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1	<b>100</b>	<b>IN-HOME AND COMMUNITY-BASED FAMILY</b>	
2		<b>PRESERVATION AND SUPPORT SERVICES</b>	
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46 **100.2 Philosophy Of In-Home And Community-Based Family**  
47 **Preservation And Support Services**

48 Major objectives:

49 The goal of In-Home Services is to prevent the need for future child welfare involvement  
50 or removal. Providing services to families at home and in their communities can help  
51 caseworkers better identify strengths and needs and address parenting skills and  
52 relationships in the family's natural environment. Services are family-centered,  
53 community-based, and culturally competent, and engage the family by using their input  
54 to determine what types of supports or services will be most helpful to them.  
55

56  
57 Practice Guidelines

- 58 A. In-Home Services are appropriate when any of the following conditions exist:  
59 1. A child has experienced abuse or neglect but can remain safely in the  
60 home;  
61 2. When a child is returned home from out-of-home care;  
62 3. When an adoptive placement is at risk of disruption and intensive services  
63 are needed to maintain the child in the adoptive home; or  
64 4. When reunification is likely within 14 days and intensive support is needed  
65 in conjunction with a current out-of-home care caseworker to prepare for  
66 and facilitate the reunification.  
67
- 68 B. Once a case is accepted for In-Home Services, the caseworker will assess on an  
69 ongoing basis the family's willingness and ability to work with the Child and  
70 Family Team to resolve the issues that warranted Child and Family Services  
71 intervention. If the team is unable to work through the concerns about  
72 participation and progress, or if the threats to safety and well-being increase the  
73 caseworker will:  
74 1. Identify the threats to safety;  
75 2. When threats to safety exist that require additional intervention, the  
76 caseworker will staff the case with the supervisor and Assistant Attorney  
77 General (AAG) to determine if further court action is needed.  
78
- 79 C. A child and family will not be accepted for In-Home Services if all of the  
80 following conditions are met:  
81 1. A family has the ability to access resources, supports, and services on  
82 their own;  
83 2. There is minimal risk of abuse/neglect to the child; and  
84 3. The family requires no ongoing monitoring by Child and Family Services.  
85
- 86 D. The child and family will not be accepted for In-Home Services if a child needs to  
87 be removed from the home to be safe.

88 **101 Prevention**

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90 Practice Guidelines

91 *(These guidelines are being written and will be published as soon as possible.)*

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## 102 In-Home Services Initiation Sources

### Practice Guidelines

- 93  
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95  
96 A. In-Home Services are initiated by:  
97 1. A request from the family themselves or a referral from a community  
98 partner (e.g., schools, therapists, etc.).  
99 a. Requests by the family/community for In-Home Services may be  
100 accepted if the children are at risk of abuse or neglect.  
101 b. Requests will be screened within three working days of the request.  
102 If Child and Family Services does not have the capacity/resources  
103 to meet the request, the family/community partner will be notified  
104 and referred to other community resources.  
105 c. Requests will be opened as a voluntary case. [See: Practice  
106 Guidelines [Section 103.1.](#)]  
107 2. CPS investigation.  
108 a. Case Transfer Protocol is followed for all In-Home Services case  
109 types that are being opened following a CPS investigation. [See:  
110 Transfer Protocol.]  
111 3. The court.  
112 a. Court initiated In-Home Services are cases that had no previous  
113 CPS investigation and services have been ordered either from  
114 juvenile or district court. Child and Family Services did not make  
115 the recommendation to request court intervention.  
116

### 102.1 Case Assignment

#### Practice Guidelines

- 117  
118  
119 A. When an In-Home Services case is initiated a caseworker will be assigned within  
120 five business day to the case. In cases where additional assistance is needed  
121 due to geographic or workload constraints, a secondary caseworker may be  
122 assigned. Request for secondary caseworkers will be submitted to regional  
123 designees.  
124  
125 B. Cases will be assigned based on caseload and availability of caseworkers.  
126  
127

## 103 In-Home Services Case Types

### Major objectives:

In-Home Services case types include **collaborative[voluntary]** (PSC), court-ordered (PSS), In-Home Services for the Preservation of Families (PFP/PFR), and Post Adoption Support (PAS).

### 103.1 Collaborative[Voluntary] In-Home Services

#### Practice Guidelines

- A. Families will be given the opportunity to work **collaboratively[voluntarily]** with Child and Family Services based on the family's cooperation and an effective safety plan.
- B. Case Transfer Protocol will be followed for all PSC cases. [See: CPS Practice Guidelines.]
- C. The In-Home Services caseworker will use Structured Decision Making (SDM) and Utah Family and Children Engagement Tool (UFACET) assessment tools to determine the level of intervention as well as appropriate resources and services for the family.
- D. Modification of Voluntary PSC case: If Child and Family Services determines that the **collaborative[voluntary]** In-Home Services are not meeting the needs of the child and family and/or that another service would be more beneficial, Child and Family Services shall continue to provide **collaborative[voluntary]** services until a petition is filed.
  1. Consult with the supervisor;
  2. Review UFACET and SDM information; and
  3. File a petition for either court-ordered services (PSS) or when safety concerns exist, a petition for removal. The least restrictive should always be considered first.
- E. If a family refuses **collaborative[voluntary]** services or fails to engage with the caseworker and/or community services, the caseworker will staff the case with the previous CPS caseworker as well as the current supervisor.
  1. If the PSC caseworker has not been able to engage with the family and safety concerns exist the case returns to the CPS caseworker to file the petition.
  2. If the PSC caseworker has been working with the family and the conditions in the home become unsafe the PSC caseworker will file any needed petitions.

- 170 F. The Child and Family Team determines when to end services with the family, this  
171 decision is staffed with the caseworker's supervisor.  
172
- 173 G. The caseworker completes all documentation in SAFE and closes the case within  
174 three working days of the Child and Family Team's decision to close the case.  
175

## 176 **103.2 Court-Ordered In-Home Services**

### 177 Practice Guidelines

- 179 A. Child and Family Services will provide In-Home Services to families as ordered  
180 by the court. It is the responsibility of Child and Family Services to determine the  
181 intensity level of services provided to the families.  
182 1. Open a PSS case in SAFE within five business days.  
183 2. Create a Child and Family Team that will meet regularly regarding case  
184 decisions.  
185 3. Provide the court, the AAG, and the Guardian ad Litem (GAL), if assigned,  
186 with the Child and Family Plan upon completion.  
187 4. Provide the court, the AAG, and the GAL, if assigned, with plan progress  
188 as it is updated, no less than quarterly.  
189 5. Attend all court hearings for the PSS case.  
190 6. Consult with the AAG and the GAL, if assigned, regarding any information  
191 pertinent to Child and Family Services involvement with the family.  
192 7. When the Child and Family Team decides the family can safely manage  
193 without court involvement, consult with the AAG and file a motion to close  
194 services.  
195 8. The caseworker will continue to work with the family until a ruling is made  
196 by the assigned judge to close PSS services.  
197 9. When the court terminates Child and Family Services' involvement, the  
198 caseworker completes all documentation in SAFE and closes the case  
199 within three working days of the court order.  
200
- 201 B. The In-Home Services caseworker will contact the AAG and the GAL, if  
202 assigned, and other pertinent persons involved with the family to inform them that  
203 he/she is the caseworker and what level of service will be provided.  
204
- 205 C. Modification of a court-ordered (PSS) case: If the Child and Family Team  
206 determine that the court-ordered services are not meeting the needs of the child  
207 and family and/or that another service would be more beneficial, Child and  
208 Family Services will continue to provide the court-ordered services until the court  
209 alters the order.  
210 1. Consult with the supervisor;  
211 2. Review SDM and UFACET assessment information; and  
212 3. Request the AAG motion the court to modify the order.

- 213  
214 D. If services are court ordered but the assessment indicates that In-Home Services  
215 are not appropriate, the Child and Family Services caseworker will contact the  
216 AAG and GAL, if assigned, to explain the situation and request a petition be filed  
217 with the court to terminate services. The family and referent must be informed of  
218 the results of the UFACET assessment when the In-Home Services caseworker  
219 is recommending that In-Home Services are inappropriate for the family. If  
220 needs have been identified that can be met by non-Child and Family Services  
221 community services, those options will be explored with the family prior to ending  
222 services with the family.  
223

### 224 **103.3 In-Home Services For The Preservation Of Families**

#### 225 Practice Guidelines

226 In-Home Services for the preservation of families has the desired outcomes of keeping  
227 children safe in their homes, preserving intact families in which children have been  
228 maltreated when the problems can be addressed effectively, and preventing  
229 unnecessary removal and placement of children through intensive interventions.  
230

- 231
- 232 A. Eligibility: In-Home Services for the preservation of families are available to  
233 families that are in crisis and are in need of more intensive services to help safely  
234 maintain a child at serious risk of being removed from his/her home or from the  
235 home of a relative with legal custody. In-Home Services for the preservation of  
236 families may also be used prior to, concurrent with, or as follow-up to  
237 reunification in order to facilitate a child's safe return home.  
238
- 239 B. Caseworker Assignment and Case Start Date: If it is determined that a removal is  
240 necessary unless intensive services are immediately provided, a caseworker will  
241 be assigned and services will start no later than 24 hours after that  
242 determination. A caseworker with specialized training in In-Home Services for  
243 the preservation of families will be assigned to provide services. Services will be  
244 provided within the context of the Practice Model including a needs assessment  
245 by the Child and Family Team that will inform the Child and Family Plan.  
246
- 247 C. Duration of Services: Intensive family preservation services will be provided for a  
248 period of 60 to 90 days. If In-Home Services for the preservation of families  
249 beyond the 60- to 90-day limit are determined to be in the best interest of the  
250 child and family, the supervisor or designee may approve additional time. The  
251 extension must be documented and include specific desired results and  
252 treatment methods. Although this is a short duration service, caseworkers will  
253 use the same processes for completing a Child and Family Plan as they would  
254 for a longer term service. The Child and Family Plan will be finalized within 20  
255 days of opening the case.



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- D. Clinical Staffings: The caseworker will clinically staff the case with his or her supervisor and/or a clinical support team and must document the following staffings in SAFE:
    - 1. Initial: Within the first five days of the case start date;
    - 2. Midpoint: 30 or 45 days; and
    - 3. Transition: At the end of intensive service delivery (60 or 90 days).
  - E. Availability:
    - 1. In-Home Services for the preservation of families' caseworkers will have a limited caseload to provide more flexibility in responding to the families' needs.
    - 2. The caseworker will be available to respond to a family's needs within 24 hours.
  - F. In-Home Services for the preservation of families as a secondary service: It may be determined that a family already receiving another service from Child and Family Services will benefit from In-Home Services for the preservation of families as a secondary service. The In-Home Services for the preservation of families' caseworker will coordinate service delivery with the primary caseworker and the Child and Family Team. The Child and Family Plan will be updated within 20 days of case start date to include the needs to be met and the steps to be taken by the In-Home Services for the preservation of families' caseworker.

#### 280 **103.4 Reunification In-Home Services**

##### 281 Practice Guidelines

282 In-Home Services are available once a child has returned home from out of home care  
283 to assist the family in the transition and support maintaining the child at home.  
284

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293
- A. In an out-of-home care case, once safety concerns have been mitigated, the caseworker and Child and Family Team will determine whether the remaining items on the Child and Family Plan can be addressed with In-Home Services.
  - B. If the Child and Family Team determines that the family can manage risks in the home, the caseworker will staff with the AAG to consider trial home placement, or returning custody to the parent(s) and ordering in-home services.

294 **103.5 Threatened Adoptive Disruption Or Dissolution/In-Home**  
295 **Services**

296  
297 Practice Guidelines

298 In-Home Services are available to families to assist in maintaining a child in an adoptive  
299 placement. [See: Adoption Practice Guidelines [Section 401.9.](#)]

300

301 **104 Engaging**

302  
303 Major objectives: Engaging is effectively establishing a genuine, trusting collaborative  
304 relationship with children, parents and essential individuals. The goal is that the child,  
305 family and agency develop a mutually beneficial, trust-based working partnership.

306  
307 Engagement is fundamental to working effectively with families as it can increase their  
308 likelihood of realizing sustainable and positive change.

309  
310 Practice Guidelines

311 Effective engagement enables a productive relationship to develop between a  
312 caseworker, the child or young person and their family. Engagement involves the Child  
313 and Family Team creating an environment that empowers the child and family to  
314 actively participate through-out the case. Engagement includes:

- 315
- 316 A. Caseworkers will demonstrate genuineness, empathy and respect. Caseworkers  
317 will incorporate the clients' strengths, culture, views and preferences into their  
318 work with the family.
  - 319
  - 320 B. Caseworkers will communicate openly about expectations, concerns and/or  
321 requirements that arise during the case and allow clients to provide constructive  
322 feedback. The caseworker will be clear about the issues that are negotiable and  
323 non-negotiable.
  - 324
  - 325 C. Promoting and supporting the family's active participation in decision making,  
326 goal setting, and case planning.
  - 327
  - 328 D. All parties will engage professionally and respectfully, which includes keeping  
329 appointments and returning phone calls, texts, and emails in a timely manner.
- 330

331 **105 Teaming**

332 Major objectives:

333 The caseworker will engage the child and family to create a Child and Family Team. A  
334 Child and Family Team includes the family's identified supports and the professionals  
335 working with the family. The Child and Family Team assesses the strengths and needs  
336 of the child and family and plans for the child's safety, permanency and well-being.  
337 Teaming occurs through ongoing information sharing and collaboration.  
338

339  
340 Practice Guidelines

- 341 A. The caseworker will engage with the family to identify key Child and Family Team  
342 members. Key team members are important supporters and decision makers.  
343 Team members may include but are not limited to:
- 344 1. Informal supports such as family, friends, church affiliations, club  
345 affiliations.
  - 346 2. Formal supports such as teachers, therapists, tutors, medical  
347 professionals.
  - 348 3. Legal partners (if assigned) such as the AAG, GAL, and parental defense  
349 attorneys.
- 350
- 351 B. If a client is resistant to including key team members the caseworker will work  
352 with the client to identify important supporters and decision makers and help the  
353 client understand the benefits of including these individuals on the team.  
354
- 355 C. The caseworker is responsible for organizing Child and Family Team Meetings.  
356 At any time, the child's family or other team members may request a Child and  
357 Family Team Meeting.  
358
- 359 D. A Child and Family Team Meeting will be held initially for each In-Home Services  
360 case within 45 days of the case start date. Subsequent Child and Family Team  
361 Meetings must be held at a minimum of every six months.
- 362 1. Other times to hold a Child and Family Team Meeting include but are not  
363 limited to:
    - 364 a. Before a Child and Family Plan is created or updated.
    - 365 b. There are new circumstances or information that significantly affect  
366 safety, permanency and well-being.
    - 367 c. Case closure or transition from services.
- 368
- 369 E. Child and Family Team Meetings will be used to:
- 370 1. Gather and share assessment information regarding the family.
  - 371 2. Identify the family's strengths and desired results (behavior change) to be  
372 included in the Child and Family Plan that will enable the children to  
373 achieve enduring safety and permanency.

- 374 3. Identify services and resources to facilitate behavior changes. Discuss
- 375 progress in services.
- 376 4. Celebrate the family's successes.
- 377 5. Address concerns, barrier or problems that hamper behavior change.
- 378 6. Discuss the family's ability to meet their own needs and access services
- 379 without further Child and Family Services involvement.
- 380

381 **106 Assessing**

382 Major objectives:

383 The purpose of assessing is for the team to know what they need to know to do what  
384 they need to do. Assessing helps the Child and Family Team draw conclusions on how  
385 to provide effective services and use information to create a plan to meet the needs for  
386 enduring safety, permanency and well-being. Assessing is an ongoing process  
387 throughout the case.  
388

389  
390 Practice Guidelines

- 391 A. Information for the assessment is gathered through a variety of sources  
392 including, but not limited to:
- 393 1. Conversations with the family and extended family.
  - 394 2. Child and Family Team members input.
  - 395 3. Direct observations.
  - 396 4. Collateral reports from and contact with school, doctors, community  
397 partners, and service providers, etc.
  - 398 5. Formal Assessments such as a mental health, psychological, parenting,  
399 domestic violence, substance abuse assessments and evaluations.
- 400
- 401 B. Assessment information and/or recommendations are shared with the Child and  
402 Family Team. The Child and Family Services caseworker will obtain all needed  
403 two way communication releases of information from the family.  
404

405 **106.1 Structured Decision Making (SDM) Safety Assessment**

406  
407 Practice Guidelines

- 408 A. The Structured Decision Making (SDM) Safety Assessment is used to identify  
409 possible threats to a child's safety and what interventions are necessary to  
410 protect a child from threats to their safety. The final outcome of the SDM Safety  
411 Assessment helps to guide the decision about the need for ongoing intervention  
412 with the family.  
413
- 414 B. The SDM Safety Assessment is used to identify immediate threats to the safety  
415 of a child and what actions and/or interventions are necessary to protect a child  
416 from the identified threats. Actions/interventions may include a safety plan that is  
417 implemented immediately to control or mitigate the identified threat, or removal  
418 from the caregivers.  
419
- 420 C. When an In-Home Services case is opened as a result of a CPS case, the CPS  
421 caseworker will complete the initial SDM Safety Assessment prior to referring the  
422 case for In-Home Services. If the investigation results in an ongoing In-Home

- 423 Services case, the CPS caseworker will indicate whether the SDM Safety Plan  
424 and interventions are still applicable.  
425
- 426 D. If the In-Home Services case is not the result of a CPS case (such as court-  
427 ordered), the In-Home Services caseworker will complete the SDM Safety  
428 Assessment. The initial SDM Safety Assessment is required during the first face-  
429 to-face contact with the child(ren). The SDM Safety Assessment will be recorded  
430 in SAFE by the end of the fifth business day. The SDM Safety Assessment is  
431 completed on each household. A household includes all persons who have a  
432 familial or intimate relationship with any person in the home and who have  
433 significant in-home contact with the child(ren), excluding employees.  
434
- 435 E. Assessing child safety is a critical consideration throughout the involvement of  
436 Child and Family Services with the family. Threats to safety will be evaluated  
437 during each contact with the family, and a SDM Safety Assessment will be  
438 completed whenever:
- 439 1. A change in the family's circumstances poses a safety concern;
  - 440 2. Prior to removing from or returning a child home; or
  - 441 3. Prior to an SDM Safety Plan being changed or concluded.  
442
- 443 F. The caseworker will complete an SDM Safety Plan for all children in the  
444 household when any threat to safety has been identified. If the parent refuses to  
445 sign the Safety Plan, the caseworker will leave a copy of the unsigned plan with  
446 the parent and document in the activity logs both the refusal and that a copy of  
447 the plan was left with the parent. If a verbal safety agreement is made, the  
448 caseworker will document the specifics in the activity logs.  
449
- 450 G. A final SDM Safety Assessment is required prior to closure of an In-Home  
451 Services case at the final face-to-face contact with the family. The assessment  
452 will be recorded in SAFE by the end of the fifth business day and prior to case  
453 closure. Resolution of any identified safety threat(s) must be documented in the  
454 activity logs.  
455

## 456 **106.2 SDM Risk Assessment And Risk Reassessment**

### 457 Practice Guidelines

458 The SDM Risk Assessment and Risk Reassessment are research-informed in the next  
459 12 to 18 months. The results of the SDM Risk Assessment and Risk Reassessment are  
460 part of the consideration for whether or not the agency will continue services and the  
461 intensity level of those services.  
462

- 463
- 464 A. SDM Risk Assessment:

- 465 1. When an In-Home Services case is opened as a result of a CPS case, the  
 466 CPS caseworker completes the initial SDM Risk Assessment prior to  
 467 referring the case for In-Home Services. If the In-Home Services case is  
 468 not the result of a CPS case (such as court ordered), the In-Home  
 469 Services caseworker will complete the SDM Risk Assessment. The  
 470 initial SDM Risk Assessment is required within 45 days of the case open  
 471 date and before the creation of the Child and Family Plan. Until the SDM  
 472 Risk Assessment has been completed, the risk rating defaults to "very  
 473 high." The SDM Risk Assessment is completed on each household. A  
 474 household includes all persons who have a familial or intimate with any  
 475 person in the home and who have significant in-home contact with the  
 476 child(ren), excluding employees.
- 477 2. The SDM Risk Assessment identifies the level of risk of future  
 478 maltreatment.
- 479 3. The caseworker will refer to the SDM Risk Assessment Definitions to  
 480 determine the score for each item.
- 481 4. For cases open for ongoing In-Home Services, the risk level is used to  
 482 determine the contact requirements for the case (service level). See the  
 483 case contact matrix below for the specific frequency of contact associated  
 484 with each risk classification.

Ongoing Caseworker Minimum Contact Guidelines for In-Home Services		
Risk Level	Caregiver and Child Contacts	Location
Low	One face-to-face per month with caregiver and	Must be in caregiver's residence
Moderate	Two face-to-face per month with caregiver and child	One must be in caregiver's residence
High	Three face-to-face per month with caregiver and child	One must be in caregiver's residence
Very High	Four face-to-face per month with caregiver and	Two must be in caregiver's residence
Additional Considerations		
Contact Definition	Each required contact shall include at least one caregiver and one child. During the course of a month, each caregiver and each child in the household shall be contacted at least	



Designated Contacts	The ongoing caseworker/supervisor/service team may delegate face-to-face contacts to providers with a professional relationship to the agency and/or other agency staff, such as social work aides. However, the ongoing caseworker must always maintain at least one face-to-face contact per month with the caregiver and child, as well as monthly contact with the service provider designated to replace the ongoing caseworker's face-to-face contacts.
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- B. SDM Risk Reassessment:
1. For In-Home Services cases, the SDM Risk Reassessment is used to determine if the likelihood of future harm has been sufficiently reduced to support case closure, or if the family will continue to receive services.
  2. The SDM Risk Reassessment shall be completed on:
    - a. All ongoing In-Home Services cases opened as a result of an allegation of child abuse or neglect.
    - b. All cases in which all children have been returned home and In-Home Services will be provided. Include cases where all children have been returned to the home on a trial home placement.
  3. The SDM Risk Reassessment will not be completed on cases where children have been placed with kin by Child and Family Services as a result of abuse or neglect.
  4. The SDM Risk Reassessment shall be completed or updated a minimum of every six months. A SDM Risk Reassessment will need to be completed sooner if there are new circumstances or new information that would affect risk. Logical times to update the SDM Risk Reassessment coincide with the following:
    - a. The Child and Family Team Meeting and/or update of the Child and Family Plan.
    - b. Court review hearings for court-ordered cases or trial home placements.
    - c. Progress summaries for non-court-ordered cases.
  5. If a new referral is received while a case is open, an initial SDM Risk Assessment (not a SDM Risk Reassessment) will be completed during the investigation. This new initial SDM Risk Assessment does not change the reassessment schedule (i.e., every six months beginning from the date of case opening) unless a child is removed from the home during the investigation.
  6. The caseworker will refer to the Definitions to determine his or her selection for each item.
  7. The SDM Risk Reassessment guides the decision to keep a case open or to close a case.

Final Risk Level	Recommendation
Low	Close if SDM Safety Assessment finding is safe
Moderate	Close if SDM Safety Assessment finding is safe
High	Continue ongoing services
Very High	Continue ongoing services

- 519 8. For cases that remain open following reassessment, the NEW risk level  
520 guides minimum contact standards that will be in effect until the next  
521 reassessment is completed.  
522

### 523 106.3 Utah Family And Children Engagement Tool (UFACET)

524 Major objectives:

525 The In-Home Services caseworker will assess the family's strengths, needs and  
526 Protective Factors using the UFACET. The UFACET is an evidence-based assessment  
527 tool which increases communication and engagement with the family. The UFACET  
528 informs the Desired Results and steps for the Child and Family Plan. The UFACET is to  
529 be completed with information gathered from the Child and Family Team members and  
530 other formal and informal assessments. The results of the UFACET will be shared with  
531 the family, treatment providers and other team members.  
532

#### 533 **Applicable Law**

534 Utah Code Ann. [§62A-4a-105](#). Division Responsibilities.  
535  
536

#### 537 Practice Guidelines

##### 538 A. General information for completing a UFACET

- 539 The UFACET is completed with the family. It also incorporates information  
540 contributed by the members of the Child and Family Team and other supports.
- 541 1. The UFACET is an engagement tool that assists in building relationships  
542 with the family as well as empowering the family to understand the areas  
543 of concern and why Child and Family Services is involved. It will also  
544 assist the family in developing an understanding of what progress needs  
545 to be made in order for the case to be closed.
  - 546 2. Although the caseworker may already know much of the information in  
547 order to fill out the UFACET, the caseworker will review the assessment  
548 with team members and ensure any input or additional information that  
549 team members provide is reflected when scoring the assessment.
  - 550 3. When a caseworker does not have information regarding an item on the  
551 UFACET or when the caseworker needs more information, the  
552 caseworker will mark the item with "explore" and will engage the family or  
553 other team members to gather the information.

- 
- 554 4. The UFACET document will be shared with the members of the Child and  
555 Family Team and with treatment providers. The UFACET may also be  
556 shared with the court.
- 557 5. Text boxes on the UFACET: The caseworker may input any clarifying  
558 information regarding items in each module into the text boxes following  
559 the module. The text boxes are for the caseworker to provide information  
560 that would not otherwise be clear from referring only to the definitions of  
561 the item. The information will help clarify the complicated nuances of a  
562 case and will also benefit future caseworkers, providers who serve the  
563 family, and anyone else reviewing the case. The type of information that  
564 should be included here are details that led to the item being scored a '2'  
565 or '3'.
- 566 6. Any items identified on the UFACET with a score of '2' or '3' will be  
567 addressed on the Child and Family Plan.  
568
- 569 B. The UFACET consists of the following domains:
- 570 1. Family Together: The Family Together domain assesses the dynamics of  
571 the entire family system accounting for all significant relationships,  
572 especially those that are a cause of concern. Consider the dynamics of  
573 the relationships even if the individual does not reside in the home. For  
574 example, the relationships between a mother in the home and a non-  
575 custodial father not residing in the home or between a father in the home  
576 and a paramour that frequently visits the home should be considered  
577 when rating this domain.
- 578 2. Household: Items in the household domain are rated on the home for  
579 which the in-home referral was received.
- 580 3. Caregiver Strengths and Needs: Caregivers who are rated in this domain  
581 are the caregivers for the children who impact family dynamics including,  
582 but not limited to:
- 583 a. Custodial parents living in the home.  
584 b. Non-custodial parents who retain parental rights.  
585 c. Paramours.  
586 d. Extended family.
- 587 4. Child Functioning: Any family member under the age of 18 years who  
588 resides in the home is rated in this domain. Youth who have a child of  
589 their own are rated as both a child and a caregiver. The caseworker may  
590 also consider rating an adult with significant developmental disabilities as  
591 a child on the UFACET.  
592
- 593 B. The Initial UFACET assessment will be completed prior to the Child and Family  
594 Plan being finalized, in order to assist the caseworker in identifying and targeting  
595 areas of concern on the plan. The caseworker will address all items on the Child

596 and Family Plan that are identified on the assessment as needing action (items  
597 rated a '2' or a '3').  
598

599 C. UFACET time frames:

600 UFACET is completed:

- 601 1. Prior to finalization of the Child and Family Plan.
- 602 2. When there are changes in the family that make it necessary for Child and  
603 Family Services to modify services being provided to the family.
- 604 3. Prior to case closure, unless one has been completed within the last 30  
605 days.  
606

607 **106.4 Court Ordered Determination Assessment**

608

609 Practice Guidelines

610 Court Ordered Determination Assessments (CODAs) are specific court-ordered  
611 evaluations to determine the need for ongoing Child and Family Services intervention  
612 when the Juvenile Court has determined a family is in crisis or the youth is at risk of  
613 removal.  
614

615 A. The Juvenile Court will contact the region point person to inform Child and Family  
616 Services for the need of this evaluation

- 617 1. The region will maintain and submit an updated contact list to the court.
- 618 2. The evaluation will be assigned to the designated caseworker within one  
619 business day.
- 620 3. The caseworker will open an IHS case, using the CODA dropdown to  
621 indicate case type.  
622

623 B. The caseworker will complete a UFACET, SDM Safety Assessment, and SDM  
624 Risk Assessment as part of the evaluation.

- 625 1. The caseworker will speak to the following individuals as part of the  
626 evaluation whenever possible and applicable:
  - 627 a. Youth.
  - 628 b. Parents/guardians of the youth.
  - 629 c. Juvenile Probation.
  - 630 d. Collateral contacts who have relevant and meaningful information  
631 (i.e., clergy, therapists, school, etc.).
- 632 2. Formal Assessments (i.e., psychological evaluation, mental health  
633 assessment, medical assessment, etc.)
- 634 3. The caseworker will compile assessment information into the CODA  
635 document and import the document and accompanying documents into  
636 SAFE.
  - 637 a. Based upon the information gathered, the caseworker will make  
638 one of the following recommendations to the court:

- 639 (1) Community-based service referral, no ongoing DCFS
- 640 services needed
- 641 (2) Ongoing DCFS services, no court order needed
- 642 1- Case opened as PSC
- 643 (3) Court-ordered ongoing services needed
- 644 1- Case opened as PFR
- 645 (4) Juvenile Justice In-Home Services
- 646 b. The CODA will be submitted by the caseworker to the Juvenile Court
- 647 within 14 days or a date specified by the court.
- 648
- 649

### 106.5[4] Serious Risk Of Removal

#### 651 Practice Guidelines

652 Serious Risk of Removal means that there is a high likelihood that the child will be  
653 removed from the home if In-Home Services are not provided.

- 654
- 655
- 656 A. Serious Risk of Removal from the home, as it is defined for this determination,  
657 should not be confused with similar legal terms and standards such as “imminent  
658 danger” and “exigent circumstances.” Nor should it be confused with the  
659 decision about whether the child is safe or unsafe. All of these things are related,  
660 but they are not the same thing.
- 661
- 662 B. The “home” is where the child is residing or is placed (kinship or other non-out-of-  
663 home care) during the In-Home Services case. If the child is placed in another  
664 home during the case, a new determination should be made based on the new  
665 home.
- 666
- 667 C. The “child” must be a Child Client on the case if they are under 18 years of age  
668 and are receiving services individually and as part of the family, as indicated on  
669 the Child and Family Plan.
- 670
- 671 D. Children who are candidates for serious risk of removal may include:
  - 672 1. Children living in their own home.
  - 673 2. Children living with a non-custodial parent.
  - 674 3. Children who are not in state custody and who are living with a non-  
675 licensed relative if there is a real concern that the children may come into  
676 state custody if In-Home Services are not provided.
  - 677
- 678 E. Children who are NOT candidates for serious risk of removal include those  
679 children who are in state custody who are:
  - 680 a. On a trial home placement and are still in state custody.
  - 681 b. Placed in a licensed out-of-home care home whether with a relative or not.

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- F. Documentation as to why the child is at serious risk of removal is required at the beginning of the case. A determination of serious risk of removal can be made at any time during the case but must be re-determined at least every six months.
  
  - G. Areas to consider and include in documenting serious risk of removal include:
    - 1. Any identified threats to the child's safety, any known risk factors, and parent/caregiver protective factors.
    - 2. If there is a safety plan in place to allow the child to remain in the home.
    - 3. If non-compliance on the part of the child or the parent will result in the court ordering the child into out-of-home care. Complete the following Federal documentation requirements for a child who is at serious risk of removal from the home:
      - a. Document in the SAFE In-Home Services case open wizard that the child is at serious risk of removal and briefly explain the reason for risk of removal. Information included should reflect any identified threats to the child's safety, any known risk factors, and parent/caregiver protective factors. This entry in SAFE will result in required language in the printed version of the Child and Family Assessment Plan stating, "This child is at serious risk of removal from home. It is expected that this child will remain safely at home as services in this plan are carried out. If services are not effective, the plan for this child is out-of-home care." This entry can be updated at any time.
      - b. If an In-Home Services case is open longer than six months, re-determine at least every six months if the child continues to be at serious risk of removal. Document this in SAFE each time the Child and Family Plan is updated.



711 **107 Planning**

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713 Major objectives:

714 A Child and Family Plan shall be developed for each family receiving In-Home Services.  
715 The plan will be developed by the Child and Family Team. The Child and Family Plan is  
716 tracked and adapted throughout the case.

717  
718 **107.1 The Child And Family Plan**

719  
720 Practice Guidelines

721 A. Initial Child and Family Plan:

722 The Child and Family Plan will be completed within the first 45 days of case  
723 opening for PSS and PSC cases and within 20 days for PFP cases. The Child  
724 and Family Plan will be complete when the caseworker, supervisor, and Child  
725 and Family Team have agreed to the plan and it is finalized in SAFE. Signatures  
726 will be obtained as soon as possible after the plan is finalized in SAFE, but no  
727 longer than 30 days. If a family member refuses to sign the plan, the caseworker  
728 will document on the plan the family member's refusal.

729  
730 B. Parent and child involvement in the development of the Child and Family Plan.

731 Parent contacts, UFACET assessment information, and Child and Family Team  
732 Meetings, assist in the development of the plan. Child and Family Team  
733 Meetings or private interviews between the child(ren) and the caseworker or  
734 other team members also provide opportunities for the child(ren) to contribute to  
735 the Child and Family Plan.

- 736 1. All parents will have the opportunity to participate in the development of  
737 the Child and Family Plan.
- 738 2. For the purpose of planning, parent is defined as:
  - 739 a. The legally recognized birth mother regardless of physical custody  
740 or current level of involvement in the child's life.
  - 741 b. The legally recognized father regardless of physical custody.
  - 742 c. The legally recognized adoptive mother and/or father.
  - 743 d. The legally recognized guardian.
  - 744 e. The caregiver with whom the child was living with at the time Child  
745 and Family Services became involved AND with whom child may  
746 remain or be reunited. This may include relative caregivers and  
747 non-relative caregivers.
  - 748 f. A stepparent who is living in the home where the child is residing or  
749 will reside.
  - 750 g. The substitute caregiver(s) that has been identified as the person(s)  
751 who will be imminently providing enduring permanency for the child.
- 752 3. Exceptions for non-custodial parental involvement include:
  - 753 a. The parent is deceased.

- 
- 754            b.     Parental rights are terminated.
- 755            c.     Non-custodial parent's active or passive refusal to participate.
- 756                 (1)     Active Refusal: Non-custodial parent expresses verbally or in
- 757                             writing that they are not interested in participating in the
- 758                             development of the plan. In this case, the caseworker must
- 759                             verify with the parent that they still decline participation
- 760                             before every new plan is finalized.
- 761                 (2)     Passive Refusal: Non-custodial parent indicates a passive
- 762                             refusal to participate in the plan development through their
- 763                             actions or inactions, such as failing to keep appointments or
- 764                             returning messages. In this case, the caseworker must
- 765                             make at least two attempts to contact the parent face-to-
- 766                             face, by phone or correspondence every time a new plan is
- 767                             developed to provide them opportunity to participate in the
- 768                             development of the plan.
- 769            d.     The parents' whereabouts are unknown despite concerted efforts to
- 770                             locate them. Concerted efforts means two monthly attempts at
- 771                             locating the parent using one of the following:
- 772                             (1)     Interviews with family team members.
- 773                             (2)     Interviews with extended family.
- 774                             (3)     Interviews with the child.
- 775                             (4)     Checking allied agency records (Department of Workforce
- 776                             Services, Office of Recovery Services, law enforcement,
- 777                             etc.).
- 778                             (5)     On-line person locator searches.
- 779                             (6)     Other sources not listed here that the caseworker or the
- 780                             team becomes aware of.
- 781            e.     Parental involvement in the planning process is detrimental to the
- 782                             safety or best interest of the child and is supported by court order or
- 783                             the child's therapist.
- 784     4.     All children listed on the plan who are developmentally appropriate will
- 785                             have the opportunity to participate in the development of the plan to the
- 786                             degree that they are capable of contributing to the plan.
- 787                 a.     As a general guideline, children who are elementary school aged,
- 788                             five years old and older, are regarded as being capable of
- 789                             contributing to the plan to some extent unless otherwise unable.
- 790                 b.     Contributions offered by the child will be considered by the team
- 791                             and included in the plan based on the Child and Family Team's
- 792                             determination of the appropriateness of the request.
- 793     5.     The UFACET assessment will inform the Child and Family Plan.
- 794
- 795     C.     Child and Family Plans focus on facilitating behavioral change by reflecting the
- 796                             behavior changes in the Desired Results.



- 797            **1.      Desired Results in a Child and Family Plan should reflect the behavior**  
798            **change that needs to occur.**  
799
- 800    D.      Caseworkers will consider separating Child and Family Plans if a safety concern  
801            between the family members justifies separation.  
802
- 803    E.      Tracking And Adapting The Child And Family Plan  
804            Child and Family Plans will be reviewed as needed. The plan will be updated at  
805            a minimum of every six months. The caseworker will request information from  
806            Child and Family Team members when reviewing, tracking, and adapting the  
807            Child and Family Plan.  
808

809 **108 Intervening**

810 Major objectives:

811 In-Home Services shall be provided to the family based on the needs of the child and  
 812 family as determined by the needs assessment, and not limited to the services that  
 813 are immediately available. The intensity of the In-Home Services will match the  
 814 needs of the family.  
 815  
 816

817 **108.1 Purposeful Visiting With Children, Parents, And Other**  
 818 **Applicable Caregivers**

819 Practice Guidelines

820 Regular and purposeful visiting with the family enables the caseworker to assess how  
 821 well the parents and other caregivers are meeting the children's needs for safety,  
 822 permanency, and well-being, as well as the family's progress towards case goal  
 823 achievement. The caseworker will visit with the children, parents, and applicable  
 824 caregivers in accordance with the SDM contact standards.  
 825  
 826

SDM Caseworker Minimum Contact Guidelines for In-Home Services		
Risk Level	Caregiver and Child Contacts	Location
Low	One face-to-face per month with caregiver and child	Must be in caregiver's residence
Moderate	Two face-to-face per month with caregiver and child	One must be in caregiver's residence
High	Three face-to-face per month with caregiver and child	One must be in caregiver's residence
Very High	Four face-to-face per month with caregiver and child	Two must be in caregiver's residence
Additional Considerations		
Contact Definition	Each required contact shall include at least one caregiver and one child. During the course of a month, each caregiver and each child in the household shall be contacted at least once.	

Designated Contacts	The ongoing caseworker/supervisor/service team may delegate face-to-face contacts to providers with a professional relationship to the agency and/or other agency staff, such as social work aides. However, the ongoing caseworker must always maintain at least one face-to-face contact per month with the caregiver and child, as well as monthly contact with the service provider designated to replace the ongoing caseworker's face-to-face contacts.
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- A. The caseworker will have regular contact with the parents to ensure the safety, permanency, and well-being of the children and to promote achievement of case goals.
  - 1. The contacts will occur at least monthly and are required for all parents who are included in the Child and Family Plan.
  - 2. For the purpose of caseworker contact, parent is defined as:
    - a. The legally recognized birth mother.
    - b. The legally recognized birth father.
    - c. The legally recognized adoptive mother and/or father.
    - d. The legally recognized guardian.
    - e. Legally recognized step-parent.
  - 3. Contact is defined as a face-to-face meeting between the parent and caseworker and must include the following elements:
    - a. Frequency - caseworkers must complete a face-to-face home visit a minimum of once per month. SDM risk level sets minimum contact standards.
    - b. Location - the environment of the location of the visits must be conducive to open and honest conversation.
    - c. Duration - the length of the visit must be of sufficient duration to address key issues.
    - d. Quality discussion - the content of the interview should focus on issues pertinent to case planning, service delivery, and goal achievement.
    - e. When the parent resides out of the county, face-to-face contact may be replaced by other means of contact such as by phone or correspondence.
  - 4. Exceptions for caseworker contact with parent:
    - a. If a parent is not included in the Child and Family Plan, such as a parent who does not live in the same household as the children receiving services and who was not part of the CPS investigation that brought the family to the attention of Child and Family Services, then monthly contacts are not required. (*Note: CPS Practice Guidelines require all parents to be notified of the*

- 861 investigation. A non-custodial parent who was not the object of the  
862 investigation should be offered the opportunity to provide input into  
863 the plan. But if they do not voice an interest in being included in the  
864 services, then they typically would not have any objectives in plan.  
865 In that case, monthly visits with that parent are not required.)  
866 b. A non-custodial parent whose involvement in the planning process  
867 is detrimental to the safety or best interest of the child (as is  
868 supported by court order) would typically not be included in the  
869 Child and Family Plan and therefore is exempt from monthly  
870 caseworker contact.  
871 c. A parent whose rights have been terminated.  
872 d. A parent whose whereabouts are unknown.  
873 e. A parent who is deceased.  
874 f. When a non-custodial parent, who has one or more objectives on  
875 the Child and Family Plan, refuses to meet with the caseworker, the  
876 caseworker will make at least two monthly attempts to contact the  
877 non-custodial parent face-to-face, by phone or correspondence to  
878 set up an appointment. If the non-custodial parent fails to return  
879 messages or refuses to meet with the caseworker, the caseworker  
880 has met the minimum requirement for the monthly contact. The  
881 caseworker will document the dates and efforts to involve the non-  
882 custodial parent, methods of interaction between the caseworker  
883 and the non-custodial parent, and the non-custodial parent's  
884 expressed desire.  
885  
886 B. Caseworker contact with the child: The caseworker will visit with each child client  
887 involved in the case. Visit is defined as a face-to-face meeting between the child  
888 and caseworker and must include the following elements:  
889 1. Frequency - visits must occur as frequently as the conditions of the case  
890 require based on current SDM level, minimum of once a month.  
891 2. Location - the environment of the location of the visits must be conducive  
892 to open and honest conversation. The visit with the child may take place  
893 during home visits. If the child is not present during the home visit, the  
894 caseworker may choose to meet with the child at a different location (the  
895 child's school, the caseworker's office, etc.).  
896 3. Private conversation – the interview between the caseworker and child  
897 must be conducted away from the parent or substitute caregiver unless  
898 the child refuses or exhibits anxiety. Siblings may be interviewed together  
899 or separately depending on the comfort level of the children or if there are  
900 safety considerations.  
901 a. A private conversation is not required when the child is nonverbal  
902 or unable to communicate. The caseworker will document that the  
903 child is nonverbal and instead report observations regarding the  
904 child's appearance pertaining to physical well-being.

- 905 4. Duration - the length of the visit must be of sufficient duration to address  
906 key issues.  
907 5. Quality discussion - the content of the interview should focus on issues  
908 pertinent to safety, permanency, and well-being, as well as promote the  
909 achievement of case goals.  
910
- 911 C. Home Visits: The caseworker will check on the residence where the child is living  
912 and observe and document the general conditions pertaining to the child's safety  
913 and well-being. The caseworker will not enter a home for the purpose of a visit  
914 without a caregiver present, unless the child's caregiver has granted permission.  
915 This approval should be documented.  
916 1. The caseworker may enter the family's home in an emergency without a  
917 caregiver's permission.  
918
- 919 D. At a minimum, the caseworker will conduct one monthly face-to-face contact with  
920 a kinship or other substitute caregiver with whom the child is living, as applicable.  
921 The caseworker will assess with the kinship caregiver the safety, permanency,  
922 and well-being needs of the child and the kinship caregiver's needs as it pertains  
923 to the child's needs.  
924

## 925 108.2 Strengthening Families

### 926 Major objectives:

927 The purpose of incorporating the Strengthening Families approach into day-to-day  
928 casework is to assist parents in maximizing their capacity to protect and care for their  
929 own children. This is done by building protective factors.  
930

931 The Strengthening Families Protective Factors Framework, developed by the Center  
932 for the Study of Social Policy, is a research-informed strategy to increase family  
933 stability, enhance child development, and reduce child abuse and neglect.  
934

935 It builds five protective factors:

- 936 • Parental resilience - Resilience, simply defined, means the ability of parents  
937 to recover from difficult life experiences. It is about the ability to "bounce  
938 back" from negative experiences.
- 939 • Social connections - Relationships with family members, friends, neighbors,  
940 co-caseworkers, community members and service providers who care,  
941 listen, share parenting values and offer help.
- 942 • Knowledge of parenting and child development - A basic understanding of  
943 your child's development and how to parent in ways supportive of their  
944 development.
- 945 • Concrete support in times of need - Access to the resources and formal and  
946 informal supports to help you meet your family's needs.
- 947 • Social and emotional competence of children - Children's age appropriate  
ability to regulate their emotions, engage with others, and communicate  
feelings.

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**Applicable Law**

Utah Code Ann. [§62A-4a-105](#). Division responsibilities.  
Administrative Rule [R512-100](#). Home Based Services.

Practice Guidelines

A. Caseworkers will fully understand and infuse the Strengthening Families Protective Factors in their work with children and families.

**ENGAGING**

1. Protective Factors will be discussed with the family and the caseworker and family will jointly identify goals for building the family's protective factors. These goals will be integrated into the family plan.
2. Each interaction with a family will serve as an opportunity to build the protective factors identified in the family plan. Interactions include but are not limited to:
  - a. Home visits.
  - b. Child and Family Team Meetings.
  - c. Service provider contacts.
  - d. Other client contacts.
3. Caseworkers will intentionally use themselves and their own interaction with families as an opportunity to model and build protective factors. For example:
  - a. **Resilience:** Validating and encouraging positive parenting and self-care.
  - b. **Social Connections:** Being open and encouraging of the participation of family's informal network in activities. Modeling positive social interaction for families.
  - c. **Knowledge of Parenting and Child Development:** Providing just in time parenting and child development information when issues come up. Modeling effective nurturing in their interaction with children.
  - d. **Concrete Supports in Times of Need:** Ensuring that they are not just referring families to services but helping them build the skills and confidence to advocate for themselves and pursue the supports they need.
  - e. **Children's Social Emotional Competence:** Caseworkers will stay a tuned to signs of trauma and its impact on children and ensure that children receive supports to address trauma. Caseworkers will model nurturing and supportive interaction with children.
4. Strengthening Families is grounded in a strength-based approach to families. Caseworkers will identify strengths targeted at specific protective factors.

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**TEAMING**

1. Caseworkers will ensure that the protective factors are included in the subject of teaming conversations.
2. When deciding who to invite to participate in the teaming process caseworkers will include members of the family's social network and other team members that can be assets in building the family protective factors.

**ASSESSING**

1. Caseworkers will conduct the UFACET with families. The UFACET will be used to track the absence or presence of protective factors in relation to the family's identified needs.
2. Caseworkers will separately share protective factors scores with families and use the information to plan for:
  - a. How the existing protective factors the family has in place can be used as assets to address the issues that brought the family to the child welfare system.
  - b. Protective factors that the family would like to build in order to reduce stress and volatility in their lives.

**PLANNING**

1. Caseworkers will include specific activities to build protective factors in the overall case plan.

**INTERVENING**

1. Caseworkers will coordinate with the parents' service providers regarding opportunities and efforts to enhance parent protective factors.
2. Identify strategies to support the building of parental protective factors in ways that will safely reduce the need for Child and Family Services in the future.
  - a. Caseworkers may use the tools in the HomeWorks binder/Google site to engage parents on individual protective factors.
3. Caseworkers will document efforts to build and strengthen family protective factors. Documentation may include, but is not limited to:
  - a. Activity logs.
  - b. UFACET.
  - c. Child and Family Team Meeting minutes.
  - d. Court reports.
  - e. Child and Family Plans.



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1032 **108.3 Wrap-Around Services**

1033  
1034 Practice Guidelines

1035 Wrap-around services are community-based services provided to the child and family  
1036 that assist in maintaining the children in the family home. Child and Family Services  
1037 caseworkers will identify and connect the family with available wrap-around services.  
1038 [See: The specifics for wrap-around services detailed in the General Major Objectives  
1039 [Section 700.](#)]

1040  
1041 **108.4 Flexible Funds (PPDF)**

1042  
1043 Practice Guidelines

1044 Flexible funds may be available to address specific and identifiable needs that promote  
1045 well-being and stability within the family. [See: Flexible Funds in the General Major  
1046 Objectives [Section 700.](#)]

1047  
1048 **108.5 After-Hours Emergency Response**

1049  
1050 Practice Guidelines

1051 An on-call Child and Family Services caseworker will be available to assist the family  
1052 with after-hours emergencies. Region directors and supervisors will make appropriate  
1053 staffing assignments to provide after-hours emergency services.

1054  
1055 **108.6 CPS Investigations For Children Receiving In-Home  
1056 Services**

1057  
1058 [See: CPS Major Objectives [Section 202.2](#), CPS Investigation of a Case Receiving  
1059 Services from Child and Family Services.]

1060  
1061 **108.7 Removal Of A Child From A Home Receiving In-Home  
1062 Services**

1063  
1064 [See: Out-of-Home Services [Section 301.01](#), Opening a Foster Care Case.]

1065  
1066 Practice Guidelines

- 1067 A. If there are new allegations during an In-Home Services case then CPS  
1068 investigates and completes the removal if necessary.  
1069  
1070 B. If the child cannot remain safely at home due to the circumstances which  
1071 brought the family into services, the removal is completed by the on-going  
1072 caseworker.

1073



1074 **109 In-Home Services Records**

1075 Major objectives:

1076 The In-Home Services caseworker will adequately document cases.  
1077

1078  
1079 Practice Guidelines

1080 A. Activity Logs:

1081 1. Home visit documentation.

1082 a. Contact with child and family:

1083 (1) Document each child by name: include where the visit takes  
1084 place, details of the private conversation with each child  
1085 regarding safety and progress towards goals.

1086 (2) Document contact with each parent: including where the  
1087 contact takes place, discussion of progress towards goals  
1088 such as Protective Factors achievements.

1089 2. Child and Family Team/collateral contact documentation including but not  
1090 limited to person, location, and content of the conversation.

1091  
1092 B. Collateral reports (e.g., educational assessments, mental health assessments,  
1093 medical reports, police reports).

1094  
1095 C. UFACETs and SDM assessments. And conclusions drawn from formal and  
1096 informal assessments.

1097  
1098 D. Child and Family Team Meeting attendance and minutes.

1099  
1100 E. Child and Family Plan, including progress updates and summary at least  
1101 quarterly and at transition.

1102  
1103 F. Court report (if court ordered).

1104 1. Court reports will include: demonstrable progress since the last court  
1105 hearing, any changes in safety or risk since last hearing and what if  
1106 anything Child and Family Services is doing in response to the change in  
1107 safety and risk.  
1108