

NDDHS-CFS DIVISION

Safety Framework Practice Model

Frequently Asked Questions (FAQs)

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General Questions

- 1. Is it still accurate to consider that an agency could begin a 'safety service' (i.e., parent aide) right away to help address the safety concerns to avoid foster care, while also establishing a safety plan to address other safety concerns to control threats and not include 'services'?** (9/3/2020)

Yes. If safety services are needed as part of a Present Danger Plan, those services would be put in place immediately per the plan identified for the family so that danger is controlled. Parent aide services is one example of a safety service. Comprehensive information on all safety services is provided in the *ND Safety Framework Resource Guide – Appendix B* that you received during training.

The Safety Plan, in contrast to the Present Danger Plan, is developed to control the identified impending danger threats. Safety Plans are developed at the conclusion of the CPS assessment, once the worker has completed a thorough assessment of the 6 factors, including the parent/caregiver protective capacities and all 15 impending danger threats.

- 2. Will CFS Field Service Specialists (formerly Regional Reps) continue to lead foster care child and family team meetings as well as approve any CPS Assessments that result in a Services Required finding?** (9/3/2020)

Regarding their role in foster care child and family team meetings, this will be determined through foster care redesign to begin soon. Yes, the CFS Field Services Specialists will still make determinations for Services Required CPS assessments.

5/2/2022 UPDATE: The FSS's attend child and family team meetings, but the agency case manager should be the lead facilitator. FSS's continue to approve CPS Assessments.

- 3. Can we share the information received this week with other supervisors and staff prior to attending training?** (9/3/2020)

Absolutely! This is a great opportunity to share the concepts of the Safety Framework practice model with your workers and to create excitement about the upcoming changes.

- 4. Who should the field reach out to if we have additional questions after we attend training?** (9/3/2020)

Please reach out to a CFS Program Administrator with any additional questions that you may have.

1/25/2021 UPDATE: The following policy manuals are now available on the [CFS policy bookshelf](#) and these should be your first point of reference: 607-05 Child Welfare Practice, 640-01 Child Protection Services, and 610-05 In-Home Case Management. In addition to CFS Program Administrators, your Field Service Specialists are also a helpful resource available to you. And lastly, we recommend you take advantage of the ongoing training opportunities such as supervisor support sessions, coaching sessions, and the upcoming lunch and learns currently under construction (more information to come).

5. Will there be more training on the CPS Redesign and In-Home Redesign prior to the rollout in December? (9/3/2020)

Yes. There will be more training available to supervisors and workers prior to the December 14th rollout. It will be informal through ongoing support and coaching sessions. More information to come on these sessions. Additionally, we will provide training to CPS and in-home supervisors on developing/using the Task Analysis Board (TAB board).

6. When we are in the process of creating a Present Danger Plan or Safety Plan with parents/caregivers, should we contact and reach out to those potential safety providers or should we have the parents/caregivers do this? (9/18/2020)


In creating a Present Danger Plan, it is good to involve the parents as much as we can in making those contacts, if it makes sense to do so. For instance, if a parent/caregiver is incapacitated due to alcohol or drugs, it may not serve us well to have the parents make those first contacts. It is always good to engage the parents/caregivers in making those contacts when possible. However, it is imperative for the case worker to be present to articulate the threats to safety and the Present Danger Plan requirements, as well as to review what the plan will include.

5/2/2022 UPDATE: Additionally, the case worker needs to ensure the safety service providers are themselves safe individuals AND have the willingness and ability to follow through with their assigned duties. The case worker has the final say in what the Present Danger Plan will include.

7. What happens if parents are not in agreement with the Present Danger Plan (PDP) or if there is no available, willing, or appropriate supports to put into place for the PDP? Would the children be placed into foster care even though the present danger threats are not entirely warranted for a removal? (9/18/2020)

A Present Danger Plan provides the children with responsible adult supervision and care so that the children will be safe while the worker completes the CPS assessment. In order to implement a Present Danger Plan in the home, the parents/caregivers must understand and agree to follow it. If they are unwilling/unable to agree, then the agency would proceed with a more restrictive option, per Tool 2A, Present Danger Assessment and Planning Guide (screenshot below), up to and including out-of-home placement.

Determine the **least restrictive option possible that can sufficiently manage the danger threat to the child:**

The threatening person will leave the home.	LEAST RESTRICTIVE  MOST RESTRICTIVE
The protective parent and child will leave the home and go to a safe environment.	
A responsible adult is in the home at pre-determined specific times.	
A responsible adult will routinely monitor the home.	
A responsible adult will move into the home seven days per week, 24 hours per day.	
The child will be cared for outside the home periodically.	
The child will live with someone in the family network part-time.	
The child will live with someone in the family network for seven days per week, 24 hours per day.	
The child will be placed in the temporary custody of the Human Service Zone.	

For the purposes of this section, “the home” refers to the location where the unsafe child is presently residing and where the danger threat(s) need to be managed; for example, the child may be presently located in the family home, a hospital, a shelter, or other location.

Remember, another resource available to you is the Family Centered Engagement (FCE) meeting. This meeting will assist you and the family in determining the safest place for the child to reside after the PDP is implemented and until the CPS assessment is complete.

8. Are we getting more resources for families we serve? Parent supports and mentors are all but gone from our Human Service Centers. (9/18/2020)

Services in communities continue to be a topic of discussion, and we know service array is inconsistent across the state. 2019 legislative appropriations have provided funding to expand mental/behavioral health and addiction services across the state. Implementation is occurring, but it does take time.

Currently DHS Medical Services is implementing the 1915i waiver, which allows states to draw down federal funds to pay for additional home and community-based services to support individuals with behavioral health conditions. CFS program administrators have collaborated with Medical Services so that parent aide services could be included as an approved home and community-based services for eligible children under 1915i. More information to come as this plan is implemented.

The approved ND Prevention Services Plan of the Family First Prevention Services Act will also afford opportunities to expand service array because the approved prevention services can be reimbursed by the federal government at 50%. This will make our investment in family preservation go further.

We cannot dismiss the significant importance natural supports and community grassroots projects can play in supporting our children/families. Community programs such as [Neighbor's Network](#) (operating in Bismarck-Mandan), [Safe Families for Children](#), [Friends of the Children](#) (currently available in Fargo-Moorhead), faith communities, etc. provide tremendous opportunities for the Zones and casework practice.

Human Service Zones are strongly encouraged to find efficiencies within their agencies such as consolidating case management (i.e. case managers working with the family ongoing to case closure, regardless of whether the child is in-home or out-of-home), investing in family preservation services such as parent aides, transportation aides, or case aides, etc.

9. Will defense attorneys be trained in the Safety Framework practice model? (9/18/2020)

Defense attorneys, state's attorneys, juvenile court officers/directors, and judges have been invited to a statewide training on 12/4/2020 with Matt Gebhardt and a state's attorney colleague. Matt's colleague works in a state where Safety Framework has been practiced for years, so has firsthand knowledge as to how it impacts court/legal processes. CFS has provided an infographic in advance of this training that will be distributed to those invited to the December training. We hope it will spark their curiosity, prompting them to attend.

In collaboration with the Court Improvement Program/ND Supreme Court and through funding from Casey Family Programs, the book *Child Safety: A Guide for Attorneys and Judges* has been sent to judges, state's attorneys, indigent defense attorneys, and guardians ad litem throughout ND. This

resource will provide a comprehensive approach to child safety decision-making and an overview of Safety Framework concepts and terminology. Additionally, CFS and CFSTC are planning an abbreviated Safety Framework training for our partner agencies such as GALs, public and private providers, legal community, etc.

Ongoing information sharing at every level is important. We strongly recommend you consider meeting with legal community partners in your area to discuss the Safety Framework practice model.

1/25/2021 UPDATE: Matt Gebhardt presented with a Casey colleague (attorney) to North Dakota state's attorneys, defense attorneys, and judges in early December 2020. The Supreme Court recorded the presentation for ongoing viewing. CFS Training Center-UND has links to a 1-hour SFPM overview for partner providers/community agencies ([SFPM overview - ND Child Welfare Community Partners](#)). Also, a 4-hour SFPM training for DJS, juvenile court, and Tribal Social Services is available on their website and has been approved for Wraparound Recertification if completed ([SFPM Abbreviated Training](#)).

It is incumbent upon all of us to share this information at all levels – statewide, regionally, locally, internally within your agency because CFS doesn't have the local relationships that HSZs have. We have provided the [Infographic](#) to assist you in talking about it with your local partners.

5/22/2022 UPDATE: The Court Improvement Project of the ND Supreme Court convened a training with judges, state's attorneys, indigent defense attorneys in March 2022 that reinforced many of the tenets of SFPM and why this approach benefits both children and their parents/caregivers.

10. Will guardians ad litem (GALs) receive training on the Safety Framework practice model? (9/18/2020)

Yes. See answer to *General FAQ #9* for additional information.

1/25/2021 UPDATE: Diana Weber presented an overview of the SFPM to the GALs during their annual conference in November 2020. If you receive requests from GALs for further information, please refer them to the training links identified under the update to *General FAQ #9*.

11. How will the Safety Framework address unruly children that come into care? (09/18/2020)

We recognize child welfare agencies struggle with responding to cases in which children display "unruly" behavior. As we've learned in training, the purpose of Safety Framework is to provide an assessment that identifies families where children are unsafe. Children are assessed within the framework in order to better understand their vulnerability and to make judgements about their safety.

If children are identified as unsafe, and there a decision to serve the family with in-home or foster care case management, a further assessment of the strengths and needs of the children (including their "unruly" behaviors) is required within the PCFA as part of building the case plan. Within the PCPA, progress towards case planning goals to meet the needs of the children continues. If children are safe, we can still refer and connect families to services within the community to help address the

challenging behaviors.

Unruly behavior, by law (NDCC 27-20-02.21), is a report by the parent only and functions as a way for parents to call police to request legal intervention. We need to remember unruly behavior is usually the symptom, not the cause. We will have to continue to wrestle with, and give careful consideration around, the appropriateness of child welfare agency involvement where parent/caregiver performance change isn't really the issue and community safety becomes central to the conversation. Currently there are significant revisions to the Uniform Juvenile Court Act (NDCC 27-20) being proposed for the 2021 legislative session. Thus, any changes in how such situations will be handled will depend on the final language adopted in 27-20 following the session. Understandably, it will take time and effort for our systems to align.

5/2/2022 UPDATE: The HSZ directors and Kristen Hasbargen (DHS Director of Zone Operations), in collaboration with Cory Pedersen (CFS Director), are currently developing new processes to assess and manage CHINS cases, per the law changes. These new processes will go into effect 8/1/2022.

12. How will educational neglect cases (where there is not an unsafe child) fit into this Framework? (9/18/2020)

CFS is working on details surrounding a "Family Services Assessment" in which a child protection services response to reports of suspected child abuse or neglect where the child is determined to be at low risk and safety concerns for the child are not evident. The "Family Services Assessment" is being drafted according to guidelines developed by the department and an evidence-based screening tool. Please refer to *Case Management FAQ #5* for additional information regarding in-home case management practice and how the agency is to respond to cases in which the children are deemed safe.

1/25/2021 UPDATE: See [610-05-50](#) for policy on in-home case management when the child is safe.

5/2/2022 UPDATE: Family Service Assessments training has been completed with the Human Service Zone workforce and these assessments are now being utilized within all zones. Tool, 3.1 Family Services Assessment, used to document such assessments, is available on the CFS Training Center website.

13. Is North Dakota adopting/endorsing any evidence-based tools to assist with these assessments? (For example, I often use the PSQ-9 with 11-17) (9/23/2020)

We plan to provide training on Motivational Interviewing (MI), an evidence-based practice, for the workforce in 2021. MI will support workers in engaging families in rich conversations in order to gather information needed for comprehensive and accurate assessments of children and parents/caregivers.

While Safety Framework is not an evidence-based tool, it has shown great promise in advancing child welfare practice to 1) lessen child trauma, 2) support lasting and meaningful change for

parents/caregivers, and 3) reduce both the number of children in out-of-home placement as well as supporting shorter stays in foster care.

14. What are the requirements for the background check when we are considering Safety Service Providers? (9/24/2020)

A CPS records check, ND courts check, and local Police Department (PD) check. Custodial agencies have the authority to request that the relative caregiver submit a background check to CBCU, paid for by the Department. Additionally, there is policy about ensuring safety in an unlicensed home.

1/25/2021 UPDATE: When the safety service provider is an alternate caregiver to the child during in-home case management, see [610-05-35-01-01](#) for policy requirements.

15. How can we be prepared to roll this out in December when we there is training until into November? (9/25/2020)

You will be invited to be a member of a Coaching Team once you have completed the fall 2020 Safety Framework training week. It will be critical for all workers and supervisors to participate in these weekly Coaching Team sessions facilitated by the Field Service Specialists. There will also be ongoing training provided throughout the implementation period. Practicing the tools and forms by applying them to your current cases over the next three months is essential. Even with the ongoing support you will be provided, you can expect it will take 1-2 years to be proficient with the practice model. In the meantime, taking advantage of ongoing training, coaching, and mentoring opportunities will be extremely beneficial for all of us.

16. When will caseload standards be examined? Cases need an individual scoring system that take into account geography, number of children number of involved parents etc. We have lost and will continue to loose excellent workers because of this culture that social workers should do more with less. It NEEDS to change. (10/1/2020)

The Theory of Constraints (TOC), that forms the basis of the social services redesign, focuses on "workflow" rather than on "caseload". Other TOC concepts are: "Work in Progress" (WIP); providing "full kits" at intake and case transition; Task Analysis Boards; batching case assignments; and providing support and "Blue Light Time" (time to get the work done) among other strategies. These all contribute to balancing the work, keeping work moving through the process, and closing cases timely. This is a strategy that has worked for other child welfare systems, as well as many other public and private entities. We are confident it will work here, as well. Not that there won't be a learning curve or adjustments along the way, but there is certainly room to improve our current processes. Sara Stolt is currently working with the HSZ directors on ideal work in progress.

17. When is policy going to be completed? How are policy changes being completed - are workers, supervisors, etc. being involved in those changes and updates? Are CFS staff going to be available for ongoing practice implementation questions - a lot of questions have been coming up specific to the different areas of CPS such as SEN, school/daycare reports, etc. It is my understanding that the weekly calls will be to address implementation of the practice model and I worry that if individuals don't have another avenue to address the technical

questions these meetings will become all about the TOC pieces. (10/1/2020)

CFS is currently writing the new Child Welfare Policy Manual (607-05). Within it will be updated practice expectations for the child welfare workforce in accordance with Safety Framework practice. In addition, CPS policy and In-Home policy are undergoing significant revisions to align with Safety Framework. Our goal is to disseminate these policies by December 1st. Foster Care policy will be revised as redesign of the program components is completed. For the policy revisions, there have been efforts to include input from HSZ supervisors and workers.

In addition to the coaching calls facilitated by the CFS Field Service Specialists, there will be regularly scheduled calls where CPS topics will be discussed, including the TOC pieces. Case Management will also have regularly scheduled meetings to discuss in-home and foster care related topics to support redesign efforts (likely via Teams). Coaching Team sessions will be focused on implementation of the practice model.

1/25/2021 UPDATE: [607-05 Child Welfare Practice](#), [610-05 In-Home Case Management](#), and [640-01 Child Protection Services](#) are now available on the CFS policy bookshelf on the DHS website.

18. We're hearing more about fidelity to the model. How is that going to be determined as we implement? (10/1/2020)

The Coaching Teams are intended to support model fidelity as we implement Safety Framework. Additionally, we are currently building a quality assurance structure that will include “quality at the source” through strong supervision, quality assurance activities by the field service specialists, and statewide fidelity checks by CFS program administrators. These efforts are not intended to be threatening; rather, opportunities to provide ongoing support to the field. More information will come on the QA structure we’re building.

1/25/2021 UPDATE: Tools to support supervisors during case staffings are nearing completion and will be disseminated soon. These tools contain specific questions on SFPM requirements to assist supervisors. The questions included on the tools are very similar to the areas discussed during the supervisor support sessions with Matt Gebhardt (Casey Family Programs consultant). Additionally, the ND CFT Meeting Outline form is being updated to reflect SFPM as well as federal requirements and will also be disseminated soon.

5/2/2022 UPDATE: Fidelity Support case reviews have been ongoing for 1 year now. As of June 2022 these reviews will be comprehensive, assessing SFPM practice from Intake to case closure. HSZ supervisors and workers can volunteer to participate as a reviewer, which will help them grow in their understanding of SFPM as well as strengthen their skills.

19. There is a note of “6-month fidelity check in’s” – what is this and what does it entail? (10/1/2020)

We are currently building the 6-month fidelity checks process. It is anticipated this work will be largely managed by the field service specialists in collaboration with HSZ supervisors. CFS program administrators will also participate as requested by the field service specialists. The tool that will be

used for the fidelity checks will be very similar to what will be provided to you during your Coaching Team sessions.

1/25/2021 UPDATE: The tools for the 6-month fidelity check-ins are still being developed by a team comprising Matt Gebhardt (Casey Family Programs consultant), field service specialists, the CFS QA Unit, and CFS program administrators.

5/2/2022 UPDATE: See 5/2/2022 update to *FAQ General #18* for additional information.

20. When is communication going out to the community partners? (10/7/2020)

Communication with child welfare partners has been ongoing for months now. CFS has provided presentations introducing the Safety Framework concepts and terminology to numerous groups including:

- AASK workers/supervisors
- Alliance for Children’s Justice Task Force (a multi-disciplinary group including reps for state’s attorneys, indigent defense attorneys, DPI, constituents, judges, law enforcement, etc.)
- NE Human Service Center all staff
- States and Tribes Enhancing Partnership Strategies (STEPS) meeting (included tribal directors, ICWA workers, ICWA Family Preservationists, HSZ directors, etc.)

Upcoming statewide training events include an abbreviated training with guardians ad litem in November, and with judges, states attorneys, and defense attorneys in early December. Additional plans in the works include:

- Diana Weber will record the 1-hour PowerPoint overview and post on DHS website for anyone to view; and
- Complete the development of, and offer an abbreviated training to, partner providers such as legal community, QRTPs, The Village, LSS, DJS, AASK, tribes, etc.)

It is incumbent upon all of us to share this information at all levels – statewide, regionally, locally, internally within your agency because CFS doesn’t have the local relationships that HSZs have. We have provided infographics to assist you in talking about the model with your local partners. Diana is also in the process of developing a ‘one-pager’ that will include more info than the infographic to help the field share about the model, too.

1/25/2021 UPDATE: See the 1/25/2021 update in *General FAQ #9* for links to SFPM presentations that you can share with your community partners.

21. If we have a Present Danger Plan in place and after a few days, we have to redo that Plan as something is not working to control the threat, do we start the 14 days over (Noting that on hard card 2A there is stipulation that these cannot go beyond 14 days)? Given that, are we held to that 14 days or if we need additional time to do a complete assessment, can a present Danger Plan go beyond that 14 days? (10/16/2020)

If the Present Danger Plan (PDP) ‘is not working to control the threat’ then a new plan is necessary.

If it is an in-home plan that isn't controlling the danger, then a more intrusive plan is needed (i.e. out-of-home safety plan).

Remember – a PDP is an immediate, short-term action that controls present danger 'happening now' or 'in the process of occurring'. The purpose of the plan is to ensure child safety while we gather information and rule in or rule out impending danger. The PDP must remain in place until impending danger is either identified or children are determined to be safe. Most present danger plans are short term (5-7 days) – it is usually pretty clear whether the present danger is symptomatic of dangerous family conditions or anomalous. Sometimes (in very complex situations) the nature of what's occurring requires present danger plans to remain in place longer, but even then, 14 days is a long time for a present danger plan. During the time a PDP is in effect, the CPS worker or case manager (whomever implemented it) is responsible to closely monitor the plan to assure child safety and protection.

In short, there's nothing magical about the 14 days, we're controlling present danger while we determine whether impending danger exists, we need to expedite our information collection and determination about impending danger - partly due to the fact that we may not need to be involved at all. This usually takes just a few days as family conditions associated with impending danger become clear, and our intervention transitions into safety planning.

In certain cases, such as sexual or physical abuse involving a law enforcement investigation where timelines may be extended, it should be possible to determine whether impending danger exists in the absence of a completed investigation. Until resolution of the abuse, the child remains unsafe (impending danger) and a safety plan should replace the Present Danger Plan.

22. I understand the change that will be happening with which families in our state will end up working with now (Well-Being vs. Present/Impending Danger); however, I do wonder about how not addressing the family's well-being needs/services for those we will still work with might affect service outcomes within the family and systemically, particularly related to concerns laid out in the PIP? (Taken from Qualtrics Survey 10/23/2020)

The new Safety Framework Practice Model provides a shared context for understanding child safety and directing which families our public child welfare system is required to serve. Once the child welfare system is involved with a child/family, the mandates of "Safety, Permanency, Well-Being" still apply. Safety, Permanency, and Well-Being remain the outcomes desired for children and families.

This first round of training is intended to provide all program areas a common language and definition of safe/unsafe children as well as safety assessment and safety management requirements throughout the life of a case. Furthermore, the outcomes of permanency and well-being are only possible when safety is assured.

There will be further guidance and training regarding the case management aspects and meeting the family's needs through the Protective Capacity Family Assessment (PCFA) and other case

management tools as we move forward with implementation. Additionally, the Child Welfare Practice policy manual, which will be disseminated December 1st, clearly conveys agency responsibilities related to comprehensive assessments of child and family needs (i.e. well-being) assessments, service provision that accurately addresses identified needs, and permanency planning.

Finally, it's important to remember that once a case is opened for ongoing services (i.e. either foster care or in-home case management), all other federal and state requirements will still apply.

1/25/2021 UPDATE: See [607-05-35-35-01-10](#) (PCFA Discovery Stage) for policy requirements for assessing parent/caregiver and child needs. Throughout 607-05 the importance of initial and ongoing assessments of parents/caregivers and children is emphasized.

23. How do you gauge safety and how do protective capacities outweigh impending danger? (Coaching Session, 10/27/2020)

Parent/caregiver protective capacities are behavioral, cognitive, and emotional characteristics that can specifically and directly be associated with a person being protective of their child.

When sufficient protective capacity exists within the family system children are safe. If protective capacity is diminished, children may be unsafe. The purpose of the CPS assessment and the PCFA is to understand the relationship between existing diminished protective capacities and ruling in or out dangerous conditions.

If impending danger exists, it means a child is unsafe. The focus then becomes understanding what protective capacities are diminished that are creating the danger – other existing protective capacities don't "outweigh" the fact that danger exists. There is either sufficient protective capacity within the family system, or there isn't.

24. How can we work with our community partners to get them on track with the Safety Framework Practice Model? (10/30/2020)

Statewide training on the SFPM for partners is in the final stages of planning. CFSTC and CFS will work collaboratively to get training out, but you also have local responsibility to ensure your court partners, schools, and law enforcement participate in the opportunity to receive this training. Also, it is very important that you have conversations together regarding the practice changes and how it will impact decision making with families. Also, utilize the infographic as well as the one-pager to help facilitate these conversations. See *FAQs – General #20* for additional information.

1/25/2021 UPDATE: See the 1/25/2021 update in *General FAQ #9* for links to SFPM presentations that you can share with your community partners.

25. Can CFS speak to how the Family First Legislation will interfere with the Safety Framework Practice Model? (10/30/2020)

FFPSA will be less of an interference and more of a compliment to the process. ND has been live

with Family First since October 2019 with the implementation of Qualified Residential Treatment Program (QRTP) beds. At this time, less than 5% of our foster children are in residential placement. ND has 76 licensed QRTP at 55% occupancy. This means the custodial agencies are embracing the least restrictive level of care, identifying relative placements and maintaining children in their homes already. The SFPM will give enhanced support to the practice of keeping families together by growing community services so that children can remain safely in their home, while ensuring children and parents/caregivers will receive needed services that facilitate real change.

The IV-E Prevention Plan was approved by the federal government and DHS is finalizing the process and procedures for approved providers offering the evidenced based services to offer the services to children and their families, while receiving IV-E reimbursement. This will help offset some of the costs to local providers and allow for additional financial access to support children who may be at risk of removal from the home, but who can be maintained if in-home services and therapeutic interventions are offered.

26. How do we deal with the Juvenile Court giving physical custody to Zone due to unruly or delinquent behaviors? (10/30/2020)

There is proposed legislation related to children being removed due to unruly/delinquent behaviors. This would take away the authority of juvenile court to give the zones custody of a delinquent child. This supports the movement to decriminalize behaviors.

5/6/22 UPDATE: See 5/2/2022 update to *FAQ General #11* for additional information.

27. While we know Foster Care has yet to go through the Redesign process, does CFS have some direction on how to handle the “hand offs” from CPS To Foster Care when they take place on an emergency situation? Such as: who should handle the placement and working with the foster parents? Should the foster care worker immediately start working with the parents or wait until the assessment has been fully completed? There has been ongoing struggles within Zones about how the handle these types of situations. (HSZ Supervisors Meeting, 2/12/2021)

SFPM is intentionally trying to ensure certain decisions are being made prior to moving cases along to other programs. For example, when an out of home safety plan (i.e., a TCO) is in place as part of a Present Danger Plan, the agency doesn't yet know if impending danger exists, and won't know until the CPS assessment is completed.

The question of “how” or “who” completes these steps can be more flexible, but often the responsibilities divide along program lines in order to prevent confusion. We want to guard against moving cases along to FC case management prior to important decisions being made, though. For example, CPS refers case to FC prior to CPS assessment is complete, FC begins working with the family, then the CPS assessment, thru safety determination analysis, concludes children can be served through an in-home safety plan because the circumstances that required a PDP have been remedied. Does the FC case manager have to refer the case to IH, thereby resulting in the family having the potential of 3 agency staff involved in their case? It can get really problematic.

Our old way of doing business doesn't 'fit' in this regard. Due to this, we highly recommend collaboration between units to support one another during the time the CPS assessment is being completed, and when the child is in care on a TCO.

28. What/how does the state plan to train the FSS's so that they are equipped to be "Trainers for us". (HSZ Supervisors Meeting, 2/12/2021)

FSS staff are not trainers. They are policy and program experts whose role is to support child welfare workers and supervisors. FSS staff have been getting SFPM training at the same time as field staff, learning together as we begin implementing the model. Future training on SFPM for FSS staff, apart from what is provided to the workforce, has not be planned.

29. Reality that our 'upstream' services aren't yet in place as a deferral to deep end system involvement, and what do we do in the meantime? (HSZ Supervisors Meeting, 2/12/2021)

Foster care case managers are placing children in relative placements at a higher rate, maintaining/returning children to their homes (which SFPM supports) or keeping them in the least restrictive settings possible. This is great and is working... kudos to case managers for supporting the relative caregivers and in-home services to return children home asap.

It is important to note that at the most 40 children in ND foster care are considered "difficult to place" (40/1600 day = 2%). This means the child's needs may be challenging for foster parents to manage in isolation; they may need/require additional in-home supports, respite care, etc.

Supporting residential facility placements should be last resort and minimal... especially long-term residential as it is not in the child's best interest. Our ND culture/mindset is beginning to recognize the strength in family settings and we are shifting away from residential placements as we know much of the treatment can be offered outpatient. There will always be a place for residential care/treatment, but the goal is to offer it "short-term" placement in and out, so children can experience the normalcy of a family setting as their primary living arrangement.

30. For SFPM Fidelity Support case reviews, will only cases that are confirmed and have Impending Dangers be pulled for the review? Or any case that is assigned? (Field Service Specialist, 8/30/21)

At this time, we are reviewing any case that is pulled into the sample, and if you recall the reviewers are given the opportunity to weigh in on whether they believe the assessment completed was accurate or not. So, for example, if the information received at Intake indicates there ARE impending dangers but these haven't been identified by the agency, we can reflect that observation within the fidelity review tool.

31. We have tried some different scenarios within our zone to try to meet the warm hand-off timelines which are quite frankly pretty difficult to meet with everyone's busy schedules. Right now, what we are using the CPT to do Warm Hand-Off 1: As supervisor, I sit in on the team meeting and can ask questions which meets that criterion. We have scheduled days to do those CPT meetings twice a month and so what we have done is schedule a child welfare

staff meeting the day after the CPT and use part of that time to do the Warm Hand-Off 2. Both supervisors are present, CPS worker and Case Manager and so that works well. So, we thought we had the perfect system set up now. But the problem we are running into is that it takes 7 days for CPS worker to get the Confirmed letter back from regional supervisor to send out to the family, so the Warm Hand-Off 3 has to wait until that is done. So, my question is whether that is OK. My thinking is that the full kit isn't really complete without that letter, so we are OK, we are just doing the 1st two warm hand-off's early?? I don't know if that is going to make sense in a review. What are your thoughts? (HSZ Supervisor, 9/13/21)

Because we're all still learning SFPM, it will be difficult to meet the timelines as defined in policy, but I still think these are do-able. More than that, the timelines are based upon the fact that CPS has a specific role that needs to be completed from start to finish in a timely fashion so that case management can get in there to support/facilitate change within the family and parenting practices so that safety is managed.

The decision that the family needs to be opened for case management is really dependent upon the identified impending danger(s), not the incident that led to a 'confirmed' or 'not confirmed' finding. Therefore, I don't think it's necessary to wait for a letter to go out in order to proceed with Warm Handoff 2 or even Warm Handoff 3 (based on the case circumstances, of course). I think SFPM elevates the supervisors' roles for both CPS and case management in supporting safety decisions made with their staff, and planning for the next steps accordingly. The process for the FSS's approving an assessment/letter is ancillary to that.

Further, a full kit does not include a letter, which seems to be the hang up. The full kit, per [607-05-35-30-01](#) is:

1. Present Danger Assessment and Present Danger Plan (when applicable to the case);
2. CPS Assessment, including the status of Impending Danger;
3. Safety determination;
4. Safety Plan review to ensure it continues to be sufficient, feasible, and sustainable; and
5. Strategy for family engagement to include:
 - Plan for initial contact between the CPS worker, case manager, and the family,
 - Whether a referral for an FCE meeting has been completed or is needed, and
 - Potential members for the child and family team.

The 'full kit' may include all completed paperwork, but at times it may not. For example, the CPS worker is very clear on the impending danger in the family, has completed his/her thorough assessment, but hasn't had a chance to write it up yet. This shouldn't dissuade the CPS worker from making the referral to case management and proceeding with Warm Handoff 2.

32. Are QRTPs considered "Alternate Caregivers"? (Field Service Specialist, 10/28/21)

No, a QRTP is not an alternate caregiver. However, during face-to-face visits or any contact with the child, the case manager should be assessing safety because, as we know, a child can be maltreated in any environment. In addition to assessing safety, the case manager should be assessing progress in treatment, general well-being, discharge planning, and receiving routine/updated information from the facility in this regard as well.

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1. When it was discussed about the ratio of 1:6 for supervisory support in CPS, is the new redesign do-able with a 1:12 ratio? (9/3/2020)

No. We have found that 1:6 or 1:7 (supervisor to workers) is the recommended capacity for CPS. When CPS supervisors have more than that, it is not manageable given the time that is needed to supervise and ensure consistent and quality practice.

2. I feel like I can support seasoned workers in implementing this with little push back as they have experiences and can reflect on past practice, but I am struggling with coming up with ideas of how to help/train less seasoned staff on the benefits/reasons for the shift. Any tips? (9/18/2020)

Supervisors will be meeting with Matt Gebhardt in a Supervisor Session following training where some of this will be explored further. Our hope is that we may even be able to have Matt spend more time with supervisors in additional sessions. There will also be more opportunities to discuss this within the regularly scheduled coaching/training meetings that will begin soon. This will be a change in our mindset in child welfare, so it will take time for workers to make this switch. We anticipate that in general, both seasoned and newer workers will welcome this training because it provides them with concrete tools and resource guides to support their practice. So, it will be important for supervisors to introduce the concepts, terminology, and tools/guides as well as continue to support their workers in the long-term.

Reasons for the practice shift

Our case review data and federal data profiles show us: 1) we are not completing accurate/comprehensive assessments of child safety and we are not implementing responsive, sustainable safety plans; 2) children and parents/caregivers are not provided with comprehensive assessments of their needs and aren't receiving appropriate services during case management; 3) children remain in foster care for lengthy periods of time and we have challenges achieving permanency goals; 4) agencies do not practice consistently, nor do workers within the same agencies; and 5) we haven't had an agreed-upon definition of safe vs. unsafe and as a result decision making around child safety and removal is widely variable.

Benefits of Safety Framework practice

We now have tools/forms that will: 1) support comprehensive safety assessments and appropriate/sustainable safety plans; 2) prompt us to focus on parent/caregiver protective capacities and impending danger in order to provide a strong practice framework so that needs are accurately assessed and appropriate services provided, as well as changing our plans as family needs change; 3) continually assess the appropriateness of out-of-home placement/safety plans and return children to the home when it is safe to do so, rather than waiting for court orders to expire; 4) consistency of practice from agency to agency and worker to worker; and 5) consistent understanding of safe vs. unsafe so that decision making is more uniform across the state.

3. In regards to the supervisor to staff ratio, will the 6 to 1 be uniform with every program? If so where do case aides and parent aides fit within this?"

It is highly recommended the supervisor to staff ratio be 1:6 for CPS. For other programs, Sara Stolt will be working with the zone directors on supervisor to staff ratios prior to December 14th. So there is more direction to come on that.

4. How will supervisors who carry a caseload fit into these ratios? Will they no longer have a case load? (9/25/2020)

Sara Stolt and the Zone Directors are working together to determine where staffing changes will need to be made. It is recommended supervisors not carry a caseload under this new practice model because the responsibilities for supervision are very significant in order to ensure fidelity.

5. How will batching and TAB Boards work within the Redesign? (9/25/2020)

There will be more training coming from CFS on the Redesign including Batching and the use of TAB Boards.

6. Following a QA Unit case review: For an in-home case, we are questioning to what extent we need to support child functioning that is identified as met; for a child with asthma, do I need medical records or specifics on his asthma if the child can describe when he uses his inhaler and where it is kept? If neither the parents or children express concerns for social relationships to what extent do I justify these needs are met? The family appears very cooperative and willing to work and I believe they see our services as a support so I'm not worried about supporting the information, I just don't know to what extent we're required to, and what is best practice. (HSZ Supervisor, 8/5/2021)

It's difficult for me to respond to comments agencies receive following a QA Unit case review because I generally don't have all the information on what was discussed, specific case circumstances, etc.

That said, [607-05-70-25-10 Child Functioning](#) has good information on what CPS/case management should assess related to children. Based on information learned, for IH cases the case manager/supervisor must use professional judgment to determine whether the child's needs require agency intervention. For example:

- Have concerns been identified?
- Do the identified concerns relate to the reason the case was opened for services? (e.g., an injury was result of a maltreatment event)
- If so, is the child receiving medical treatment/services to address these?
- Do the parents ensure the child's needs are met without agency involvement?
- If not, why? Is it because the parents are unable/unwilling to get these addressed? Is it because services aren't available or accessible to the family?

Answering the above questions will help the agency determine whether they should address child needs thru in-home case management.

7. For an in-home case, the youngest child (a baby) had been placed in foster care for 60 days but then the order was vacated. Should we open an In-Home case now? (HSZ Supervisor, 8/5/2021)

The supervisor/case manager need to make the decision if services are warranted based upon the current family situation and circumstances. So, the agency absolutely needs to assess the child and if impending danger is present, they must safety plan (and case plan) accordingly to ensure parents are addressing the diminished protective capacities that have led to the child being unsafe. Sections IV and V of the PCPA provide you with the assessment information/questions to consider when determining if Impending Danger is active in the family and the level of intrusion required to manage child safety. Additionally, if it's determined this family continues to require agency intervention, the supervisor(s) and case manager(s) need to determine if the assigned FC case manager will continue with the family or if the case will be reassigned to an IH case manager.

8. Follow-up to the above question: This situation has led us to more questions on how do we know if we should open an In-Home case if there are children in foster care and siblings in the home that aren't in foster care? (HSZ Supervisor, 8/5/2021)

The agency must assess the children in FC and any children remaining in the home initially and ongoing per [607-05-35-40](#) (Managing Safety During Ongoing Services). Another helpful resource in policy can be found within Appendix 7 ([607-05-70-30-15](#) Safety Plan Determination, including all subsections) as it provides great questions to consider when making safety decisions.

Agencies who have siloed practice will likely struggle with situations in which some children are out-of-home and some children are in-home. How they handle these cases is at their discretion. Best practice would dictate one case manager for the family who is responsible to work the case regardless of whether one or more children are in (or out of) the home per the safety plan.

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1. For the CPS assessment, if we document who we have interviewed within the FRAME Case Activity Log, will we still need to provide documentation within the CPS Assessment form (Tool 3) under the section, "Interviewed," which is listed underneath each factor? (9/3/2020)

Yes. Since the CPS Assessment form will be used for CPS appeals, juvenile court, and future assessments, and each factor provides different types of information, it is important to document the identity of persons who provided information for each of the 6 factors you assess. Contact information within the Case Activity Log in FRAME is necessary for federally required data reporting purposes, so until further notice you will need to document this information in both FRAME and Tool 3 – CPS Assessment.

2/12/21 UPDATE

While both the Case Activity Log and Assessment documentation need to list all contacts made during the assessment, information provided by persons who are interviewed should be narrated in the CPS Assessment document. Entries in the Case Activity Log should be minimal, with only the contact documented along with any notes the worker may want to make for their own memory. The CAL is not the place for lengthy narratives.

2. Our Zone makes referrals early to in-home case management to help address service needs. At what point should the referral be done? (9/3/2020)

If safety services are needed as part of a Present Danger Plan, those services would be put in place immediately per the plan identified for the family so that danger is controlled. An example would be involving a parent aide to assist the family in cleaning an unsafe home. The Safety Framework Practice Model instructs us to refer to case management at the conclusion of the CPS assessment, including completion of the Safety Plan. This is a change from the early intervention philosophy of CPS Redesign, and it was made in order to be consistent with the new practice model. Referrals are made *after* the CPS assessment because it would be difficult to know what level of intrusion is necessary (i.e. an in-home or out-of-home safety plan) to protect the children.

2/12/21 UPDATE While a formal referral (Warm Handoff) from CPS to Case Management must wait until the CPS Assessment is complete, staff across programs need to work together to help get the CPS assessment completed as soon as possible, particularly when there has been an emergency placement. CPS Workers have many more tasks to complete in the Safety Framework Practice Model than previously and may need the assistance and skillsets of Foster Care or In-Home caseworkers to complete some of these additional tasks, such as transporting, finding placements, working with foster parents, out of home care providers, etc. that complement the skillset of a case manager. Work as a team to implement any necessary Impending Danger plans as quickly as possible, but the caseworker's work with the family should wait until after the CPS assessment and Impending Danger plan is complete.

3. Will there be separate assessment tools for Alternative Response cases, child on child sexual abuse cases, and school/daycare CPS cases? (9/3/2020)

Yes. Eventually there will be separate tools and specific policies for such assessments.

2/12/21 UPDATE: There will be separate tools for Child Sexual Behavior Interventions, but the CPS Assessment (Tool 3) can be used for school and childcare reports. Reference Requirements for CPS Assessments in Childcare Setting [640-01-10-75-05-10-25](#):

Sections of the assessment form pertaining to Adult Functioning, Parenting, and Discipline are not applicable to childcare assessments and do not need to be completed.

Also reference Requirements for CPS assessments in Public or Private School Settings [640-01-10-75-10-15](#):

Sections of the assessment form pertaining to adult functioning, parenting, and discipline are not applicable to school setting assessments.

4. Will Zones continue to do intake as we are doing now until further word about centralized CPS intake? (9/3/2020)

Yes. CPS Intake will continue through the Human Service Zones as it has been. It is anticipated that Centralized Intake could possibly be ready for rollout in December 2020.

1/25/2021 UPDATE: Centralized CPS intake launched statewide on 1/4/2021. Individuals who suspect a child is being abused or neglected in North Dakota should now call 833-958-3500, 8 a.m. – 5 p.m. Central Time (7 a.m. – 4 p.m. Mountain Time) Monday - Friday, to make a report.

5. Will we need releases of information in place if we are in the midst of a CPS Assessment and need to communicate with formal and informal service providers about present danger or impending danger threats (or our CPS involvement for the purposes of safety planning to control safety) during the course of the assessment? (9/18/2020)

Yes. We need parents/caregivers to identify family or friends and consent to have them participate in the Present Danger Plan or Safety Plan, to include sharing of information. If they are not willing to consent to this, then the answer to safety determination criteria around family willingness to participate would be “no” and we would rule out an in-home safety plan. This would be the same if they are not willing to communicate with the service provider(s). If the family is not willing to consent or sign releases for the providers, then they are not willing to cooperate with an in-home safety plan and an out-of- home safety plan becomes necessary.

6. How are we supposed to collect all of the information needed for the Child Protection Services Assessment within 25 days? (9/18/2020)

Something to keep in mind regarding the timeline for CPS assessments is that our goal is 50% of assessments done in 25 days, 75% of assessments done in 45 days, and 90% of assessments completed in 62 days. We know that not every CPS assessment can be completed in 25 days;

however, we know that many can with a robust full kit intake, 6-1 caseworker supervision, and proper triage of reports using all our available options. For example, when we receive a report from a therapist that a child has disclosed maltreatment that took place five years ago and the subject no longer has access to the victim, we can triage that report therapeutically as an administrative assessment. Currently, we are not using this option to the full extent that we can.

In addition, we cannot do CPS assessments unless the report alleges maltreatment/unsafe child. For example, when a report is received – even though it is the 4th, the 5th, the 6th report – and the other reports were administratively assessed, we cannot take the report into assessment unless the report alleges maltreatment or an unsafe child. There are other approaches we can take when reports don't warrant full assessments. We have available tools that we are not using to our full potential and these tools will now become available through the Safety Framework Practice Model. We truly believe this is a goal we have the ability to meet.

7. How does Tool 3 Child Protection Services Assessment work when you have uncooperative families and very little information except for the 960 report? Do you want us to do other things or do we not use this because of ATPs? (9/23/2020)

There will be policy guidance coming out prior to December 14th that will address this.

2/10/2021 UPDATE: Legislation has been introduced that would allow for a CPS assessment determination of "Unable to Determine" when sufficient information to support a decision is not available. Until the law changes, continue to follow the steps in [640-01-10-15](#) to gather as much information as can be obtained from sources other than the family.

8. We were told every warm handoff required a Full Kit, but what do we do if we have an emergency removal and the CPS opens with that? We would not have a Full Kit to provide to the case manager. (9/25/2020)

When there is an out of home placement as part of the Present Danger Plan, a Full Kit is not possible due to the case circumstances. The CPS worker will provide any information available up to that point, then proceed with completing the CPS Assessment. Once the full kit of information is complete, continue with the case transition staffing as usual.

2/10/2021 UPDATE: Refer to [607-05-35-30-01](#) for policy guidance related to this question. Also reference *CPS Question #2*.

9. Do we send Services Required letters to the States Attorney, or Juvenile Court? Should we continue to send out the RedBook along with the Appeals Document for those that have a Services Required finding as well? (9/25/2020)

State law requires that we send notification to the Juvenile Court for every Services Required assessment. You can also send them to your local States Attorney if they are requesting them. In regards to the RedBook (DN 609 What Happens Next), this alone is not sufficient for appeal purposes but can be helpful for families. You can send this out to families along with the Appeals

Document that has been provided. The Appeals Document covers all of the information needed for appeal purposes.

10. Does our language in Services Required letters need to change due to the new Safety Framework? If so, how so? (10/1/2020)

You may want to change some of the language to coincide with the Safety Framework. For example, you may want to state that the child was “unsafe” and use some of the language in the practice model tools to help explain why. However, much of what needs to be conveyed to the subject of a report remains unchanged. Elements of the letter such as the heading (subject, victim(s), type of maltreatment), explanation of the maltreatment, explanation of the subject’s actions that meet a maltreatment definition and the right to appeal are still required elements. After informing a subject of their right to appeal, you may want to reference the CPS Appeal Notification Insert for more information.

The definitions in the law for “abused child”, “neglected child”, and “sexually abused child” remain unchanged. Types of maltreatment may be adjusted slightly in the upcoming policy, but, overall, are not changed. Abusive or neglectful behaviors remain substantially the same and the decision whether services are required for the protection and treatment of an abused or neglected child are unchanged.

Staffing notes from the field service specialists are available to you to assist in writing your letters. You are strongly encouraged to review these letters with your field service specialist.

11. This model barely addresses trauma. Are we still supposed to use the trauma screenings for the child on child? Honestly, they're awful, awkward, and just not useful. In addition, does the model endorse other specific screening tools for mental health, addiction, domestic violence etc.? (10/1/2020)

The Safety Framework Practice Model doesn’t endorse any particular screening instruments. The use of Trauma Screening tools in CPS assessments and CSB (child sexual behavior/child on child sexual abuse) reports is required in Century Code:

50-25.1-02. Definitions

6. "Child protection assessment" means a factfinding process designed to provide information that enables a determination to be made that services are required to provide for the protection and treatment of an abused or neglected child and an evidence-based screening tool.\

50-25.1-05.3. Disposition of reports implicating a person not responsible for the child's health or welfare.

3. The department shall provide risk assessment, safety planning, and any appropriate evidence-based screening for the minors and any other minors under the same care. The department shall refer the minors, parents, custodians, or other persons serving in loco parentis with respect to the minors, for appropriate services.

If there are other evidence-based screening tools that Zones want to use during a CPS assessment (other than the TWEAK screening for pregnant women using substances), please submit them to the CPS Administrator for approval.

2/10/2021 UPDATE:

State law requires an evidence-based screening tool to be conducted during every CPS Assessment and every Family Services Assessment. Per NDCC 50-25.1(2):

1. "Child protection assessment" means a factfinding process designed to provide information that enables a determination to be made that services are required to provide for the protection and treatment of an abused or neglected child and an evidence-based screening tool.
2. "Family services assessment" means a child protection services response to reports of suspected child abuse or neglect in which the child is determined to be at low risk and safety concerns for the child are not evident according to guidelines developed by the department and an evidence-based screening tool.

See CPS Policy [640-01-10-90-15](#) Trauma Screening.

12. When centralized intake goes live will we still be able to take direct reports? I know NUMEROUS states with centralized intake, and I can easily spent 30-45 minutes on the phone to submit a complete report. No teacher or law enforcement officer is going to have time to do that. How do we prevent those cases from slipping through the cracks? (10/1/2020)

Protocols for Central Intake are still under development. However, it is planned that when Central Intake "goes live", callers will be directed to Intake. Zones will continue to assist walk-in clients, either by offering them a phone to call Central Intake, or by taking the report to forward to Intake for development of a 'full kit intake'. See CPS FAQ #5.

2/10/2021 UPDATE: CPS Centralized Intake is live as of 1/4/2021. Individuals who suspect a child is being abused or neglected in North Dakota should call 833-958-3500, 8 a.m. – 5 p.m. Central Time (7 a.m. – 4 p.m. Mountain Time) Monday - Friday, to make a report. If a child is in immediate danger, people should call 9-1-1. Zone offices should assist any reporters who walk in by offering a phone and location where the individual may call Central Intake.

13. With the redesign will CPS supervisors get an alert in FRAME if there is a 960 entered and it is Administratively Assessed or Administratively Referred? (10/1/2020)

We are reviewing security and alerts in order to reduce the amount of alerts field service specialists and supervisor receive. More information is to come.

5/6/22 UPDATE:

A plan to reduce the alerts received by field service specialists and supervisors has been developed and is currently in the testing phase.

14. Do Child Protection Teams disband for good with this model? If so, who notifies current child protection team members of that? (10/1/2020)

Yes. Child Protection Teams will disband. We have looked to the Zones to inform their members and thank them for their service.

15. Can we please get more information on Family Services Response or the type of program that will focus on Educational Neglect and other cases that do not have an unsafe child necessarily? (10/1/2020)

The Family Services assessment policy will be rolled out when it is complete. Please be patient. We are working hard to get this ready by December.

2/10/2021 UPDATE:

The policy for Family Services Assessments is nearly complete. Plans for additional training needed are under discussion. Since the CPS workers have taken on a much larger role with the implementation of the Safety Framework Practice Model, CFS is considering when would be an advantageous time to introduce yet another practice change.

5/6/22 UPDATE: The policy for the Family Services Assessment (FSA) is complete (640-01-80-20). Training took place on March 3rd and 7th with statewide rollout of the FSA response directly following the training. Tool 3.1 was developed to document the Family Services Assessment. The recorded training and referenced documents are available on the [UND CFSTC website](#). Refer to the CPS Policy Manual and Appendix for more information.

16. Where do Substance Exposed Newborns fit in with the Present Danger Assessment (or does it not)? (10/7/2020)

The policy for substance exposed newborns and alternative response assessments has not yet been reviewed/revised to align with the practice model. However, the criteria for present danger, present danger planning, standard assessments and criteria for Alternative Response assessment, and impending danger identification and planning should be relied upon when determining whether an alternative response assessment is appropriate. Due to the extreme vulnerability of a substance exposed newborn, the practice model should help 'fine tune' the process of present danger identification and planning as well as impending danger threats and determining whether/when an in-home safety plan (alternative response) is appropriate to keep a substance exposed infant in the home with a safety plan and a plan of safe care or whether the plan of safe care needs to be implemented in an out-of-home setting. The instruments and tools for the practice model should be used in substance exposed newborn cases. Policy will be revised to better reflect the Safety Framework Practice Model.

5/6/22 UPDATE: The policy for Substance Exposed Newborns is currently in draft and the above still applies. Substance exposed newborns are extremely vulnerable and are at the greatest risk for maltreatment; our swift response, thorough assessment and sufficient safety planning remains paramount.

17. Where do Substance Exposed Newborns fit in with present danger assessment (or does it not)? (Coaching Team, 10/8/2020)

The policy for substance exposed newborns/alternative response is currently under revision. However, criteria for present danger, present danger planning, standard assessments and criteria for Alternative Response assessment, and impending danger identification and planning should be

relied upon when determining whether an alternative response assessment is appropriate. Due to the extreme vulnerability of a substance exposed newborn, the practice model should help 'fine tune' the process of present danger identification and planning as well as Impending danger and determining whether/when an in-home safety plan (alternative response) is appropriate to keep a substance exposed infant in the home with a safety plan and a plan of safe care or whether the plan of safe care needs to be implemented in an out-of-home setting. The instruments and tools for the practice model should be used in substance exposed newborn cases. CPS policy is being revised to better reflect the Safety Framework Practice Model.

18. When does it go into effect that the community partners (e.g. physicians, law enforcement, etc.) will no longer be sufficient to meet the CPS face-to-face requirement? (10/09/2020)

Best practice indicates that the face-to-face contact with children by a child welfare worker should begin right away. However, this will be a requirement beginning December 14, 2020.

19. If CPS intake sends a report to a zone and the zone then has to AA (administratively assess) it for whatever reason, would they send it back to intake or process it at the zone? (Coaching Session, 10/19/2020)

Intake should be consulting with the intake supervisor prior to sending a report to CPS if there is a doubt. Intake supervisors should be consulting with CPS supervisors prior to sending a report where there is less certainty.

If a report is sent to CPS and then determined to be AA before assignment to a worker, then it should go back to Intake with an explanation of why it is AA to reduce future reports sent to CPS unnecessarily.

If a report was assigned, and the CPS worker has already spent considerable time (or has gone out on the case), terminating the assessment may be more appropriate than AA. Current policy is being updated to allow this. Doing AA on a report after it has been assigned and an assessment opened causes considerable work for the Helpdesk – takes the time of at least 3 people to delete an assessment and re-enter the report. It would then be done by CPS and not sent back to Intake.

20. Will the CPS index change at all with this new Framework? (10/30/2020)

The SFPM will not change the CPS Index; subjects with a Services Required finding will continue to have their names placed on the Index for a period of ten years. It is only those decisions with a Services Required that result in placement of the name on the Index.

21. Based on this framework, will this assist Intake in accepting appropriate referrals consistently across the state? (10/30/2020)

Centralized intake, dedicated intake workers with 6:1 supervision, full kitted intakes allowing for quality decisions at the access point in addition to ongoing training and support will improve the consistency of accepted reports, so that we are only taking reports of children that are suspected to be maltreated and/or unsafe.

- 22. I'm not sure if this will be touched on but wondering if I could get some information on mandated reporter training? Our law enforcement has one scheduled in the near future, we have a general power point made up already but I'm interested if there is any information I can have to update it to reflect this training? Also, I know intake will be Centralized soon, so I am not sure if I should reschedule training until things are more in place- any thoughts?** (10/30/2020)

Mandated reporter training is available online through an interactive training module provided by DHS Children and Family Services and Prevent Child Abuse North Dakota (PCAND). We have begun discussions on the updating of this training module to incorporate central intake and the SFPM. Link to the training: <http://www.pcand.org/NDDHS/mandatedreportertraining/index.html>

Because updates have not yet been made, it will be very important to meet with your law enforcement partners about the changes coming per SFPM, and any impact that will have for them as mandated reporters, as well as decision-making regarding children and their safety.

5/6/22 UPDATE: Mandated reporter training is available online through an interactive training module provided by DHS Children and Family Services and Prevent Child Abuse North Dakota (PCAND). Link to the training: <http://www.pcand.org/NDDHS/mandatedreportertraining/index.html>
The new and updated interactive online mandated reporter training is nearing completion of the composition phase and it is our goal to have the training go live this fall, stay tuned for more.

- 23. I was wondering if Cass County Intake will still need to do cover sheets, or is that something that the County decides?** (10/30/2020)

Cover sheets are not required; the Intake Form has been modified to allow for one form that captures all necessary information.

- 24. What steps are being taken by CFS to address the backlog with CPS Central Intake?** (HSZ Supervisors Meeting, 2/12/2021)

DHS, CFS and zone leadership are working to address issues within the Intake Unit. Due to short staffing, technical issues and high numbers of reports, the Intake Unit has been overwhelmed and struggling to keep up. Some zones have 'pitched in' to assist with Intake duties, a vacant position will be filled very soon. Please allow some grace for the Intake Unit. Everyone has worked through short staffing situations and know how stressful this is. They are 'drinking from a fire hose'.

- 25. When CPS Supervisors are assigning cases, they have 24 hours to assign a case. Does this mean that the 24 hour, 3-day, and 14-day time frames do not start until the worker has been assigned the case? Or does the time start from when the intake worker send the report to the supervisor?** (HSZ Supervisors Meeting, 2/12/2021)

At the time of assignment, the supervisor determines the response time with the worker. The assigned response time begins when the assessment is assigned.

See [640-01-10-10-20](#) Timeliness and Workflow:

Entering an assessment on the Task Analysis Board

- When a new Intake is received from the Central CPS Intake Unit, the CPS Supervisor may enter the

report on the TAB in the "In Queue" column to prioritize on the batching schedule and to be assigned within the first working day following receipt of the report or immediately for emergencies.

- Each Supervisor will coordinate a daily meeting with the CPS Workers, as a group, daily to assign assessments, set expectations, determine response times, and monitor workflow, assisting the worker to prioritize tasks for each day.
- These daily meeting should be kept short, within 15-20 minutes.
- CPS Workers are responsible for moving their assessments in a timely fashion and providing daily updates to the CPS Supervisor.
- When an assessment is assigned to a CPS Worker, the worker enters the assessment on the TAB, if the supervisor has not already done so, in the "In Queue" column, indicating that the assessment has been assigned, but not yet initiated. The supervisor determines the response time based on assessment of the reported danger to the child.

26. Are there plans to create a new "What Happens Next" brochure outlining the new Safety Framework Practice Model? (Part II SFPM Training 3/23/2021)

Given the implementation of the practice model, along with changes to the CPS law brought by Senate Bill 2083, ALL CPS administrative rules, policies and supporting documents will require changes/revisions/updates. Revisions will be taking place in order of priority, with Administrative Rule, and policy revisions taking precedence. It is also possible that some forms/publications will be discontinued as analysis of program needs proceeds. No priority has yet been assigned to the "What Happens Next" brochure.

5/6/22 UPDATE: The "[What Happens Next](#)" brochure has been updated. DHS printed copies 5,000 copies of the WHN brochure; requests for copies of the brochure are received by Darrin Vogel at devogel@nd.gov or by phone at 328-3323. Please do not order more than 250 at a time.

27. Can we get some additional guidelines regarding how to address Impending Danger within a Services Required Letter, or even within a letter for families where there are not Services Required? (Part II SFPM Training 3/23/2021)

The purposes of the notification letter for services required decisions is to notify the subject of the assessment decision and begin the process of providing the subject with due process rights. "Impending dangers" should not be discussed in a notification letter for a services required assessment, except in terms of stating facts that describe and support the basis for a services required maltreatment decision. Any information provided in a notification letter other than the basis for the decision itself, is fodder for an appeal to be filed. Discussion of "impending dangers" in a notification letter, which are not the basis for the services required decision, can set the stage for a subject to file an appeal because the subject disagrees, takes exception, or feels insulted by a statement which describes something that is not the basis for maltreatment and may not be "provable". Discussion around diminished protective capacities and impending dangers should ideally be done in conversation with the subject/caregivers.

Guidance around the required elements for a services required notification letter remains unchanged:

1. The name of the subject, the name(s) of the victim(s), type(s) of maltreatment (heading of the letter)

2. The decision for the assessment
3. The specific facts of the identified abuse or neglect (basis of the decision)
4. The right to appeal the decision
5. Placement on the subject's name on Child Abuse and Neglect Index
6. Timeline for filing an appeal (33 days from the date on the affidavit of mailing)
7. Location of the form

Also include the Appeal Rights insert presented at the SFPM Overview presentation.

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1. Are the 6 factors from Tool 3 – CPS Assessment going to be the new “FAI” that we fill out for Case Plans for in-home and foster care case management? (9/3/2020)

No. Tool 3 – CPS Assessment is only completed by the CPS worker and provides foundational information for the case manager. Once an in-home or foster care case manager has been assigned to the family, he/she will have the responsibility to complete Tool 5 – Protective Capacities Family Assessment, Tool 6 – Case Plan, and Tool 7 – Protective Capacities Progress Assessment. These tools/forms will encompass their work with the family and the agreed-upon goals as well as provide documentation for the ongoing progress a family makes towards permanency goal achievement or case closure. Remember, the FAI in FRAME will be disappear on 12/14/2020. Until that time, all fields in the FAI for case management should be completed with the statement, *“Safety Framework Practice Model – see case record.”*

2. Where would you document the reassessment prior to reunification and closing of the case? (9/3/2020)

Ongoing assessment documentation, including documentation prior to reunification and case closure, is contained within Tool 7 – Protective Capacities Progress Assessment (PCPA). There is a section within the PCPA where you review the reunification plan and safety plan as well as the case closure. The Case Activity Log in FRAME is where case managers will reference the safety plans, case plans, PCFA, and PCPA that have been completed.

3. Does the parent get a copy of the Protective Capacities Family Assessment Form (PCFA)? (9/3/2020)

Typically, the PCFA is not shared with the family because the case manager will provide them with a copy of the Case Plan and the Protective Capacities Progress Assessments (PCPAs). However, case managers should complete the PCFA keeping in mind that parents/caregivers could request a copy at any time, or it could be released through Discovery within the court system.

4. Our Zone has historically offered voluntary in-home case management to families that were receptive to services and the Child Protection Team determined there was risk for abuse or neglect in the future. We were not clear from the Safety Framework training if offering voluntary in-home case management is still acceptable under the new model. I recall at one point there was discussion that we wouldn’t because we will only serve unsafe children and are moving away from serving at risk children. There was some other discussion about “well-being” cases. Wondering if you can provide any clarification on this topic? (9/15/2020)

This was a significant topic of discussion during in-home redesign. Upon adopting the Safety Framework Practice Model, our redesign group gained clarity on who child welfare is intended to serve: families in which an unsafe child has been identified and an in-home safety plan/in-home case management services are required to control impending danger. So, if impending danger threats have been identified in the scenario you described, then it would make sense to open that family for in-home case management to control the danger.

Within the new in-home case management policy (610-05), we will address how the agency is to respond to cases in which the children are deemed safe. Currently, state statute requires us to provide in-home case management (i.e. protective services) when there is a Services Required decision, even when no present or impending danger threats have been identified. When this type of situation exists, the case would be opened for in-home case management and the role of the caseworker would be assessing the family strengths and needs; managing safety; achieving permanence, stability, and well-being; and attaining safe case closure. The primary focus of agency intervention for such cases is the provision of child and family support and services, rather than safety intervention focused on controlling impending danger threats or enhancing parent/caregiver protective capacities. These cases would typically be opened for shorter periods of time.

Safety intervention for in-home cases focuses on confirming that children remain safe and protected from abuse and neglect. Although child safety was not the reason for agency intervention, there may be times during the life of a case when family dynamics and functioning change, resulting in an unsafe child. The in-home case manager would then be responsible to assess the present or impending danger and respond according to the policies related to unsafe children in an in-home case.

2/10/2021 UPDATE: Refer to [610-05-50](#) for policy on this topic.

5. I am a case manager and have ten open cases for foster care. When am I required to start using the new tools/forms? *(Day 5 CFS Case Management Power Point – added 9/18/2020)*

On December 14th, our state will “go live” with the Safety Framework Practice Model. FRAME changes will be made available and the use of the tools/forms will be required at that time. We encourage you to start using the tools/forms now so you can practice applying the Safety Framework to your current caseload.

6. I am a foster care case manager and feel like I have learned a lot about CPS forms and processes. Please connect the dots for me. *(Day 5 CFS Case Management Power Point – added 9/18/2020)*

Safety Framework is the new required practice for all workers and case managers, regardless of whether they work in child protection, in-home, or foster care. Assessing safety is part of our everyday work and as a foster care case manager, we need to challenge ourselves to reassess safety more often by determining if present danger or impending danger threats exist so that we mitigate these threats through effective safety management.

7. I am an in-home supervisor. What happens when one of my case managers receives a referral from CPS using the new forms, but my staff hasn't yet been trained on the tools designed for case management? What should they do? *(Day 5 CFS Case Management Power Point – added 9/18/2020)*

We understand that intensive training on the Protective Capacities Family Assessment, Case Planning, and Protective Capacities Progress Assessment tools will not have occurred by December 14th, when we roll out the Safety Framework practice model. Be prepared to guide your staff through

the workflow by using the training materials you've received. Training will be ongoing, as will be the support and coaching offered to the Zones. We request you begin using the forms as soon as possible so that case managers can practice applying Safety Framework to their work.

8. For in-home case management, are we still going to work with families in which children are safe (i.e. well-being cases)? (*Day 5 CFS Case Management Power Point – added 9/18/2020*)

Yes, on occasion. When children are safe, but the agency determines that a child requires protective services per NDCC 50-25.1-06 (i.e. Services Required finding), the agency will open a child welfare case and work with the family according to the in-home case management policy manual (610-05). The in-home case manager will address family needs by providing services and supports or by linking the family with public or private community services. Policy and procedure will provide additional guidance regarding these situations. See *Case Management FAQ #5* for further information.

2/10/2021 UPDATE: Refer to [610-05-50](#) for policy on this topic.

9. If there is a case that is Services Required finding made through CPS but the family is doing everything that they need to be doing - they are managing the threat to safety and there is already services in place that were initiated during the CPS assessment, is there the need to open this within In-Home if we note how the threat has been rectified and how the family is doing? I know that it is in policy for CPS to make the referral, but is it in policy for In-home to open it? (*10/1/2020*)

Yes. CPS law requires protective services to be provided to families when there is a services required decision:

50-25.1-06. Protective and other services to be provided.

The department shall provide protective services for the abused or neglected child and other children under the same care as may be necessary for their well-being and shall provide other appropriate social services, as the circumstances warrant, to the parents, custodian, or other persons serving in loco parentis with respect to the child or the other children. The department may discharge the duties described in this section through an authorized agent.

50-25.1-02. Definitions.

16. "Protective services" includes services performed after an assessment of a report of child abuse or neglect has been conducted, such as social assessment, service planning, implementation of service plans, treatment services, referral services, coordination with referral sources, progress assessment, monitoring service delivery, and direct services.

In-Home policy will address how to work with families in which there has been a finding of Services Required and the children are deemed safe.

5/6/22 UPDATE: The revisions within N.D.C.C. 50-25.1-06 (in effect as of 8/1/21) changed "Services Required" language to "Confirmed," "No Services Required" to "Unconfirmed" and also added a finding of "Unable to Determine." Additional revisions within this statute provide better consistency

between law and policy. When making decisions whether families require protective services (i.e., case management), here’s a helpful resource highlighting what the revised law tells us and policy supports:

CPS Assessment Findings	Actions
Confirmed Impending Danger	Refer to case management for protective services
Confirmed No Impending Danger	Refer to community providers Offer services ONLY IF resources permit, otherwise close
Not Confirmed Impending Danger	Refer to case management for protective services
Not Confirmed No Impending Danger	Close, refer to community providers if requested by the family

10. Regarding our in-home or foster care cases that are currently open and will be open at the time of rollout on December 14th: Where and how do you start doing the new forms for these cases? Do case managers start with the PCFA and creating a new case plan, etc. so that the PCPA makes sense? Or do they start with the PCPA even though there was never a PCFA created?? (10/2/2020)

Because the PCPA will be required periodically, it is the natural place for every case to have safety and parent/caregiver protective capacities assessed. It may require some PCFA-like conversations between the case manager and child and family team to affirm whether the case plan goals remain appropriate or need to be modified.

So, once you understand the model, you would likely want to take action with you current cases through reassessing safety and importing existing case planning goals (and considering how those goals may need modification) into the PCPA form either when the requirement comes due, or ad hoc because we want to reset our approach using the framework.

In short, complete a PCPA either ad hoc, or when the 90-day review/child and family team meeting comes due, without necessarily recreating the PCFA (unless it’s helpful and it might be).

11. Do Foster Care Case Management use tools 4-7 on ALL cases starting on Dec. 14? (Taken from Qualtrics Survey 10/23/2020)

All child welfare workers and supervisors must use the practice model tools starting on December 14, 2020. Tools 1-4 are used by CPS and Tools 2 and 4-7 are used by case managers (both in-home and foster care).

12. How do we apply the Safety Framework Practice Model specifically to post TPR cases? (Taken from Qualtrics Survey 10/23/2020)

The Safety Framework Practice Model applies to all children who are not safe regardless of their legal status. Children in public custody are particularly vulnerable since they have only the child welfare system to assure their safety. Therefore, the Safety Framework practice requirements apply to post TPR cases just as any other case.

5/6/22 UPDATE: Who the case manager assesses and how case planning is completed varies based on case circumstances. The tools/forms have been updated to reflect both post-TPR and 18+ cases.

13. What does Blue Light/Protected time look like for in-home or foster care? (Taken from Qualtrics Survey 10/23/2020)

“Blue Light time” for case management includes: Gathering information for present and impending danger assessments and parent/caregiver protective capacities, safety planning, case transition staffings, face to face visits, child and family team meetings, court hearings, etc. For case management supervisors it includes the following activities: daily unit monitoring, staffing and consulting, field support and coaching, quality assurance and reporting, etc.

“Protected time” for case management is uninterrupted time included on the agency staff’s schedule each week to complete essential tasks that require undivided attention, such as completing paperwork or documentation.

14. If we are getting rid of our "silo" system, will IH case managers be required to learn all the legal components of foster care case management? Will everyone be assigned in-home and foster care cases and be expected to manage them simultaneously? (Taken from Qualtrics Survey 10/23/2020)

This is currently under exploration. The Foster Care program has not yet undergone redesign, so final decisions about case management duties will likely be made at that time. Research, however, shows families are more successful when the same case manager remains with the family across programs.

15. There have been questions of what to do in In-Home when there is a services required but no impending danger. Do we open that case to reach out to the family but then close if they do not need or want any services? (FSS question, 12/10/2020)

Refer to In-Home Case Management policy manual section [610-05-50](#) for direction.

5/6/22 UPDATE: Also – see updated answer to *FAQ Case Management #9*.

16. Should In-Home take cases from CPS where the Full Kit is not completed? (FSS question, 12/10/2020)

Per [607-05-35-30-01](#):

There will be situations in which a child must enter an emergency out-of-home placement immediately, or family needs are such that it is determined services must be implemented prior to completion of the CPS assessment. In these situations, a case transition staffing must still take place. However, the information shared may not comprise a full kit. It is imperative the CPS worker and case manager stay in close communication during that time frame. Once the CPS assessment is complete, the CPS worker and case manager and their supervisors will formalize the case transition, at which time the CPS worker’s involvement will end.

17. How is the child's foster care permanency plan different from the SFPM Case Plan? (Part II SFPM Training, 2/8/2021)

Safety Framework Practice Model (SFPM) requires a case plan that implements goals that enhance parent/caregiver parental capacities to provide protection for their children. Foster care ASFA federal regulations requires a case plan inclusive of permanency goals (reunification, relatives, guardianship, adoption, etc.) court approved for the child as the overarching "plan" for the case. The "formal permanency plan" is separate from the SFPM case plan, service plans and reunification decisions, requiring foster care cases to have two intersecting plans (PCFA, Case Plan + Perm Goal) in efforts to attain case closure.

5/6/22 UPDATE: CFS will have further guidance coming out soon for foster care case managers navigating the new SFPM tools in addition to maintaining compliance with the foster care federal regulations. In addition, policy is under development to help case managers even prior to completing foster care case management redesign. It's important to point out that in many cases the progress made by the parents/caregivers and the Child and Family Team, as well as the outcomes of SFPM case plan, will help to determine the appropriateness of the permanency goal/plan.

18. I have kids that have a concurrent goal for permanency. Do we need to include a goal about adoption/guardianship for that or simply note the overall permanency goal within our team meeting notes? If we would need a goal, would it be something like Child has achieved permanency through adoption? (Part II SFPM Training, 2/8/2021)

All foster care cases/plans require a PRIMARY permanency goal (reunification, relatives, guardianship, adoption, etc.). If there is a CONCURRENT goal identified it should be updated in FRAME and noted in the child and family team/case notes. There is nothing prohibiting case managers from indicating the permanency goal in the SFPM case plan, "the primary permanency goal for this case is X and the concurrent goal is X". However, the PCFA goals and framework can be seen apart from the agency defined permanency goal/s. The focus of the SFPM case plan (tool 6) is to set goals specific to the enhancement of diminished parental capacities that aid in the protection for their children in efforts to achieve the permanency plan. The framework helps define the child and family service/compliance planning, and knowing that concurrent planning is what we do every time, all the time... concurrent planning is built right in to the SFPM! The goals within the PCFA (with the safety plan determination) focus our efforts on what would need to change? What is required for reunification and if those elements are not met, then another permanency option is required or concurrent planning started.

5/6/22 UPDATE: CFS will have further guidance coming out soon for foster care case managers navigating the new SFPM tools in addition to maintaining compliance with the foster care federal regulations. In addition, policy is under development to help case managers even prior to foster care redesign.

19. Who is helping develop the Foster Care Redesign-what is the structure of that rollout? (HSZ Supervisors Meeting, 2/12/2021)

DHS Executive Office is managing the redesign projects and will solicit a workgroup of field staff along with CFS administration when a new redesign project is implemented. No formal plans have been made regarding foster care redesign, beyond the centralized eligibility unit effort that just went live. Here are the remaining redesign items on the list for foster care with no timeframe to date:

- Centralized Foster and Adopt Eligibility - Just started Feb 2021
- Foster Care Licensing – projected to begin in 2021
- Foster Care Recruitment and Retention
- Foster Care Case Management

5/6/22 UPDATE: The CFS Division completed centralized foster and adopt eligibility redesign and the Central Eligibility Unit began operating as a unit of CFS in February 2021. Foster care licensing redesign and the Licensing Unit began operating as a unit of CFS on April 2022.

20. How do we apply SFPM to cases in which the children reside in two different households, spending some of their time with mom, and some of their time with dad. In this situation, the dad was the subject of a services required finding but the mom was not. (Coaching Session, 3/2/2021)

Once the family comes to the attention of the agency, they need to assure the children are safe with both mom and dad (i.e., no threats of danger exist OR mom/dad possess sufficient capacity to manage any threats OR the children are not vulnerable to the existing danger). So the safety assessment (PCFA) process should include mom to affirm she is willing/able to assure safety of her children when they are with her.

If no present or impending danger is found with mom, the agency would follow [610-05-50](#) (in-home case management when the child is safe). If present or impending danger is found with mom, the case plan should include goals to enhance mom's diminished parental capacities AND a safety plan should also be in place to manage the identified impending danger threats.

21. Workers have concerns (and have prior to the shift of the new safety framework) of every member of the child and family team getting a copy of the case plan (and the subsequent PCPA's) because it contains sensitive information about the parent/caregiver within it, such as mental health, substance abuse, etc. How do we follow policy while being respectful of the family's privacy? (HSZ question, 3/11/2021)

The case manager should use discretion, and discuss with the family, to determine what information within the case plan (and the subsequent PCPA's) will be sent to the child and family team. Any sensitive information can be redacted. But guard against NOT sharing these documents with team members, in particular those who are service providers or informal supports with a change strategy/task assigned to them. The purpose for sending out this information is to ensure all are clear on the plan/expectations/goals so we can avoid misunderstandings or unnecessary conflicts.

- 22. If they aren't a part of the safety support network and don't have a role in the safety plan, should we be sending the safety plan to child and family team members?** *(HSZ question, 3/11/2021)*

The safety plan should be sent to those who have a role within it. It can and should be reviewed at team meetings, updated when needed, but those CFT members who don't have a role in the safety plan don't need a copy of it.

- 23. Do we need to have signatures from all who are a part of our Child and Family Team on the Case Plan or only those that are listed within the Case Plan? For example, if an Aunt/Family Friend attended the CFTM as informal supports for Mom; however, they are not listed within the Case Plan as being assigned a task. Would the Aunt or family friend need to or can they sign the case plan?** *(Part II SFPM Training, 3/16/2021)*

All members of the child and family team should sign the signature page. The signature page for both Tool 6 (Case Plan) and Tool 7 (PCPA) can be printed and brought along to the CFT meeting so that signatures can be obtained while everyone is still there.

- 24. Do we need to provide a copy of the Case Plan to parents and CFTM members at each CFTM?** *(Part II SFPM Training, 3/16/2021)*

The Case Plan/PCPA will have been sent to the child and family team members prior to the meeting per [607-05-70-65-10 \(3\)](#). If you want to make copies as a reference for the discussion, that's up to you. Refer to *FAQ Case Management #21* for further guidance on what information should be shared, though. If you choose to make copies for the meeting, there may be some sensitive information that should be redacted.

- 25. Do we need to create a new PCPA for each CFTM?** *(Part II SFPM Training, 3/16/2021)*

Ongoing assessments are an integral component of Safety Framework practice. The PCPA is the ongoing assessment tool for case management. Per [607-05-35-45-01](#), evaluation of case progress is required every 90 days, and is reviewed and updated at each child and family team meeting. Per [607-05-35-45-05](#) revisions to the PCPA/case plan must be completed within 10 business days following the child and family team meeting. Once the supervisor has signed off on the updated PCPA/case plan, it is sent to the child and family team members. Refer to *FAQ Case Management #21* for further guidance on what information should be shared.

- 26. What tools/forms do DJS case managers (Juvenile Corrections Specialists) need to complete?** *(Part II SFPM Training, 3/30/2021)*

DJS case managers are only required to complete the forms for "foster care children" meaning they have the DJS case open in FRAME as a foster care program. If the case is open as a foster care program case, all of SFPM applies. CFS is working with DJS leadership to see where we can streamline assessments already used by DJS, and tailor existing detail to fit the SFPM.

- 27. If DJS received custody of a child that has been in foster care for 6 months through the Zone, and that PCFA has already been completed initially with that family by the foster care worker, would they need to repeat the PCFA process and create a new care plan or would they just**

pick up with the most recent PCPA? *(Part II SFPM Training, 3/30/2021)*

The PCFA is only completed at the initiation of case management. If the family is transferred from the Zone to DJS, the newly assigned case manager will review the PCFA and ensure accuracy and agreement with what is known by DJS for the case. The DJS case manager will then use the PCPA to complete ongoing assessments and update the Case Plan. Again, this requirement is only for children/youth in DJS custody placed in foster care.

28. If you have an in-home case with uncooperative parents/caregivers, do you still try to do Tools identifying that they are not compliant using info from CPS, collaterals, and your own assessment due to noncompliance? And if you do a Tool 5 based off that info but never get engagement, do you have to do a Tool 7 for closure? Because we wouldn't have a Tool 6 or engagement from the family. *(Field Service Specialist, 8/30/21)*

Once it has been determined that a child is unsafe, the agency must take action as necessary to control the identified danger threat(s) or shield the child from the impact of the identified threat(s). While parents/caregivers must be kept fully informed of safety decisions and involved in protective and/or safety planning, **the agency has the responsibility to control identified danger threats.**

The level of agency involvement and/or intrusion with respect to controlling and managing child safety depends on how danger threats are operating in a family and the willingness and capacity of parents/caregivers to follow through with the requirements of a Present Danger or Safety Plan. So, when parents refuse to meet with the agency, what does that look like? And what danger has been identified? This will determine the agency's next actions, including whether an out-of-home safety plan is required to keep the child safe. The agency seeks to have a partnership with parents/caregivers, in so far as reasonable and possible, to enable them to provide a safe home for their children independent of agency involvement.

I would question whether in-home safety planning is possible when parents don't cooperate with the agency. This gets at the crux of the issue related to accurate assessments of child safety at the point of CPS assessment to determine if there is indeed present and/or impending danger operating in the family. If it is clear the family condition(s) have crossed the danger threshold, then the agency must intervene to ensure the children are safe per what I stated above. "Completing the tools" is secondary to this responsibility. We need to make sure we are serving the 'right' families at the appropriate level of intrusion per the requirements of the practice model.

29. A HSZ has an IH case where the child is voluntarily placed at a QRTP. Are 2 face-to-face visits per month with that child still necessary and if so, can the case manager do virtual visits since the QRTP is hundreds of miles away? *(Field Service Specialist, 10/28/21)*

Whenever a case is open for IH case management the policy for f2f visits with all children and all parents/caregivers to the children are to be followed. Using Teams/FaceTime/etc. for f2f visits is only allowed during an emergency declaration and we are not currently under such a declaration in ND. Courtesy case management is an option if the agency cannot travel to the QRTP 2/month as long as the courtesy case manager and the child's HSZ case manager stay in close contact regarding these visits.

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- 1. Is there any possibility of opening the timeframes to have an FCE when an emergency placement has been made? It has been difficult to get a meeting agreed upon and set up within the 96 hours especially when the placement happens on Friday night. (9/25/2020)**

The '96 hours' doesn't include holidays and weekends. We highly recommend you have local conversations with your courts to talk about the importance of the FCE meeting and work together on these. It's a win-win opportunity and it can reduce the number of hearings in the long run.

2/10/2021 UPDATE: See [607-05-35-25-10-05](#) for policy concerning FCE meetings.

5/2/2022 UPDATE: Training on FCE Meetings is scheduled for late May and early June 2022. An FCE hardcard will be sent to the HSZs prior to training. This hardcard provides a policy summary and decision trees that show when an FCE referral is required. All HSZ and Juvenile Court staff are highly encouraged to register for, and attend, this 2-hour training.

- 2. For FCE, with an emergency removal, should we refer immediately so a meeting can occur before a shelter care hearing? We were under the impression that we could not refer if we have custody. (9/25/2020)**

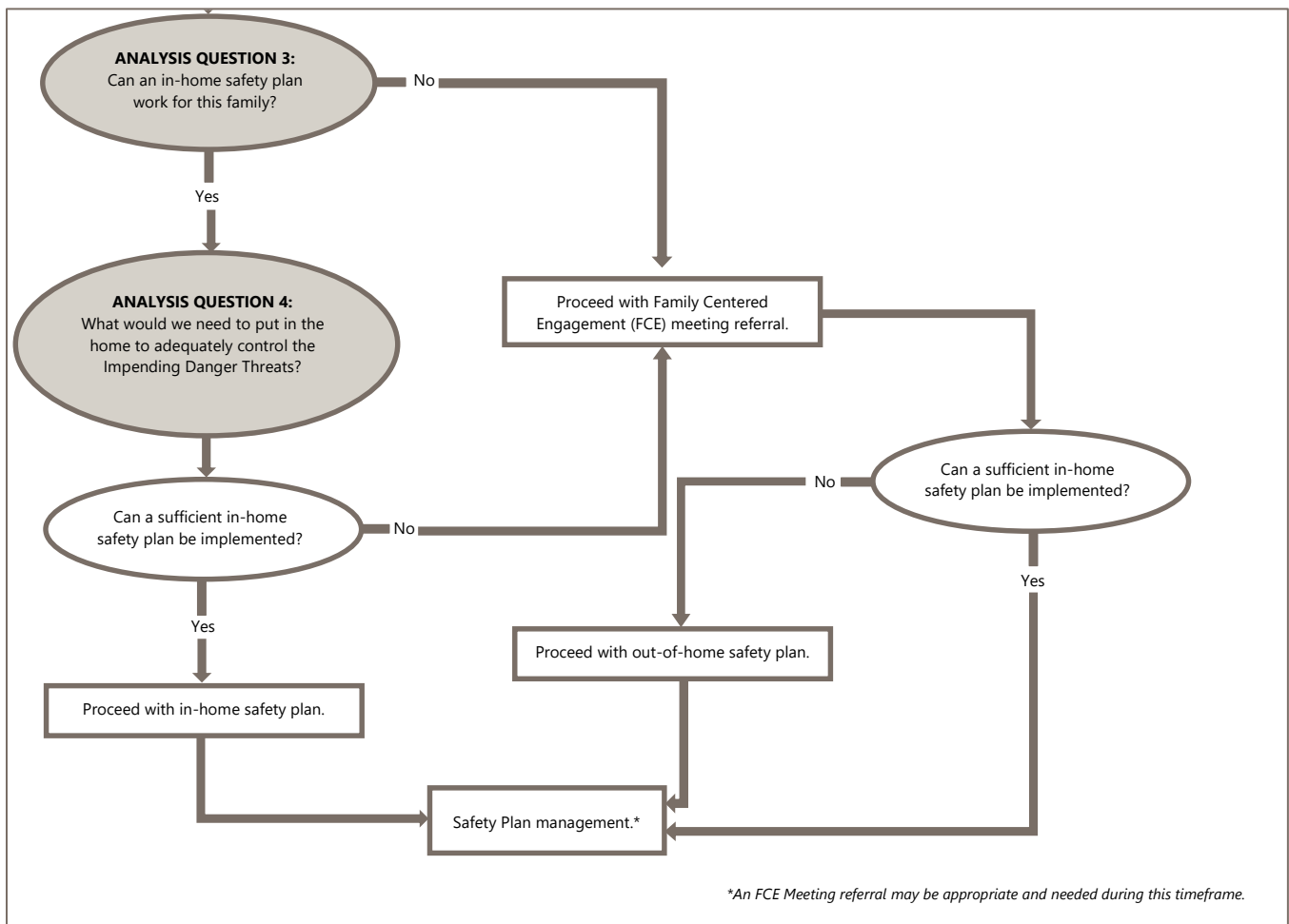
The goal would be to have the meeting before the shelter care hearing. So, if there is an emergency removal the child is eligible for Family Centered Engagement referral up until the shelter care hearing.

2/10/2021 UPDATE: See [607-05-35-25-10-05](#) for policy concerning FCE meetings.

- 3. Can you explain if a Family Centered Engagement Meeting can be held more than one time for a family? For instance, if we are involved with a family in September and have such a meeting, can another meeting be held in May if there is another potential for placement for a child for the same family? (10/16/2020)**

Yes, there may be more than one FCE meeting needed for a family based on your responses to the Safety Determination Analysis questions within the decision tree below. When the impending danger threat places the child at imminent risk of being removed from the home, the agency should either convene an emergency child and family team meeting or complete a referral for an FCE meeting.

2/10/2021 UPDATE: See [607-05-35-25-10-05](#) for policy concerning FCE meetings and [607-05-70-40-01](#) for policy related to the decision tree.



5/2/2022 UPDATE: See updated answer to *Family Preservation # 1* for additional information.

4. Are FCE referrals mandatory in all CPS cases? *(HSZ Supervisors Meeting, 2/12/2021)*

See [607-05-35-25-10-05](#) for policy requirements concerning Family Centered Engagement Meetings, which outlines when a referral is required (i.e., when there is an eligible child).

5/2/2022 UPDATE: See updated answer to *Family Preservation # 1* for additional information.

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1. What will our responsibilities be regarding documentation within FRAME for CPS? (9/3/2020)

All forms (SFN 960, CPS Intake, Present Danger Assessment, Present Danger Plan, CPS Assessment, Safety Plan) must be uploaded/attached to the assessment in FRAME along with any other documents gathered during the assessment. The FAI will be discontinued when changes to FRAME are implemented on December 14th. Until that time, all fields in the FAI should be completed with the statement, *"Safety Framework Practice Model – See Attached."* All other FRAME fields need to be completed. Please review the *FRAME System: Practice Model Data System Changes* PowerPoint presentation for more detailed information.

2. What will our responsibilities be regarding documentation within FRAME for in-home and foster care case management? (9/3/2020)

As of December 14th, if you have an updated FAI still in draft, you will not be able to complete it; however, any information you have entered up to that time will remain viewable in FRAME. Documentation of case activity will continue in the Case Activity Log in FRAME.

Case managers will use the Safety Framework tools/forms to document their assessments and Case Plans as of December 14th. Because there is no place to upload documents under the case management tab in FRAME, the tools/forms will be filed in the Zone's case record (paper or electronic file). Please review the *FRAME System: Practice Model Data System Changes* PowerPoint presentation for more detailed information.

3. I have twelve open cases for foster care and five in-home cases. What do I have to do on/after December 14th regarding the current Family Assessment Instrument entered in FRAME? (Day 5 CFS FRAME PowerPoint, added 9/18/2020)

Nothing. The requirement to continue data entry will no longer be present. However, the history will remain viewable within the case.

4. I have a multiple cases open in FRAME, many of which have a payment attached to them. Will the foster care provider continue to receive payment with ease after this change goes into effect on December 14th? (Day 5 CFS FRAME PowerPoint, added 9/18/2020)

Yes. Foster care case managers are required to ensure the care plan effective date and next review date are current and correct. Those two date fields drive payment in CCWIPS for providers. In addition to payment, those two date fields assist CFS in meeting compliance with federal reporting requirements.

5. I am a CPS Worker and currently have cases with Family Assessment Instruments (FAIs) in draft, and cases in which the FAI has not yet been opened or started. What will happen when these FRAME changes occur? (Day 5 CFS FRAME PowerPoint, added 9/18/2020)

The CPS worker will continue to edit the draft FAI as usual and will continue as normal. If the FAI had not yet been started, you will notice the Family Assessment Instrument button is no longer

present effective December 14th. It will be gone. Proceed with completion of the new Safety Framework Practice Model Forms.

6. I am a foster care case manager and our Zone office has gone completely electronic for filing case documents. Will there be an option to scan the new tools into FRAME? (Day 5 CFS FRAME PowerPoint, added 9/18/2020)

Possibly, in the future. At this time, the forms will remain in draft to ensure their intended use is applied consistently across the state. The Champions of Change Team, alongside CFS administrators, will continue to analyze the cost, time, and practicality of uploading documents for case management into the FRAME system. In the meantime, file the forms in your agency case record (paper or electronic) and make reference to them within the Case Activity Log in FRAME.

7. I am a CPS Worker and have completed the training. FRAME has not yet removed the FAI; can I still use the new Tools? (Day 5 CFS FRAME PowerPoint, added 9/18/2020)

Yes. Until the changes are made on December 14th, please use the following statement in the commentary of each FAI factor: *"Safety Practice Model: See Attached CPS Assessment."* Then upload/attach the CPS Intake Form, Present Danger Assessment and Plan, CPS Assessment Form, and Safety Plan under the Assessment tab in FRAME.

8. What are the expectations for case activity logs? Should identical info be recorded there AND in our new tools? (10/1/2020)

See CPS FAQ #2. Case activity logs should list the case activities, contacts, attempted contacts, etc.; however, documentation of the assessment should be completed in the Child Protection Services Assessment Form (Tool 3).

For case management, the revised policies will be clear as to what documentation needs to be completed in the FRAME case activity log. Some entries will continue to be required because they are used for federal data reporting purposes, while others will continue to be required per policy. The bulk of your documentation will be within the forms/tools you've been provided during training.

Please review the *FRAME System: Practice Model Data System Changes* PowerPoint presentation for more detailed information.

9. When completing Tool 3 (CPS Assessment), it feels like we're duplicating work throughout the assessment. Example: the adult functioning and parenting factors seem to be very similar and we feel we end up writing the same thing for each category. (Coaching Team, 10/26/2020)

You will gather distinctly different types of information for "Adult Functioning" and "Parenting." Under the Adult Functioning factor you assess:

- How adults (parents/caregivers) in a family are functioning personally and presently in their everyday lives including:
 - life management,
 - social relationships,
 - meeting needs,

- problem solving,
- regular or unusual behavior,
- communication,
- relationships to others,
- cognitive ability,
- emotional management, and
- impulsiveness;
- Anything that is known about substance use or mental health issues; and
- Other recent adult history and experiences including employment and previous relationships that appear to be relevant.

Questions to consider include:

- What is this person like?
- What do others say about this person aside from being a parent?
- How is this person managing their life? How does this person take care of self?
- Is the person emotionally stable?
- Has the person experienced past trauma that has impacted overall functioning?

Other areas to assess include any criminal behaviors (i.e., domestic violence, drug trafficking, crimes of violence, sex crimes, etc.).

Under the Parenting factor you assess parent’s/caregiver’s typical parenting practices. Information gathered for this factor is sufficient, to the extent possible, when it can describe the overall parenting practices, underlying beliefs and nature/quality of child-parent/caregiver interactions, and of the parenting provided.

2/10/2021 UPDATE: Refer to [607-05-70-25-15](#) for Adult Functioning policy and [607-05-70-25-25](#) for Parenting factor policy.

10. When conducting the PCFA and documenting that contact can a worker document in the case activity log “See PCFA” instead of documenting what was discussed during that contact?(Part II SFPM Training Cohort, 2/10/2021)

Per [607-05-35-35-10-05](#), the case manager must document in the case activity log the date that the PCFA and case plan have been completed and approved. You can also reference “see PCFA” within the case activity log entry rather than duplicating content from the form.

11. If they are putting all of the updated information into the PCPA, can they just add the additional pieces of information in the CFTM note section of FRAME that are not covered in the PCPA and reference “see PCPA” for details on case plan goals, safety determination, etc.? (HSZ question, 3/11/2021)

Yes, that’s fine.

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1. Do we include the child(ren) that are not included within the Present Danger plan on the form? (9/3/2020)

All children in the home should be included, whether or not they are listed as victims on the report/intake, and all children in the home need to have their safety assessed and included within the Present Danger Plan.

2. If we have more than one Present Danger Plan, do you complete more than one form, or can you include them both on the same form? (9/3/2020)

If there are 2 present danger threats occurring at the same time that require different plans, you include them on the same Present Danger Plan form. The reason for this is to keep things 'all in one place' for the family and safety service providers.

3. Will the Present Danger Plan form be available in duplicate? (9/3/2020)

Once the form is finalized and CFS doesn't see the need for additional changes, the Present Danger Plan will be available in triplicate so that a copy can immediately be given to the family and safety service provider. The original will be retained by the agency.

5/6/2022 UPDATE: Triplicate Present Danger Plan forms are still available at CFS – contact Diana if you need more copies and these will be mailed to your agency.

4. Will foster care and in-home case managers use Tool 3 – CPS Assessment? (9/3/2020)

No. They will however use similar criteria (i.e., 6 factors, impending danger threats, and protective capacities) to assess children and parents/caregivers by completing Tool 5 – Protective Capacities Family Assessment initially, and Tool 7 – Protective Capacities Progress Assessment ongoing.

5. What if I see needed changes on the forms? (9/3/2020)

Please email Diana Weber (djweber@nd.gov) with any suggested changes on the forms.

6. I am a case manager for both in-home and foster care. Safety planning has always been part of my typical case planning process; however, I never used a formal tool to safety plan. Are we required to use Tool 4 – Safety Plan and if so, where are we required to put the document? (Day 5 CFS Case Management & FRAME Power Points – added 9/18/2020)

Yes. All workers and case managers are required to use Tool 4 – Safety Plan to offer continuity of care to the family and consistent language for case planning. The only location in FRAME to upload the Safety Plan is for CPS workers under the Assessment tab. Please note there will not be a location to add an attachment for in-home or foster care case managers in FRAME. In-home and foster care case managers will maintain all Safety Framework tools/forms in your current case file outside of the FRAME system. Additional uploads are being explored, but nothing will be implemented until the tools are in final form.

7. We are aware that the Present Danger Plan form (Tool 2) will be in triplicate, but will that be the same for the Safety Plan form (Tool 4)? (10/8/2020)

Not at this time.

8. On the Safety Plan form (Tool 4) there is an “end date.” Is that something we fill out ahead of time with our proposed date of completion, or do we complete that section when that safety service or safety provider has completed their role within the safety plan? (10/8/2020)

At the time you develop the safety plan with the family and safety service providers. Within the Safety Plan form there are end dates assigned to each safety service so that the family and safety service providers are clear what the anticipated end date of that service is. When the Safety Plan is periodically reviewed with the family and safety service providers, the agency worker can adjust the end date if necessary. Circumstances that could require adjustment include a service that is no longer being provided because it is no longer needed, or a service that needs to continue longer than originally anticipated.

9. Will CFS Training Center-UND keep us informed of all changes and when they are finally complete in our tools a resource guide, so we don't print out the wrong final version? (10/14/2020)

As Diana revises the forms, the training center posts the latest revision to their website, noting the date the revised form was uploaded. Zone staff need to routinely check the website to make sure they have the latest versions. Eventually, the forms will be accessible thru the DHS website. A webpage is currently under development. Additionally, the Child Welfare Practice policy manual will provide links to all the most current tools/forms. Once the forms are in their final version, they will become SFNs. NOTE – the Present Danger Plan page will be printed in triplicate soon and copies will be sent out to each zone by CFS.

2/10/2021 UPDATE: The forms remain in draft, so periodically you will be alerted to any form changes by the CFS Training Center-UND. The latest versions will be posted on their website with the date of the revision noted within the footnote on each page of the form.

5/6/2022 UPDATE: The forms remain in fillable Word versions. The goal is to make these web based. The state of ND is in the process of updating the SFN platform to online, web-based fillable forms. We plan to put the SFPM tools within this platform when it's made available to CFS.

10. When do we need to complete Tool 4, Safety Plan and when do we NOT need to complete a Safety Plan? (Coaching Team, 10/15/2020)

Per our definition of unsafe child (see Tool 3A): *“A child is unsafe when threats of danger exist within the family AND the child is vulnerable to such threats AND parents/caregivers have insufficient protective capacities to manage or control the threats.”* Safety planning is much more precise/responsive with this framework of practice because we are specifically managing the threats identified and not ‘mixing’ safety plans with case plans. Policy also will clearly articulate the types of safety services (with examples) and the process for managing safety services to control impending danger.

2/10/2021 UPDATE: Policy references concerning this question can be found within [607-05-35-25-10](#).

11. Can you provide clarification on who should be entered in the “Interviewed” section of Tool 3 (CPS Assessment)? *(Coaching Session 10/19/2020)*

All those interviewed who provided information in that factor should be entered, along with the information they provided. This is particularly important in the Maltreatment factor and in the Child Functioning factor as these will be the primary sources of information in any appeal situation. Narrative in the case activity log should be kept to a minimum, with the bulk of the information in the assessment report factors of Tool 3.

12. When the CPS assessment is completed and there is a finding of Services Required, but the subject is out of state, how would Tool 3 match this type of decision? *(Coaching Session, 10/19/2020)*

There is new policy guidance coming on out-of-state subjects. If the subject abused a child in North Dakota, while meeting the definition of a “person responsible for a child’s welfare,” we can make a services required maltreatment decision. The tool would apply the same as if the subject were here. There should be an interview with the subject (interview and observe) if they are here, a courtesy interview. If the subject is already out of state or a phone interview if a courtesy interview isn’t possible or timely. A narrative about how the subject functions and the impact that person or that person’s absence has, or had, on the family functioning and present and impending danger threats.

If the maltreatment happened somewhere else, we have no jurisdiction to hold the subject accountable, but can provide services to a victim child who is here.

13. In situations where Mom is the primary caregiver and Dad is incarcerated and not in the home would workers add Dad to the assessment knowing his plan is to come back to the home? *(Coaching Session, 10/19/2020)*

Yes. Also be aware of how dad’s absence from the home may be affecting the household – more responsibility for the parent/caregiver in the home, was dad the primary disciplinarian in the home? How is his absence impacting the family and how is his return expected to impact the family? This might be especially concerning if there had been domestic violence, drug dealing etc. as a result of dad’s presence in the home.

14. How would an ATP case look using Tool 3? We discussed that it was naturally have less information as there would not be present danger, then talked about how we could use and ATP as an example with the tool in the upcoming coaching sessions. But is there any other specific direction we should be giving them at this point? *(Coaching Session, 10/19/2020)*

Yes. There will be less information. It would be important to reflect in the documentation how it is ‘known’ that there are not present or impending dangers for the children and rationale for the ATP. The worker should document as much information as they have gathered to the point of the ATP/TIP. This could be very helpful if the case returns shortly after the ATP/TIP. In other words,

consider what a worker would want to know about that case if they are the next one to get it.

15. At what ages would you start having children sign a present/impending danger plan? 10 and older? Depends on level of maturity and knowledge of the specific threat? (Taken from Qualtrics Survey 10/23/2020)

Children should not be asked to sign present danger or safety plans. While an older child may participate in the plan, children are not responsible for providing their own safety.

16. On tool 5 (PCFA) under the child’s needs we were wondering if there should be a partially met option and if not we would ask for some guidance on how to complete most accurately. For example, the child’s medical needs have been met but their dental needs have been neglected and the child needs teeth removed due to lack of care. Throughout our discussion the team felt that marking met or unmet under medical would not be accurate and although we could explain in the summary below, would a partially met option be a more accurate assessment. If not, is there a preference on whether met or unmet should be identified with the explanation following. (Coaching Team 3, 12/1/2020)

“Partially met” means the need is “unmet.” We have provided room for summary documentation following this section of the PCFA and any additional information would be included there. Please note the PCFA is completed at the initiation of case management. When the case manager completes the PCFA, all areas will be assessed again and any progress made on meeting the child’s needs will be documented in the PCFA.

1/21/2021 UPDATE: The PCFA (Tool 5) has been updated to clarify whether the child’s needs are met, partially met, or not met as follows:

CHILD 1: First and last name			
Social-Emotional	<input type="checkbox"/> Met <i>No needs or services completed</i>	<input type="checkbox"/> Partially met <i>Services in place but not complete</i>	<input type="checkbox"/> Not met <i>Services not in place or are pending</i>
Physical Health	<input type="checkbox"/> Met <i>No needs or services completed</i>	<input type="checkbox"/> Partially met <i>Services in place but not complete</i>	<input type="checkbox"/> Not met <i>Services not in place or are pending</i>
Mental Health	<input type="checkbox"/> Met <i>No needs or services completed</i>	<input type="checkbox"/> Partially met <i>Services in place but not complete</i>	<input type="checkbox"/> Not met <i>Services not in place or are pending</i>
Behavior	<input type="checkbox"/> Met <i>No needs or services completed</i>	<input type="checkbox"/> Partially met <i>Services in place but not complete</i>	<input type="checkbox"/> Not met <i>Services not in place or are pending</i>
Education	<input type="checkbox"/> Met <i>No needs or services completed</i>	<input type="checkbox"/> Partially met <i>Services in place but not complete</i>	<input type="checkbox"/> Not met <i>Services not in place or are pending</i>

“Met: No needs or services completed” means, for example, 1) the child has no identified needs in this area, or 2) the child previously had an identified need but it has been addressed and services are no longer necessary.

“Partially met: Services in place but not complete” means, for example, 1) the child is currently receiving the service and the service will continue in order to meet the need, or 2) the child is receiving the service but it is not having the intended result.

“Not met: Services pending or not in place” means, for example, 1) the referral has been made but services haven’t begun, 2) the child is on a waiting list, or 3) the referral has not been made.

The case manager will share the specifics in the Summary box below this section of the form.

- 17. Present Danger Plan: If the present danger plan is “expiring” (as in it is getting to the 14 days) and the CPS assessment is not yet complete or far enough along to have identified the impending dangers for a safety plan, what should be done? Can the present danger plan be extended past the 14 days in this scenario if the present danger still exists? Or should the CPS worker make a safety plan based off the information they have thus far and update later? (In this example the subject is just now engaging after almost two weeks so the information gathered is limited). (Coaching Team, 12/1/2020)**

We have addressed this in the Child Welfare Practice policy manual [607-05-35-20](#) Overseeing the Present Danger Plan and Monitoring Safety.

- 18. Do we give the PCFA to the family when it’s complete? How about the PCPA? (FSS question, 12/10/20)**

No. The Protective Capacities Family Assessment (PCFA) is generally not given to the family unless they request a copy. So, it should be written with the understanding that the family may see it. The Protective Capacities Progress Assessment (PCPA) is provided to the family per [607-05-35-45-05](#).

- 19. What should we list as the “end date” on Tool 4, Safety Plan? (2/19/2021)**

The end date should be the date it is expected the plan will no longer be needed. If that anticipated date is not known, it is reasonable to use the date the safety plan will be reviewed, such as the next CFT meeting date. This practice will ensure the safety plan is regularly reviewed and updated. If, after reviewed, no changes are needed, update the end date to the next CFT meeting date. Per [607-05-70-40](#):

A safety plan must be in place until the impending danger threat is no longer active or the parents/caregivers have been able to enhance protective capacity in order to manage all impending danger threats, and the child has been assessed as safe.

- 20. How do we determine if a child’s needs are “met or unmet” within the PCFA (Tool 5) in the Discovery Stage Summary? What does it really mean to classify as “unmet”? (2/19/2021)**

The PCFA (Tool 5) has been updated to clarify whether the child’s needs are met, partially met, or not met as follows:

CHILD: First and last name			
Social-Emotional	<input type="checkbox"/> Met <i>No needs or services completed</i>	<input type="checkbox"/> Partially met <i>Services in place but not complete</i>	<input type="checkbox"/> Not met <i>Services not in place or are pending</i>
Physical Health	<input type="checkbox"/> Met <i>No needs or services completed</i>	<input type="checkbox"/> Partially met <i>Services in place but not complete</i>	<input type="checkbox"/> Not met <i>Services not in place or are pending</i>
Mental Health	<input type="checkbox"/> Met <i>No needs or services completed</i>	<input type="checkbox"/> Partially met <i>Services in place but not complete</i>	<input type="checkbox"/> Not met <i>Services not in place or are pending</i>
Behavioral	<input type="checkbox"/> Met <i>No needs or services completed</i>	<input type="checkbox"/> Partially met <i>Services in place but not complete</i>	<input type="checkbox"/> Not met <i>Services not in place or are pending</i>
Educational	<input type="checkbox"/> Met <i>No needs or services completed</i>	<input type="checkbox"/> Partially met <i>Services in place but not complete</i>	<input type="checkbox"/> Not met <i>Services not in place or are pending</i>
Summary <i>Document specific descriptions of unmet needs, their duration, effect on child, parent's/caregiver's recognition and concern, and how each unmet need is occurring within the child's daily life and functioning.</i> Click or tap here to enter text			

“Not met: Services not in place or are pending” means, for example, 1) the referral has been made but services haven’t begun, 2) the child is on a waiting list, or 3) the referral has not been made. The case manager should share the specifics in the Summary box.

21. When completing the PCPA (Tool 7) how do I complete Section VIII Case Closure for a child who has either been adopted or has “aged out of foster care”? (Part II SFPM Training, 1/15/2021)

If a case is being closed after reaching a permanency goal other than reunification (i.e., adoption, guardianship, OPPLA), complete the following in **Section VIII Case Closure** of Tool 7:

- Enter the number of months in care and check “Yes” or “No” to the questions as to whether the child is safe; and
- Within the summary box, share the status of the case and why the case is closing (i.e., goal of guardianship or adoption was met) and include the status of supportive services/resources in place for that child/family at the time of case closure.

22. Do we need a separate PCFA with each parent if parents don't reside in the same home or parents separate during the time, we are involved for case management services? (Part II SFPM Training, 1/15/2021)

The PCFA is documented in one form. The PCFA is not provided to the family unless they request a copy. So, this tool is to document your comprehensive assessment as you initiate case management services with the family. Think of it this way, in FRAME you would open one in-home services period for the family, so you would have one PCFA for the family. The same concept applies for the case plan and the PCPA, too.

23. Can you further explain what dates should be used within the PCFA & PCPA in the top demographic section? (Part II SFPM Training, 1/15/2021)

For the PCFA:

- Today’s Date = Date you complete the form
- Date Plan Begins = Date the initial Case Plan goes into effect
- Date Plan Reviewed = Date of the initial Child and Family Team Meeting

For the PCPA:

- Today’s Date = Date you complete the form (**5/14/2021 UPDATE**) or date of the Child and

Family Team Meeting

- Date Plan Begins = Date the revised Case Plan goes into effect
- Date Plan Reviewed = Date of the next Child and Family Team Meeting

5/14/2021 UPDATE: For the Case Plan it would be the same as the PCFA:

- Today's Date = Date you complete the form
- Date Plan Begins = Date the initial Case Plan goes into effect
- Date Plan Reviewed = Date of the initial Child and Family Team Meeting

5/6/2022 UPDATE: Since this question was posted, these tools have been updated and Demographics section is clearer.

24. How do we document an absent parent in our Child Protection Services Assessment (Tool 3)? Can we just include in them within our "Household Composition" stating they are absent or do we need to include documentation about the absent parent throughout the assessment document? (Part II SFPM Training, 1/15/2021)

If the absent parent is not the subject of the report mention this in Household Composition, if they are a subject they would need to be assessed in each area. On Tool 3 – document them in "Other Adults" within the demographics section and indicate they are not in the home.

Within the "Household Composition" factor, provide information about the absent parent and include any information about the absence (imprisoned, abandoned the family, whereabouts known or unknown, impact on the family, etc.). Then, if there is pertinent information about the absent parent for any of the other factors, it should be included.

For example: if the absence is fairly recent (6 months to two years) and had an impact on the current situation (such as the mother became depressed when father left the family and impacted her parenting/functioning, etc.) then include that in the narrative for that factor. If not, then there is no need to continue commenting on the absent parent.

25. The last section of the PCPA (Tool 7) asks for "Signatures"; is it necessary to obtain a signature from each team member before sending out as complete or can we list the names of those who attended with the statement "reviewed at meeting"? (Part II SFPM Training, 1/15/2021)

The PCPA functions as the ongoing case plan that is shared with the family. Therefore, signatures from the child and family team members are required. Tool 7 has been updated to make the signature sheet a stand-alone page so you can print it and bring to the team meetings. We have also added the column whereby team members can mark whether they agree or disagree with the plan.

Protective Capacities Progress Assessment (PCPA) – Signature Page				
Case Name	Enter case name	Meeting Date	Enter date	
Child and Family Team Signatures				
Print Name	Signature	Role	Do you agree with the plan?	Date
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

For all Child and Family Team Participants: By signing the PCPA, you are acknowledging that 1) you were informed of the action or task you have agreed to perform; 2) you understand and are in agreement with the requirements and will fulfill them to the best of your ability; 3) you agree to contact the case manager if you are unable to perform your responsibilities. Either you have received a copy of this plan or one will be mailed to you.

26. I was assigned a family for IH case management and haven't been able to engage them in services. We are seeking court ordered services. The 30 days since initial case assignment is coming up and we are using tool 3 to complete tool 5. The question is, do we still hold a CFTM without the family? OR, do we just document that we were unable to hold a CFTM due to non-compliance at this time as we are waiting for court ordered services? We will complete a tool 6, however, there will more than likely be no engagement or input from the family. So I'm guessing that we will have to just assume what the family would look like in addressing diminished capacities (which doesn't sit right with us either). Any direction on all of this would be helpful. (HSZ Case Manager, 1/13/22)

If the CPS assessment shows impending danger threats, the agency must provide protective services per state statute. So, you are correct in proceeding with the PCFA/CP to the best of your ability while pursuing court ordered services. Regarding CFTMs, since the agency cannot engage the family, the meetings will have to proceed without them according to the timelines established in policy. Any meeting notes/plans should be shared with the family (i.e., certified mail). Additionally, all efforts to engage the parents in services should be documented in their case activity log and summarized in the case plan/PCPAs.

All that said, as an agency it is critical to ascertain whether the identified danger threats meet the Danger Threshold and if so, what level of intrusion/safety action is required by the agency to ensure child safety. If, when completing the Safety Determination Analysis, you have answered "no" to any of the 7 questions, child removal is necessary. Since two of the questions relate to the parent/caregiver willingness and/or ability to comply with an in-home safety plan, and this family is NOT complying, it would seem an out of home safety plan is needed.

27. When we have a new child enter a case and therefore a new father (in this situation), do we have to do another PCFA-Tool 5? My understanding was that the PCFA was one and done and additional impending dangers and added family members would be assessed through the PCPA and added to the case plan. But as I got thinking more about it, you are not able to assess their protective capacities or go through the stages of intervention with them. Can you

provide some guidance on what we should do in these situations? *(Field Service Specialist, 6/28/21)*

Changes in family circumstances are documented within the PCPA. It's not about a tool; rather, it's the assessment process you are responsible for to support the father in engaging in services. Therefore, the Introduction and Discovery Stages of the assessment process must be completed with him. The reason being, this is how you will assess the father's protective capacity and whether he requires any case plan goals/services to enhance his capacity to be protective. To reiterate, the assessment process is not a tool, it's a process. Therefore, your assessment of the father should be documented within the PCPA. The two sections of the PCPA where this information will be documented are Parent/Caregiver Progress (Section I) and Assessing the Case Plan (Section III).

28. When the case manager completes the 2nd PCPA can she just take the first PCPA and add the new updates/information to the 2nd one? OR is each PCPA update a stand-alone document? *(Field Services Specialist, 7/1/21)*

Referring to a previous assessment is allowed, however, each quarterly PCPA should only pertain to new and pertinent information from the last 90 days. See [607-05-35-45](#) for policy requirements.

29. The PCPA has all of the case planning goals identified on it with the progress on those goals, so do we need to repeat this onto a new Tool 6 (Case Plan) again? *(HSZ question, 3/11/2021)*

No. The PCPA becomes the ongoing case plan that is shared with the child and family team.

30. In those situations where there is an In-Home Safety Plan in place, but the agency had custody does this need to be documented in the PCPA and where best should it be documented? *(3/17/22, CFT Training Center)*

Due to confusion related to this, the PCPA form has been updated May 2022 to make this clearer and more consistent with FRAME requirements. The latest version of this form updated the Demographics section to include legal status and FRAME program type and removed the Legal Status check boxes from Section VI.

31. I had a worker ask about the PCPA document section II- Assessing child progress. Can you remind me again what is the purpose of the measurement criteria (progress and no progress)? It seems like the worker identifies each of the areas of progress or not progress in their documentation of the specific sections but again I could be just not recalling correctly what the intent of that box was and how the measurement of progress and no progress was defined as an overall category. *(HSZ Supervisor, 3/3/22)*

The measurement of progress within the Child Functioning section of the PCPA was intended to provide the case manager a place to specifically address how the child was progressing in services since case plan goals are now focused on parents/caregivers rather than children. However, it has been observed through our SFPM Case Management Fidelity Support case reviews that this is duplicative since the case managers are providing thorough documentation within this section. So, the checkboxes will be removed from the May 2022 version of the PCPA.

32. The checkboxes within Section VI of the PCPA has caused some confusion. In situations where there is an In-Home Safety Plan in place and the agency had custody where should this be

documented in the PCPA? *(3/17/22, CFT Training Center)*

A revised PCPA is being disseminated in May 2022 so it will make more sense as to where the information should be documented. The terminology has been updated also, which will clear up the confusion.