
1	100	IN-HOME AND COMMUNITY-BASED FAMILY PRESERVATION	
2		AND SUPPORT SERVICES	
3			
4	100.1	Table Of Contents	
5	100.2	Philosophy Of In-Home And Community-Based Family Preservation And Support	
6	Services	1
7			
8	101	Prevention.....	2
9			
10	102	In-Home Services Initiation Sources	3
11	102.1	Case Assignment	3
12			
13	103	In-Home Services Case Types.....	4
14	103.1	Collaborative In-Home Services.....	4
15	103.2	Court-Ordered In-Home Services.....	5
16	103.3	In-Home Services For The Preservation Of Families.....	6
17	103.4	Reunification In-Home Services	7
18	103.5	Threatened Adoptive Disruption Or Dissolution/In-Home Services.....	7
19			
20	104	Engaging.....	8
21			
22	105	Teaming.....	9
23			
24	106	Assessing	11
25			
26	106.1	Structured Decision Making (SDM) Safety Assessment.....	11
27	106.2	SDM Risk Assessment And Risk Reassessment	12
28	106.3	Utah Family And Children Engagement Tool (UFACET).....	15
29	106.4	Court Ordered Determination Assessment	17
30	106.5	Serious Risk Of Removal	18
31	106.5	Title IV-E Prevention Program (Prevention Of Foster Care)	19
32	106.6	Serious Risk Of Removal (Traditional Foster Care Candidates)	22
33			
34	107	Planning.....	24
35	107.1	The Child And Family Plan.....	25
36			
37	108	Intervening	28
38	108.1	Purposeful Visiting With Children, Parents, And Other Applicable Caregivers.....	28
39	108.2	Strengthening Families	31
40	108.3	Wrap-Around Services	34

41	108.4	Flexible Funds (PPDF).....	34
42	108.5	After-Hours Emergency Response	34
43	108.6	CPS Investigations For Children Receiving In-Home Services.....	34
44	108.7	Removal Of A Child From A Home Receiving In-Home Services.....	34
45			
46	109	In-Home Services Records	35
47			

48 **100.2 Philosophy Of In-Home And Community-Based Family Preservation**
49 **And Support Services**

50 Major objectives:

51 The goal of In-Home Services is to prevent the need for future child welfare involvement or
52 removal. Providing services to families at home and in their communities can help caseworkers
53 better identify strengths and needs and address parenting skills and relationships in the family's
54 natural environment. Services are family-centered, community-based, and culturally
55 competent, and engage the family by using their input to determine what types of supports or
56 services will be most helpful to them.
57

58
59 Practice Guidelines

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

87 **101 Prevention**

88

89 Practice Guidelines

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

91

102 In-Home Services Initiation Sources

Practice Guidelines

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

102.1 Case Assignment

Practice Guidelines

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

125 **103 In-Home Services Case Types**

126 Major objectives:

127 In-Home Services case types include collaborative (PSC), court-ordered (PSS), In-Home Services
128 for the Preservation of Families (PFP/PFR), and Post Adoption Support (PAT).
129

130
131
132 **103.1 Collaborative In-Home Services**

133 Practice Guidelines

- 135 A. Families will be given the opportunity to work collaboratively with Child and Family
136 Services based on the family's cooperation and an effective safety plan.
137
- 138 B. Case Transfer Protocol will be followed for all PSC cases. [See: CPS Practice Guidelines.]
139
- 140 C. The In-Home Services caseworker will use Structured Decision Making (SDM) and Utah
141 Family and Children Engagement Tool (UFACET) assessment tools to determine the level
142 of intervention as well as appropriate resources and services for the family.
143
- 144 D. Modification of Voluntary PSC case: If Child and Family Services determines that the
145 collaborative In-Home Services are not meeting the needs of the child and family and/or
146 that another service would be more beneficial, Child and Family Services shall continue
147 to provide collaborative services until a petition is filed.
148 1. Consult with the supervisor;
149 2. Review UFACET and SDM information; and
150 3. File a petition for either court-ordered services (PSS) or when safety concerns
151 exists, a petition for removal. The least restrictive should always be considered
152 first.
153
- 154 E. If a family refuses collaborative services or fails to engage with the caseworker and/or
155 community services, the caseworker will staff the case with the previous CPS
156 caseworker as well as the current supervisor.
157 1. If the PSC caseworker has not been able to engage with the family and safety
158 concerns exist the case returns to the CPS caseworker to file the petition.
159 2. If the PSC caseworker has been working with the family and the conditions in the
160 home become unsafe the PSC caseworker will file any needed petitions.
161
- 162 F. The Child and Family Team determines when to end services with the family, this
163 decision is staffed with the caseworker's supervisor.
164

- 165 G. The caseworker completes all documentation in SAFE and closes the case within three
166 working days of the Child and Family Team's decision to close the case.
167

168 **103.2 Court-Ordered In-Home Services**

169 Practice Guidelines

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

206 terminate services. The family and referent must be informed of the results of the
207 UFACET assessment when the In-Home Services caseworker is recommending that In-
208 Home Services are inappropriate for the family. If needs have been identified that can
209 be met by non-Child and Family Services community services, those options will be
210 explored with the family prior to ending services with the family.

211

212 **103.3 In-Home Services For The Preservation Of Families**

213

214 Practice Guidelines

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

219

220 A. Eligibility: In-Home Services for the preservation of families are available to families that
221 are in crisis and are in need of more intensive services to help safely maintain a child at
222 serious risk of being removed from his/her home or from the home of a relative with
223 legal custody. In-Home Services for the preservation of families may also be used prior
224 to, concurrent with, or as follow-up to reunification in order to facilitate a child's safe
225 return home.

226

227 B. Caseworker Assignment and Case Start Date: If it is determined that a removal is
228 necessary unless intensive services are immediately provided, a caseworker will be
229 assigned and services will start no later than 24 hours after that determination. A
230 caseworker with specialized training in In-Home Services for the preservation of families
231 will be assigned to provide services. Services will be provided within the context of the
232 Practice Model including a needs assessment by the Child and Family Team that will
233 inform the Child and Family Plan.

234

235 C. Duration of Services: Intensive family preservation services will be provided for a period
236 of 60 to 90 days. If In-Home Services for the preservation of families beyond the 60- to
237 90-day limit are determined to be in the best interest of the child and family, the
238 supervisor or designee may approve additional time. The extension must be
239 documented and include specific desired results and treatment methods. Although this
240 is a short duration service, caseworkers will use the same processes for completing a
241 Child and Family Plan as they would for a longer term service. The Child and Family Plan
242 will be finalized within 20 days of opening the case.

243

244 D. Clinical Staffings: The caseworker will clinically staff the case with his or her supervisor
245 and/or a clinical support team and must document the following staffings in SAFE:

246 1. Initial: Within the first five days of the case start date;

- 247 2. Midpoint: 30 or 45 days; and
248 3. Transition: At the end of intensive service delivery (60 or 90 days).
249
250 E. Availability:
251 1. In-Home Services for the preservation of families' caseworkers will have a
252 limited caseload to provide more flexibility in responding to the families' needs.
253 2. The caseworker will be available to respond to a family's needs within 24 hours.
254
255 F. In-Home Services for the preservation of families as a secondary service: It may be
256 determined that a family already receiving another service from Child and Family
257 Services will benefit from In-Home Services for the preservation of families as a
258 secondary service. The In-Home Services for the preservation of families' caseworker
259 will coordinate service delivery with the primary caseworker and the Child and Family
260 Team. The Child and Family Plan will be updated within 20 days of case start date to
261 include the needs to be met and the steps to be taken by the In-Home Services for the
262 preservation of families' caseworker.
263

264 **103.4 Reunification In-Home Services**

265 Practice Guidelines

266 In-Home Services are available once a child has returned home from out of home care to assist
267 the family in the transition and support maintaining the child at home.
268

- 269
270 A. In an out-of-home care case, once safety concerns have been mitigated, the caseworker
271 and Child and Family Team will determine whether the remaining items on the Child and
272 Family Plan can be addressed with In-Home Services.
273
274 B. If the Child and Family Team determines that the family can manage risks in the home,
275 the caseworker will staff with the AAG to consider trial home placement, or returning
276 custody to the parent(s) and ordering in-home services.
277

278 **103.5 Threatened Adoptive Disruption Or Dissolution/In-Home Services**

279 Practice Guidelines

280 In-Home Services are available to families to assist in maintaining a child in an adoptive
281 placement. [See: Adoption Practice Guidelines [Section 401.9.](#)]
282

283 **104 Engaging**

284 Major objectives: Engaging is effectively establishing a genuine, trusting collaborative
285 relationship with children, parents and essential individuals. The goal is that the child, family
286 and agency develop a mutually beneficial, trust-based working partnership.
287

288
289 Engagement is fundamental to working effectively with families as it can increase their
290 likelihood of realizing sustainable and positive change.
291

292 Practice Guidelines

293 Effective engagement enables a productive relationship to develop between a caseworker, the
294 child or young person and their family. Engagement involves the Child and Family Team
295 creating an environment that empowers the child and family to actively participate through-out
296 the case. Engagement includes:
297

- 298 A. Caseworkers will demonstrate genuineness, empathy and respect. Caseworkers will
299 incorporate the clients' strengths, culture, views and preferences into their work with
300 the family.
301
- 302 B. Caseworkers will communicate openly about expectations, concerns and/or
303 requirements that arise during the case and allow clients to provide constructive
304 feedback. The caseworker will be clear about the issues that are negotiable and non-
305 negotiable.
306
- 307 C. Promoting and supporting the family's active participation in decision making, goal
308 setting, and case planning.
309
- 310 D. All parties will engage professionally and respectfully, which includes keeping
311 appointments and returning phone calls, texts, and emails in a timely manner.
312

313 **105 Teaming**

314 Major objectives:

315 The caseworker will engage the child and family to create a Child and Family Team. A Child and
316 Family Team includes the family's identified supports and the professionals working with the
317 family. The Child and Family Team assesses the strengths and needs of the child and family and
318 plans for the child's safety, permanency and well-being. Teaming occurs through ongoing
319 information sharing and collaboration.
320

321 Practice Guidelines

- 322
- 323 A. The caseworker will engage with the family to identify key Child and Family Team
324 members. Key team members are important supporters and decision makers. Team
325 members may include but are not limited to:
- 326 1. Informal supports such as family, friends, church affiliations, club affiliations.
 - 327 2. Formal supports such as teachers, therapists, tutors, medical professionals.
 - 328 3. Legal partners (if assigned) such as the AAG, GAL, and parental defense
329 attorneys.
- 330
- 331 B. If a client is resistant to including key team members the caseworker will work with the
332 client to identify important supporters and decision makers and help the client
333 understand the benefits of including these individuals on the team.
334
- 335 C. The caseworker is responsible for organizing Child and Family Team Meetings. At any
336 time, the child's family or other team members may request a Child and Family Team
337 Meeting.
338
- 339 D. A Child and Family Team Meeting will be held initially for each In-Home Services case
340 within 45 days of the case start date. Subsequent Child and Family Team Meetings must
341 be held at a minimum of every six months.
- 342 1. Other times to hold a Child and Family Team Meeting include but are not limited
343 to:
 - 344 a. Before a Child and Family Plan is created or updated.
 - 345 b. There are new circumstances or information that significantly affect
346 safety, permanency and well-being.
 - 347 c. Case closure or transition from services.
- 348
- 349 E. Child and Family Team Meetings will be used to:
- 350 1. Gather and share assessment information regarding the family.
 - 351 2. Identify the family's strengths and desired results (behavior change) to be
352 included in the Child and Family Plan that will enable the children to achieve
353 enduring safety and permanency.

- 354 3. Identify services and resources to facilitate behavior changes. Discuss progress in
355 services.
356 4. Celebrate the family's successes.
357 5. Address concerns, barrier or problems that hamper behavior change.
358 6. Discuss the family's ability to meet their own needs and access services without
359 further Child and Family Services involvement.
360

361 **106 Assessing**

362 Major objectives:

363 The purpose of assessing is for the team to know what they need to know to do what they need
364 to do. Assessing helps the Child and Family Team draw conclusions on how to provide effective
365 services and use information to create a plan to meet the needs for enduring safety,
366 permanency and well-being. Assessing is an ongoing process throughout the case.
367

368
369
370 Practice Guidelines

- 371 A. Information for the assessment is gathered through a variety of sources including, but
372 not limited to:
- 373 1. Conversations with the family and extended family.
 - 374 2. Child and Family Team members input.
 - 375 3. Direct observations.
 - 376 4. Collateral reports from and contact with school, doctors, community partners,
377 and service providers, etc.
 - 378 5. Formal Assessments such as a mental health, psychological, parenting, domestic
379 violence, substance abuse assessments and evaluations.
- 380
- 381 B. Assessment information and/or recommendations are shared with the Child and Family
382 Team. The Child and Family Services caseworker will obtain all needed two way
383 communication releases of information from the family.
384

385 **106.1 Structured Decision Making (SDM) Safety Assessment**

386
387 Practice Guidelines

- 388 A. The Structured Decision Making (SDM) Safety Assessment is used to identify possible
389 threats to a child's safety and what interventions are necessary to protect a child from
390 threats to their safety. The final outcome of the SDM Safety Assessment helps to guide
391 the decision about the need for ongoing intervention with the family.
392
- 393 B. When an In-Home Services case is opened as a result of a CPS case, the CPS caseworker
394 will complete the initial SDM Safety Assessment prior to referring the case for In-Home
395 Services. If the investigation results in an ongoing In-Home Services case, the CPS
396 caseworker will indicate whether the SDM Safety Plan and interventions are still
397 applicable.
398
- 399 C. If the In-Home Services case is not the result of a CPS case (such as court-ordered), the
400 In-Home Services caseworker will complete the SDM Safety Assessment. The initial

401 SDM Safety Assessment is required during the first face-to-face contact with the
402 child(ren). The SDM Safety Assessment will be recorded in SAFE by the end of the fifth
403 business day. The SDM Safety Assessment is completed on each household. A
404 household includes all persons who have a familial or intimate relationship with any
405 person in the home and who have significant in-home contact with the child(ren),
406 excluding employees.

407
408 D. Assessing child safety is a critical consideration throughout the involvement of Child and
409 Family Services with the family. Threats to safety will be evaluated during each contact
410 with the family, and a SDM Safety Assessment will be completed whenever:

- 411 1. A change in the family's circumstances poses a safety concern;
- 412 2. Prior to removing from or returning a child home; or
- 413 3. Prior to an SDM Safety Plan being changed or concluded.

414
415 E. The caseworker will complete an SDM Safety Plan for all children in the household when
416 any threat to safety has been identified. If the parent refuses to sign the Safety Plan,
417 the caseworker will leave a copy of the unsigned plan with the parent and document in
418 the activity logs both the refusal and that a copy of the plan was left with the parent. If
419 a verbal safety agreement is made, the caseworker will document the specifics in the
420 activity logs.

421
422 F. A final SDM Safety Assessment is required prior to closure of an In-Home Services case
423 at the final face-to-face contact with the family. The assessment will be recorded in
424 SAFE by the end of the fifth business day and prior to case closure. Resolution of any
425 identified safety threat(s) must be documented in the activity logs.

426 427 **106.2 SDM Risk Assessment And Risk Reassessment**

428 429 Practice Guidelines

430 The SDM Risk Assessment and Risk Reassessment are research-informed in the next 12 to 18
431 months. The results of the SDM Risk Assessment and Risk Reassessment are part of the
432 consideration for whether or not the agency will continue services and the intensity level of
433 those services.

434
435 A. SDM Risk Assessment:

- 436 1. When an In-Home Services case is opened as a result of a CPS case, the CPS
437 caseworker completes the initial SDM Risk Assessment prior to referring the case
438 for In-Home Services. If the In-Home Services case is not the result of a CPS case
439 (such as court ordered), the In-Home Services caseworker will complete the SDM
440 Risk Assessment. The initial SDM Risk Assessment is required within 45 days
441 of the case open date and before the creation of the Child and Family Plan. Until

- 442 the SDM Risk Assessment has been completed, the risk rating defaults to “very
 443 high.” The SDM Risk Assessment is completed on each household. A household
 444 includes all persons who have a familial or intimate with any person in the home
 445 and who have significant in-home contact with the child(ren), excluding
 446 employees.
- 447 2. The SDM Risk Assessment identifies the level of risk of future maltreatment.
 - 448 3. The caseworker will refer to the SDM Risk Assessment Definitions to determine
 449 the score for each item.
 - 450 4. For cases open for ongoing In-Home Services, the risk level is used to determine
 451 the contact requirements for the case (service level). See the case contact
 452 matrix below for the specific frequency of contact associated with each risk
 453 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 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.	

- 454
- 455 B. SDM Risk Reassessment:
- 456 1. For In-Home Services cases, the SDM Risk Reassessment is used to determine if
 457 the likelihood of future harm has been sufficiently reduced to support case
 458 closure, or if the family will continue to receive services.

- 459 2. The SDM Risk Reassessment shall be completed on:
- 460 a. All ongoing In-Home Services cases opened as a result of an allegation of
- 461 child abuse or neglect.
- 462 b. All cases in which all children have been returned home and In-Home
- 463 Services will be provided. Include cases where all children have been
- 464 returned to the home on a trial home placement.
- 465 3. The SDM Risk Reassessment will not be completed on cases where children have
- 466 been placed with kin by Child and Family Services as a result of abuse or neglect.
- 467 4. The SDM Risk Reassessment shall be completed or updated a minimum of every
- 468 six months. A SDM Risk Reassessment will need to be completed sooner if there
- 469 are new circumstances or new information that would affect risk. Logical times
- 470 to update the SDM Risk Reassessment coincide with the following:
- 471 a. The Child and Family Team Meeting and/or update of the Child and
- 472 Family Plan.
- 473 b. Court review hearings for court-ordered cases or trial home placements.
- 474 c. Progress summaries for non-court-ordered cases.
- 475 5. If a new referral is received while a case is open, an initial SDM Risk Assessment
- 476 (not a SDM Risk Reassessment) will be completed during the investigation. This
- 477 new initial SDM Risk Assessment does not change the reassessment schedule
- 478 (i.e., every six months beginning from the date of case opening) unless a child is
- 479 removed from the home during the investigation.
- 480 6. The caseworker will refer to the Definitions to determine his or her selection for
- 481 each item.
- 482 7. The SDM Risk Reassessment guides the decision to keep a case open or to close
- 483 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

- 484 8. For cases that remain open following reassessment, the NEW risk level guides
- 485 minimum contact standards that will be in effect until the next reassessment is
- 486 completed.
- 487

106.3 Utah Family And Children Engagement Tool (UFACET)

Major objectives:

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

Applicable Law

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

Practice Guidelines

A. **General information for completing a UFACET**

- The UFACET is completed with the family. It also incorporates information contributed by the members of the Child and Family Team and other supports.
1. The UFACET is an engagement tool that assists in building relationships with the family as well as empowering the family to understand the areas of concern and why Child and Family Services is involved. It will also assist the family in developing an understanding of what progress needs to be made in order for the case to be closed.
 2. Although the caseworker may already know much of the information in order to fill out the UFACET, the caseworker will review the assessment with team members and ensure any input or additional information that team members provide is reflected when scoring the assessment.
 3. When a caseworker does not have information regarding an item on the UFACET or when the caseworker needs more information, the caseworker will mark the item with "explore" and will engage the family or other team members to gather the information.
 4. The UFACET document will be shared with the members of the Child and Family Team and with treatment providers. The UFACET may also be shared with the court.
 5. Text boxes on the UFACET: The caseworker may input any clarifying information regarding items in each module into the text boxes following the module. The text boxes are for the caseworker to provide information that would not otherwise be clear from referring only to the definitions of the item. The information will help clarify the complicated nuances of a case and will also benefit future caseworkers, providers who serve the family, and anyone else

- 528 reviewing the case. The type of information that should be included here are
529 details that led to the item being scored a '2' or '3'.
- 530 6. Any items identified on the UFACET with a score of '2' or '3' will be addressed on
531 the Child and Family Plan.
- 532
- 533 B. The UFACET consists of the following domains:
- 534 1. Family Together: The Family Together domain assesses the dynamics of the
535 entire family system accounting for all significant relationships, especially those
536 that are a cause of concern. Consider the dynamics of the relationships even if
537 the individual does not reside in the home. For example, the relationships
538 between a mother in the home and a non-custodial father not residing in the
539 home or between a father in the home and a paramour that frequently visits the
540 home should be considered when rating this domain.
- 541 2. Household: Items in the household domain are rated on the home for which the
542 in-home referral was received.
- 543 3. Caregiver Strengths and Needs: Caregivers who are rated in this domain are the
544 caregivers for the children who impact family dynamics including, but not limited
545 to:
- 546 a. Custodial parents living in the home.
547 b. Non-custodial parents who retain parental rights.
548 c. Paramours.
549 d. Extended family.
- 550 4. Child Functioning: Any family member under the age of 18 years who resides in
551 the home is rated in this domain. Youth who have a child of their own are rated
552 as both a child and a caregiver. The caseworker may also consider rating an
553 adult with significant developmental disabilities as a child on the UFACET.
- 554
- 555 C. The Initial UFACET assessment will be completed prior to the Child and Family Plan
556 being finalized, in order to assist the caseworker in identifying and targeting areas of
557 concern on the plan. The caseworker will address all items on the Child and Family Plan
558 that are identified on the assessment as needing action (items rated a '2' or a '3').
559
- 560 D. UFACET time frames:
561 UFACET is completed:
- 562 1. Prior to finalization of the Child and Family Plan.
563 2. When there are changes in the family that make it necessary for Child and Family
564 Services to modify services being provided to the family.
565 3. Prior to case closure, unless one has been completed within the last 30 days.
566

567 **106.4 Court Ordered Determination Assessment**

568

569 Practice Guidelines

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

573

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

576 1. The region will maintain and submit an updated contact list to the court.

577 2. The evaluation will be assigned to the designated caseworker within one
578 business day.

579 3. The caseworker will open an IHS case, using the CODA dropdown to indicate case
580 type.

581

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

584 1. The caseworker will speak to the following individuals as part of the evaluation
585 whenever possible and applicable:

586 a. Youth.

587 b. Parents/guardians of the youth.

588 c. Juvenile Probation.

589 d. Collateral contacts who have relevant and meaningful information (i.e.,
590 clergy, therapists, school, etc.).

591 2. Formal Assessments (i.e., psychological evaluation, mental health assessment,
592 medical assessment, etc.)

593 3. The caseworker will compile assessment information into the CODA document
594 and import the document and accompanying documents into SAFE.

595 a. Based upon the information gathered, the caseworker will make one of
596 the following recommendations to the court:

597 (1) Community-based service referral, no ongoing DCFS services
598 needed

599 (2) Ongoing DCFS services, no court order needed
600 1- Case opened as PSC

601 (3) Court-ordered ongoing services needed
602 1- Case opened as PFR

603 (4) Juvenile Justice In-Home Services

604 b. The CODA will be submitted by the caseworker to the Juvenile Court within 14
605 days or a date specified by the court.

606

607

608 **106.5 Serious Risk Of Removal**

609

610 **Practice Guidelines**

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

613

614 **A. Serious Risk of Removal from the home, as it is defined for this determination, should**
615 **not be confused with similar legal terms and standards such as “imminent danger” and**
616 **“exigent circumstances.” Nor should it be confused with the decision about whether**
617 **the child is safe or unsafe. All of these things are related, but they are not the same**
618 **thing.**

619

620 **B. The “home” is where the child is residing or is placed (kinship or other non-out-of-home**
621 **care) during the In-Home Services case. If the child is placed in another home during the**
622 **case, a new determination should be made based on the new home.**

623

624 **C. The “child” must be a Child Client on the case if they are under 18 years of age and are**
625 **receiving services individually and as part of the family, as indicated on the Child and**
626 **Family Plan.**

627

628 **D. Children who are candidates for serious risk of removal may include:**

629 **1. Children living in their own home.**

630 **2. Children living with a non-custodial parent.**

631 **3. Children who are not in state custody and who are living with a non-licensed**
632 **relative if there is a real concern that the children may come into state custody if**
633 **In-Home Services are not provided.**

634

635 **E. Children who are NOT candidates for serious risk of removal include those children who**
636 **are in state custody who are:**

637 **a. On a trial home placement and are still in state custody.**

638 **b. Placed in a licensed out-of-home care home whether with a relative or not.**

639

640 **F. Documentation as to why the child is at serious risk of removal is required at the**
641 **beginning of the case. A determination of serious risk of removal can be made at any**
642 **time during the case but must be re-determined at least every six months.**

643

644 **G. Areas to consider and include in documenting serious risk of removal include:**

645 **1. Any identified threats to the child’s safety, any known risk factors, and**
646 **parent/caregiver protective factors.**

647 **2. If there is a safety plan in place to allow the child to remain in the home.**

- 648 3. If non-compliance on the part of the child or the parent will result in the court
649 ordering the child into out-of-home care. Complete the following Federal
650 documentation requirements for a child who is at serious risk of removal from
651 the home:
- 652 a. Document in the SAFE In-Home Services case open wizard that the child
653 is at serious risk of removal and briefly explain the reason for risk of
654 removal. Information included should reflect any identified threats to
655 the child's safety, any known risk factors, and parent/caregiver protective
656 factors. This entry in SAFE will result in required language in the printed
657 version of the Child and Family Assessment Plan stating, "This child is at
658 serious risk of removal from home. It is expected that this child will
659 remain safely at home as services in this plan are carried out. If services
660 are not effective, the plan for this child is out-of-home care." This entry
661 can be updated at any time.
- 662 b. If an In-Home Services case is open longer than six months, re-determine
663 at least every six months if the child continues to be at serious risk of
664 removal. Document this in SAFE each time the Child and Family Plan is
665 updated.]

666 **106.5 Title IV-E Prevention Program (Prevention Of Foster Care)**

667
668 Child and family eligibility for the Title IV-E Prevention Program is based on a child being at
669 imminent risk of entry into foster care, but able to safely remain at home or residing with a kin
670 caregiver with receipt of approved evidence-based services under the child's prevention plan.

671
672 A child in foster care who is a pregnant or parenting foster youth is also eligible for prevention
673 services under the Title IV-E Prevention Program.

674
675 **A. Prevention Candidate Definition:** For the purposes of the Title IV-E Prevention
676 Program, a child under age 18 is a prevention candidate when at serious risk of entering
677 or reentering foster care, but able to remain safely in the home or residing with a kin
678 caregiver as long as mental health, substance use disorder, or in-home parenting skill-
679 based programs or services for the child, parent, or kin caregiver are provided. To be
680 eligible for Title IV-E Prevention Program services, the child's prevention candidate
681 status must be designated in the child's prevention plan prior to provision of services.
682 Pregnant or parenting foster youth are also eligible for Title IV-E Prevention Program
683 services when services are designated in the child's foster care plan prior to provision of
684 services.

685
686 A child may be at serious risk of entering foster care based on circumstances and
687 characteristics of the family as a whole and/or circumstances and characteristics of

688 individual parents, children, or kin caregivers that may affect the parents' ability to
689 safely care for and nurture their children.

690
691 Kin caregiver is defined in Utah Code Ann. §78A-6-307 includes the child's grandparent,
692 great grandparent, aunt, great aunt, uncle, great uncle, brother-in-law, sister-in-law,
693 stepparent, first cousin, stepsibling, sibling of the child, first cousin of the child's parent,
694 or an adult who is an adoptive parent of the child's sibling. For the purpose of the Title
695 IV-E Prevention Program, kin caregivers may also include individuals that are unrelated
696 by either birth or marriage, but have an emotionally significant relationship with the
697 child that takes on the characteristics of a family relationship.

698
699 Also, for Indian children, the definition of kin caregiver under ICWA (25 U.S.C. §1903)
700 will be utilized, which includes:

- 701 1. An "extended family member" as defined by the law or custom of the Indian
702 child's tribe or,
- 703 2. In the absence of such law or custom, a person who has reached the age of 18
704 and who is the Indian child's grandparent, aunt or uncle, brother or sister,
705 brother-in-law or sister-in-law, niece or nephew, first or second cousin, or
706 stepparent, or
- 707 3. An Indian custodian, as defined by ICWA case law.

708
709 Children who are under the placement and care responsibility of the state are, by
710 definition, in foster care and are not prevention candidates when placed with a kin
711 caregiver.

712
713 **B. Prevention Candidate Determination:** Child and family eligibility for the Title IV-E
714 Prevention Program is determined through utilizing designated assessment tools. The
715 Structured Decision Making (SDM) Safety and Risk Assessments and the Utah Family and
716 Children Engagement Tool (UFACET) results are used to determine if the child is at
717 serious risk of entering foster, but can remain safely in the home or residing with a
718 kinship caregiver as long as substance use, mental health or in-home parenting skills
719 services necessary to prevent the entry of the child into foster care are provided.

720
721 **C. Prevention Plans:** Child and Family Services will develop an individualized Child and
722 Family Plan based on the needs requiring action identified in UFACET and with input of
723 the Child and Family Team. For children that are prevention candidates or the child's
724 parent or kinship caregiver, evidence-based programming in the areas of substance use,
725 mental health, and parenting skills will be incorporated into the Child and Family Plan,
726 which serves as the child's prevention plan. Candidate status is confirmed through
727 finalization of the child's prevention plan.

728

729 **D. Renewal:** The results of the SDM Risk Re-Assessment and updated UFACET assessments
730 will re-determine at least every 12 months if the child continues to be a prevention
731 candidate. This will be documented in the updated Child and Family Plan.
732

106.6 Serious Risk Of Removal (Traditional Foster Care Candidates)

Practice Guidelines

- A. Serious risk of removal means that there is a high likelihood that the child will be removed from the home if In-Home Services are not provided. A child may be at serious risk of removal based on circumstances and characteristics of the family as a whole and/or circumstances and characteristics of individual parents or children that may affect the parents' ability to safely care for and nurture their children.
1. The "home" is where the child is residing during the In-Home Services case.
 2. The "child" must be a Child Client on the case under 18 years of age and included in the Child and Family Plan.
 3. Children who are candidates for serious risk of removal may include:
 - a. Children living in their own home.
 - b. Children living with a non-custodial parent.
 - c. Children who are not in state custody and who are living with a non-licensed relative.
 - d. Children whose adoption or guardianship arrangements are at risk of disruption.
 4. Children who are NOT candidates for serious risk of removal include those children who are in state custody who are:
 - a. On a trial home placement and are still in state custody.
 - b. Placed in a licensed out-of-home care home whether with a relative or not.
- B. Determining 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.
- C. Serious risk of removal is determined through assessments conducted by caseworkers utilizing designated assessment tools. These assessments determine if the child is at serious risk of removal, but can remain safely in the home or in a kinship placement as long as services that are necessary to prevent the entry of the child into foster care are provided.
- D. Structured Decision Making (SDM) Safety and Risk Assessments are utilized to identify safety and risk factors that put the child at risk of being removed from the home. Safety plans may be used to mitigate threats to the child's safety allowing the child to remain at home.
- E. The Utah Family and Children Engagement Tool (UFACET) is an assessment completed with the family that identifies the needs that place the child at risk of removal.

774
775
776
777
778
779
780
781
782
783
784

- F. The determination that a child is at serious risk of removal will be designated in the Child and Family Plan by incorporating the following language: "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."
1. If an In-Home Services case is open longer than six months, the results of the updated assessments will re-determine at least every six months if the child continues to be at serious risk of removal. This will captured in the updated Child and Family Plan.

785 **107** **Planning**

786
787
788
789
790
791

Major objectives:

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

792 **107.1 The Child And Family Plan**

793

794 Practice Guidelines

795 A. Initial Child and Family Plan:

796 The Child and Family Plan will be completed within the first 45 days of case opening for
797 PSS and PSC cases and within 20 days for PFP cases. The Child and Family Plan will be
798 complete when the caseworker, supervisor, and Child and Family Team have agreed to
799 the plan and it is finalized in SAFE. Signatures will be obtained as soon as possible after
800 the plan is finalized in SAFE, but no longer than 30 days. If a family member refuses to
801 sign the plan, the caseworker will document on the plan the family member's refusal.
802

803

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

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

808 1. All parents will have the opportunity to participate in the development of the
809 Child and Family Plan.

810 2. For the purpose of planning, parent is defined as:

811 a. The legally recognized birth mother regardless of physical custody or
812 current level of involvement in the child's life.

813 b. The legally recognized father regardless of physical custody.

814 c. The legally recognized adoptive mother and/or father.

815 d. The legally recognized guardian.

816 e. The caregiver with whom the child was living with at the time Child and
817 Family Services became involved AND with whom child may remain or be
818 reunited. This may include relative caregivers and non-relative
819 caregivers.

820 f. A stepparent who is living in the home where the child is residing or will
821 reside.

822 g. The substitute caregiver(s) that has been identified as the person(s) who
823 will be imminently providing enduring permanency for the child.

824 3. Exceptions for non-custodial parental involvement include:

825 a. The parent is deceased.

826 b. Parental rights are terminated.

827 c. Non-custodial parent's active or passive refusal to participate.

828 (1) Active Refusal: Non-custodial parent expresses verbally or in
829 writing that they are not interested in participating in the
830 development of the plan. In this case, the caseworker must verify
831 with the parent that they still decline participation before every
832 new plan is finalized.

-
- 833 (2) Passive Refusal: Non-custodial parent indicates a passive refusal
834 to participate in the plan development through their actions or
835 inactions, such as failing to keep appointments or returning
836 messages. In this case, the caseworker must make at least two
837 attempts to contact the parent face-to-face, by phone or
838 correspondence every time a new plan is developed to provide
839 them opportunity to participate in the development of the plan.
- 840 d. The parents' whereabouts are unknown despite concerted efforts to
841 locate them. Concerted efforts means two monthly attempts at locating
842 the parent using one of the following:
- 843 (1) Interviews with family team members.
844 (2) Interviews with extended family.
845 (3) Interviews with the child.
846 (4) Checking allied agency records (Department of Workforce
847 Services, Office of Recovery Services, law enforcement, etc.).
848 (5) On-line person locator searches.
849 (6) Other sources not listed here that the caseworker or the team
850 becomes aware of.
- 851 e. Parental involvement in the planning process is detrimental to the safety
852 or best interest of the child and is supported by court order or the child's
853 therapist.
- 854 4. All children listed on the plan who are developmentally appropriate will have the
855 opportunity to participate in the development of the plan to the degree that
856 they are capable of contributing to the plan.
- 857 a. As a general guideline, children who are elementary school aged, five
858 years old and older, are regarded as being capable of contributing to the
859 plan to some extent unless otherwise unable.
- 860 b. Contributions offered by the child will be considered by the team and
861 included in the plan based on the Child and Family Team's determination
862 of the appropriateness of the request.
- 863 5. The UFACET assessment will inform the Child and Family Plan.
- 864
- 865 C. Child and Family Plans focus on facilitating behavioral change by reflecting the behavior
866 changes in the Desired Results.
- 867
- 868 D. Caseworkers will consider separating Child and Family Plans if a safety concern between
869 the family members justifies separation.
- 870
- 871 E. Tracking And Adapting The Child And Family Plan
872 Child and Family Plans will be reviewed as needed. The plan will be updated at a
873 minimum of every six months. The caseworker will request information from Child and

874 Family Team members when reviewing, tracking, and adapting the Child and Family
875 Plan.
876

877 **108 Intervening**

878 Major objectives:

879 In-Home Services shall be provided to the family based on the needs of the child and family as
 880 determined by the needs assessment, and not limited to the services that are immediately
 881 available. The intensity of the In-Home Services will match the needs of the family.
 882

883
 884
 885 **108.1 Purposeful Visiting With Children, Parents, And Other Applicable**
 886 **Caregivers**

887 Practice Guidelines

888 Regular and purposeful visiting with the family enables the caseworker to assess how well the
 889 parents and other caregivers are meeting the children's needs for safety, permanency, and
 890 well-being, as well as the family's progress towards case goal achievement. The caseworker will
 891 visit with the children, parents, and applicable caregivers in accordance with the SDM contact
 892 standards.
 893
 894

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.
---------------------	---

895
896
897
898
899
900
901
902
903
904
905
906
907
908
909
910
911
912
913
914
915
916
917
918
919
920
921
922
923
924
925
926

- 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 investigation. A non-custodial parent who was not the object of the investigation should be offered the opportunity

- 927 to provide input into the plan. But if they do not voice an interest in being
928 included in the services, then they typically would not have any
929 objectives in plan. In that case, monthly visits with that parent are not
930 required.)
- 931 b. A non-custodial parent whose involvement in the planning process is
932 detrimental to the safety or best interest of the child (as is supported by
933 court order) would typically not be included in the Child and Family Plan
934 and therefore is exempt from monthly caseworker contact.
- 935 c. A parent whose rights have been terminated.
- 936 d. A parent whose whereabouts are unknown.
- 937 e. A parent who is deceased.
- 938 f. When a non-custodial parent, who has one or more objectives on the
939 Child and Family Plan, refuses to meet with the caseworker, the
940 caseworker will make at least two monthly attempts to contact the non-
941 custodial parent face-to-face, by phone or correspondence to set up an
942 appointment. If the non-custodial parent fails to return messages or
943 refuses to meet with the caseworker, the caseworker has met the
944 minimum requirement for the monthly contact. The caseworker will
945 document the dates and efforts to involve the non-custodial parent,
946 methods of interaction between the caseworker and the non-custodial
947 parent, and the non-custodial parent's expressed desire.
- 948
- 949 B. Caseworker contact with the child: The caseworker will visit with each child client
950 involved in the case. Visit is defined as a face-to-face meeting between the child and
951 caseworker and must include the following elements:
- 952 1. Frequency - visits must occur as frequently as the conditions of the case require
953 based on current SDM level, minimum of once a month.
- 954 2. Location - the environment of the location of the visits must be conducive to
955 open and honest conversation. The visit with the child may take place during
956 home visits. If the child is not present during the home visit, the caseworker may
957 choose to meet with the child at a different location (the child's school, the
958 caseworker's office, etc.).
- 959 3. Private conversation – the interview between the caseworker and child must be
960 conducted away from the parent or substitute caregiver unless the child refuses
961 or exhibits anxiety. Siblings may be interviewed together or separately
962 depending on the comfort level of the children or if there are safety
963 considerations.
- 964 a. A private conversation is not required when the child is nonverbal or
965 unable to communicate. The caseworker will document that the child is
966 nonverbal and instead report observations regarding the child's
967 appearance pertaining to physical well-being.

- 968 4. Duration - the length of the visit must be of sufficient duration to address key
969 issues.
- 970 5. Quality discussion - the content of the interview should focus on issues pertinent
971 to safety, permanency, and well-being, as well as promote the achievement of
972 case goals.
- 973
- 974 C. Home Visits: The caseworker will check on the residence where the child is living and
975 observe and document the general conditions pertaining to the child's safety and well-
976 being. The caseworker will not enter a home for the purpose of a visit without a
977 caregiver present, unless the child's caregiver has granted permission. This approval
978 should be documented.
- 979 1. The caseworker may enter the family's home in an emergency without a
980 caregiver's permission.
- 981
- 982 D. At a minimum, the caseworker will conduct one monthly face-to-face contact with a
983 kinship or other substitute caregiver with whom the child is living, as applicable. The
984 caseworker will assess with the kinship caregiver the safety, permanency, and well-
985 being needs of the child and the kinship caregiver's needs as it pertains to the child's
986 needs.
- 987

988 108.2 Strengthening Families

989 Major objectives:

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

993

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

997 It builds five protective factors:

- 998
- 999 • Parental resilience - Resilience, simply defined, means the ability of parents to
1000 recover from difficult life experiences. It is about the ability to "bounce back"
1001 from negative experiences.
 - 1002 • Social connections - Relationships with family members, friends, neighbors, co-
1003 caseworkers, community members and service providers who care, listen, share
1004 parenting values and offer help.
 - 1005 • Knowledge of parenting and child development - A basic understanding of your
1006 child's development and how to parent in ways supportive of their development.
 - 1007 • Concrete support in times of need - Access to the resources and formal and
1008 informal supports to help you meet your family's needs.
 - Social and emotional competence of children - Children's age appropriate ability to
regulate their emotions, engage with others, and communicate feelings.

1009
1010
1011
1012
1013
1014
1015
1016
1017
1018
1019
1020
1021
1022
1023
1024
1025
1026
1027
1028
1029
1030
1031
1032
1033
1034
1035
1036
1037
1038
1039
1040
1041
1042
1043
1044
1045
1046
1047
1048
1049

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.

1050
1051
1052
1053
1054
1055
1056
1057
1058
1059
1060
1061
1062
1063
1064
1065
1066
1067
1068
1069
1070
1071
1072
1073
1074
1075
1076
1077
1078
1079
1080
1081
1082
1083
1084
1085
1086
1087

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.

1088 **108.3 Wrap-Around Services**

1089

1090 Practice Guidelines

1091 Wrap-around services are community-based services provided to the child and family that
1092 assist in maintaining the children in the family home. Child and Family Services caseworkers
1093 will identify and connect the family with available wrap-around services. [See: The specifics
1094 for wrap-around services detailed in the General Major Objectives
1095 [Section 700.](#)]

1096

1097 **108.4 Flexible Funds (PPDF)**

1098

1099 Practice Guidelines

1100 Flexible funds may be available to address specific and identifiable needs that promote well-
1101 being and stability within the family. [See: Flexible Funds in the General Major Objectives
1102 [Section 700.](#)]

1103

1104 **108.5 After-Hours Emergency Response**

1105

1106 Practice Guidelines

1107 An on-call Child and Family Services caseworker will be available to assist the family with after-
1108 hours emergencies. Region directors and supervisors will make appropriate staffing
1109 assignments to provide after-hours emergency services.

1110

1111 **108.6 CPS Investigations For Children Receiving In-Home Services**

1112

1113 [See: CPS Major Objectives [Section 202.2](#), CPS Investigation of a Case Receiving Services from
1114 Child and Family Services.]

1115

1116 **108.7 Removal Of A Child From A Home Receiving In-Home Services**

1117

1118 [See: Out-of-Home Services [Section 301.01](#), Opening a Foster Care Case.]

1119

1120 Practice Guidelines

1121 A. If there are new allegations during an In-Home Services case then CPS investigates and
1122 completes the removal if necessary.

1123

1124 B. If the child cannot remain safely at home due to the circumstances which brought
1125 the family into services, the removal is completed by the on-going caseworker.

1126

1127 **109 In-Home Services Records**

1128 Major objectives:

1129 The In-Home Services caseworker will adequately document cases.
1130

1131
1132 Practice Guidelines

1133 A. Activity Logs:

1134 1. Home visit documentation.

1135 a. Contact with child and family:

1136 (1) Document each child by name: include where the visit takes
1137 place, details of the private conversation with each child
1138 regarding safety and progress towards goals.

1139 (2) Document contact with each parent: including where the contact
1140 takes place, discussion of progress towards goals such as
1141 Protective Factors achievements.

1142 2. Child and Family Team/collateral contact documentation including but not
1143 limited to person, location, and content of the conversation.
1144

1145 B. Collateral reports (e.g., educational assessments, mental health assessments, medical
1146 reports, police reports).
1147

1148 C. UFACETs and SDM assessments. And conclusions drawn from formal and informal
1149 assessments.
1150

1151 D. Child and Family Team Meeting attendance and minutes.
1152

1153 E. Child and Family Plan, including progress updates and summary at least quarterly and at
1154 transition.
1155

1156 F. Court report (if court ordered).

1157 1. Court reports will include: demonstrable progress since the last court hearing,
1158 any changes in safety or risk since last hearing and what if anything Child and
1159 Family Services is doing in response to the change in safety and risk.
1160