

STANDARDS FOR EFFECTIVE PRACTICE
3.0 - ONGOING PROTECTIVE SERVICES

TABLE OF CONTENTS

3.0	ONGOING PROTECTIVE SERVICES PROGRAM STATEMENT	2
3.1	THE CHILD AND FAMILY ASSESSMENT	3
3.2	DEVELOPING THE CASE PLAN.....	5
3.3	FACE-TO-FACE CONTACT	8
3.4	REASONABLE EFFORTS.....	12
3.5	REMOVAL FROM THE HOME	15
3.6	NEW CASEWORK STAFF CASELOAD SIZE	17
3.7	ASSIGNMENT OF REOPENED CASES.....	19
3.8	CASE CLOSURE	21
3.9	FAMILY CASE CONFERENCE	24
3.10	TEAM DECISION MAKING	29
3.11	INTERNAL CASE TRANSFER	34
3.12	EXTERNAL CASE TRANSFER AND SHARING	36
3.13	VISITATION	38
3.14	PLANNED PERMANENT LIVING ARRANGEMENT	41
3.15	CONCURRENT PLANNING.....	44

CHILD PROTECTION SERVICE
STANDARDS FOR EFFECTIVE PRACTICE

STANDARDS FOR ONGOING PROTECTIVE SERVICES

3.0 ONGOING PROTECTIVE SERVICES PROGRAM STATEMENT

The primary purpose of Ongoing Protective Services is to assist at-risk families in keeping their children safe from abuse and neglect in their own homes. This is best accomplished in partnership with the family through protective services provided by the agency and community. Ongoing Protective Services includes: engaging the family's neighborhood system in the decision-making process, shared case plan development, ongoing child and family assessment, casework, and case management activities which allow professional staff to effectively respond to the changing condition of the family. Continual contact, assessment, and evaluation of family members are pivotal to child safety and to family stability.

The Ongoing Protective Services casework staff must possess a unique combination of knowledge and skills to assess risk and safety to intervene in situations that place children at risk of abuse and neglect, and to assist families in becoming healthy, nurturing and safe.

Ongoing Protective Services staff is in the challenging position of maintaining child(ren's) safety while working to preserve families and to provide permanency. At times, it may be necessary to separate child(ren) from their family until the family is able to meet the needs of the child(ren) in a safe environment.

CHILD PROTECTION SERVICES
STANDARDS FOR EFFECTIVE PRACTICE

STANDARDS FOR ONGOING PROTECTIVE SERVICES

3.1 THE CHILD AND FAMILY ASSESSMENT

Council on Accreditation Standards

The Council on Accreditation Standards G8 (Intake, Assessment and Service Planning); G9 (Service Planning); and G10 (Child Protective Services) link to and support Standard 3.1 *The Child and Family Assessment*.

Administrative Code

The Ohio Administrative Code Rule 5101:2-34-33 (PCSA Requirements for Conducting Intrafamilial (non stranger) Child Abuse and Neglect Family Assessments/Investigations) addresses Standard 3.1 *The Child and Family Assessment*.

I. Philosophy

CFASAs recognize the family as the primary social institution. Therefore, comprehensive family assessment, service, and treatment focus on the family system rather than any one individual within the family. Ongoing Protective Services encourages the family to participate in identifying what is important to healthy family functioning. Staff works with the family and their support system, and, based on level of risk, identify actions that must be taken to ensure child safety and family stabilization.

The assessment process focuses on family strengths to develop an effective family case plan. Staff joins with the family and their support systems to participate in the child and family assessment process. This assessment process originates at the time the case is opened and concludes at the time the case is closed.

II. Outcome

A baseline of information is established to respond to child and family needs.

III. Evaluation

FACSIS events, CPOE and the Federal Health and Human Services outcomes may be considered when evaluating this standard. In addition, the CFSA may consider the following:

- the risk assessment is thoroughly completed at point of entry, key decision-making points, case transfer excluding adoption and PPLA;
- documentation that areas of risk are discussed at each home visit with the family;
- the number family case conferences held to discuss and update the child and family assessment at key decision-making points with the family, substitute provider (if applicable), service providers, family support persons and agency staff present;
- the number of children reunified with their family;
- the number of children who recidivate within 12 months of exiting care;

- the median length of stay for children prior to returning home, prior to permanency custody, and prior to adoption finalization.

IV. Standards for Implementation

- 1) A thorough assessment of the child and family using the agency sanctioned risk assessment instrument should be completed. The agency sanctioned risk assessment instrument identifies the presenting problems and underlying causes, level of risk to the child, and strengths and concerns regarding the family.
- 2) To increase the effectiveness of the assessment, staff should seek participation from extended family members, service providers, and others to gather information, which is relevant to establishing a thorough and complete picture of family functioning.
- 3) The completed risk assessment should be reviewed at the time of transfer, excluding adoption or Planned Permanent Living Arrangement. A joint home visit should be made within three to five working days of case transfer (see Standard 3.11, *Internal Case Transfer*). This could constitute the staff's first of three face-to-face meetings with the family during the first month of service delivery.
- 4) The areas of risk should be discussed with the family during each home visit.
- 5) The risk assessment instrument should be updated at key decision-making points, and at a minimum, coincide with the investigation of a new report, out-of-home placement, prior to reunification, semi-annual reviews (SAR) and case closure.
- 6) Throughout the life of the case, staff should include the family in the review of all assessment information prior to, and as part of, case plan development activities.
- 7) When the level of risk has changed or substantive changes occur within the family, staff, along with the family, amends the case plan to reflect the services needed, and when appropriate, develop or review the safety plan (see Standard 2.9, *Safety Plan* and Standard 3.2, *Developing the Case Plan*).

V. Financial Implications

The costs associated with Standard 3.1, *The Child and Family Assessment* include conducting a strengths-based family assessment for the purpose of developing an effective case plan for treatment and are included under Standard 2.4, *Intake Assessments and Interviews*.

CHILD PROTECTIVE SERVICES
STANDARDS FOR EFFECTIVE PRACTICE

STANDARDS FOR ONGOING PROTECTIVE SERVICES

3.2 DEVELOPING THE CASE PLAN

Council on Accreditation Standards

The Council on Accreditation Standards G8 (Intake, Assessment and Service Planning) and G10 (Child Protective Services) link to and support Standard 3.2 *Developing the Case Plan*.

Administrative Code

The Ohio Administrative Code Rules 5101:2-39-08 [Requirements for PCSA Case Plan for In-Home Supportive Services (No Court Order)] and 5101:2-39-081 (PCSA Case Plan for Children in Custody or Under Court Ordered Protective Services) address Standard 3.2 *Developing the Case Plan*.

I. Philosophy

The case plan documents planned intervention service activities designed to protect the child and reduce or eliminate the risk factors, which caused involvement with the CFSA. It also documents services planned and provided for the family to overcome the consequential effects of maltreatment. Because it describes the steps for effecting change within the family system, it should be developed in partnership with the family members and other support persons (including the children when developmentally appropriate) whenever possible. The case plan document is the driving force behind all service activity that is continuously shaped based on the changing needs, strengths, and concerns of the family as identified through ongoing risk assessment. Because the case plan is the foundation of all service activity it must be thorough, complete, and individualized.

II. Outcome

The case plan document contains manageable and measurable goals, objectives, and activities to facilitate the family's success in reducing current and future risk of child maltreatment.

Case plan goals are directly linked to the risk assessment and address the child's safety and family stability needs.

III. Evaluation

FACSIS events, CPOE and the Federal Health and Human Services outcomes may be considered when evaluating this standard. In addition, the CFSA should consider the following:

- the number of family case conferences held to create and update the case plan with the family, substitute provider (if applicable), service providers, family support persons and agency staff present;
- the number of referrals to service providers made within 10 working days of deciding on services;
- documentation that case plan progress is discussed at each home visit with the family;

- the number of families accessing services within the case plan designated time frame;
- the number of families successfully completing services within the case plan designated time frame;
- the number of children reunified with their family;
- the number of children who recidivate within 12 months of exiting care;
- the median length of stay for children prior to returning home, prior to permanency custody, and prior to adoption finalization.

IV. Standards for Implementation

- 1) Ongoing and Intake (Assessment/Investigation) staff should seek participation from extended family members, service providers, and others (with family's permission) in the development of the case plan. Participation increases the effectiveness of the plan and the family's success in achieving identified goals and objectives. The agency should remove barriers to the family's participation in case plan development, such as transportation and childcare (see Standard 3.9, *Family Case Conference*).
- 2) Staff, in conjunction with the family, should review the family's assessment information to develop the goals, objectives and activities of the case plan. The information reviewed should include, but not be limited to:
 - a. the family's history, including completion of a genogram and/or eco-map (see Standard 3.13, *Genogram* and Standard 3.14, *Ecomap*);
 - b. the most recent risk assessment, including strengths and concerns and the safety plan, if applicable;
 - c. the level of continued family commitment to reduce future risk of child maltreatment;
 - d. the availability of culturally relevant services and willingness and ability of family to use these; and,
 - e. ideas regarding how extended family members, neighbors and friends may be supportive to the family and in the care of the children.
- 3) The Goals, Objectives, and Activities portion of the case plan should address all risk factors identified in the risk assessment and should be:
 - a. built on client strengths;
 - b. stated in positive terms;
 - c. prioritized in order of importance in reducing risk to the child;
 - d. written in measurable, behavioral terms which are clear and concise;
 - e. written in language which is understood by the client;
 - f. connected to realistic time frames; and
 - g. divided in small, manageable increments.
- 4) In partnership with the family and community stakeholders, staff should determine potential barriers to the family's participation in the identified service activities, and should document attempts to prevent or reduce the potential barriers from impeding service delivery. Consideration should be given to the following when identifying potential barriers:
 - a. the family's finances;
 - b. the family's developmental stage and functional capacity to participate in identified service activities;
 - c. the family's willingness to participate;

- d. the accessibility to service provider/transportation;
 - e. the non-availability of services, length of waiting list/time frames;
 - f. the non-availability of culturally sensitive services; and
 - g. the family's previous use of services.
- 5) The case plan activities should reflect the date(s) service referrals are, have been, or will be made. The expected goal(s) completion date(s) should reflect a date in the future by which the family and staff believe successful goal achievement will occur. Staff should make necessary referrals within ten working days of decision to implement the service (e.g., directing family to service providers, directly contacting service providers, and/or completing the social history).
 - 6) To coordinate case planning efforts, staff should attend the initial meeting between family and service provider and, if appropriate, the family's Job and Family Services worker to open communication between the family and service providers and to provide support to the family.
 - 7) The case plan and subsequent case plan amendments should be entirely completed and signed within mandated time frames (see Administrative Code Rule Cite section at the beginning of this standard).
 - 8) Upon completion of the case plan, the family receives a copy of the case plan. Case plan progress is reviewed with the family at each contact (see Standard 3.3, *Face-to-Face Contact*, IV,1a).
 - 9) When the family refuses to participate in the development of the case plan, staff should encourage the family's participation in services. If the family continues to reject the service plan, staff should reassess the resulting risk to the child and should respond with appropriate intervention strategies.
 - 10) Staff should evaluate the safety plan at the time the case plan is developed and periodically thereafter (see Standard 2.9, *Safety Plans*).

V. Financial Implications

Costs associated with Standard 3.2, *Developing the Case Plan* would be:

8 hours x \$81.21/hour = \$650 per case plan developed

CHILD PROTECTION SERVICES
STANDARDS FOR EFFECTIVE PRACTICE

STANDARDS FOR ONGOING PROTECTIVE SERVICES

3.3 FACE-TO-FACE CONTACT

Council on Accreditation Standards

The Council on Accreditation Standards S5 (Case Management Services) and S10 (Child Protective Services) link to and support Standard 3.3 *Face-to-Face Contact*.

Administrative Code

The Ohio Administrative Code Rules 5101:2-39-08.1 (PCSA Case Plan for Children in Custody or Under Court Ordered Protective Supervision) and 5101:2-42-65 (Agency Visits and Contact) address Standard 3.3 *Face-to-Face Contact*.

I. Philosophy

Regular, consistent, and ongoing face-to-face contact between staff and family members is necessary to develop strong relationships between both parties, and provides opportunities for the informal assessment of the health and well-being of the children.

Face-to-face contact is especially critical at the time of case determination, when the family system is most open to change. The frequency of face-to-face contact is based on the level of risk to the children identified through the risk assessment process. As the level of risk is reassessed, the frequency of face-to-face contact should be adjusted. Flexibility in adjusting the number of face-to-face contacts based on individual client need is always expected.

II. Outcome

Child safety and family stability are encouraged and expedited through early and frequent contact between the caseworker and family members and, when available, extended family members and family supports.

III. Evaluation

FACSIS events, CPOE and the Federal Health and Human Services outcomes may be considered when evaluating this standard. In addition, the CFSA may consider the following:

- the number of transfer conferences and joint home visits made by the Ongoing and Intake worker with the child and family within three to five working days of the Ongoing worker receiving the case;
- the number of home visits made by the Ongoing worker within the first month of receiving the case (best practice standard= 3 visits within the first month);
- the number of face-to-face visits made with the family, child and primary caregiver per month (best practice standard= 2 face-to-face visits per month for low to moderate cases);

- the number of face-to-face visits made within the child and primary caregiver's home (best practice= one, out of 2 visits required, face-to-face visit made per month in the home for low to moderate cases);
- the number of face-to-face visits made with the family, child and primary caregiver per month (best practice= weekly visits for high to moderate cases);
- the number of face-to-face visits made within the child and primary caregiver's home (best practice= every other weekly face-to-face visit in the home for moderate to high cases);
- the number of visits with the child alone per month (best practice= at least two visits individually with the child for moderate to high cases).

IV. Standards for Implementation

A. Visit Agenda

- 1) Staff should make face-to-face visits purposeful and meaningful through the use of set agendas. Agenda items should include, but not be limited to, the following:
 - a. the case plan progress and barrier resolution for family progress;
 - b. emerging issues and plan for action;
 - c. the behavior management issues and strategies, including discipline;
 - d. upcoming special events (e.g., semi-annual reviews, administrative reviews, medical/educational activities, etc.);
 - e. the child's developmental progress (e.g., educational, social, physical, emotional, etc.);
 - f. a review of the safety plan and compliance level;
 - g. a review of economic resources;
 - h. a review or update of the risk assessment;
 - i. family history, gathering of relative and support person's information;
 - j. other.

B. Low to Moderate Level of Risk

- 1) A transfer conference and joint home visit should be made by the Ongoing Protective Services and the Intake (Assessment/Investigation) staff with the child and family within 3-5 working days of case assignment to the worker (for other types of internal case transfers and joint home visits, see Standard 3.11, *Internal Case Transfer*).
- 2) In the first month of case assignment to Ongoing Protective Services, three face-to-face visits with the family should be held to develop an effective case plan or promote the existing case plan. The initial transfer conference/joint home visit with the Intake (Investigative Assessment) staff should be considered one of the three required visits.
- 3) Agency staff should schedule and complete two face-to-face visits per month with each family, including the child and primary caregiver(s). Scheduling the visit without making actual contact should be considered insufficient. It is recommended that all open cases have, at a minimum, one unannounced visit every other month (when scheduling and attending face-to-face contact in Kinship placements, see Standard 5.1, *Identifying Kinship Connections*).
- 4) In situations where the family is absent for a scheduled visit, the staff should follow the missed appointment with a letter or unscheduled home visit. If the family repeatedly

misses scheduled visits over a period of two to three months, the CFSA could consider closing the case (see Standard 3.8, *Case Closure*).

- 5) At least one of the two face-to-face visits should include the child and the primary caregiver(s) in the family/home environment to observe family interaction.
- 6) The staff should, at a minimum, meet with the child on an individual basis at least once per month. This visit may or may not take place in the family/home environment.

C. Moderate to High Level of Risk

- 1) A transfer conference/joint home visit should be made by the Ongoing Protective Services and Intake (Assessment/Investigation) staff with the child and family within 3-5 working days of case assignment to the worker (for other types of internal case transfers and joint home visits, see Standard 3.11, *Internal Case Transfer*).
- 2) Where children can be safely maintained in their home, agency staff should schedule and complete a minimum of weekly face-to-face visits with each family, including the child and primary caregiver(s). Scheduling the visit without making actual contact should be considered insufficient. It is recommended that all open cases have, at a minimum, one unannounced visit every other month (when scheduling and attending face-to-face contact in Kinship placements see Standard 5.1, *Identifying Kinship Connections*).
- 3) In situations where the family is absent for a scheduled visit, the CFSA may consider this refusal of service. Staff should follow the missed appointment with a letter or unscheduled home visit. If the family repeatedly misses scheduled visits over a period of two to four weeks and services continue to be refused, the Ongoing Worker, with consultation from Agency Administration, will determine if court filing or other actions should be pursued to ensure the safety of the child.
- 4) At least every other face-to-face visit should include the child and the primary caregiver(s) in the family/home environment to observe family interaction.
- 5) The staff should meet with the child on an individual basis, at least twice per month. This visit may or may not take place in the family/home environment.

V. Financial Implications

It is assumed that if the cost estimates associated with Standard 10.1, *Management of the CFSA* were able to be implemented, this standard would be able to be achieved. Costs associated with Standard 3.3, *Face-to-Face Contact* include:

Low-To-Moderate Risk

Family Face-To-Face

(First Month) 3 visits @ \$81.21/hour x 8 hours = \$1,949.04 the first month
(Monthly) 2 visits @ \$81.21/visit x 2 hours = \$324.84 per month

Child Face-To-Face

(Monthly) 1 visit @ \$81.21/hour x 2 hours = \$162.42 per month

Average cost per low-to-moderate risk case for a twelve month period is \$7,471.32

Moderate-To-High Risk

Family Face-To-Face

(Weekly) 1 visit @ \$81.21/hour x 2 hours = \$162.42 per week

Child Face-To-Face

(Monthly) 2 visits @ \$81.21/hour x 2 hours = \$324.84 per month

Average cost per moderate to high risk case for a twelve month period is \$12,343.92

CHILD PROTECTION SERVICES
STANDARDS FOR EFFECTIVE PRACTICE

STANDARDS FOR ONGOING PROTECTIVE SERVICES

3.4 REASONABLE EFFORTS

Council on Accreditation Standards

The Council on Accreditation Standards S10 (Child Protective Services) and S10.5 (Family Services) link to and support Standard 3.4 *Reasonable Efforts*.

Administrative Code

The Ohio Administrative Code Rules 5101:2-39-05 (Reasonable Efforts); 5101:2-39-06 (Preplacement Preventative Services, Reunification Services and Life Skill Services); 5101:2-39-07 (Supportive Services); and 5101:2-47-22 (Foster Care Maintenance Program Reimbursability: Reasonable Efforts Requirement) address Standard 3.4 *Reasonable Efforts*.

I. Philosophy

Reasonable efforts must be made throughout the agency's involvement with the family. Removing from the home is a traumatic and life-altering experience for both the child and the family. The purpose of reasonable efforts is to provide a safe, permanent home for the child by preventing removal, facilitating reunification, preventing or eliminating multiple placements and reentries into care, and/or achieving an alternative permanent home. Reasonable efforts are defined as including:

- an assessment of risk and safety to the child if the child remains in the home, and the risk of trauma if the child is removed from the home;
- a determination of child and family strengths and needs to reduce the level of risk and increase the child's safety;
- the identification and utilization of needed and available services;
- exploring supportive resource alternatives based on the family's suggestions.

II. Outcome

All children have safety, stability and permanence in the least restrictive, least intrusive, most family-like setting.

III. Evaluation

FACSIS events, CPOE and the Federal Health and Human Services outcomes may be considered when evaluating this standard. In addition, the CFSA may consider the following:

- the number of face-to-face contacts with the family made within 24 hours of the emergency (family and child separate);
- the number of respite placements made to prevent removal or reentry into care;
- the number of family case conferences held to discuss and update the child and family assessment at key decision-making points with the family, substitute provider (if applicable), service providers, family support persons and agency staff present;

- the number of children reunified with their family;
- the number of family team meetings held between foster parent, birth parent and social worker;
- the number of children that did not have to be removed from their homes;
- the number of reentries into care;
- the number of children with adoption finalizations;
- median length of stay in out-of-home placement.

IV. Standards for Implementation

A. Reasonable Efforts

- 1) The CFSA should be said to have made reasonable efforts when the staff, with the family, completes all of the following:
 - a. face-to-face contact with all family members and attempts to locate primary caregiver(s) if whereabouts are unknown;
 - b. assessment of strengths, needs and concerns of all family members regarding the child's safety and stability;
 - c. determination of what services are needed and can be immediately accessed to increase child's safety and stability including neighborhood based support systems, based on assessment;
 - d. evaluation of family's utilization and benefit of the services;
 - e. identification of barriers to services and efforts made to resolve these barriers;
 - f. in addition to the above (a-e), the following are examples of reasonable efforts to be considered for:
 - Preventing Removal and Reentry Into Care;
 - Facilitating Reunification;
 - Preventing/Eliminating Multiple Placement;
 - Permanent Alternative Homes.

*This list is not all inclusive and will need to be individualized.

B. Preventing Removal and Reentry Into Care

- 1) In emergency situations, the worker should evaluate the current safety plan. If there is not a current safety plan, the worker should develop the safety plan including relatives or other available caregiver(s) who will willingly shelter the child in an emergency situation (see Standard 2.9, *Safety Plans*).
- 2) When a safety plan is implemented which does not involve moving the child to an alternative setting, the assigned staff should conduct a face-to-face follow-up with the child and family independently of each other within 24 hours of the emergency situation.
- 3) Respite should be accessed to prevent removal or reentry into care.
- 4) Continuously assess family, kin and community resources.
- 5) Hold Team Decision Making Meetings at each critical change in placement (see Standard 3.10, *Team Decision Making*).
- 6) Provide crisis services.

C. Facilitating Reunification

- 1) The CFSA should be said to have made reasonable efforts when the staff completes all of the following:
 - a. establish visitation between child and family (see Standard 3.13, *Visitation*);
 - b. continuously assess family, kin and community resources;
 - c. facilitate the Family Team Meetings and encourage and support a relationship between family and substitute caregiver (see Standard 6.10, *Family Team Meeting*);
 - d. hold Team Decision Making meetings at each critical change in placement decisions (see Standard 3.10, *Team Decision Making*); and
 - e. extended in-home visits prior to reunification.

D. Preventing/Eliminating Multiple Placements

- 1) The CFSA should be said to have made reasonable efforts when the staff completes all of the following:
 - a. continuous assessment of family, kin and community resources;
 - b. effective matching;
 - c. take part in pre-placement visits;
 - d. provide respite;
 - e. provide crisis services;
 - f. Family Team Meetings (see Standard 6.10, *Family Team Meeting*); and
 - g. Family Case Conference and Team Decision Making meetings (see Standard 3.9, *Family Case Conference* and 3.10, *Team Decision Making*).

E. Permanent Alternative Home

- 1) The CFSA should be said to have made reasonable efforts when the staff completes all of the following:
 - a. adoption photo listings, websites;
 - b. pursue guardianship/legal custody/adoption to relative, non-relative;
 - c. foster to adopt;
 - d. concurrent planning;
 - e. effective matching;
 - f. take part in pre-placement visits;
 - g. Family Team Meetings (see Standard 6.10 *Family Team Meeting*); and
 - h. Family Case Conference and Team Decision Making meetings (see Standard 3.9, *Family Case Conference* and Standard 3.10, *Team Decision Making*).

V. Financial Implication

Costs associated with Standard 3.4, *Reasonable Efforts* are included in various other standards. The additional costs would be the cost of supportive services provided to prevent the unnecessary removal and placement of the child. These latter costs would need to be computed on a case by case basis by the CFSA.

CHILD PROTECTION SERVICES
STANDARDS FOR EFFECTIVE PRACTICE

STANDARDS FOR ONGOING PROTECTIVE SERVICES

3.5 REMOVAL FROM THE HOME

Council on Accreditation Standards

The Council on Accreditation Standards S10 (Child Protective Services) and S10.4 (Intervention) link to and support Standard 3.5 *Removal from the Home*.

Administrative Code

The Ohio Administrative Code Rule 5101:2-39-12 (Removal of a Child from His Home) addresses Standard 3.5 *Removal from the Home*.

I. Philosophy

Separation is a traumatic and life-altering experience for both the child and the family. Removal of a child should only occur when the child cannot safely remain in his/her own home. Only when the agency has examined and exhausted viable options through the Team Decision Making meeting, the Court orders that reasonable efforts are not necessary, or the Court orders placement, does the agency remove the child from the home. The determination to remove may occur at any point in the case. When a child must be placed, the placement should occur in the least restrictive, least intrusive family-like setting, which safely meets the needs of the child. When removing and placing a child, always consider relatives, kin, or family-like placements in or close to the child's neighborhood/community to reduce trauma to the child.

II. Outcome

Children will be placed in the least restrictive, least intrusive family-like setting that safely meets their needs.

III. Evaluation

FACSIS events, CPOE and the Federal Health and Human Services outcomes may be considered when evaluating this standard. In addition, the CFSA may consider the following:

- number of children placed with relatives;
- number of children placed with kin (non-relatives);
- number of children placed in family foster homes within the child's community;
- number of children placed in family foster homes close to the child's community;
- number of children placed in family foster homes out-of-county;
- number of children placed in residential centers, congregate care settings, group homes, institutional placements.

IV. Standards for Implementation

- 1) A removal from the home should be made when there is imminent risk of harm to the child if the child remains in the home and one or more of the following exist (see Standard 2.10, *Reasonable Efforts and Removal from the Home*):
 - a. the risk of physical/emotional harm is greater to the child if he/she remains in the home than the risk of physical/emotional harm if he/she is removed from the home;
 - b. the primary caregiver and adults in the household cannot be located, nor can a safety plan be implemented;
 - c. there are no services or supports immediately accessible or available which would reduce the level of risk to the child(ren), make the child(ren) safe, and keep the family intact;
 - d. the CFSA has documented that the risk is unable to be reduced.

- 2) When the decision is made that the child cannot be maintained safely in his/her home, the following placement options should be considered in the following order:
 - a. voluntary arrangement with suitable relatives/non-relatives (kin);
 - b. custody to suitable relatives;
 - c. custody to suitable non-relatives (kin);
 - d. custody to the agency and placed with relatives;
 - e. custody to the agency and placed in a family foster home in the child's neighborhood/community;
 - f. custody to the agency and placed in a family foster home closest to the child's neighborhood/community;
 - g. custody to the agency and placed in another setting based on the needs of the child, e.g., treatment foster care, group home, residential.

- 3) Reasons for removal should be processed with the child (at their level of understanding) during and after placement by staff.

V. Financial Implications

Costs associated with Standard 3.5, *Removal from the Home* are included in various other standards. The additional costs would be the costs of supportive services provided to prevent the unnecessary placement of the child into the foster care system. These latter costs would need to be computed on a case by case basis by the CFSA.

CHILD PROTECTION SERVICES
STANDARDS FOR EFFECTIVE PRACTICE

STANDARDS FOR ONGOING PROTECTIVE SERVICES

3.6 NEW CASEWORK STAFF CASELOAD SIZE

Council on Accreditation Standards

The Council on Accreditation Standards G4 (Management of Human Resources) and S10 (Child Protective Services) link to and support Standard 3.6 *New Casework Staff Caseload Size*.

Administrative Code

There are no Administrative Code Rules that directly address Standard 3.6 *New Casework Staff Caseload Size*.

I. Philosophy

Child protection services casework is complex and difficult. Ideally, new casework staff are carefully trained in an environment which allows them to gradually progress in their knowledge and skills. At a minimum, CFSAs should ensure that the assignment of cases to new staff occurs in a planful and incremental fashion. Providing new casework staff with cases incrementally allows for close supervision, and the development of the experience and confidence necessary to handle a caseload by the end of probation. New workers are more likely to be retained if they have a lower caseload, are supported by agency administration, supervisors and staff, and provided with training in best practice.

II. Outcome

New caseworkers demonstrate the skills necessary to effectively serve children and families.

III. Evaluation

FACSIS events, CPOE and the Federal Health and Human Services outcomes may be considered when evaluating this standard. In addition, the CFSA may consider the following:

- average caseload size for new caseworkers within 3 months of employment (no more than four family cases);
- average caseload size for new caseworkers within 6 months of employment (no more than 10 family cases);
- average caseload size for new caseworkers (as well as all caseworkers) after 6 months of employment (no more than 13 family cases).

IV. Standards for Implementation

- 1) Standard 3.6 applies to all staff members who come to the agency with less than one-year direct child protection casework experience (for caseload size and the experienced caseworker, see Standard 10.1, *Management of the CFSA*.)

- 2) In the first three months of employment, new casework staff should carry no more than four family cases at any one time, and should receive a maximum of one case per week.
- 3) In the second three months of employment, new casework staff should be expected to build a maximum caseload of ten family cases.
- 4) After six months of employment, the agency should refer to the PCSAO recommended maximum caseload size for direct services staff, 13 cases (Standard 10.1, *Management of the CFSA*).
- 5) When assigning family cases, the direct service supervisor should consider the following:
 - a. the number of children and families the worker is serving, including foster families, extended family and kin;
 - b. the number of cases that are court-involved;
 - c. specialized needs or severe levels of risk;
 - d. the geographic location of the family; and
 - e. family's needs versus family's support systems in determining caseload size in conjunction with worker's skills.

V. Financial Implications

Costs associated with Standard 3.6, *New Casework Staff Caseload Size* are included in Standard 10.1, *Management of the CFSA*, and Standard 10.6, *Supervision of Staff*.

CHILD PROTECTION SERVICES
STANDARDS FOR EFFECTIVE PRACTICE

STANDARDS FOR ONGOING PROTECTIVE SERVICES

3.7 ASSIGNMENT OF REOPENED CASES

Council on Accreditation Standard

The Council on Accreditation Standard S10 (Child Protective Services) links to and supports Standard 3.7 *Assignment of Reopened Cases*.

Administrative Code

There are no Administrative Code Rules that directly address Standard 3.7 *Assignment of Reopened cases*.

I. Philosophy

The factors which lead to child abuse and neglect are complex and often difficult to ameliorate. For this reason, cases may recidivate. CFSA's believe that effective case management for a family previously involved with the CFSA is best handled by the professional(s) most familiar with that family. Such practice reflects sensitivity to the concerns of family members who are asked to share highly personal information. CFSA's recognize that there might be exceptions to the use of caseworker continuity for cases which recidivate. While a caseworker may have worked with a family in the past, the relationship of the caseworker and family may adversely impact current service delivery, thus outweighing the benefits of greater knowledge and familiarity. Supervisors must use their professional judgment to determine case assignment.

II. Outcome

Children and families who recidivate are assigned to workers based on previous relationships and specific needs.

III. Evaluation

FACSIS events, CPOE and the Federal Health and Human Services outcomes may be considered when evaluating this standard. In addition, the CFSA may consider the following:

- number of children that recidivate per year;
- number of recidivated cases that are assigned to the former worker.

IV. Standards for Implementation

- 1) When the decision is made to reopen a case for services, the supervisor should decide whether or not it is in the best interest of the child and family to reassign the case to the staff who last provided services.
- 2) When the previously assigned caseworker is not able to provide services to the family, the case (including all previous records and documentation) should be transferred to the supervisor last responsible for the family for assignment within the unit.

- 3) When the previous staff and supervisor are not able to accept the reopened case, the CFSA should distribute the case according to CFSA case assignment protocol.

V. Financial Implications

Costs associated with Standard 3.7, *Assignment of Reopened Cases* are assumed to be similar to that of conducting an investigative assessment:

$\$98.65 \times 14.38 \text{ hours} = \$1,418.59$ per Investigative Assessment and Interview
(see Standard 2.4, *Intake Assessments and Interviews*)

CHILD PROTECTION SERVICES
STANDARDS FOR EFFECTIVE PRACTICE

STANDARDS FOR ONGOING PROTECTIVE SERVICES

3.8 CASE CLOSURE

Council on Accreditation Standards

The Council on Accreditation Standards S10 (Child Protective Services) and S10.5 (Family Services) link to and support Standard 3.8 *Case Closure*.

Administrative Code

The Ohio Administrative Code Rules 5101:2-39-02 (Case Records For Children Services); and 5101:2-39-08.1 (PCSA Case Plan for Children in Custody or Under Court Ordered Protective Supervision) address Standard 3.8 *Case Closure*.

I. Philosophy

The length of CFSA involvement with a family is determined by many factors, including: the nature of the family's needs, the level of progress made toward correcting the situation that caused the family to become involved with the CFSA, and risk reduction to a level under which the family is able to again function independently from the CFSA. CFSA involvement with a family is terminated when the children in the family are receiving care and support which meets their minimum needs, and the parents have demonstrated a sustained ability to protect and care for their children free from agency intervention with support from their family and community.

II. Outcome

The level of risk to the children is sufficiently reduced.

Family stability is achieved and maintained.

Identified community services and supports are arranged.

III. Evaluation

FACSIS events, CPOE and the Federal Health and Human Services outcomes may be considered when evaluating this standard. In addition, the CFSA may consider the following:

- the risk assessment is thoroughly completed at point of entry, key decision-making points, case transfer excluding adoption and PPLA;
- documentation that areas of risk are discussed at each home visit with the family;
- the number of family case conferences held to discuss and update the child and family assessment at key decision-making points with the family, substitute provider (if applicable), service providers, family support persons and agency staff present;
- services are provided for a minimum of 75 days from the date the child is placed into the permanent setting;
- the number of children reunified with their families;
- the number of children recidivating within 12 months of exiting care;

- the median length of stay for children prior to returning home, emancipation or prior to adoption finalization.

IV. Standards for Implementation

- 1) The CFSA should close a case when one of the following conditions has been met:
 - a. the caregiver(s) has successfully achieved the family's goals and objectives in the case plan, and a risk assessment indicates that the risk has been reduced to a level which allows for the care and safety of the child by the family; or
 - b. the caregiver(s) has not successfully achieved the family's goals and objectives of the case plan, but due to other factors, risk to the child has been reduced to a level as determined by the staff and supervisor; or
 - c. the child is settled in a permanent non-adoptive placement (excluding Planned Permanent Living Arrangements) with services provided for a minimum of 75 days from the date the child is placed in the permanent setting, with no reports of abuse and neglect, or other care or safety concerns for the child; or
 - d. the family does not wish to receive services and the assessed risk to the child is not severe enough to warrant a petition to the Court; or
 - e. the Court approved termination of services or the Court terminated agency supervision against agency recommendation.
- 2) The following factors involved in a thorough risk assessment should be evaluated when planning to close a case:
 - a. type and degree of acts or conditions to which children have been exposed;
 - b. frequency of acts or conditions to which children have been exposed;
 - c. child characteristics;
 - d. characteristics of all adults in the household;
 - e. adult, child relationship;
 - f. socioeconomic factors;
 - g. alleged perpetrator access and responsibility for care of child;
 - h. community supports, including specific linkages with the family's neighborhood resources.
- 3) The family, extended family, the foster family and all other professionals actively involved in the case should be contacted and consulted and their observations requested prior to case closure and written documentation should be requested. When possible, this can occur at a Family Case Conference (see Standard 3.9, *Family Case Conference*). When a professional who is actively involved in the family's case does not concur with the decision to close, the staff should list the concerns and reasons why the professional is in disagreement. The staff should document the rationale for the CFSA decision to close the case. If the CFSA reconsiders its decision and keeps the case open, the staff should document the reason for doing so.
- 4) Prior to closing the case, the CFSA refers and/or arranges community resources and supports for the family.
- 5) The agency should confirm that all court involvement is terminated and documentation has been received.
- 6) The genogram and ecomap are updated upon case closure.

- 7) Upon case closure, the following elements should be included in the family's file:
 - a. the reason for opening the case;
 - b. the current level of risk to the child;
 - c. the services provided and outcomes;
 - d. the securement of community supports and services;
 - e. the reason for closing the case;
 - f. the family's utilization of services and/or resources;
 - g. the family's perception of their progress and agency's involvement;
 - h. the journal entry terminating Court involvement (as applicable); and
 - i. the date of case closure.

The case should not be considered closed until after the documentation has been completed.

- 8) When the CFSA closes a case, the family is notified in writing within 5 working days of closure.
- 9) When the CFSA closes a case, all service providers who are actively involved with the case should be sent written notification of the CFSA's decision to close the case within 5 working days of closure.
- 10) The case may be closed if the family has left jurisdiction without completing the case plan, and a referral has been made to the new county of residence. Should the case plan be court ordered, the agency should attempt to have the jurisdiction of the case transferred or the Court involvement terminated (see Standard 3.12, *External Case Transfer*).

V. Financial Implications

Costs associated with Standard 3.8, *Case Closure* include:

8 hours x \$81.21/hour = \$649.68

CHILD PROTECTION SERVICES
STANDARDS FOR EFFECTIVE PRACTICE

STANDARDS FOR ONGOING PROTECTIVE SERVICES

3.9 FAMILY CASE CONFERENCE

Council on Accreditation Standards

The Council on Accreditation Standards G3 (Advocacy); G4.14 (Team Delivered Services); G8.4 (Service Planning); S10 (Child Protective Services); and S10.5 (Family Services) link to and support Standard 3.9 *Family Case Conference*.

Administrative Code

There are no Ohio Administrative Code Rules that directly address Standard 3.9 *Family Case Conference*.

I. Philosophy

Optimal child welfare decisions are made in an open, inclusive process by bringing together the family, extended family, agency staff, private providers and the community stakeholders. Outcomes are focused on reducing risk to children and expediting permanency. The Family Case Conference (FCC) is a model of team decision-making that is strength based. At the Family Case Conference, everyone involved in the child's and family's life have the opportunity to contribute to designing supports that protect the child's safety while stabilizing the family unit (both birth or foster). This forum provides for team decision-making and designs a plan in which consensus is reached.

II. Outcome

A plan to reduce risk to the child is developed and agreed upon by all stakeholders.

Strengths, resources and supports for the family are identified.

Stakeholders agree to participate in the implementation of the plan.

III. Evaluation

FACSIS events, CPOE and the Federal Health and Human Services outcomes may be considered when evaluating this standard. In addition, the CFSA may consider the following:

- the number of family case conferences per family/child case held prior to removal;
- the number of family case conferences per family/child case after removal until case is closed;
- the number of participants (family, family support, service providers, relatives, staff, etc) who attend each family case conference;
- the number of children prevented from coming into care;
- the median length of stay for children prior to returning home, emancipation or prior to adoption finalization;
- the number of out-of-home placement moves;
- the number of children reunified with their family;
- the number of children who recidivate within 12 months of exiting care.

IV. Standards for Implementation

Prior to implementing Family Case Conference, all involved agency staff and the designated facilitator(s) should be trained on the purpose, philosophy and process of the FCC. Facilitators should obtain additional training on how to facilitate Family Case Conferences.

A. Criteria for convening and scheduling a Family Case Conference

- 1) FCC should be convened at, including, but not be limited to:
 - a. case planning, safety planning, and/or concurrent planning;
 - b. facilitating child safety, permanency, family stability, and/or child and family well-being.

B. Agency's Pre-Conference Activities

- 1) The worker explains to the family the purpose of the FCC, what will happen at the forum, discusses who should be invited and any cultural norms of the family. The worker should give the parents an opportunity to discuss their concerns about this process.
- 2) The worker should help the family identify additional individuals (such as community support persons or extended family members) they would like to have invited to the FCC.
- 3) Prior to contacting prospective participants, the worker needs to receive permission from the family (this does not preclude the social worker from making necessary collateral contacts or inviting critical participants).
- 4) The worker should contact prospective participants explaining to them the purpose of the FCC, what will happen at the forum, and inviting them to the scheduled FCC. All of the prospective participants should be encouraged to attend. The worker should also discuss with the prospective participants additional individuals who may be able to provide information and support to the family. It is important for the worker to give the invited persons an opportunity to discuss their feelings about the family.
- 5) The agency should remove as many barriers as possible to maximize participation and attendance, such as child care, transportation, scheduling, etc.
- 6) Worker should schedule the FCC in a neutral, family-friendly location, if possible.
- 7) Refreshments should be arranged and available for the FCC.

C. Family Case Conference Facilitator

- 1) A FCC should be conducted by a skilled, third party, neutral facilitator who is a staff member of the agency and who is impartial to the case. The facilitator should possess the following:
 - a. ability to engage participants;
 - b. good communication, listening and reflection skills;
 - c. ability to stay on task;
 - d. good understanding of group dynamics;
 - e. knowledge of family systems;
 - f. good interpersonal skills;
 - g. conflict resolution/mediation skills;
 - h. be detailed-oriented;

- i. have knowledge of, and experience with, community resources and child welfare system;
- j. patience;
- k. objectivity;
- l. good organizational skills;
- m. flexibility; and
- n. sense of humor.

The responsibilities of the facilitator are as follows:

- a. discuss the current situation, perceptions and hopes for the family with the child's caseworker and supervisor, prior to the conference;
- b. review any available information regarding the family's involvement with the agency;
- c. aid in completing agency's pre-conference activities (see Standard 3.9, *Family Case Conference*);
- d. prepare all conference materials, including name tents, that should be prepared with participant's name and relationship to the child;
- e. facilitate the FCC;
- f. discuss next steps with participants regarding follow-up (if needed).

D. Conducting a Family Case Conference

- 1) Facilitator should open the meeting with introductions and how each participant is related to the family and child. Name tents should also be available.
- 2) If the family identified cultural norms that they would like to address, the facilitator should take time to do so.
- 3) Facilitator should explain the purpose of the meeting and the process and ask the members if they have any questions, issues or concerns before moving forward.
- 4) The team develops ground rules and reach consensus. This is recorded and will then be distributed at future meetings (if applicable).
- 5) The facilitator should review with the members the roles and responsibilities of the Stakeholders represented in the forum. This allows each participant to understand and agree to their roles and responsibilities, as well as gain knowledge of the other participants' roles and responsibilities. Examples of the participants' roles and responsibilities would include, but not be limited to:
 - a. Facilitator: To model a strength based approach and maintain a strength based focus; manage the group's review and dialogue regarding the family and to plan for stabilizing the family so the child can remain in/return home; assure, whenever possible, that consensus is achieved among meeting members; move the process along and assure the Ground Rules are followed; assist the members in arriving at a plan all can agree to and sign off on.
 - b. Parents: To actively participate in the family case conference process. Responsibilities include identifying what they want for their child and what they are willing to do towards that end; identify areas of family strengths that

- they can use to assist them in providing for the safety and well-being of the child; agree to participate in follow-up meetings.
- c. Family Members: To actively participate in the family case conference process. Responsibilities include identifying what they want for the child and what they are willing to do towards that end; commit to those things they are willing to do to assist with both reduced child risk, child safety and family stability; agree to participate in follow-up meetings.
 - d. Social Worker/Agency Staff: To participate in the family case conference process and support the family; when previously developed, to review the case plan, progress to date and continued barriers to case plan completion; help identify family strengths and areas that, in his/her professional opinion need to be addressed for child safety and family stability. Responsibilities include identifying what the worker would like for the child and what he/she is willing to do towards that end; agree to participate in follow-up meetings.
 - e. All Other Stakeholders (i.e., foster parents, kinship family, attorneys, service providers, CASA, GALs, family support persons, neighborhood partners): To actively participate in the family case conference process; assist in the development of case plan goals and objectives and share perspectives on the child's needs and how to partner with birth parents in advocating for the children's needs; identify/share community resources and natural supports that will assist the family in achieving stability and reducing risk to the child; agree to participate in follow-up meetings and provide reports to the social worker.
- 6) To begin discussion of achieving stability and reducing risk to the child, the facilitator needs to ask each member what their perception of the situation is and what they want (outcomes) for the child. The facilitator should begin with the participants with the closest long-term connection to the child and move to those most distant. The reported outcomes for the child should be recorded.
 - 7) The social worker provides an oral summary of the agency and family activities to date. The worker presents the risk assessment components to the group.
 - a. The facilitator should request that each participant identify family strengths that can assist in providing for the child's safety and stabilizing the family. After strengths have been identified, the facilitator should challenge the participants to dialogue with each other on what is needed for child safety and family stability. After the facilitator develops a list of ideas from the participants, the group should begin to identify what is most important to work on first, second, etc., that will become the objectives of the action plan.
 - 8) The group then develops activities and realistic time frames for accomplishing the objectives. This becomes the basis for the family's plan. Facilitator assesses the group's movement toward consensus and states the agreed-upon decision, with accompanying action steps, when it appears a consensus decision is at hand. Each participant is invited to comment on their support for the plan.
 - 9) If consensus cannot be reached, facilitator asks the social worker/supervisor to weigh all the information that has been discussed and make a decision on behalf of the agency. This becomes the agency's official decision and plan.
 - 10) If agency staff object to the worker's decision due to belief that it places the child at serious risk or violates a critical policy, staff may request a higher level agency

administrator to review and make the final decision. This becomes the official position of the agency.

- 11) The facilitator should ask parents if they are clear on the objective and are willing to commit to each objective. This should also be done with all the other participants.
- 12) Facilitator verbally, and in writing, summarizes the team's decision, including safety plan (if applicable) and action steps, which identify who will do what by when. Each participant signs a summary report, which is distributed to all prior to the end of the meeting.
- 13) The facilitator should discuss possible follow-up meetings and receive agreement from the participants on attending follow-up meetings.
- 14) A written evaluation of the FCC process (not outcome) should be requested from all the group members.

V. Financial Implications

Costs associated with Standard 3.9, *Family Case Conference* would include such activities as preparation, collateral contacts, client contact, assessment of risk and case plan update at the Family Case Conference, documentation, travel (if held outside of agency), as well as cost of Family Case Conference facilitator, clerical support, supplies (including refreshments), cost of room (if in community).

Agency Preparation Work and Attendance at the Family Case Conference
8 hours x \$81.21/hour = \$649.68 per Family Case Conference

CHILD PROTECTION SERVICES
STANDARDS FOR EFFECTIVE PRACTICE

STANDARDS FOR ONGOING PROTECTIVE SERVICES

3.10 TEAM DECISION MAKING

Council on Accreditation Standards

The Council on Accreditation Standards G3 (Advocacy); G4.14 (Team Delivered Services); G8.4 (Service Planning); S10 (Child Protective Services); and S10.5 (Family Services) link to and support Standard 3.10 *Team Decision Making*.

Administrative Code

There are no Ohio Administrative Code Rules that directly address Standard 3.10 *Team Decision Making*.

I. Philosophy

Decisions regarding removal or movement of children are the most critical ones families experience during their involvement with the child welfare system. As such, the Child and Family Services Agency (CFSA) must ensure that every family facing a placement-related decision about their child(ren) is provided a family meeting. Unlike other Family Case Conferencing models (see Standard 3.9, *Family Case Conference*), Team Decision Making (TDM) is held without exception, and the system, not solely the social worker, ensures that the meeting happens every time. While some service planning may occur during the course of the meeting, the primary goal of TDM is to make the best possible placement-related decisions for the child that is least restrictive, least intrusive. The Team Decision Making meeting is always facilitated by an agency staff person trained to facilitate this meeting.

While holding a TDM in ALL placement-related decisions is challenging to implement, especially under budgetary constraints, excellence in service requires that the CFSA commit to its full implementation.

II. Outcomes

Through the Team Decision Making process, the least restrictive, best-possible placement-related decisions are made through direct involvement of family, extended family, foster parents and community stakeholders in the decision making process.

The child is safe.

The family and community are immediately engaged.

III. Evaluation

FACSIS events, CPOE, the Federal Health and Human Services outcomes may be considered when evaluating this standard. In addition, the public CFSA may consider the following:

- the nine Casey Family to Family outcomes;

- contacting PCSAO to access the Annie E. Casey Foundation's TDM automated ACCESS data collection system to enhance their capacity for evaluating their TDM process.

IV. Standards for Implementation

Prior to implementing Team Decision Making (TDM), all involved agency staff, contract agency staff, foster families, and community stakeholders should be oriented to the purpose, philosophy and process of the TDM. Facilitators should be carefully selected from the public agency's most experienced and respected practitioners, and should obtain extensive training on how to facilitate the TDM.

A. Criteria for Convening and Scheduling a TDM

- 1) The TDM must be convened prior to making ALL placement-related decisions, or in the case of an emergency by the next working day. The TDM is convened :
 - a. prior to a child's removal from his/her home;
 - b. prior to a change in placement;
 - c. prior to reunification or other permanent plan, including a decision to seek termination of parental rights, to transfer temporary custody to a relative or to accept permanent surrender from a parent.
- 2) The agency implements a system of checks and balances to ensure that a TDM takes place prior to ALL placement-related decisions.
- 3) The CFSA holds the TDM in every case, since every family deserves this consideration. The meeting is held even if family members choose not to attend, since the agency must make the placement-related decision.

B. Agency's Pre-TDM Activities

- 1) The worker should explain to the family the purpose of the TDM, what they can expect, and identify who the family would like to attend. The worker should give the parents an opportunity to discuss their concerns about this process.
- 2) The worker or another agency representative should identify members of the family's community (usually their neighborhood, but could be another community entity) that should be invited to the table and with the family's permission, should invite them to attend the TDM. The CFSA should support and encourage the family's invitation of anyone they would like to attend.
- 3) Other meeting attendees may include: the worker's supervisor, past or present providers of services to the family, agency staff responsible for homefinding or family preservation, the child's GAL if applicable, or others. The worker should contact prospective participants explaining to them the purpose of the TDM, and inviting them to the scheduled TDM. All of the prospective participants should be encouraged to attend.
- 4) The CFSA should remove as many barriers as possible to maximize participation and attendance, such as child care, transportation, scheduling, etc.

- 5) The TDM should be scheduled in a location that provides for the comfort, safety and well-being of the participants. Depending on the purpose of the TDM (e.g. possible removal) it may not be appropriate to hold the TDM in the family or caregiver's home.

C. TDM Facilitator

- 1) The TDM should be conducted by a skilled, senior CFSA professional who has a wealth of experience in the field, as well as knowledge of agency policy and practice and community resources. The TDM facilitator should have credibility with staff and community partners.
- 2) The TDM facilitator should be impartial, having no direct connection in the chain of command of social worker, supervisor or the case in question.
- 3) Among the qualities a TDM facilitator should possess are:
 - a. ability to engage participants;
 - b. good communication, listening and reflection skills;
 - c. ability to stay on task;
 - d. good understanding of group dynamics;
 - e. knowledge of family systems;
 - f. conflict resolution/mediation skills;
 - g. detail-oriented;
 - h. thorough knowledge of, and experience with, CFSA policies and procedures, community resources, court, and child welfare system;
 - i. patience;
 - j. objectivity;
 - k. good organizational skills;
 - l. flexibility;
 - m. a commitment to candor and straight talk;
 - n. a commitment to strength-based practice.
- 4) The facilitator has a stake in the decisions that are made and the outcome of the meeting. While not "emotionally" vested in the decision, the facilitator does represent the agency and its values and best practice, and is therefore responsible for making sure that the decisions made address these. The responsibilities of the facilitator are as follows:
 - a. prepare all name tents, other materials that will ease communication and smooth out the meeting process;
 - b. facilitate the TDM process;
 - c. support the social worker in engaging the team in a positive process toward decision making based on group consensus;
 - d. ensure that decisions are made that are consistent with best practice, agency's mission and values.

D. Conducting a Team Decision Making meeting

- 1) The TDM facilitator opens the meeting with introductions, with each participant identifying his/her relationship to the family and child. Name tents should also be available.
- 2) The TDM facilitator explains the purpose of the meeting and the process and asks the members if they have any questions, issues or concerns before moving forward. Ground rules for the meeting are agreed upon.

- 3) The TDM facilitator partners with the social worker, supporting her/him as the convener of the meeting. The social worker is a leader in the meeting and not simply a participant. S/he has a primary role in clarifying and explaining what is discussed, etc.
- 4) The TDM facilitator begins by asking the birth family and/or their social worker to share some information about the child(ren) with the group, in order to highlight the real people and real lives at the center of the meeting.
- 5) The TDM facilitator asks the social worker to identify the reason for the TDM, the concerns that brought the stakeholders together, etc.
- 6) The facilitator then asks each member (beginning with birth parents) what their perception of the situation is and what they want (outcomes) for the child.
- 7) The social worker provides an oral summary of the agency and family activities to date. The social worker presents, in summary and using lay language, the key risk assessment components to the group.
- 8) The facilitator requests that each participant identify family strengths that can assist in providing for the child's safety and stabilizing the family. The TDM facilitator assists the stakeholders in understanding that the family's strengths will be used as potential strategies for reducing the risk to the child(ren) and assuring the child(ren)'s safety.
- 9) The facilitator opens a dialogue as to what is needed to reduce the risk to the child(ren), assure child safety and provide family stability.
- 10) The TDM facilitator, with assistance from the social worker, works to achieve consensus as to the best placement plan for the child(ren) and accompanying action steps. Each participant is invited to comment on their support of the decision.
- 11) If consensus cannot be reached, the TDM facilitator asks the social worker/supervisor to weigh all the information that has been discussed and make a decision on behalf of the agency. This becomes the agency's official decision and plan.
- 12) If CFSA staff object to the worker's decision due to belief it places the child at serious risk or violates a critical policy, staff may request a higher level CFSA administrator to review and make the final decision. This becomes the final and official position of the agency.
- 13) The TDM facilitator should ask parents if they are clear on the placement decision. This should also be done with all the other participants.
- 14) The TDM facilitator should verbally and in writing summarize the placement decision, including safety plan (if applicable) and action steps, which identify who will do what by when. Each participant signs a summary report, which is distributed to all prior to the end of the meeting.
- 15) The TDM facilitator should discuss possible follow-up meetings and receive agreement from the participants on attending follow-up meetings.

V. Financial Implications

The CFSA should base cost on the following criteria: Salary of TDM facilitator, meeting space (if held in the community), supplies, clerical support. Note: the agency should anticipate a cost savings by preventing unnecessary placements and selection of less restrictive levels of care through increased use of kinship placements.

Agency Preparation Work and Attendance at the Team Decision Making meeting
8 hours x \$81.21/hour = \$649.68 per Family Case Conference

CHILD PROTECTION SERVICES
STANDARDS FOR EFFECTIVE PRACTICE

STANDARDS FOR ONGOING PROTECTIVE SERVICES

3.11 INTERNAL CASE TRANSFER

Council on Accreditation Standard

The Council on Accreditation Standard S10 (Child Protective Services) links to and supports Standard 3.11 *Internal Case Transfer*.

Administrative Code

The Ohio Administrative Code Rule 5101:2-39-02 (Case Record for Children Services", no other rule specific to Internal Case Transfer) addresses Standard 3.11 *Internal Case Transfer*.

I. Philosophy

Services to children and families should be provided on a continual basis with minimal disruptions caused by internal changes within the agency. Disruptions can be minimized by both workers jointly meeting with the family at case transfer to review strengths, concerns and goals. Family will be able to understand the change of roles and any expected shift in focus.

The receiving worker needs to become fully versed in the history, strengths, issues, progress, and goals of the family. Agency's purpose is to provide continuity, dispel any barriers, avoid duplication of tasks or manipulation of information, and open communication.

II. Outcome

Services to family are uninterrupted by changes within the agency.

III. Evaluation

FACSIS events, CPOE and the Federal Health and Human Services outcomes may be considered when evaluating this standard. In addition, the CFSA may consider the following:

- the number of face-to-face transfer conferences that occur prior to transfer cases;
- the number of joint home visits that occur within 3-5 days of transferring cases.

IV. Standards for Implementation

- 1) Roles are defined to address the tasks and timeframes each worker (receiving and previous) will perform to complete the case transfer.
- 2) Receiving worker reviews the available agency's record on the family at the time of transfer.
- 3) Previous and receiving workers should have a face-to-face transfer conference prior to joint home visit. Follow-up meetings should be held if needed to troubleshoot any additional problems or issues.

- 4) Joint home visits should be completed within 3-5 working days after transfer. Joint home visits may occur with birth family, substitute caregiver, child or any combination.

V. Financial Implications

Costs associated with Standard 3.11, *Internal Case Transfer* would include preparation, family contact, child contact, updating assessment of risk, case plan update, documentation and travel for a total of:

18 hours x \$81.21/hour = \$1,461.78 per Internal Case Transfer

CHILD PROTECTION SERVICES
STANDARDS FOR EFFECTIVE PRACTICE

STANDARDS FOR ONGOING PROTECTIVE SERVICES

3.12 EXTERNAL CASE TRANSFER AND SHARING

Council on Accreditation Standard

The Council on Accreditation Standard S10 (Child Protective Services) links to and supports Standard 3.12 *External Case Transfer and Sharing*.

Administrative Code

The Ohio Administrative Code Rule 5101:2-39-02 (Intrastate and Interstate referral procedures for Children's Protective Services) addresses Standard 3.12 *External Case Transfer and Sharing*.

I. Philosophy

Information should follow the family under all circumstances in order to provide the best and most appropriate services. Services to children and families should be provided on a continual basis with minimal disruptions caused by jurisdictional or relocation issues. Disruptions can be minimized by agencies jointly communicating with each other and the family at case transfer to review strengths, concerns and goals. Family will be able to understand the change of roles and any expected shift in focus.

The receiving agency/worker needs to become fully versed in the history, strengths, issues, progress, and goals of the family. Agency's purpose is to provide continuity, dispel any barriers, avoid duplication of tasks or manipulation of information, and open communication.

II. Outcome

Services to family are uninterrupted by changes of jurisdiction or relocation.

III. Evaluation

FACSIS events, CPOE and the Federal Health and Human Services outcomes may be considered when evaluating this standard. In addition, the CFSA may consider the following:

- the number of cases that are transferred externally;
- the number of cases that are shared externally;
- the number of out-of-home placement moves;
- the median length of stay for children prior to returning home, emancipation or prior to adoption finalization;
- the number of monthly meetings (contact) between agencies sharing cases.

IV. Standards for Implementation

- 1) Identify what the sending agency really wants for family. Identify the services the family may need and the expectation of the family.

- 2) The sending agency should contact the receiving agency via telephone to discuss where and what information should be sent and to identify contact person.
- 3) The sending agency should gather and send the requested information within a week. Minimally, information to be shared with the receiving agency, should include:
 - a. identifying information (addresses, phone numbers),
 - b. case plan,
 - c. legal paperwork,
 - d. information about abuse or neglect,
 - e. risk assessment,
 - f. nature of request, and
 - g. other information as needed
- 4) The agencies should define how further information should be shared, how often, and any upcoming deadlines.
- 5) Receiving agency should send written notification of acceptance of case transfer and/or shared responsibilities.
- 6) The agencies should define and agree upon roles and responsibilities. These should be shared with the family.
- 7) In shared cases, agencies should:
 - a. have monthly contact with each other;
 - b. share critical information within 24 hours;
 - c. notify other agency of reviews, and if agency can not attend, (receiving agency) send updated written information;
 - d. allow for feedback; and
 - e. notification of case closure.
- 8) In cases of court involvement, the two courts must arrange for the transfer before the agency can accept it. Agencies may agree to consider it a "shared" case and provide services prior to court jurisdictional transfer.

V. Financial Implications

Costs associated with Standard 3.12, *External Case Transfer* would include preparation, family contact, child contact, updating assessment of risk, case plan update, documentation and travel for a total of:

18 hours x \$81.21/hour = \$1,461.78 per External Case Transfer.

CHILD PROTECTION SERVICES
STANDARDS FOR EFFECTIVE PRACTICE

ONGOING PROTECTIVE SERVICES STANDARDS

3.13 VISITATION

Council on Accreditation Standards

The Council on Accreditation Standards S21 (Foster and Kinship Care Services) and S21.7 (Services to the Child's Biological Parents) link to and support Standard 3.13 *Visitation*.

Administrative Code

The Ohio Administrative Code Rule 5101:2-42-92 (Visitation for Child in Temporary Custody) addresses Standard 3.13 *Visitation*.

I. Philosophy

Critical to the health and well being of the children in out-of-home care is the need for regular and frequent visitation with their family. Visitation maintains attachments between the family members and the child, including siblings, and increases chance for reunification. All individuals who play a significant role in the life of the child should be involved in the visitation process. CFSA's are obligated to work with the caregivers to assure that the scheduled visitation is implemented and maintained. The visitation location should be flexible and held in the least restrictive and most suitable environment for the well-being of the child.

II. Outcome

Children maintain connection with their family members and significant others.

Reunification occurs more rapidly and often.

III. Evaluation

FACSIS events, CPOE and the Federal Health and Human Services outcomes may be considered when evaluating this standard. In addition, the CFSA may consider the following:

- the number of visitation plans created and updated at case reviews with family involved focusing on time and location, duration, frequency, and structured activities;
- the number of visits between child and family;
- the number of visits between child, siblings and/or parents;
- the average duration for visits (recommended 3-4 hours/week if reunification is goal);
- the median length of stay for children prior to returning home, emancipation or prior to adoption finalization;
- the number of out-of-home placement moves;
- the number of children reunified with their family.

IV. Standards for Implementation

- 1) Input should be sought from the child, family, caregiver, and key individuals when developing the visitation plan. This is recorded on the case plan document.
- 2) The visitation plan should clearly define all parameters to assure the safety of the child and address situations and persons who pose a risk to the child. Persons approved to provide supervision when indicated may include, but not be limited to, the following:
 - a. caregiver(s);
 - b. family members;
 - c. community professionals;
 - d. significant others;
 - f. CFSA staff.
- 3) All persons providing supervision should comply with the goals of the visitation plan. The level of supervision should decrease as the family demonstrates the ability to provide for the protection and safety of the child.
- 4) The visitation plan should define frequency of visits, duration, time and location, transportation responsibilities and the level of supervision required.
- 5) As long as the goal is reunification, routine visits should occur at least three to four hours a week, depending on the needs and age of the child. Taking into account parents' schedules, visits may need to occur more or less frequently while still maintaining an overall level of contact. Exception to the routine visits should be documented in the case plan document. Frequency and duration of the visits should increase as the family demonstrates the ability to provide for the protection and safety of the child.
- 6) When appropriate, the CFSA and foster family should make the parent aware of medical appointments, school appointments, extra curricular activities and other appointments or activities that the child's family could participate in and spend quality time with the child. The foster family should be encouraged to be present during these appointments and activities.
- 7) In between visits, phone and mail contact should be established and supported by all, if at all possible. A worker may need to review the mail contact as noted on the case plan.
- 8) Children should not be removed from school for visits if at all possible. Arrangements should be made for children to visit after school or on weekends.
- 9) Visits should be held in a setting which best meets the needs of the child and family. CFSA's office space should be seen as the most-restrictive setting.
- 10) The worker should discuss with the individuals visiting with the child how to provide planned/structured activities, which promote parenting, communication, and building of attachments between children and their family in accordance with the case plan.

If a visit is cancelled for good cause, the CFSA and the child's family should make all efforts to make the meeting up as soon as possible after the cancelled visit. For parent cancelled visits where siblings would be attending from different placements, the visit should still be held.

- 11) CFSA should have face-to-face contact with family members who are not visiting consistently. The worker should discuss barriers to visitation, explain the effects on the child when visits are cancelled, how future visiting arrangements will be addressed and if there is a need to change the visitation plan.

V. Financial Implications

Costs associated with Standard 3.13, *Visitation* would include some preparation, family contact, child contact and any follow-up that is needed. If the worker has to transport, transportation may factor into overall cost as well. If the worker has to supervise, that is an additional cost.

4.5 hours (without supervision) x \$81.21/hour = \$365.45 per visit

7.5 hours (supervision) x \$81.21/hour = \$609.08 per supervised visit

CHILD PROTECTION SERVICES
STANDARDS FOR EFFECTIVE PRACTICE

ONGOING PROTECTIVE SERVICES STANDARDS

3.14 PLANNED PERMANENT LIVING ARRANGEMENT

Council on Accreditation Standards

The Council on Accreditation Standards S21 (Foster and Kinship Care Services) and S21.6 (Permanent Planned Living Arrangement) link to and support Standard 3.14 *Planned Permanent Living Arrangement*.

Administrative Code

The Ohio Administrative Code Rules 5101:2-1-01 (Children Services Definition of Terms); 5101:2-39-081 (PCSA Case Plan for Children in Custody or Court Ordered Supervision); 5101:2-42-04 (Authority to Assume and Retain Custody of a Child); 5101:2-42-65 (Agency Visits and Contacts); 5101:2-42-68 (Necessity for Continued Substitute Care Placement: Court Reviews and Hearing Requirements); and 5101: 2-42-95 (Obtaining Permanent Custody: Termination of Parental Rights) address Standard 3.14 *Planned Permanent Living Arrangement*.

I. Philosophy

Planned Permanent Living Arrangement (PPLA) is a custody status, which should only be accessed under circumstances as identified by law. Ordinarily, when children are placed in PPLA, it is expected that they will remain connected to their families, even when those families cannot provide for their safety. PPLA, for most children, should not be considered a final permanency plan. Thus, the agency should continue to pursue options to meet the children's permanency needs.

II. Outcome

Children maintain relationships with their family.

Children are provided a safe, stable home.

Children are prepared for self-sufficiency.

III. Evaluation

FACSIS events, CPOE and the Federal Health and Human Services outcomes may be considered when evaluating this standard. In addition, the CFSA may consider the following:

- the number of children in PPLA;
- the number of children reunified;
- the number of children in permanent custody;
- the number of children in temporary custody;
- the number of children placed with relatives;
- the number of children with adoption finalization;
- the median length of stay prior to transferring the case to PPLA custody;
- the number of out-of-home placement moves;
- the number of family case conferences per family/child after removal until case is transferred to PPLA status;

- the number of family case conferences per family/child in PPLA.

IV. Standards for Implementation

- 1) The CFSA should use PPLA in instances where the:
 - a. child, because of physical, mental, or psychological problems or needs, is unable to function in a family-like setting and must remain in residential or institutional care;
 - b. parents of the child have significant physical, mental, or psychological problems and are unable to care for the child because of those problems, adoption is not in the best interest of the child, and the child retains a significant and positive relationship with a parent or relative;
 - c. child is 16 years or older, has been counseled on the permanent placement options available, is unwilling to accept or to adapt to a permanent placement, and is in an agency program to prepare for independent living.
- 2) If it appears that reunification is not going to occur, the CFSA should hold a Team Decision Making meeting (see Standard 3.10, *Team Decision Making*) prior to the CFSA holding an internal team meeting/staffing, to determine if all permanency options have been explored and if a dispositional plan for PPLA is to be requested of the court.
- 3) The Team Decision Making meeting should include all significant persons in the child's life, including but not limited to child's family, extended family, family support persons, CFSA worker, supervisor, caregiver, GAL and child, when feasible. If the child is age 15 or older, an Independent Living worker or supervisor should be invited (see Standard 3.9, *Family Case Conference*, Standard 3.15, *Concurrent Planning*).
- 4) The PPLA case plan should be developed at the Team Decision Making meeting with significant others who are involved in the child's life prior to filing the motion for PPLA. A PPLA worker or supervisor may need to attend to be aware of and help draft the case plan. The case plan should emphasize maintaining contact with the birth family and significant others, services to be provided for caregiver(s) and child, independent living preparation, as well as finding a permanent home for the child. The participants of the external meeting should be given a draft of the case plan at the end of the meeting.
- 5) A letter should be given at the end of the external meeting or sent immediately afterwards to the child's family, caregivers and all others to reflect the intent to file for PPLA unless they know of another appropriate permanent plan for the child.
- 6) Once PPLA is obtained, continued attempts are to be made to provide the child with a permanent placement and to review activities on the level of effort toward the same. During monthly case conferences, Family Case Conference and/or at each SAR, a review should be made as to whether or not the child's condition has changed, and an assessment made about the continued need for the legal status of PPLA.
- 7) The CFSA should maintain program oversight to prevent drift in care. Program monitoring should include, but not be limited to:
 - a. analyzing PPLA statistics by age;
 - b. the services provided;
 - c. the placement;
 - d. the duration of the PPLA status;

- e. analyzing permanent custody statistics by age;
- f. length of time for adoption placement;
- g. length of time for adoption finalization.

Program data should be shared with staff, significant agencies and court personnel to inform them about PPLA and Permanent Custody trends. Marketing plans may need to be developed based on the data to recruit adoptive and permanent homes.

V. Financial Implications

Costs associated with Standard 3.14, *Planned Permanent Living Arrangement* would include the same cost as those estimates for Standard 6.2, *Placement of Children into Foster Care* except for a longer period of time.

CHILD PROTECTION SERVICES
STANDARDS FOR EFFECTIVE PRACTICE

ONGOING PROTECTIVE SERVICES STANDARDS

3.15 CONCURRENT PLANNING

Council on Accreditation Standards

The Council on Accreditation Standards S10 (Child Protective Services) and S21.3 (Permanency) link to and support Standard 3.15 *Concurrent Planning*.

Administrative Standards

The Ohio Administrative Code Rules 5101: 2-39-05 (Reasonable Efforts); 5101:2-39-08.1 (PCSA Case Plan for Children in Custody or under Court-Ordered Protective Supervision); 5101: 2-39-10 (PCPA Case Plan for Children in Custody or under Court-Ordered Protective Supervision); and 5101: 2-42-43 (Requirements of Semi-annual Administrative Review) address Standard 3.15 *Concurrent Planning*.

I. Philosophy

Children have a right to a permanent family. Efforts to achieve this should begin immediately upon agency involvement and be done concurrently with reunification efforts, if removal becomes necessary.

II. Outcome

Children will have a stable, permanent family without delay.

III. Evaluation

FACSIS events, CPOE and the Federal Health and Human Services outcomes may be considered when evaluating this standard. In addition, the CFSA may consider the following:

- number of family case conferences per family/child after removal until case is closed;
- number of case records that contain (and do not contain) a list of relatives and significant others based on Genogram and Ecomap information and updated quarterly;
- the number of legal guardianship custody to relatives or kin;
- the number of children placed with relatives or kin;
- the number of children with adoption finalization.

IV. Standards for Implementation

- 1) Upon initial involvement and throughout the life of the case, efforts should be made to identify family and significant others. This can begin by completing the Genogram and Ecomap (see Standard 2.13, *Genograms*, and Standard 2.14, *Ecomaps*).

- 2) The CFSA should meet with the family to discuss the purpose and importance of Concurrent Planning in all cases, regardless of custody status. The discussion should occur prior to, and at, the Team Decision Making meeting and SARs. The worker should review with the family monthly the Concurrent Plan and discuss the importance of the family achieving the case plan objectives.
- 3) A thorough list of relatives and significant others, including addresses and phone numbers, should be recorded in a standard location in the case record. This should be reviewed and updated at least quarterly and also at the Semi-Annual Review and/or Family Case Conference (see Standard 3.9, *Family Case Conference*).
- 4) When exploring the ability of kin to provide substitute care, it is important to determine their relationship and commitment for potential temporary and/or permanent care (see Standard 5.1, *Identifying Kinship Connections*). There should be a written record about Concurrent Planning in a standard location in the case file.

V. Financial Implications

Costs associated with Standard 3.15, *Concurrent Planning* would include preparation, collateral contact, child and family contact, case plan development/update, documentation and possibly travel for a total of:

8 hours x \$81.21/hour = \$649.68 for each Concurrent Planning efforts per child.