


Department of Public Health and Human Services – Procedure

	Category:	<i>Child and Family Services Division</i>
	Procedure:	<i>(PRO) Case Management</i>
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1. **PURPOSE**

The purpose of this procedure is to outline the steps that will be taken by Child and Family Services Division (CFSD) to support parents, children and resource parents while they are involved with the child welfare system. This will occur through effective case management, which is a dynamic and ongoing process focusing on assessing, monitoring, and supporting child safety, permanency and well-being.

Case management is the active engagement of the child and family to assist them in meeting permanency goals and to ensure services are being provided in a timely and effective manner. CFSD will engage parents and children in creating and establishing goals that are individualized. CFSD will partner with community resources and natural supports to meet the identified needs and goals.

The purpose of this procedure is to ensure the following occur:

1. Permanency for children is achieved in a timely manner, and the child is safe and stable where they reside.
2. Children are supported to maintain and have permanent connections to natural supports and other important people in their lives.
3. Children's behavioral, physical health, education and well-being is assessed for regularly, and services are referred to as needed.
4. Parents are given opportunities and support to mitigate the safety concerns that led to CFSD involvement. Parents are encouraged to engage in the development and implementation of their case plan by identifying services to support and enhance their protective capacities.
5. Resource families are assessed and supported in providing quality care and services for children in their care.


2. **SCOPE**

This procedure applies to all cases where CFSD is involved with children, their parents and resource families as applicable, at the beginning of a Prevention Plan and/or legal intervention.

Once the case plan is established, each contact with the child and parent should focus on assessing the progress being made to achieve and established goals, prioritize tasks and to continuously assess for safety. The CPS must maintain communication with the child, parents, natural supports, resource families and service providers throughout the period of intervention to assist and assess the progress toward the case plan goals. Monitoring for and supporting change should begin as soon as intervention is implemented and should continue throughout the life of a case.

This procedure ends when a Prevention Plan has been completed and the case closed or when a case with legal intervention has been dismissed by the court.

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3. RESPONSIBILITY

The CPS, or other assigned primary worker, is responsible for the steps outlined in this procedure. Throughout this procedure “CPS” will be used to reference both the CPS and other CFSD staff assigned as the primary case worker.

The Child Protection Specialist Supervisor (CPSS) of the CPS or the immediate supervisor of any other assigned primary worker is responsible for meeting the expectations of this procedure. Throughout this procedure “CPSS” will be used to reference both the CPSS or the supervisory position over seeing the other CFSD staff assigned as the primary case worker.

4. DEFINITIONS

[HYPERLINK TO MT DEFINITIONS](#)

For the purpose of this procedure the term “Resource Parent” is defined as: “Any individual or family who has a placement of a child by CFSD and is the primary adult responsible for the day to day care and supervision of a child, including congregate care setting. “

For the purpose of this procedure the term “Case Plan” encompasses the assessment and components of the following:

1. Ongoing Assessment formally and informally of Safety, Well-being and Permanency
2. Safety Plans/Protection Plans
3. Prevention Plans
4. Visitation Plans
5. Treatment Plans
6. Conditions for Return
7. Placement Stabilization Plans
8. Permanency Plans
9. Diligent Search and Concurrent Planning
10. Well-Being needs for the child (Behavioral, Physical Health and Educational)
11. Independent Living Skills for Youth 16 to 18

5. PROCEDURE

The stages are not sequential in nature and several components could occur in tandem with one another.

HEALTH

1. Education:
 - A. All children are provided opportunities to maintain or receive an

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education when they have attained the minimum age for compulsory school attendance under State law by being enrolled as a full-time elementary or secondary school student in a public school unless they completed secondary school, or an exception has otherwise been approved by the CFSD Regional Administrator (RA).

- a. If an exception is granted, the RA will document in the electronic case record the decision and the plan for the child's educational needs to be met. Children placed in congregate care settings will attend public school unless the CPS agrees to other arrangements to address specific needs of the child (e.g., Day Treatment, Partial Hospitalization).
 - B. Efforts are made so a child in an out-of-home placement is able to continue attendance in their current educational setting. If this is not possible, the CPS will determine if it is in the best interest of the child to remain in their home school district or to attend the local school where the child is in placement by considering the following:
 - a. Local school district policies regarding out of district enrollments.
 - b. Safety of the child.
 - c. Wishes of the parent, resource parent and the child.
 - d. Distance and time for the child to travel to and from the home school district, projected duration of out-of-home placement, the child's academic, developmental and socialization needs.
 - e. Fact that it is especially problematic for a high school student to change schools or districts in the middle of a term or semester as the student could lose credits to graduate.
 - C. In the case, it is determined the child needs to attend the local school where the child is in placement, the CPS will work with the local school to complete the necessary paperwork for all aspects of the enrollment process, so that the child is immediately enrolled in their new school and able to resume attendance within five days of placement.
 - D. When completing the application for the school district, CPS will state the child is in an out-of-home placement, therefore making them automatically eligible to receive free meals through the School Nutrition Program.
 - E. When a child has either turned fourteen while in the child welfare system or has entered the child welfare system after turning fourteen, the child will be referred to the Chafee Program. The CPS will:
 - a. Complete and submit the Chafee Foster Care referral form to the Chafee Foster Care Independent Program Manager.
2. Physical:
- A. CFSD will monitor and manage for a child's physical health while the child is in the Child Welfare System. The CPS will ensure:
 - a. Within the first thirty days after an out-of-home placement, and annually thereafter, request an EPSDT exam in

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order to establish any ongoing or future treatment needs.

- b. The child's routine dental appointments have been completed, and the appointments are maintained bi-annually.
- c. The child's routine vision appointments have been completed and are maintained annually.
- d. Any recommendations for physical, dental and vision needs are followed through with.
- e. Children under the age of three-part C screening referral has been made. In the case the referral has not been made, complete and submit the referral to the local Part C provider in their county.
 - i. Request summary of screening from Part C provider.
- f. Monitoring of the child's medication occurs, and placement are advised to inform CPS within 24 hours of any medication changes.
- g. Documentation of all medical activity in the electronic case record.

3. Mental:

- A. CFSD will monitor and manage for a child's mental health while the child is in the Child Welfare System. The CPS will:
 - a. Within forty-five days request the resource parent to complete a "Child Assessment by Foster Care Provider (DPHHS-CFS-107, Part E)" on the child to support the child's case plan. The resource parent will complete this every six month thereafter until permanency has been achieved.
 - i. In the case the child has a change of placement, the current resource parent will be requested to complete a new "Child Assessment by Foster Care Provider (DPHHS-CFS-107, Part E)" unless it has been completed within the last thirty days by the previous resource parent.
 - b. Determine, by using the Child Assessment, if the child's behaviors warrant a mental health assessment.
 - i. In particular, the section on the child's "Emotional/Behavioral Strengths, Conditions, and/or Concerns" should be reviewed, and the child should be referred for a mental health assessment if any indications are present that the child may benefit from mental health supports and services.
 - ii. Clinical assessments must be provided by a licensed mental health professional.
 - c. Assess the recommendations from the licensed mental health professional and make referrals to services as available and necessary.
 - i. When it is determined to not follow the recommendations made, CPS will document justification in the electronic case record.

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- d. Monitor any psychotropic medication children are receiving by participating in medication management appointments. CPS will:
 - i. Request placements to inform them within 24 hours of any recommendations for medication changes made to the child.
- e. Engage youth in having age and developmentally appropriate input and consultation on all treatments provided and medications administered.
- f. Document all medical activity in the electronic case record.

MONITORING OF REASONABLE AND PRUDENT PARENTING STANDARDS

All children both in and out of home placements will have access to reasonable and prudent parenting standards. CPS will monitor both in and out of home placements of children to assess that reasonable and prudent parenting standards are being adhered to and assess safety of the child. CPS will regularly talking to the child and the placement provider about what activities the child is engaged in, wants to engage in, or has been denied the ability to engage in. If CFSD does not possess Permanent Legal Custody (PLC) of a child, the CPS will engage the parents in discussions about these activities. That outcome should be both least restrictive in nature and adhere to the child's own unique needs. CPS will ensure that the resource parent and parents understand the following:

1. Activities/Travel:

- A. While biological parents do not have the ability to deny their children in foster or congregate care the opportunity to participate in age and developmentally appropriate activities, their opinion on such activities shall be taken into consideration.
- B. Resource families are authorized to travel in or out-of-state with children for up to 72 hours without obtaining written permission from CFSD. If an episode of travel will be longer than 72 hours, written permission is required from the CPS.
- C. Foster parents and designated staff in congregate care facilities have the ability to make basic decisions regarding normalcy and participation in age and developmentally appropriate activities independent of CFSD and birth parents. Basic activities may include overnight activities for a period not to exceed 72 hours.
- D. In the event any of the activities above are over 72 hours the foster parent or congregate care facility must obtain written permission from the Child Protection Specialist (CPS) assigned to the case.
 - a. In this case the CPS will consult with the CPSS for approval.
- E. Children under age 14 years are not allowed to operate motorized equipment or vehicles.

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2. Religion:

- A. The child cannot be required to attend or participate in church or religious activities by the resource parent.
- B. The child may attend or participate in church or religious activities of their choice.
 - a. Such participation shall not be required to be earned as it is a right.
- C. The resource parent shall inform the CPS if the child's religious preference changes while in their care.

3. Appearance:

- A. Only non-permanent changes to appearance may be made. Resource parent must seek CPS, in consult with CPSS, permission when child and biological parent's choice in hairstyle are in conflict.
- B. Permanent changes or significant changes are not permitted without parents' consent. These include but are not limited to, piercings and tattoos.

COMMUNICATION/MONTHLY HOME VISITS/COLLATERAL CONTACT

CPS will have contact with parents, children, resource parents and natural connections supporting safety plans and service providers on a minimum of a monthly basis.

1. Contact with Child:

- A. The CPS will meet with the child face-to-face at least monthly to assess for safety, permanency, and well-being. Face-to-face visits provide opportunity for purposeful engagement with the child and helps build and maintain rapport. This helps the child feel supported, connected and guided throughout their case. Open discussion with the child about their case plan creates opportunity for the CPS to work collaboratively with the child to identify strengths, resources, challenges, and needs. This invites the child to be active in problem solving, understanding and addressing specific needs while identifying opportunities for support and connections.
- B. If a child is placed in an out of state Residential Care, the visits will be coordinated through the respective Regional Administrator of the placing worker with any other CFSD CPS who also have youth placed in the same facility. The designated CPS will complete the monthly on-site visit with each CFSD youth placed in the facility connecting with the primary CPS prior to the visit to ensure the following the steps outlined below are adhered to.
- C. When the child is age 18 months or older, the CPS will ensure that a portion of each face-to-face visit is with the child alone to ensure the child has the opportunity to share information privately with the CPS.
- D. If the child is not comfortable meeting with the CPS alone, the CPS will document in the electronic case record why meeting privately did not occur, and their efforts to build rapport with the child to support private visits in the

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future.

- E. The CPS should hold as many face-to-face visits as possible in the placement where the child resides but must ensure that at least 50% of these face-to-face visits occur in the child's placement. This provides opportunity for the CPS to simultaneously assess the child's safety in the placement and assess the needs of the placement. The CPS should identify when more visitation between the CPS and child is needed to ensure the assessment of permanency needs.
- F. In addition to the mandated monthly face-to-face contact, CPS should make efforts to connect with the child through phone, virtual platforms, or other means for purposes of rapport building and continued assessment between face-to-face visits.
- G. Before the visit the CPS will:
 - a. Schedule a time and a location with the child to hold the face-to-face visit. The availability of, and convenience for, the child and resource parent should be given the highest priority when scheduling these face-to-face visits. The length and location of the visit should be structured to best support open and honest conversation.
 - b. Gather and review case documents, service plans, related data and information.
 - c. Review documentation of the last contact to ensure follow-up was completed.
 - d. Make any necessary collateral contact with key individuals in the case (e.g. therapist, treatment provider, doctor, school personnel, safety resource) to assess progress and concerns.
 - e. Plan and prepare:
 - i. Set a clear purpose and agenda for the visit. To the extent that the child is developmentally able to do so, the CPS should ask the child for their input on the visit agenda and make every effort to include those items.
 - ii. Identify issues and concerns to explore (with room for adaptation during the visit).
 - iii. Consider and plan for worker safety.
- H. During the visit the CPS will focus on the case plan in a manner that allows for the child to be engaged, explore progress and make adjustments as needed. CPS will:
 - a. Assess for child safety and risk (including identification of safety threats, vulnerabilities, and protective capacities). Some things to consider include, but are not limited to:
 - i. How the child presents physically, including the child's non-verbal cues and body language.
 - ii. How the placement treats any other child in the home

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- and how that compares/contrasts to the fostered child.
- iii. How physical surroundings in the placement look.
 - iv. Observe the child's personal space in the home, including sleeping area is and where the child's personal belongings are kept.
 - v. The child's feelings about their safety and level of comfort during the past month.
- b. Discuss case plan goals, progress and actions needed in a language that all participants can understand. Discussion topics should include the following:
- i. The child's understanding of their case plan and the degree to which they participated in developing their case plan in an age and developmentally appropriate manner.
 - ii. Services the child participated in this month and what services they chose not to participate in and why.
 - iii. Any outstanding service needs/desires that the child is not receiving.
 - iv. Discuss with children 14 years and older, if they've been referred to a Chafee provider, the contact they've had with this provider and what they think about the help they've been given.
 1. In addition, ensure all components of the youth procedure are being met.
 2. Explain to the child what a Youth Centered Meeting is, including the specific aspects for discussion to assist the child in making plans for the future.
- c. Other activities the child has participated in and activities they chose not to participate in and why. Any other activities or events the child wants to participate in and if they've discussed it with their current placement.
- d. Concerns, changing circumstances, and challenges for the child while providing an opportunity to develop plans to promote change in outcomes.
- e. What CFSD will do to support the child in meeting their personal goals for well-being and connections, include:
- i. Contact the child is having with their parents, siblings, and other important connections. If any scheduled visits were cancelled, ask the child if they know the reason(s) why.
 - ii. The child's natural connections and the plan to ensure these connections remain involved when it is safe to do so.

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- f. The child’s permanency plan. This discussion should include the child and their desire for permanency, in an age and developmentally appropriate manner. Ask the child, and document, if they’ve been involved in any meetings or conversations about their permanency plan and changes to their case plan.
- I. After the visit the CPS will:
 - a. Document the face-to-face visit in a progress note in the electronic case record clarifying how case goals were addressed through discussion and observation focusing on safety, permanency and well-being.
 - i. When youth are 14 years or older, the CPS will provide a written summary to the youth within 5 working days. The summary will be written in a manner understandable to the youth that outlines next steps for all parties, action steps and who is responsible.
 - b. Throughout other monthly contact between the CPS and the child, if informal assessments of safety, well-being and/or permanency occur CPS will document in the electronic case record clarifying how the assessment was completed, and what was determined.
 - c. If a face to face visit is unable to occur for any reason in a given month, the CPS will document all efforts made to conduct a face to face visit, and the reason one was not possible.
2. Contact with Resource Parent:
 - A. Contact between the CPS and the resource parent should occur at least monthly to ensure the resource parent can express thoughts and concerns related to the child's well-being and needs, as well as their own. It is ideal that these visits are face-to-face and can occur during the monthly home visit completed between the CPS and the child; however, when face-to-face contact is not possible, the contacts can occur via phone, email or virtual platform. The frequency of the contact between the CPS with the resource parent may need to occur more often, dependent on each situation. Some children may have higher needs than other children; therefore, contact and communication should be more frequent.
 - B. Before this contact the CPS will:
 - a. Schedule a time and a location with the resource parent to hold the face-to-face visit. The availability of, and convenience for the resource parent should be given the highest priority when scheduling these visits. The length and location of the visit should be structured to best support open and honest conversation. If the child is included in the visit, the availability and convenience for both the child and the resource parent should be considered.

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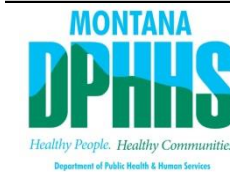
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- b. Review documentation of the last contact to ensure follow-up was completed.
- C. During this contact the CPS will:
 - a. Assess for Safety: In a joint effort the CPS and the resource parent will discuss any safety needs of the child. CPS will then assess those safety needs.
 - b. Assess for Needs: CPS will discuss any special needs the resource parent may have in meeting the child's safety, well-being and permanency outcomes and develop a plan to address those identified needs:
 - i. As it pertains to the well-being of the child. This could be social, emotional, behavioral, educational, or medical in context.
 - ii. As it pertains to the resource parent.
 - c. Evaluate Stability by engaging the resource parent in a discussion surrounding the child's own unique situation and needs exploring:
 - i. What they know of the child's social, cultural, economic, familial, and spiritual needs.
 - A. If these differ from the resource parent, what is their perspective.
 - ii. Willingness to continue to be placement for the child.
 - A. Are there barriers to the willingness that need to be addressed?
 - iii. Is there a resource or service CPS can assist the resource parent in accessing?
 - iv. Availability to continue to be placement for the child.
 - A. Are there barriers that could be addressed to change the circumstance?
 - v. Resource parent's view of the child's family (maternal and paternal).
 - vi. Has the resource parent identified any cultural biases they have toward the child's family and what assistance can be provided to help them address those biases?
 - vii. The role the resource parent plays in supporting efforts to reunify the child with the parents, unless there has been a decision to move toward a permanency option other than reunification.
- D. Conclude the visit by assessing and determining of a Placement Stabilization Plan is needed.
 - a. In the case a Placement Stabilization Plan is needed, the CPS will:
 - i. Engage the resource parent in discussing services and


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- provider options to determine the best fit to stabilize the placement.
 - ii. Obtain the resource parent’s signature on the Release of Information (ROI).
 - iii. Refer for the service clearly outlining expectations for the resource parent and the service provider through setting clear objectives related to the placement stabilization plan and frequency of service.
 - iv. When needed, utilize team meetings to ensure collaboration between the CPS and resource parent is occurring in a transparent and respectful manner stating clear objectives. This will include inviting all parties in brainstorming and developing plans in a team approach.
 - v. Provide a summary of the placement stabilization plan to the resource parent that outlines next steps for all parties, action steps and who is responsible for each of these.
 - E. After the contact the CPS will document the contact in a progress note in the electronic case record.
 - F. Throughout other monthly contact between the CPS and the resource parent, if informal assessments occur specific to safety, well-being and/or permanency for the resource parent or child, the CPS will document in the electronic record clarifying how the assessment was completed, and what was determined.
 - G. If a face to face visit is unable to occur for any reason in a given month, the CPS will document all efforts made to conduct a face to face visit, and the reason one was not possible.
- 3. Contact with the Parents:
 - A. Partnering with parents in all aspects of their case plan is critical to successful reunification of the child with their parent. A key tool to engaging parents is the use of quality ongoing face-to-face contact between the CPS and the parent to engage them in effective case review and planning. The CPS and parent face-to-face contacts provide opportunities to address the effectiveness and/or barriers of services in place to support prompt reunification. Empowerment of parents in this manner helps to protect and preserve their rights as parents.
 - B. The CPS will have at least one face-to-face visit with each parent monthly. There may be more frequent phone and/or email contacts but these contacts will not replace the monthly face-to-face visit. The CPS will ensure the following takes place before and during each visit to ensure quality and effectiveness:
 - C. Before the visit the CPS will:

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- a. Schedule a time and a location with the parents to hold the face-to-face visit. The availability of and convenience for the parent should be given the highest priority when scheduling these face-to-face visits. The length and location of the visit should be structured to best support open and honest conversation.
 - b. Gather and review case documents, service plans, related data and information.
 - c. Review documentation of the last contact to ensure follow-up was completed.
 - d. Make any necessary collateral contact with key individuals in the case (e.g. therapist, treatment provider, doctor, school personnel, safety resource) to assess progress and concerns.
 - i. Document these efforts and gathered information in a progress note within the electronic case record.
 - e. Plan and prepare:
 - i. Set a clear purpose and agenda for the visit.
 - ii. Identify issues and concerns to explore (with room for adaptation during the visit).
 - iii. Consider and plan for worker safety.
- D. During the visit the CPS will focus on the following areas of the case plan:
- a. Assess for child safety and risk (including identification of safety threats, vulnerabilities, and protective capacities).
 - b. Discuss case plan goals, progress towards goals since the last visit, and actions needed in language that all participants can understand.
 - c. Identify and embrace strengths and opportunities for the parent while celebrating successes and accomplishments in behavioral changes.
 - d. Assess and address concerns and changing circumstances, as well as any barriers for the parent, while engaging the parent and providing opportunities to develop case plans and goals.
 - e. Clarifying any changed expectations in the case plan, paying close attention to any ongoing or changing needs of the parent.
 - f. Discuss what CFSD can and will do to support the parent in meeting the case plan goals.
 - g. Explore and maintain kinship connections and help parents understand the importance of these connections.
 - h. Facilitate discussions with the parents regarding the importance of the child maintaining kinship connections and explore additional familial relationships.
 - i. Make necessary modifications to the case plans.
- E. Conclude the visit by providing a summary that outlines next action steps for

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all parties, who is responsible for each action step, and arrange the next scheduled visit.

- F. After the visit the CPS will document the face-to-face visit in a progress note in the electronic case record, specifying how case goals were addressed through discussion and observation focusing on safety, permanency and well-being.
 - G. Throughout other monthly contacts between the CPS and the parent, if informal assessments of safety, well-being and/or permanency occur for the parent or child, the CPS will document in the electronic case record how the assessment was completed and what was determined.
 - H. If a face to face visit cannot occur for any reason in a given month, the CPS will document all efforts made to conduct a face to face visit, and the reason one did not take place.
4. Collateral contact with service providers and natural supports:
- A. Information obtained through collateral contacts, both service providers and natural supports, offers a comprehensive and current understanding of the progress being made by children and parents on their respective case plans. Service providers and natural supports often have frequent contact with children and parents and have an informed opinion about their strengths, areas in need of improvement and any barriers to service provision and progress. Intervention and service provision are typically a collaborative effort between CPS and other providers or natural supports significant to the child or parent. As such the evaluation of family progress must also be a collaborative venture. In addition, when the court is involved, it is appropriate to obtain information from each parent’s attorney, the child’s attorney and the court-appointed special advocate (CASA) or the Guardian ad Litem (GAL). For these reasons, the CPS will:
 - a. Make monthly contact with all case plan providers and natural supports to collect information, analyze and evaluate the parents progress and decide on further actions.
 - b. The focus should address the following:
 - i. Have protective factors, strengths, or safety factors changed, thereby warranting change in any existing safety plans?
 - 1. What are the changes that have occurred in the factors contributing to the risk of maltreatment?
 - ii. Has progress been made towards achieving case plan objectives?
 - iii. Is there efficacy of services in achieving outcomes and goals?
 - 1. If ineffective, what adjustments need to be made to find effective services for the parent

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and child?

- iv. Have services been provided in a timely manner?
 - v. Is the parent participating in services scheduled?
 - vi. Are service providers building rapport with the parent and/or child?
 - vii. Is there is a need to alter the plan of services based on changes for the parent?
 - viii. What is the current level of risk in the family?
 - ix. Have the risk factors been reduced sufficiently so that the parents can protect the children and meet their developmental needs?
 - x. Does the permanency plan need to be changed?
- c. In addition, the focus should address the following:
- i. Any identified needs for the child.
 - ii. Any new natural connections identified for the child.
 - iii. Activities the child would like to participate in through school, the community, cultural, religious or other types of settings.
- d. Document in a progress note in the electronic case record, the parent's progress from the time of the initial assessment to the current evaluation which will provide the basis for current case decisions.

FORMAL and INFORMAL ASSESSMENTS

The CPS will utilize formal and informal assessments and processes to refer the child and parents for services.

1. For the parent:

- A. Services will be referred to that assist and support the parent in meeting case plan objectives and Conditions for Return. The CPS should make all efforts to ensure the parent understands how the services referred for are directly related to the case plan; and will collaborate with service providers as appropriate to assist the parent in understanding this connection. The CPS will do this by:
- a. Engaging the parent in discussing the components of their case plan, while assisting the parent in connecting with their service provider.
 - b. Obtaining the parent's signature on the Release of Information (ROI) for the identified and approved provider.
 - i. Provide a signed copy of the ROI to the provider, and a signed copy to the parent.

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- c. Outlining expectations for both the parent and service provider in the referral. Ensure it includes frequency of service, clear goals related to the case plan objectives.
 - i. Including any professional recommendations, the CPS has for the service provider; clarify expectations regarding documentation for reporting of progress or concerns of case plan objectives.
 - d. Utilizing team meetings to ensure collaboration between the parent and provider are occurring in a transparent and respectful manner, when necessary to do so. This will include sharing clear objectives for each meeting and inviting all parties in brainstorming and developing plans through a team approach which supports the partnership of the parent, the provider and the CPS to align for safety, well-being and permanency for the child.
2. For the child:
- A. Services will be referred to that will address any identified behavioral health and mental health needs while simultaneously supporting the child's permanency, safety, and well-being goals. The CPS will do this by:
 - a. Engaging the child in an age and developmentally appropriate ongoing dialogue about their needs and goals and support the child in being an active participant in their case plan.
 - b. Filling out and submit the referral and ROI to the identified provider.
 - c. Outlining expectation for the child and provider clearly defining objectives and frequency of service.
 - i. Including any professional recommendations, the CPS has, clarify expectations regarding documentation and the reporting of progress or concerns of case plan objectives.
 - d. Utilizing team meetings, when age appropriate to do so, to ensure collaboration between the child, parent and provider are occurring in a transparent and respectful manner. This will include sharing clear objectives for each meeting and inviting all parties in brainstorming and developing plans through a team approach which supports the partnership of the child, the parent, the provider, and the CPS to align for safety, well-being and permanency for the child.

TRIAL HOME VISIT

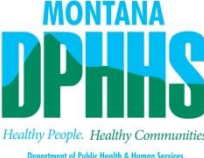
Reunification through a Trial Home Visit (THV) is intended to allow for CFSD to monitor and evaluate the parents' ability to keep their child safe for a minimum of six months, and not to exceed six (6) months unless ordered by the court for a longer period of time.

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1. Prior to the THV being implemented, CPS will assess the Condition for Return with their supervisor on a monthly basis to determine if they have been met. Once Conditions for Return have been met, CPS will:
 - A. Engage the parent to develop an In-Home Safety Plan to support the transition from an out of home placement to a THV identifying safety resources and natural supports to be included.
 - B. Create a transition plan with the resource parent, parent, service providers and child, when age appropriate to do so, to develop a plan in the best interest of the child.
 - a. Discuss expectations of In-Home Safety Plan with parent and all safety resources identified.
 - C. Provide notice of start of transition plan and THV start date to natural supports, safety resources, service providers including medical and Part C, school or daycare when applicable, court, the child, the resource parent, the non-custodial parent, and ICWA representative when applicable.
 - D. Document the contact made, In-Home Safety plan, and transition plan in the electronic case record.
2. During a THV, CFSD retains placement and care authority. If the THV visit is unsuccessful and the child is placed back into care within 6 months (180 days), it is not considered a new removal. During the THV the CPS will:
 - A. At a minimum, the CPS will have monthly face-to-face contact with both the child and the parent as outlined in this procedure above.
 - B. At a minimum, the CPS will have monthly contact with the service providers and natural supports still working with the family at the time of the THV.
 - C. At a minimum, the CPS will review case records in accordance with the procedure listed above.
3. When a child remains in the home for a minimum of 6 months on a THV with no additional confirmed reports of child abuse or neglect, the CPS will:
 - A. Complete the Case Closure Form and submit it to their direct supervisor for approval.
 - B. Discuss with the parent the following:
 - a. Specific accomplishments, emphasizing the positive change in behaviors and conditions.
 - b. Obstacles encountered and how they were overcome.
 - c. Remind the parent of the positive strides made as well as the methods they can use when future problems arise.
 - d. Help family members plan how to maintain the changes made within their family system.
 - e. Identify any potential obstacles they may encounter as well as strategies for overcoming them.
 - C. Provide a dismissal affidavit using the approved template from their local County Attorney's (CA) or Attorney General's (AG) office to be submitted to

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the court. A THV is deemed successful when during the THV, there has not been any confirmed reports of abuse or neglect, the issues that led to the department's intervention have been resolved and no reason exists for further CFSD intervention or monitoring.


PERMANENCY OUTCOMES OTHER THAN REUNIFICATION

1. When the court-ordered permanency plan is no longer reunification, the CPS will:
 - A. Maintain regular contact continuing to have:
 - a. Monthly face-to-face contact outlined above for the resource parent and child.
 - b. Monthly contact with the providers and the natural supports still working with the child or resource parent.
 - i. Review case records in accordance with the procedure listed above.
 - ii. Engage the parent, as appropriate, through the scope of relational permanency, in efforts to support the child in lifelong connections to significant connections and concurrent planning.
 - iii. Follow the permanency procedures for Guardianship, Adoption or Permanent Legal Custody.
 - iv. When Adoption or Guardianship has been achieved, CPS will provide a dismissal affidavit using the approved template for their local CA or AG's office to be submitted to the court.
 - v. When a child ages out of the States Care, ending the Permanent Legal Custody of the child, CPS will provide a dismissal affidavit using the approved template for their local CA or AG's office to be submitted to the court

6. RELATED DOCUMENTATION

Case Closure Form
Chafee referral Form
Part C Provider Referral Form
Child Assessment by Foster Care Provider Form (DPHHS-CFS-107, Part E)
Travel Authorization for Adoptive or Foster Parent Form
Release of Information Form
Conditions for Return Form
In-Home Safety Plan
Placement Stabilization Plan
Prevention Plan Procedure
Youth Procedure
Post-Adjudication Legal Procedure

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Engagement Meeting Procedure.

General Foster Care Information related to School – www.opi.mt.gov

7. RELATED FEDERAL OR STATE GUIDANCE

42 USC 671

42 USC 672

42 USC 675

45 CFR 1356.21

Mont. Code Ann. § 20-5-501

Mont. Code Ann. § 20-5-502

Mont. Code Ann. § 41-1-402

Mont. Code Ann. § 42-2-201

Mont. Code Ann. § 41-3-301

Mont. Code Ann. § 41-3-302

Mont. Code Ann. § 41-3-601 to 41-3-612

Mont. Code Ann. § 41-3-108 to 41-3-118

Mont. Code Ann. § 41-3-423

Mont. Code Ann. § 41-3-425

Mont. Code Ann. §52-2-121

Mont. Code Ann. §52-2-301

Mont. Code Ann. § 52-2-611

Mont. Admin. R. 37.50.310

Mont. Admin. R. 37.50.315

Mont. Admin. R. 37.50.316

Mont. Admin. R. 37.50.320

Fostering Connections to Success and Increasing Adoptions Act of 2008

The Preventing Sex Trafficking and Strengthening Families Act

Title IV Section B, subpart 2 of the Social Security Act

Montana Constitution, Article II

Child and Family Services Improvement and Innovation Act (P.L. 112-34)

Healthy, Hunger-Free Kids Act of 2010 (P. L. 111-296)

Title IV-E of the Social Security Act, Section 471(A)(30)