network and support members • Progress on the IHFCP • Services/Activities provided or needed • Upcoming events • Current risk <p>The In-Home caseworker is required to document any information provided during the interviews as well as the observations of the physical living environment and each person’s behaviors. The documented behavior should include both demonstrated progress towards safety reduction and continued or new behaviors that pose danger to the child(ren). Please see Documentation section of this manual.</p>

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<ul style="list-style-type: none"> • Termination of parental rights; • A court order that specifies no contact; or • An identified danger that has been documented. <p>When a determination has been made that contact will not occur or will be discontinued, documentation must reflect the reasoning and second level review or higher.</p> <p>IDENTIFYING/BUILDING A FAMILY’S SAFETY NETWORK</p> <p>NCGS § 7B-505 (b) states, “The department of social services shall use due diligence to identify and notify adult relatives and other persons with legal custody of a sibling of the juvenile within 30 days after the initial order removing custody. The department shall file with the court information regarding attempts made to identify and notify adult relatives of the juvenile and persons with legal custody of a sibling of the juvenile.”</p> <p>The statute requires caseworkers to complete diligent efforts to locate adult relatives and any person who has legal custody of the victim children’s siblings. Caseworkers must complete this throughout the life of the case so that children can be placed with safe, appropriate relatives when necessary. Working with the family to build a Safety Network will facilitate the identification of relatives, engage supports to assist in keeping the children safe, and function as diligent efforts in preventing removal.</p> <p>Note: Adoptive parents of siblings are not considered relatives of the legal child; however, they must be considered in the identification and notification of individuals who have legal custody of a sibling.</p> <p>The In-Home caseworker must make a regular, consistent effort to ask the family about those in their support system. A Safety Network is a group of individuals who can provide ongoing support and services to the family to keep children</p>	<p>In-Home caseworkers should gather as much information as possible about a family’s Safety Network. Creating genealogical trees or ecomaps with the family may be a good way to build rapport while also learning about the family/supports. PATH NC will create a genogram within the system based on the participants role as defined within the system. It will also help to assess where the family has gaps that can be addressed to ensure safety for the children. Identifying and engaging relatives should be an ongoing process throughout In-Home services.</p> <p>Some families may identify individuals that are not biologically related to them as relatives. For families with limited biological supports non-relative kin can be an essential support to those families and should be engaged in the process of assisting families with keeping children safe. For the purposes of engagement in building the Safety Network, any non-relative kin identified as relatives by the family should be treated as such.</p> <p><u>N.C.G.S § 7B-101</u> defines nonrelative kin as an individual having a substantial relationship with the child. This includes any member of a State or federally recognized tribe regardless of their relationship if the child(ren) is a member of a tribe.</p> <p>Safety Networks can help families reach their safety goals. The Circle of Safety and Support can be used to identify a broad range of individuals to engage in support of the family. This may include natural or professional supports with no caregiving responsibilities who can be participants that provide support to the safety plan</p>

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<p>safe. Circles of Safety and Support is a visual tool to help identify people for the family’s safety and support network and to help professionals and family members talk about the Safety Network’s role and who can be a part. It serves a dual purpose:</p> <ol style="list-style-type: none"> 1. To identify individuals who can support and assist caretakers in providing a safe environment for their child(ren), and 2. To ensure that children are placed with relatives when it is safe and appropriate. <p>The In-Home caseworker must ask about relatives. Finding relatives helps the caseworker to identify the family’s Safety Network. This includes the three questions included in building Circles of Safety and Support:</p> <ol style="list-style-type: none"> 1. Who knows everything about what we are worried about here? 2. Who knows some things about these worries? 3. Who knows nothing about these worries, but should? <p>The caseworker must document as much information as provided by the family including which ones will be contacted as collaterals.</p> <p>Please refer to the Child Welfare Resources for Using Circles of Safety and Support to Build Safety Networks with Families for additional instructions on completing Circles of Safety and Support with families.</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>and safety planning process. This could include things such as transportation or provision of basic necessities by a support that will not be providing care for the child.</p> <p>Caretakers can be asked questions to elicit who has information about the family and the current situation. Additionally, questions should be asked to assist caretakers with identifying other supports who should be informed and can join the family’s Safety Network and ensure the child(ren)’s safety. Questions include who helps them supervise their child(ren) and who would be called to help in the event of an emergency. Inquiring from collaterals and identified relatives can also expand safety options in the event the child(ren) require out of home placement for safety.</p> <p>Additional questions can be found in the Child Welfare Resources for Using Circles of Safety and Support to Build Safety Networks with Families resource located in the Child welfare Resource section.</p> <p>The children should also be asked questions about who visits the home and whose home they visit. In interviews with the children, the In-Home caseworker should also be listening for any friends, relatives, etc. that the child(ren) identify.</p> <p>Engaging relatives during In-Home services should be a continuation of the diligent efforts that took place in Assessments.</p>

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<p>If a direct threat is heard by the In-Home caseworker, they must take immediate steps to protect themselves, the children and/or non-offending parent/adult victim.</p>	
<p><u>INITIAL FAMILY/CHILD CONTACT</u></p> <p>Within seven days of the case decision (Substantiation or a finding of Child Protective Services Needed for any report of maltreatment, face-to-face contact with the family by an In-Home caseworker 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-A to CPS In-Home Services; • Informs the parent(s)/caretaker(s) of the reason and purpose for In-Home Services; • Must include a review of the Continuing Needs and Safety Requirements. This page must be signed by the parent/custodian to ensure the parents understand the concerns and the actions believed to address those concerns and stated 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, safety must be ensured regardless of whether the child is in their own home or in another type of arrangement. A copy must be provided to the family. • Must include a review of and any updates to the <u>Plan of Safe Care</u> (DSS-6191), should the family have a child that has been identified as a substance affected infant; • Review and refer to Evidenced Based Prevention Service Policy if a service from NC Title IV-E Evidence-Based Prevention Services and • Includes discussion about the development of the IHFCP within 30 days of the case decision. 	<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 caseworker and should also include the Assessment caseworker.</p> <p>The 7-day contact should occur in the family home and include all members of the family. When children are at serious or imminent risk of removal, this should be clearly conveyed to the family. Behaviorally specific language should be provided to the family to help them clearly understand the changes that must take place in order for safety to be achieved.</p> <p>It is expected that the parent/caretaker sign the Continuing Needs and Safety Requirements. If a parent refuses to sign, the In-Home caseworker should engage the parent/caretakers in a conversation to understand the concerns and stress the need for working together to alleviate risk for the child. This can be accomplished through use of 3 column mapping and scaling questions. The parent may verbally agree even if he or she refuses to sign the plan. The In-Home caseworker must document the discussion with the parent and their agreement to comply if they refuse to sign.</p>

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<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>REQUIRED ONGOING CONTACTS</u> 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 contact with each child separately from the parent/caretaker as least part of the time for all children over 12 months old. • 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>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 include review of the progress towards the behavioral change identified on the IHFCP 	<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. Assessing the physical home environment should be focused on where the child(ren) sleeps, eats, plays, etc.</p> <p>Observations of the home that include infants under 12 months require a check of the sleeping arrangements. For information regarding sleep related infant deaths and recommendations to reduce the risk of occurrence, please refer to the Safe Sleep section of the Cross Function Manual.</p> <p><u>Non-Victim Children</u> Examples of a child who is not identified to have been maltreated 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 Child Protective Services Needed and no risk of maltreatment is assessed (A new Intake report is required); • A child that moved into the home after the In-Home Services case opened and after the abuse or neglect occurred and no risk of maltreatment is assessed; and

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<p>Face-to-face contact with other household members:</p> <ul style="list-style-type: none"> Includes children who are not identified as having been maltreated in the home; and Must occur at least once a month. <p>Contact with non-resident parents:</p> <ul style="list-style-type: none"> When the non-resident parent has not been located, the In-Home caseworker must make attempts to identify or locate a parent monthly, at minimum. Identified non-resident parents must be contacted who were not responsible or associated with the danger or risk of harm to the child must be seen at least monthly. The frequency and type of contact must be determined in a case staffing. Identified non-resident parents must be asked about relatives and non-relative kin, their relationship with the children, and capacity for support. 	<ul style="list-style-type: none"> A child who was assessed during the current case decision with no findings of maltreatment. <p><u>Non-Resident Parent</u></p> <p>There are circumstances where a parent involved with child welfare may minimize or report that the non-resident parent’s interactions are not occurring for a myriad of different reasons. The In-Home caseworker should take the opportunity to ask additional questions to clarify the parents’ relationship with each other, obtain information about the non-resident parent’s last contact with the resident parent and the child. Time should be spent gather information about the quality of the contacts and as much identifying information about the non-resident parent and their whereabouts. Information should also be sought from the child regarding their relationship with the non-resident parent and quality of their contacts.</p> <p>When the non-resident parent has been identified, they should be engaged to assess their level of involvement with the child and ask about how their relatives may be a support to the safety of the child. If the non-resident parent and/or their 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> <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>

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<p>Contacts with Safety Network members and collaterals:</p> <ul style="list-style-type: none"> • Must occur at least twice a month. <p>When the risk is HIGH, case contacts must include:</p> <p>Face-to-face contact with victim children:</p> <ul style="list-style-type: none"> • Must occur at least once a week; • At least two of the contacts must occur in the home if the child is not with a TSP; and • Include an observation of the relationship and interaction between the parent/caretaker twice a month <p>Face-to-face contact with parent(s)/caretaker(s):</p>	<p>When contact with the non-resident parent involves risk of harm to the child or to the residential parent, the local county child welfare agency should be thoughtful and consider the risk and safety. Refer to “Domestic Violence” in Cross Function Topics in the <u>NC Child Welfare manual</u> for the definition and for other considerations.</p> <p>Safety Network members are those who are involved in the Safety Plan and/or IHFCP support the family in achieving safety. Collateral contacts are those individuals with knowledge of the family and the circumstances regarding safety. This can include mental/behavioral health therapists or case managers, school staff, childcare staff, Work First workers, or other professionals working with the family.</p> <p>In-Home caseworkers need to maintain bi-monthly contact with the Safety Network members and more often as necessary to support Safety. Collateral contacts should vary monthly depending on what is going on in the case.</p> <p><u>Child Placed with a Temporary Safety Provider</u></p> <p>When a child is placed in the home of a TSP, that provider should be seen, along with the child weekly. Children placed outside of the home, even in voluntary circumstances, are at the highest risk of removal and have to be treated as such. In cases with TSP involvement, the parent has voluntarily decided to place their child in the care of another adult, approved by the local child welfare agency, while immediate concerns for safety are being addressed.</p>

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<ul style="list-style-type: none"> • Must occur at least once a week; and • Must include review of the progress towards the behavioral change identified on the IHFCP • If the child(ren) are in a TSP, must include a review of the Safety Assessment and discussion regarding progress to alleviate the immediate danger indicators. <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>Face to face contact with Temporary Safety Provider:</p> <ul style="list-style-type: none"> • Must occur at least once a week; • Discussion regarding the progress to alleviate the immediate danger indicators. <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>Contact frequency determined by the Risk Assessment at the time of case decision must continue until the case is staffed for a reduction of contacts with a two-level review and the reason for that reduction is documented. The In-Home caseworker and supervisor must determine case contacts through use of the Contact Staffing Tool found within case contacts in PATH NC. The decision to increase or decrease contact frequency must be documented in the 'case contacts' note.</p>	<p>When it has been determined that the immediate safety concerns have been resolved and the use of the TSP is no longer required, the child(ren) need to return to their parents' care. The In-Home caseworker will continue to engage the family as they achieve the longer term behavioral changes identified on the IHFCP.</p> <p>The In-Home caseworker will be able to add each contact into PATH NC. The system will keep a record of whether the contacts were met within the identified timeframes associated with frequency of contact determined.</p>

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<p>The option to reduce the number of required monthly contacts, on a case must only occur with the supervisor and the In-Home caseworker discussing the rationale, and must:</p> <ul style="list-style-type: none"> • Occur after a discussion with the family and collaterals; • Be based on the family’s progress on the identified behaviors; • Include demonstrated lessening of danger and risk of harm in the home; and • Be clearly documented. <p>Children in a TSP must be seen at the frequency of a high risk case. The frequency of contacts CANNOT be reduced until after the immediate safety concerns have been addressed and the child is able to return the parents’ care.</p> <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). 	
<p><u>HOME VISITS</u></p> <p>At least once per month, the In-Home caseworker must assess the physical home environment for safety and risk. However, the In-Home caseworker must not enter a home without at least one of the following:</p> <ul style="list-style-type: none"> • The permission of the parent or person responsible (adult) for the juvenile’s care; 	

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<ul style="list-style-type: none"> • 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 In-Home caseworker 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 every home visit and document the observation of the sleeping arrangements.</p> <p>If the request to tour 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 local county child welfare agency must consult with their county attorney to determine next steps. • Documentation of the refusal must focus on safety and/or risk concerns. 	<p>Please see the section on Safe Sleep found in the Cross Function Manual.</p>
<p><u>RESPONDING TO MISSING CHILDREN</u></p> <p>REPORTING REQUIREMENTS</p> <p>North Carolina law requires a report to be made to law enforcement when a child is believed to be missing, abducted, or runaway. <u>NCGS § 14-318.5 (c)</u> states, “any person who reasonably suspects the disappearance of a child and who reasonably suspects that the child may be in danger shall report those suspicions to law enforcement within a reasonable time...”</p> <p>REQUIREMENTS FOR IN-HOME CASEWORKERS</p>	<p><u>RESPONDING TO MISSING CHILDREN</u></p> <p>The In-Home caseworker should work to obtain as much information about the child as they can about the circumstances around the child’s disappearance. <u>Children who are missing, abducted, or have runaway should be considered at a higher risk for Human Trafficking.</u> For older youth who have been reported as runaways, it will be critical that the In-Home caseworker assess the reasons the child fled as a part of the safety concerns that are evaluated in the home. These may need to be addressed and included in the IHFCP.</p>

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<p>When a child that the local county child welfare agency is actively involved with is missing, abducted, or runaway, the In-Home caseworker must:</p> <ul style="list-style-type: none"> Engage the parent/legal caretaker in making a report to law enforcement as soon as it is known that the child/youth is missing, abducted, or runaway; OR Make a report to the local law enforcement, if the parent/legal caretaker refuses. <p>NOTE: A copy of the law enforcement report or the report number must be obtained for the case file.</p> <p>If a parent/legal caretaker refuses to report their child/youth missing, the In-Home caseworker <u>must</u> engage, assess and document the safety and risk factors related to the missing, abducted, or runaway child/youth and continue to address those concerns throughout the life of the case in addition to any other maltreatment, safety or risk concerns.</p> <ul style="list-style-type: none"> Document contacts and the continuing efforts to collaborate with law enforcement, parent/legal caretaker, family members, collaterals, and other appropriate persons to locate the child/youth. The In-Home caseworker must continue to assist in locating the missing child/youth and make every effort to return the child to an authorized placement throughout the life of the case. Update any newly identified needs on the IHFCP. <p>If a missing child/youth has not been located at the time of case closure the case must be staffed for a third level of review with a program manager/administrator or higher, and the Regional Child Welfare Specialist must be notified. This must be documented in the case record. At case closure, law enforcement must be notified of the decision of the local child welfare agency.</p>	<p>(Additional resources in the Human Trafficking section of the Child Welfare Cross Function Manual).</p> <p><u>Abduction of Children</u> – Per N.C.G.S. § 14-41 “any person who, without legal justification or defense, abducts or induces any minor child who is at least four years younger than the person, to leave any person, agency, or institution lawfully entitled to the child’s custody, placement, or care...”</p> <p><u>Kidnapping</u> – Per N.C.G.S. § 14-39 “any person who shall unlawfully confine, restrain, or remove from one place to another, any other person 16 years of age or over without the consent of such person, or any other person under the age of 16 years without the consent of a parent or legal custodian of such person...”</p> <p><u>Missing Child</u> – Per N.C.G.S. § 143B-1011, “a juvenile as defined in N.C.G.S § 7B-101 whose location has not been determined, who has been reported as missing to a law enforcement agency, and whose parent’s, spouse’s, guardian’s, or legal custodian’s temporary or permanent residence is in North Carolina or is believed to be in North Carolina.”</p> <p>When a parent is refusing to report the missing, abducted, or runaway child or youth to law enforcement, the In-Home caseworker should consider whether this constitutes the neglect of the child. NCGS § 14-318.5 (b) states, “A parent or any other person providing care to or supervision of a child who knowingly or wantonly fails to report the disappearance of a child to law enforcement is in violation... is punishable as a Class I felony.” It is important to inform law enforcement about any circumstances</p>

Required Contacts for In Home Services

Protocol - What you must do	Guidance – How you should do it
	<p>that could severely compromise the safety of a child or youth who is missing to include a parent’s refusal to report their child missing.</p> <p>When the local county child welfare agency has the responsibility for care and placement of a child, there is the requirement to make notification to the National Center for Missing and Exploited Children (NCMEC) in addition to law enforcement. For foster care cases with an open Assessment, the assigned Permanency caseworker is best suited to provide this notification because they will have the most information about the child’s appearance, last known location, and whereabouts. Please see Permanency Planning for requirements to report.</p> <p><u>Contacts with Missing Children and Youth</u></p> <p>If an In-Home caseworker is able to make contact with the missing child/youth, helpful information to attempt to gather from the child or youth would be:</p> <ul style="list-style-type: none"> • The child’s location at the time of contact; • Any information about where they are staying currently or for any period; • Any information about the individuals they may be with; • Information about the health and safety of the child/youth (if parenting, also inquire about the health and safety of the infant or child); • Whether they are attending school and where; • Whether they are employed and where; and • Any contact they have made with family members, friends, probation and parole agents, etc. <p>If possible, consider referencing the Child Welfare Human Trafficking Screening Tool (DSS-5402) or NC Trauma Screening Tool (DSS-6195A/B) for additional considerations and questions.</p>

Required Contacts for In Home Services

Protocol - What you must do	Guidance – How you should do it
<p><u>DOCUMENTING CASE CONTACTS</u></p> <p>The In-Home caseworker is required to assess for safety and progress at each contact. All information obtained must be documented in ‘Case Contacts’ within PATH NC. Each contact must include discussions regarding safety, risk, and well-being. All requested information in the Case Contact must be gathered each month and can be done over the course of multiple visits. Case contacts must be reviewed by an agency supervisor.</p> <p>When the contact occurs in the home, the In-Home caseworker must review and document at least monthly the physical home environment to include:</p> <ul style="list-style-type: none"> • The condition of the home for any safety hazards; • Identification of whether a tour of the home was completed, including any buildings outside of the home that the child is accessing; • Firearm storage; • Functioning smoke alarms; and • Sleeping arrangements, including a separate space free of any of other items for infants under 12 months. <p>Regardless of location of the contact, the In-Home caseworker must review and document:</p> <ul style="list-style-type: none"> • Participants in the interaction, discussions, child’s statement and/or observations • Safety Plan, if active (effectiveness, changes needed) • Changes in the household (new childcare/pets/household members, remodeling, new job or financial status, etc.) • Whether individuals have privacy, an ability to set personal boundaries, and adequate supervision to maintain safety • When applicable, progress to eliminate the need for a TSP • Observations of the family’s interactions 	<p>In PATH NC when a ‘case contact’ is selected to document visits in the home, a series of questions will be included for the In-Home caseworker to document. This is designed to ensure that In-Home caseworkers complete quality contacts with families that ensure safety. The required questions will be formulated based on the location selected for the contact.</p> <p>The case contact guides the information that is documented to include:</p> <ul style="list-style-type: none"> • Focused discussion and attention on safety, risk, and well-being of children and family; • Timely documentation of the home visit; • Follow-up on identified needs; and • Supports movement toward the intended objectives on the IHFCP <p>For new household members over the age of 16, background checks are required.</p>

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Protocol - What you must do	Guidance – How you should do it
<ul style="list-style-type: none"> • Family relationships (conflicts and the family’s resolution) Note: If DV is an issue, DV protocol must be followed to assess family relationships. • Safety Network and other supports (relationships outside the home, their participation in the safety of the child(ren), identification of relatives) • Non-resident parent (involvement, extended relatives and contact) • Service/Activity progression on the IHFCP • Family’s engagement with the local county child welfare agency <p>CONTACT STAFFING TOOL</p> <p>Found within PATH NC when ‘staffing’ is selected as the contact type are a series of questions to support supervisors and In-Home caseworkers in determining how often a family should be seen to ensure safety. The general questions include:</p> <ul style="list-style-type: none"> • Are there current, active danger indicators that require monitoring? • Are there any identified vulnerabilities of the children that require an additional layer of protection? • Is there a TSP? • Has the family been following the safety plan? • Has the family participated in services on the case plan? Has there been positive behavioral changes demonstrated? • Has their Safety Network members been active participants in maintaining the safety plan? • Are there any outstanding well-being needs? • What is the worker’s diligent (continuous, persistent) efforts to support the family in case progress? 	<p>There is an additional subset of questions found under each of the questions listed above. Relevant questions should be asked when making decisions regarding contact. Any additional case-related questions should also be asked and documented. There is a drop down once the case is staffed to indicate contact frequency determined through caseworker and supervisor consultation.</p>

Required Contacts for In Home Services

In-Home Services-Required Contacts Table-Home Services-Required Contacts Table See protocol for exceptions					
Risk Level	With Children	With Parents/Primary Caretakers	Non-victim children in the home and all Other Adult Household Members	Non-Resident Parents	Visits Taking Place in the Home
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 at least 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"> • Face-to-face • At least once a month 	<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 at least 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 at least twice a month 	<ul style="list-style-type: none"> • Face-to-face • Once a week 	<ul style="list-style-type: none"> • Face-to-face • At least twice a month 	<ul style="list-style-type: none"> • Same as Moderate Risk 	<ul style="list-style-type: none"> • Twice a month • Non-victim children and all other household member: once per month
Collateral Contacts: two per month					

In Home Family Case Plan

Protocol – What you must do	Guidance – How you should do it
<p>When an allegation is Substantiated or found to be Child Protective Services Needed, and the family is transferred for ongoing services, the local county child welfare agency must:</p> <ul style="list-style-type: none"> • Coordinate, provide for, maintain, 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 In-Home caseworker must develop the initial IHFCP and any formal reviews of IHFCP during a Child/Family Team Meeting(CFT) if there is an active Safety Plan (Part E of the Safety Assessment) in place to ensure immediate safety of the child(ren). The CFT must include all Safety Network members identified in the Safety Plan.</p> <p>The In-Home Family Case Plan (IHFCP) should be completed in PATH NC. Refer to the Instructions(DSS-5239ins PATH NC) for more information. The IHFCP must be developed with the family to create a basis for providing services 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"> • Document whether each child (on an individual basis) is at serious and/or imminent risk of entering foster care absent prevention services. For children so identified, the IHFCP must document why they are at risk in behaviorally specific language and which services are directed at preventing removal from the home. • Be based on the information obtained from the Safety Assessment, Risk Assessment, Family Strengths and Needs Assessment, Child Strengths and Needs Assessment (when applicable), Continuing Needs and Safety Requirements, Trauma Screening Tools, and other assessments regarding the needs of the child(ren) and family; 	<p>The In-Home caseworker should support the family and their Safety Network in developing and demonstrating safety for the child(ren). The In-Home caseworker should be an active participant in the identification and implementation of services/activities with the family.</p> <p>While it is required to develop the IHFCP in the context of a CFT when there is an active safety plan in place, it can be beneficial to develop all IHFCP using a CFT approach. Engaging a family’s Safety Networks and supports allows everyone invested in the safety of the children to build a more comprehensive, long term plan for safety that reduces the local county child welfare agency’s need to continue involuntary services with the family. Meaningful engagement of all Safety Network members can be facilitated by following CFT protocol and guidance.</p> <p>If the birth mother or father are not included in the plan, the name of the caretaker responsible should be used.</p> <p>The IHFCP developed with the family should be what the family and Safety Network see as important as well as formal and informal assessments of the family. Other assessments by the In-Home caseworker or other professional providers should be used in the development and/or review of the IHFCP.</p> <p>In PATH NC, the caseworker will get a task to complete the IHFCP within 30 days once the case has been opened to In-Home services.</p> <p>The specification that absent effective services a child is at serious or imminent risk of foster care is a federal requirement to receive Title</p>

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<ul style="list-style-type: none"> • Incorporate relevant components of the Plan of Safe Care form (DSS-6191) for families with a substance affected infant identified in the Assessment; • Incorporate any other plans developed to ensure safety of the children. Review and refer to Evidenced Based Prevention Service Policy if a service from NC Title IV-E Evidence-Based Prevention Services; • Be developed jointly with parents or primary caretakers, Safety Network members, and other persons critical to completion of the plan, and the child if cognitively and emotionally able to participate; • Include input from each child; • Identify services agreed upon with the family to create safety and reduce risk • Identify upcoming court dates • Describe the specific behaviors that created safety and/or risk to the child(ren) and the behavioral changes required to reduce risk; • Identify activities that are measurable and time-limited that support achievement of each stated objective, and that address all identified needs; • Specify the consequences associated with whether or not the plan is followed; • Reflect progress or lack thereof in each of the updates or revisions; • Identify child well-being needs and the services to address those needs; • Clearly state that the plan for the child(ren) absent effective services is entering the custody of the local county child welfare services (This is not the same thing as being at serious and/or imminent risk); and • Signatures that must be included: <ul style="list-style-type: none"> ○ Parent/caretaker; 	<p>IV-E reimbursement. The In-Home caseworker is required to discuss this with the family when it is determined that any child in the home is considered to be at serious and/or imminent risk of entering foster care. Please see the serious and/or imminent risk section for more details.</p> <p>As a part of the IHFCP, caseworkers are required to include that removal is a potential outcome if safety cannot be ensured. Rule 10A NCAC 70A .0107 (d) includes a requirement that every case plan documents that the plan is removal of the child(ren) from the home if the family is not able to mitigate safety concerns. This is not the same thing as a child being at serious or imminent risk of removal and eligible to be a Candidate for Foster Care.</p> <p>[NOTE: Every child whose family requires In-Home services does not qualify to receive Title IV-E reimbursement for services. A family’s need to “to improve the quality of child care, to be more adequate parents, guardians, or caretakers, and to preserve and stabilize family life” as found in N.C.G.S. § 7B-300 allows families who need involuntary intervention to ensure safety, but whose circumstances do not meet the criteria for serious and/or imminent risk to receive In-Home services.]</p> <p>Families have to be made aware of what actions the local county child welfare agency will take if the safety concerns and future risk of harm cannot be mitigated. This includes the filing of a juvenile petition and/or requesting non-secure custody resulting in removal of the child from the home.</p>

In Home Family Case Plan

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<ul style="list-style-type: none"> ○ Child(ren), if cognitively and emotionally able to participate. If the child participated but did not sign the plan, the In-Home caseworker must document why the child did not sign; ○ In-Home caseworker; and ○ Supervisor <p>The local county child welfare agency must engage or make efforts to engage all parents and caretakers in the process of developing the IHFCP.</p> <p>When there are two or more households receiving In-Home services due to a positive finding of maltreatment at case decision, a separate IHFCP must be developed for each household. If the plan involves the parent(s)/caretaker(s) providing care in the same home, the needs identified as priority for safety must be developed on the same IHFCP, unless there is a compelling reason such as <u>domestic violence</u>. Documentation must reflect the need for more than one IHFCP.</p> <p>Input from all family members (parents/caretakers and each child) must be documented in the IHFCP. When input was not gathered, documentation must reflect diligent efforts or the reason it was not obtained. If the child participated but did not sign the plan, the In-Home caseworker 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 plan. The In-Home caseworker must document that the parent/caretaker has agreed to each service/activity if he or she refuses to sign the plan. If the parent/caretaker refuses to sign the plan and verbally refuses to agree to its provisions, the local county child welfare agency has the responsibility to ensure that the child is safe. Copies of the IHFCP must be provided to all parties that participated in development.</p>	<p>Use of three column mapping will support family engagement and improved IHFCPs:</p> <ul style="list-style-type: none"> ● “What is working well?” allows the In-Home caseworker to build on family strengths, how they have successfully solved problems in the past. ● “What are we worried about?” allows the In-Home caseworker to write goals and objectives using the families’ own words, acknowledging their perspective, and supporting their ownership. ● “What happens next?” allows the In-Home caseworker to create concrete, behaviorally specific goals and objectives tailored to the individual and family needs and tracking the progress. <p>See NCSW Learn NC SOP: Three Questions and Three Column Mapping for more info.</p> <p>In the PATH-NC system, the needs identified to ensure safety selected by the Assessment caseworker at case decision will auto-populate into the IHFCP. See the IHFCP (DSS-5239ins PATH NC) instructions for more requirements on use of this form. The In-Home caseworker will get notifications within 30 days of the completion once the case has been opened for In-Home services. At all subsequent follow up reviews of the IHFCP, PATH NC will clone the IHFCP for updates while also maintaining a history of the current one within the file.</p> <p>In-Home caseworkers should identify the family’s Safety Network early and assess them for their capacity and willingness to care for the child. Knowing which members can best meet the child’s needs becomes</p>

In Home Family Case Plan

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<p>The In-Home caseworker must clearly outline how services that are included in the case plan and required by the local county child welfare agency to address safety and risk will meet the need identified on the case plan.</p> <p>For CPS In-Home Services, the IHFCP must be:</p> <ul style="list-style-type: none"> Completed with the family within 30 days of the CPS assessment case decision to Substantiate or a finding of Child Protective Services Needed; Updated at least every three months thereafter (to coincide with the review using the Structured Decision Making Tools: Family Assessment of Strengths and Needs, Child’s Strength and Needs (if applicable), and Progress to Case Closure Guide or whenever family circumstances warrant a change; Updated if major changes occur that affect the objectives or activities, or the safety or risk to the child; Signed by all parties, including supervisor, within above timeframes. <p>The NC Safety Assessment must also be reviewed when there is an active Safety Plan. The Comprehensive Provider Assessment must be reviewed when children have been voluntarily placed with a TSP.</p> <p>If the initial IHFCP is not completed within 30 days, documentation must reflect diligent efforts made by the local county child welfare services agency or rationale for extra time to develop the plan. If the subsequent IHFCP is not updated at the three-month intervals, documentation must reflect diligent efforts by the local county child welfare agency to engage the family or rationale for continuing the previous plan without a review.</p>	<p>particularly important if the child must be removed.</p> <p>If a parent/caretaker refuses to sign the IHFCP, the In-Home caseworker should try to address the parent/caretaker’s worries and emphasize the need for working together to prevent the need for court involvement. If the parent/caretaker continues to refuse, the local county child welfare should determine whether to consult the county attorney. Other signatures that are not required may include Safety Network members, service providers, community representatives, and others who have a role with the parent or child to support the plan.</p> <p>Providing services and ensuring safety are not the same thing. Any actions and behaviors that have to be taken to assure immediate safety should be included on the Safety Plan. The IHFCP should focus on the services offered or provided. Services and activities included on the IHFCP should not be expected to create an immediate behavioral resolution to the safety issue. Services should be engaged to assist caretakers with learning the skills necessary to provide long-term behavioral changes that impact safety.</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 create and enhance child safety and reduce risk.</p> <p>Appropriate Services are those that are provided to, or arranged for, the family (including any services for alternative caregivers) with the explicit goal of:</p>

In Home Family Case Plan

Protocol – What you must do	Guidance – How you should do it
	<p>(1) addressing the case-specific safety concerns of the child(ren) and/or risk of child abuse/neglect, and</p> <p>(2) doing so within a timeframe needed to prevent a child’s entry into foster care and/or re-entry after a reunification. As a guiding principle, appropriate services are:</p> <ul style="list-style-type: none"> • Tailored to meet the specific needs of families; • Providers who can speak the language of the family; • Accessible to the family (consider hours of service and location, special accommodations needed for individuals with a disability, transportation, affordability of any costs/fees, onsite childcare/childcare needs, and wait lists); • Provided in a setting that is most effective and responsive to needs (consider availability of appropriate services offered by providers in community/neighborhood-based organizations and/or services offered in the home versus an office setting); and • Monitored to ensure that family needs are met. <p>Quarterly assessments of the IHFCP are formal discussions with the parent/caretaker to review the progress being made and any changes that need to be made. The IHFCP should be considered a “living document.” Every contact with the parent/caretaker should include a discussion of the progress on the IHFCP and a review of any aspect of the Safety Plan that is 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 IHFCP will be necessary. It is important to acknowledge and reinforce with the parent the accomplishments that have been made. This is particularly important if other risk factors have surfaced. Changes to the IHFCP should be indicated on the plan and addressed during contact with the family. Any changes to the plan are required to be</p>

In Home Family Case Plan

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	<p>made jointly with the family. Changes should reflect the family’s voice.</p> <p>If, during the three month review, the parent has been assessed to only have made intermittently successful or successful only on minor items and the agency continues to have concerns for the child’s safety, see the <u>Lack of Progress</u> section in this manual.</p>

SERIOUS AND/OR IMMINENT RISK CRITERIA

Protocol-What you must do	Guidance-How you should do it
<p><u>SERIOUS AND/OR IMMINENT RISK OF ENTERING FOSTER CARE</u></p> <p>For cases entering CPS In-Home, an initial determination of serious and/or imminent risk eligibility must be made based on information gathered during the CPS-A and provided at case decision. A child may be considered at serious and/or imminent risk of entering foster care in CPS In-Home when:</p> <ul style="list-style-type: none"> • The CPS-Assessment case decision was “Substantiated” or “Services Needed” • The most recent Safety Assessment has a determination of “safe with a plan,” and the agency is still actively monitoring the safety interventions in that plan • <u>AND</u> the agency would pursue custody if the danger indicators cannot be controlled by interventions. <p>The determination of eligibility must be made on an individual basis for each child receiving In-Home services.</p> <p>If the child meets serious and/or imminent risk of entering foster care criteria the In-Home caseworker must develop a plan WITH the family that is documented on the In-Home Family Case Plan (IHFCP) that:</p> <ul style="list-style-type: none"> • describes the reason the child is at imminent risk of entering care, and • the service(s)/activities to be offered or provided to safely prevent the need for removal. • Review and refer to Evidenced Based Prevention Service Policy if a service from NC Title IV-E Evidence-Based Prevention Services <p>In the absence of a case plan, evidence of court proceedings for removal also serves as documentation for serious and/or imminent risk. The evidence can be in the form of a petition requesting removal or a court transcript showing the county has requested removal into foster care.</p>	<p><u>SERIOUS AND/OR IMMINENT RISK OF ENTERING FOSTER CARE</u></p> <p><u>The In-Home caseworker CANNOT code Z for any child that meets serious and/or imminent risk criteria until a case plan has been developed WITH the family.</u> The plan has to clearly identify that the child is at serious and/or imminent risk of entering foster care and without the agreement of the family to engage in services to prevent entry the outcome will be foster care in the immediate future. The written plan has to clearly outline the services that are being used to address the safety concerns placing the child at imminent risk of removal. The plan has to also document the behaviors that are creating serious and/or imminent risk to the child.</p> <p>Every child whose family requires In-Home services will not meet serious and/or imminent risk criteria. In North Carolina, referrals to CPS In-Home Services are based on a family’s need “to improve the quality of child care, to be more adequate parents, guardians, or caretakers, and to preserve and stabilize family life” as found in N.C.G.S. § 7B-300. The children may or may not be considered at serious and/or imminent risk based on the federal definition that allows coding for Title IV-E funding. Serious and/or imminent risk has to be determined on an individual basis and every child in a family may not meet the criteria. In cases where one child meets serious and/or imminent risk criteria and others do not another funding source will need to be used.</p> <p>Conversations regarding potential consequences if caretakers are not able to ensure safety for children can be uncomfortable conversations. These conversations are crucial and should be</p>

SERIOUS AND/OR IMMINENT RISK CRITERIA

<p>The In-Home caseworker must communicate with the family that the child is at serious or imminent risk of entering foster care without effective services and clearly outline what changes are required to prevent removal.</p> <p>IN-HOME FAMILY CASE PLAN COMPLETION FOR SERIOUS AND/OR IMMINENT RISK CASES</p> <p>An IHFCP must be developed for every child receiving In-Home services. All children who are determined to be at serious and/or imminent risk eligible must have a case plan developed WITH the family. Services on the case plan must address the identified safety concerns that place the child at serious and/or imminent risk of removal.</p> <p>The meeting to develop the IHFCP with children who meet serious and/or imminent risk criteria must include:</p> <ul style="list-style-type: none">• Communication with the family that the child(ren) is at serious and/or imminent risk of entering foster care without preventative measures and behaviorally specific language that explains the reason for that risk;• Review of any services/activities already agreed upon by the family and status of the commencement of those services/activities;• Information about any additional available services needed to prevent foster care; and• Agreement between the family and the agency regarding which services/activities will be used to reduce the risk of removal.	<p>explained in a non-threatening way that clearly outlines possible outcomes. If it would be untrue to tell a family that the plan is foster care if they are not able or willing to engage in the services/activities to achieve the behavioral change required, the child likely does not meet the criteria for serious and/or imminent risk.</p> <p>IN-HOME FAMILY CASE PLAN COMPLETION FOR SERIOUS AND/OR IMMINENT RISK CASES</p> <p>Once eligibility has been determined for serious and/or imminent risk, the development of the case plan for children who are eligible does not differ from the process to complete case plans during the provision of In-Home services.</p>
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SERIOUS AND/OR IMMINENT RISK CRITERIA

<p>IV-E FUNDING DURING IN-HOME SERVICES</p> <p>All children who are at serious and/or imminent risk of entering foster care and have a plan developed with the family are eligible to receive IV-E funds.</p> <p>The In-Home caseworker must document behaviorally specific serious and/or imminent risk eligibility AND develop a case plan with the family to claim IV-E funds (code for Z) for case management services. In cases where the child does not or no longer meets the eligibility for serious and/or imminent risk, another form of funding must be used. See the CPS Funding Manual for additional information on the most accurate funding sources.</p> <p>The In-Home caseworker must only code allowable services for IV-E funding. Examples of activities that can be billed include, but are not limited to:</p> <ul style="list-style-type: none"> • Safety planning with the family • On-going visits and collateral contacts to assess safety and review compliance with safety plans • The assessment of possible Temporary Safety Providers and placement providers • Assessing the service needs of a family and connecting them with services • Searching for and engaging relatives • Preparing a family to transition to CPS In-Home services 	<p>IV-E FUNDING DURING IN-HOME SERVICES</p> <p>Federal policy allows counties to claim reimbursement for specific allowable costs when serving children who are at serious and/or imminent risk of entering foster care absent preventative services and a case plan exists that was developed WITH the family. Title IV-E reimbursement (coding for Z) is limited to children who would qualify for Title IV-E foster care maintenance payments consistent with section 472(i)(2) of the Social Security Act. A local county child welfare agency can be reimbursed for their work with families, based on Section 471(a)(15)(B)(i) of the Social Security Act, when they are either pursuing removal of the child(ren) from the home OR making reasonable efforts to prevent such removal.</p> <p>For In-Home services, the local county child welfare agency’s involvement with the child(ren) and their family must be to specifically address the needs to prevent removal. This allows counties to claim IV-E funds for case management services provided to a child when they meet the criteria for serious and/or imminent risk. The local county child welfare agency can no longer claim reimbursement (code for Z) when the child(ren) no longer meets the criteria for being at serious and/or imminent risk or when there is no current case plan. North Carolina requires the IHFCP to be reviewed with the family every 90 days. See Appendix 3.4 Child Welfare Funding-CPS for additional information on costs that can and cannot be claimed to IV-E and on other sources of funding.</p>
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Review of Services

Protocol – What you must do	Guidance – How you should do it
<p><u>DOMESTIC VIOLENCE</u></p> <p>A separate IHFCP 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 IHFCP.</p> <p>In cases where there are concerns for domestic violence, the IHFCP must focus on:</p> <ul style="list-style-type: none"> ○ Reducing the risk of child maltreatment that are the result of unsafe interactions between the caretakers; and ○ Strengthening parenting ability to ensure that both the perpetrator of domestic violence and the non-offending parent/adult victim are making choices that ensure safety for the child(ren). <p>Services/Activities on the IHFCP must be responsive to:</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. 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 domestic violence scaled assessment tools: Non-Offending Parent/Adult Victim DV Assessment Tool, DSS-5235, DV Perpetrator Assessment Tool DSS-5234) are designed to support the In-Home caseworker during the ongoing assessment of whether safety and risk factors have been addressed. The Personalized DV Safety Plan, DSS-5233, and Children’s Domestic Violence Assessment Tool DSS-5237 are required to 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 the risk reduced to the point where the family no longer needs involuntary services. 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.

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Protocol – What you must do	Guidance – How you should do it
<p><u>CHILD WELL-BEING</u></p> <p>Every In-Home Services case must identify and document child well-being within 30 days of the case decision. All children who have needs identified on the Child Strength and Needs Assessment that are not impacting safety and being addressed in the caretaker’s objectives must be included in the IHFCP and documentation must reflect the In-Home caseworker’s efforts to support the family in addressing them.</p> <p>If not applicable, documentation must reflect that there are no identified well-being concerns for the child(ren).</p>	<p>The IHFCP includes a section to capture each child’s wellbeing needs separately. The In-Home caseworker should assess all of the child’s needs and document each one. It is important for the In-Home caseworker to consider how to address children’s wellbeing needs and support caretakers in developing a plan to address them.</p>

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Protocol – What you must do	Guidance – How you should do it
<p><u>HUMAN TRAFFICKING</u></p> <p>A child who is sold, traded, or exchanged for anything, or to settle a debt, regardless of whether the child is used for labor or sex. Child welfare must respond to address safety of the child(ren) regardless of the relationship between the victim and the perpetrator. Local 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>Local 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>If, during the provision of In-Home services the caseworker becomes aware of Human Trafficking, a new Intake report must be generated. The In-Home caseworker must assess for the safety of the child with the caretaker. Caseworkers must follow North Carolina child welfare policy and practice on Human Trafficking. For additional see “Human Trafficking” in Cross Function Topics in the <u>NC Child Welfare manual</u>.</p> <p><u>CHILD AND FAMILY TEAM MEETINGS</u></p> <p>The purpose of a Child and Family Team (CFT) is to bring the family and their Safety and Support network together to develop a plan to address worries and next steps. The CFT must be used to help ensure the safety of child(ren) by engaging the family and their network in a plan that provides clear direction on needed services and the support that will be provided to the family.</p>	<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 <u>NC Child Welfare manual</u> for information regarding introduction of the CFT meeting to the family, discussion on engagement on who should be a member of the CFT and the process, and documentation regarding this process.</p> <p>The Assessment & In-Home caseworkers should participate in the CFT and development of the IHFCP to provide continuity of service provision. The CFT can be used to engage the team in outlining the identified issues and building goals into the plan to ensure safety.</p>

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Protocol – What you must do	Guidance – How you should do it
<p>A CFT must be used to develop and review the IHFCP when there is an active Safety Plan in place and include the Safety Network member(s) involved in ensuring the safety of the children. A CFT must be used in cases involving:</p> <ul style="list-style-type: none"> • Children in the home of a TSP. • Children at serious and/or imminent risk of removal. • A juvenile petition without non-secure custody. <p>Local county child welfare agencies must use a CFT during In-Home Services:</p> <ul style="list-style-type: none"> • To review the Safety Plan, if needed • For quarterly reviews of the IHFCP • To update the IHFCP to address safety or high-risk concerns, including, but not limited to: <ul style="list-style-type: none"> ○ Identification of a new danger indicator; ○ Next steps for lack of progress 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 IHFCP and: <ul style="list-style-type: none"> ○ There is a lack of progress as indicated by no activities completed and any behavioral changes demonstrated that mitigate risk; or ○ The child(ren) in the care of a TSP have not been unable to return home because immediate safety still exists; • 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>Three column mapping should be used to garner from the team what is working, worries, and solutioning the best next steps. It is important to ensure the family’s voice is captured. Use of a neutral facilitator is best practice for all CFT meetings. While a facilitator is not required in all In-Home cases, it remains best practice as there are many benefits to a facilitated meeting. A neutral facilitator can:</p> <ul style="list-style-type: none"> • Keep the team focused on the identified purpose; • Ensure everyone is heard and engaged; and • Help elevate important points for plan development. <p>All Safety Network members who are a part of the Safety Plan are required to be included in the CFT. However, the invitation should be extended to as many additional supports as the family would like to allow them provide additional perspectives. It also allows the Safety and Support Networks to offer concrete ways support can be provided which can be added to the plan.</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 caseworker 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 and requesting non-secure custody.</p> <p>If an immediate danger indicator is identified, the agency must respond. See Safety Planning protocol in Cross Function Topics in the <u>NC Child Welfare manual</u>.</p>

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Protocol – What you must do	Guidance – How you should do it
<p>A facilitator, who is neither the In-Home caseworker for the family nor the supervisor of that In-Home caseworker, must be used in all cases with:</p> <ul style="list-style-type: none"> • A current high-risk rating. • An active Safety Plan. • A TSP in place. • Lack of progress and open for six months. 	
<p><u>LACK OF PROGRESS</u></p> <p>The local county child welfare agency must consider filing a juvenile petition when there continues to be safety issues, risks of harm that place the child(ren) at serious and/or imminent risk of removal and:</p> <ul style="list-style-type: none"> • Efforts to engage a family are not successful; or • There is refusal to follow through with services; or • Participation is minimal and the family is receiving virtually no benefits from the process; or • Sufficient and timely progress has not been made 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 and/or the child(ren) have remained in a TSP. <p>This includes cases where the risk of maltreatment has not been reduced, and the family is not making progress or simply not cooperating. If there are no risk issues that would put the child(ren) in imminent danger without continued involuntary intervention present, the following actions must occur:</p> <ul style="list-style-type: none"> • Contact with all the Safety Network and support members including any individuals who are not regularly contacted to gather as much information about the status of the family’s goals as possible to assess the safety of the children. • A discussion between the In-Home caseworker and supervisor: 	<p>LACK OF PROGRESS</p> <p>The In-Home caseworker should be actively engaging a family in shifting towards changes that will ensure safety for children. This means focusing on the specific behavior changes that must be made to ensure safety for children.</p> <p>The purpose of completing a two-level review and evaluating all the information is to focus on the safety issues and determine the next steps. Engaging everyone in the Safety Network to obtain information on the family’s current functioning is necessary to assess the family’s capacity and what role each member of the Safety Network is committed to so that safety can be assured without continued involuntary child welfare services. The information gathered should be used in the completion of the Progress to Case Closure Guide and the Family Assessment of Strengths and Needs. The discussion between the In-Home caseworker and the supervisor should produce a list of existing safety concerns, if any, and level of risk associated with recurrence.</p> <p>The list of existing safety concerns should be reviewed during the CFT and all participants should be invited to discuss possible solutions to the identified safety issues. This should include any</p>

Review of Services

Protocol – What you must do	Guidance – How you should do it
<ul style="list-style-type: none"> ○ Using the assessment tools as a guide, evaluate: <ol style="list-style-type: none"> 1. Safety - Have other reports been received, assessed, and found to be Substantiated or “Child Protective Services Needed”? What are the current safety issues? 2. Behavioral Change- Using the Progress to Case Closure Guide: How has the participation/lack of participation in services impacted behavioral changes? How has the risk of harm and potential future maltreatment been impacted? 3. Family Strengths/Needs- Using the Family Assessment of Strengths and Needs, what identified family needs remain unaddressed? What are their impacts on safety? ● Use of the CFT meeting to determine possible resolutions to bring down the risk of harm and safety plan allowing the family to achieve its objectives; ● If identified danger indicators have not been resolved, file a juvenile petition. <p>Evaluation of safety and risk must include consideration for how the family’s values and beliefs impact the safety needs of the child.</p> <p>If a decision is made to file a juvenile petition, the In-Home caseworker must inquire regarding the caretaker, child, and family’s country of origin if it has not already been determined. For cases where the child or caretaker’s country of origin is outside of United States, the In Home caseworker must contact the NC DHHS Office of Repatriation.</p> <p>After three months, cases where there has been a lack of progress on the behavior changes that mitigate safety or risk must hold a CFT to address the status of each goal and barriers to achieving the behavior changes required. During this meeting the local county child welfare agency must establish</p>	<p>contributions that the family’s Safety Network is able to provide to support ensuring safety for the child(ren).</p> <p>When conducting the CFT, it is important to allow each participant to discuss their concerns of the recurring safety issues, as well as how they can participate in safety for the child(ren). When discussing issues of behavior change, it is important to discuss the behaviors of the parent/caretaker that are continuing to create risk. Developing a clear harm and worry statement is a helpful way to capture in a succinct way the safety and risk that is preventing case closure. Safety and on-going maltreatment concerns must be addressed. The consequences of a lack of behavior change should also be clearly stated to include the filing of a juvenile petition. Deadlines to address the behavioral changes should be discussed and whether the parent/caretaker can achieve the required changes in a timely manner. If not, a discussion should proceed regarding whether a juvenile petition without a non-secure order is needed. The CFT is an opportunity to bring the family along with their Safety Network and supports to the table to plan how the child(ren) will be kept safe in their community, without court intervention.</p> <p>In cases where the caretaker or child’s country of origin is not the United States, contact with the NC DHHS Office of Repatriation is required to ensure that the county complies with all state, federal, and international laws regarding Consular Notifications and repatriation.</p> <p>See “Filing a Juvenile Petition” in Cross Function Topics in the <u>NC Child Welfare manual</u>.</p>

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Protocol – What you must do	Guidance – How you should do it
<p>deadlines for the expected behavior changes. This includes clear communication with the family that if changes are not achieved, a petition for court involvement will be initiated.</p> <p>After a two-level review and a CFT with the family, if it is decided to close the case then documentation must reflect:</p> <ul style="list-style-type: none"> • There is no danger or imminent risk of harm present in the home; • The status of all services/activities agreed upon in the IHFCP; • A letter sent to the family notifying them of the case closure decision. The letter must include the goals that were not achieved within the IHFCP and that the lack of progress will be considered in any future case decisions of reported child maltreatment. 	
<p><u>WHEN NO PROGRESS HAS BEEN MADE</u></p> <p>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 child abuse, neglect, and/or dependency. In these cases, the agency in consultation with the county attorney must discuss the possibility of filing a petition alleging that the child is abused, neglected, and/or dependent.</p> <p>NCGS § 7B-302(c) requires the local county child welfare agency to provide protective services and seek a court action if the parent/caretaker does not cooperate.</p> <p>Once abuse, neglect, and/or dependency have been adjudicated, the judge can order the parents/caretaker to take certain steps to resolve the behaviors or conditions that led to the filing of the petition. In cases where the child has been adjudicated and remains in the home, the court will conduct a review hearing every six months until the danger indicators and risk of harm have</p>	<p><u>WHEN NO PROGRESS HAS BEEN MADE</u></p> <p>It is important to note that a petition may be filed asking for an adjudication of abuse, neglect, and/or dependency even when the local county child welfare agency is not seeking removal of the child(ren) from the legal custody of the caretaker. This may be the case when a parent/caretaker refuses to cooperate despite diligent efforts made by the local county child welfare agency and Safety Networks and supports.</p> <p>The juvenile petition (AOC-J-130) filed by the local county child welfare agency, in consultation with the county attorney, is the same petition filed when the agency is requesting custody. The juvenile petition is filed without an Order for Nonsecure Custody (AOC-J-150).</p>

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Protocol – What you must do	Guidance – How you should do it
<p>been eliminated or reduced to the point that involuntary services are no longer required.</p> <p>If the child(ren) has already been adjudicated abused, neglected, and/or dependent and, at a later date, the agency decides that nonsecure custody is necessary to protect the child(ren), the agency must file a nonsecure custody order to remove the child(ren) that contains language stating that the removal is in the child(ren)'s best interest or that the child(ren) remaining in the home is contrary to the welfare of the child(ren).</p> <p>In cases where the juvenile has been adjudicated and has not been removed from the parent, guardian, or custodian the court must conduct a review hearing within 90 days of the initial dispositional hearing and then every six months thereafter.</p> <p>The Clerk of Court must make notice at least 15 days prior to the review hearing to:</p> <ul style="list-style-type: none"> • The parent, guardian, or custodian; • The child or youth regardless of age; • The local county child welfare agency involved with the family; • The Guardian Ad Litem; and • Any other person the court deems necessary. <p>The court will review the appropriateness of the child's continued placement at each hearing. At any review hearing the court may maintain the child's placement, order a different placement, or appoint an individual guardian. The court may also place the child in the custody of either parent, relative, or the local county child welfare agency as the court determines.</p> <p>The court may waive further review hearings or terminate its jurisdiction once the parent, guardian, or custodian successfully completes court-ordered</p>	<p>A Child and Family Team (CFT) meeting in which the agency outlines its concerns for the safety of the children, potential consequences, and the outcome of that CFT meeting should occur prior to the filing of a juvenile petition.</p> <p>Anytime a local county child welfare agency files an order, N.C.G.S. 7B-302 requires the county to have all orders reviewed by the county attorney prior to filing.</p> <p>NCGS § 7B-904 gives the court the authority to order the parents to attend and participate in parenting classes, to provide transportation for the juvenile(s) to keep appointments for treatments, and to take appropriate steps to remedy conditions in the home that led to the juvenile's adjudication. The statute specifically sets the procedure governing the contempt proceedings. Failure to comply with the order of the court may lead to the parent(s) being found in civil or criminal contempt.</p> <p>When a child's case is being heard, the local county child welfare agency should both encourage and support participation of the child in the proceeding. This may be having the child or youth present to address the court, writing a letter to the judge, drawing a picture of what safety or permanence might look like, etc. When a child would like to draw a picture, consider using the Safety House and/or Three Houses to help illustrate the child's point of view related to the decisions being made in court. The discussion with the child needs</p>

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Protocol – What you must do	Guidance – How you should do it
<p>services, and the juvenile is residing in a safe home. If the court waives reviews and the local county child welfare agency gets a new report and there are danger indicators identified, a new petition must be filed.</p> <p><u>ICWA/MEXICAN HERITAGE</u></p> <p><u>Indian Child Welfare Act of 1978 (ICWA)</u> All cases substantiated or found to be Child Protective 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 Indigenous ancestry is identified.</p> <p>If an Indigenous 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 Child Protective 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>	<p>to be centered on “how” they would like to participate in court, not “if” they will participate.</p> <p>N.C.G.S 7B-906.1(c) states, the court shall provide any person with whom the child is placed the opportunity to address the court regarding the juvenile's well-being.</p>

Structured Tool Completion Requirements

In-Home Services – Structured Tools Timeframes		
Timeframes	Progress to Case Closure Guide (PCCG) and Family Strengths & Needs Assessment (FSNA)	In-Home Family Case Plan (IHFCP)
Within 30 days of case decision	<ul style="list-style-type: none"> • Review the following, completed during CPS-A: <ul style="list-style-type: none"> ○ Safety Assessment ○ Risk Assessment ○ (Initial) Family Strengths & Needs Assessment (FSNA) • Review or complete the Trauma Screening Tool for each child. • Review or complete Non-Offending Parent/Adult Victim DV Assessment and/or DV Perpetrator Assessment, if applicable. • Review and update the Plan of Safe Care, if applicable. 	Development of IHFCP &
Every 90 days thereafter	<ul style="list-style-type: none"> • Completion of the FSNA. Completion of CSNA, if applicable. • Completion of Progress to Case Closure Guide • Review status of whether each child is at serious and/or imminent risk of removal absent effective prevention services (Please note: this only occurs at the 6 month review unless there is a change in circumstances that warrant this review.) 	& Update IHFCP
Newly identified danger indicator and/or risk of future harm	<ul style="list-style-type: none"> • Completion of the FSNA. Completion of CSNA, if applicable. • Completion of Progress to Case Closure Guide or Risk Assessment (if new report). <p>Note: When the change of circumstances results in a new report accepted at Intake and CPS-A, the Risk Assessment must be completed and applied to the case.</p>	& Update IHFCP
Within 30 days of case closure	<ul style="list-style-type: none"> • Completion of the FSNA. Completion of CSNA, if applicable. • Completion of Progress to Case Closure Guide (PCCG) 	& Update the IHFCP when case has been identified as lack of progress or a previous In-Home or Permanency case. All other cases to be reviewed by In-Home caseworker and SWS as well as with the family.

Documentation

Protocol -What you must do	Guidance – How you should do it
<p>Documentation of CPS In-Home Services must include a description of :</p> <ul style="list-style-type: none"> • Home visits, school visits, and any other family member contact; • Contacts with Safety Network and support members as well as extended family, services providers, etc.; • Meetings and decisions made; • Observations regarding family interaction and relationships, engagement in services and behavioral changes • Services, activities, and interventions agreed upon and provided, arranged for or coordinated; • All diligent efforts to make appropriate contacts, if not achieved; • The support needed requiring continuing agency involvement; • The family’s progress or barriers toward case goals (through use of IHFCP); • Case conferences with the group/unit, including any two-level decisions made by the supervisor and caseworker; • Justification for any missed policy or protocol requirements (missed timeframes, etc.); • Any discussions regarding ongoing safety and/or risk of maltreatment; • Any new allegations and actions taken; • All discussions regarding the well-being needs of the child(ren); and • Any other efforts by the local county child welfare agency to achieve safety and protection, family preservation, and prevention of future maltreatment. <p>Documentation must be maintained in the ‘Case Contact’ section of PATH NC. It must be current within seven days of any case activity or action.</p> <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 • 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>For additional guidance see “Documentation” Cross Function Topics in the <u>NC Child Welfare manual</u>.</p> <p>PATH NC allows you to capture all of this information and auto-populates information that has already been previously entered in the system such as demographic information and the IHFCP.</p>

Documentation

Protocol -What you must do

In-Home Services closing documentation must:

- Support the rationale for case closure;
- Reflect either that the parents/caretakers are willing to provide a safe home and demonstrate their ability to do so, the agency obtained legal custody or placement responsibility (**updated IHFCP completed with the family within 30 days of case closure**), or the **parent/caretaker has developed an alternative plan that ensures the safety of the child(ren)**.
- Indicate **whether** the decision was **agreed upon with the family AND the local county child welfare agency's two level review of the decision**.
- Include notification to the family in writing that the case is closed within seven days **when the agency's decision is to close the case**.

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 local county child welfare agency completed the following:

- Efforts made to protect the child in their own home and prevent out-of-home placement;
- Relatives **and non-relative kin** 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 following requirements when temporary/emergency custody is initiated:
 - That the child **has identified to be in danger** of maltreatment if the **In-Home caseworker** 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 any placement with an unlicensed provider**; that the juvenile petition was filed because the child(ren) was **identified to be in danger**; 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.

See the "Documentation" in Cross Function Topics in the [NC Child Welfare manual](#) for definitions and additional protocol and guidance.

New Reports or Allegations Received 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 PATH-NC as a new report and screened through Intake on the Structured Decision Making Screening and Response Tool, and if it meets the threshold a CPS-A must be conducted.</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>
<p>Protocol – What you must do</p>	
<p>See Assessments Manual (PATH NC) 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 a new danger indicator arises during an In-Home case (for example, the case was opened for severe neglect and a new allegation of sexual abuse is made), the In-Home caseworker must make a report to Intake. If Intake accepts the report, a new SDM Safety Assessment must be completed that addresses all current and newly identified danger indicators. Any new allegation or incident that meets the statutory definition of abuse, neglect, or dependency during CPS In-Home Services must be entered in PATH-NC as a new report and screened through Intake using the SDM Screening and Response Tool. If the report meets the screening threshold, a CPS Assessment must be initiated. See Assessments Manual (PATH NC) for policy, protocol, and guidance for completing the CPS-A.</p> <p>If the report is not accepted, the In-Home caseworker is still responsible for addressing the concern. In cases where there is not a new danger indicator identified, but the circumstances require a revised Safety Plan, a new Progress to Case Closure Guide (PCCG) and revised Safety Plan must be completed.</p> <p>CASE DECISIONS FOR INVESTIGATIVE ASSESSMENTS</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 In-Home caseworker must notify the family of the decision; and ○ Any newly identified safety and risk factors must be addressed in the service delivery of the existing IHFCP. Refer to the DSS-5239ins PATH NC for comprehensive instructions. <p>If it is determined that the allegations are not true and there are no safety or risk factors:</p> <ul style="list-style-type: none"> ○ The agency’s case decision must be to Unsubstantiate; and 	

New Reports or Allegations Received During In Home Services

- The **In-Home caseworker** 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 **IHFCP**.

CPS ASSESSMENT CASE DECISIONS FOR FAMILY ASSESSMENTS

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

- The agency's case decision must be Child Protective Services Needed;
- The **In-Home caseworker** must notify the family of the decision; and
- **Any newly identified safety and risk factors must be addressed in the service delivery of the existing IHFCP.**

If the only needs that are identified are those that were uncovered during the previous assessment and there is no new maltreatment identified:

- The case decision must be Child Protective Services Not Recommended;
- There must be concise documentation in the record stating that the safety and risk factors related to the original assessment continue and services must continue to reduce the original **safety and risk of harm** through the provision of CPS In-Home Services; and
- The **In-Home caseworker** must notify the family of the decision of Child Protective 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 **IHFCP**.

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 **PATH-NC** and documented in the **Structured Decision-Making Screening and Response Tool** in 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 IHFCP. <p>EXCEPTION DUE TO COURT INVOLVEMENT</p> <p>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>The child is required to be seen within 72 hours of the notification to the new county that the family has relocated to their area. Both counties should discuss whether immediate contact should be made with the family to assure the safety of the child based on the most recent circumstances.</p> <p>Please see Administrative Policy for additional information.</p>

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