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Manual Transmission Letter (MTL) Family Programs Office: Statewide Child Welfare Policy Manual

	MTL # 0205 - 06292018 06292018		
TO:	Kevin Schiller Interim Director - Clark County Department of Family Services Betsey Crumrine, Social Services Manager V - DCFS – District Offices John Bradtke, Social Services Manager V-DCFS-District Offices Amber Howell, Director - Washoe County Human Services Agency		
FROM:	Reesha Powell, Deputy Administrator, Division of Child and Family Services		
POLICY D	STRIBUTION:		
Enclosed f	nd the following policy for distribution to all applicable staff within your organization:		
•	0205 Caseworker Contact with Children, Parents, and Caregivers		
This po	 is/was effective: 08/01/2018 licy is new. Please review the policy in its entirety licy replaces the following policy(s): MTL # Policy Name: licy has been revised. Please see below for the type of revision: This is a significant policy revision. Please review this policy in its entirety. This is a minor policy revision: (List page number & summary of change): A policy form has been revised: (List form, page number and summary of change): <u>FPO 0205A Oversight Monitoring of Caseworker Contact to Ensure Federal Compliance – UNITY Cheat Sheet/Handout, pg. 8 - New Form;</u> <u>FPO 0205B Monthly Federal Caseworker Contact Compliance Guide – UNITY Report, pg. 8 – New Form</u> <u>FPO 0205C Resident Treatment Facility (RTC) ICPC Guide, pg. 8 – New Form</u> 		
•	Please read the policy in its entirety and note any areas that are additionally required by your agency to be in compliance with the policy enclosed.		
•	This is an All STAFF MEMO and it is the responsibility of the person listed above to disseminate the policy enclosed to appropriate staff within his/her organization and to ensure compliance.		
•	The most current version of this policy is posted on the DCFS Website at the following address: <u>http://dcfs.nv.gov/Policies/</u> . Please check the table of contents on this page for the link to the chapter you are interested in.		

0205.0 Caseworker Contact with Children, Parents and Caregivers

0205.1 Policy Approval Clearance Record

Da	Dilaborative Policy ate Effective: 8/01/2018	This policy supersedes: 0205 and 0205A Effective 6/20/2008 Caseworker Contact with Children, Parents and Caregivers	Number of pages in Policy: 8
DMG Approved Revisions DMG Approved Revisions		3/26/2018	Policy Lead: Lori A Smith, MSW/SPS Policy Lead:
DCFS E	Deputy Administrator Approval	3/26/2018	
Review by Representative from the Office of the Attorney General:		Shannon Richards, Attorney General's Office	Signature: On File

0205.2 Statement of Purpose

- **0205.2.1 Policy Statement:** This Policy is to establish standards for the Statewide Child Welfare workers in accordance with State and Federal requirements for caseworker contacts with a biological parent, child/youth, and foster parent/caregiver.
- **0205.2.2 Purpose:** The Child Welfare Agency is required to have a standard for the content, quality, and frequency of caseworker contacts with children, parents, and the foster parents/caregivers per federal and state standards. The guidelines developed for the Child Welfare Agency is to ensure the issues pertaining to the safety, permanency, and well-being are addressed and are sufficient to promote achievement of case goals.

0205.3 Authority

<u>SSA Section 424 (f)</u>, <u>SSA Title IV, 422(c)</u> NAC 432B.405

0205.4 Definitions

- **0205.4.1 Caregiver:** (as defined by the child welfare agency) The person or persons providing foster, adoptive or relative care for a child, or a person who provides care in a treatment home or residential treatment facility in which a child is placed.
- **0205.4.2 Caseworker:** Worker whom the State or local title IV-B/IV-E agency has assigned or contracted case management or visitation responsibilities (to include supervisors as appropriate). Service providers, such as therapists, will not be able to fulfill this caseworker visit role.
- **0205.4.3** Face-to-Face Contact: An in-person interaction between individuals that will allow for the caseworker to observe and assess the child, parents and/or caregivers.
- **0205.4.4** Interstate Compact on the Placement of Children (ICPC): The ICPC is an interstate compact that has been enacted into law in all fifty states, the District of Columbia and the U.S. Virgin Islands. The Compact establishes procedures for the interstate placement of children and fixes responsibility for those involved in placing the child. It further provides a process through which children subject to this compact are placed in safe and suitable homes in a timely manner by facilitating ongoing supervision of a placement, the delivery of services, and communication between the states and providing operating procedures to further ensure

that children are placed in safe and suitable homes in a timely manner.

- **0205.4.5 Parent:** The biological or adoptive parent whose parental rights have not been terminated.
- **0205.4.6 State:** An alternate word for the Division of Child and Family Services (DCFS) or Family Programs Office (FPO)
- **0205.4.7 Trial Home Visits**: A trial home visit refers to when a child is returned to the home from which the child was removed for a limited period of no more than six (6) months for determining the appropriateness of permanent reunification.
- **0205.4.8 UNITY:** The Statewide Automated Child Welfare Information System (SACWIS), in which all case information is documented.

0205.5 Procedures

0205.5.1 Benefits

- A. Caseworker Contact: Caseworker contact with children, parents, and caregivers are one of the most important ways to assess safety, plan for permanency, and ensure that all the child's needs are being met, regardless of placement (i.e. parent, relative, foster home, treatment home,). Benefits of caseworker contact include:
 - 1. Identification of child, family, and caregiver strengths and needs;
 - 2. Parental engagement in the case planning process;
 - 3. Full disclosure, in which all parties involved understand the importance of sharing pertinent information for the purposes of case planning and permanency options; and,
 - 4. Strong parent-worker alliance to achieve positive outcomes for children and placement support.

205.5.2 Minimum Requirements

A. Child Contact:

- 1. **Frequency**: It is the caseworker's responsibility to visit the children (in the family home or out-of-home) frequently enough to adequately assess their safety, promote timely achievement of case goals, and support their well-being.
 - A face-to-face (in-person) contact must occur with each child being served by the child welfare agency, regardless of placement location, at least every calendar month;
 - The child welfare agency must consider if additional child contact is necessary to ensure the safety, permanency, and well-being of the child and to promote achievement of case goals. The method of additional contact is determined by the child welfare agency and must be considered when a child transitions into a new home setting, during trial home visits, and when new people have access to the home;
 - At least six (6) of the twelve (12) monthly contacts, during the federal fiscal year (October 1-September 30), must occur in the child's place of residence. The remaining contacts may occur at other locations (i.e. therapist office, the agency, school, playground, etc.);
 - Within any two (2) calendar month period, at least one (1) of the monthly contacts must occur in the child's place of residence. For example, a caseworker conducts a child contact in March, at the therapist office. Since this is not the

child's current home the next caseworker contact must occur in April at the child's current place of residence (home); and,

- The following individuals DO NOT qualify as a caseworker for monthly face-toface contacts: facility staff, Juvenile Probation Officers (JPO), and service providers. These individuals may be participants in safety planning and deferred to for gathering information for case planning and/or determining achievement of goals.
- 2. **Quality:** The visits must be of good quality, with discussions focusing on the children's needs, services, and case plan goals. The length and location of visits are conducive to open, honest, and thorough conversations.
 - The child welfare agency is to determine which contacts must be unannounced;
 - During face-to-face contact with verbal children, a portion of the contact must be held privately between the caseworker and the child;
 - During face-to-face contact with nonverbal children, a portion of the contact must be held observing the child's interactions with caregivers;
 - During all types of visits, the caseworker must assess safety and retain documentation of the observations; and,
 - Unannounced contacts are to be considered upon a Child Protective Services (CPS) investigation when there is a safety plan and/or concerns with safety providers.

A. Additional Child Contact:

- Child Placed on an Independent Living Agreement (ILA): The child welfare agency is responsible for ensuring that a child placed on an ILA is contacted per <u>Statewide Policy 0801 Youth Independent Living Program</u>, which provides the frequency a youth needs to be seen. If an IL worker is not assigned, the caseworker must complete the regular contacts with the youth required by policy <u>0801</u>. When an IL worker is assigned, the caseworker must contact the child face-to-face no less than once a month.
 - Caseworker to collaborate with the IL worker or the IL agency to determine if additional contact is necessary for the safety, well-being, and permanency of the child, and to be informed of the youth's overall progress.
- 2. Child Placed in Emergency or Temporary Shelters: The child welfare agency must evaluate if the child requires additional caseworker contact to assist with transitions, to adequately assess safety, promote timely achievement of case goals, and support well-being. It is recommended that a child be seen face-to-face at least one time per week for the first month of placement in a shelter.
- Person Legally Responsible (PLR): Refer to <u>Statewide Policy 0209 Psychiatric</u> <u>Care and Treatment</u> to determine frequency and quality of caseworker contact when a caseworker is designated the person legally responsible (PLR).
- 4. Runaway and Missing Children: Refer to <u>Statewide Policy 0210 Missing and</u> <u>Exploited Child.</u>
- 5. Non-Nevada Child Placed on ICPC in Nevada: Non-Nevada placements begin with an ICPC request from another state, which are sent to Nevada's Central Office ICPC unit, and then assigned to the jurisdiction where the child(ren) will be placed. The child welfare agency must assign a caseworker and follow the <u>Statewide Policy 0701 ICPC</u>, including the completion of a home study that will approve or deny the placement of a child.
- Children Placed Out-of-State: When children are placed out-of-state through ICPC (<u>ICPC Regulation 4</u>) into a familial setting (i.e. parental placement, relative placement, foster/adoptive placement), the receiving state assigns an out-of-state

worker for the purpose of child contact. When children are placed out-of-state in a Residential Treatment Facility (RTC) the receiving state does not assign a caseworker for the purposes of child contact. Out-of-state hospital and nursing home placements do not require an ICPC.

- When applicable, the child welfare agency is responsible for submitting an ICPC. To understand which RTC placements require an ICPC, refer to attachment FPO 0205C (this is not an all-inclusive list). Refer to the <u>Statewide ICPC Policy 0701</u> for additional guidance and/or E-mail <u>nvicpc@dcfs.nv.gov</u> for technical assistance;
- Nevada's child welfare agency must ensure that monthly face-to-face contacts are conducted, either by visiting the child monthly or delegating the monthly caseworker contact to a contractor. When there are any delays in establishing an out-of-state ICPC worker or when an out-of-state ICPC worker is not assigned, the child welfare agency remains responsible for ensuring that the face-to-face contact with the child occurs;
- The Nevada caseworker must obtain monthly written confirmation (letter, or form) from the out-of-state ICPC worker (in the state the child was placed) that the monthly face-to-face contact occurred for the current month, the dates of contact, observations, and where the contact took place, then input the data into a UNITY case note;
- Upon placement out-of-state, the Nevada caseworker must inquire about the child's Medicaid status. If barriers are identified, the child welfare agency must provide necessary referrals and/or offer assistance monthly, until outstanding matters are resolved;
- The child welfare agency will engage in communication monthly with the RTC (i.e. therapist, caseworker) regarding the child's progress;
- The ICPC Unit with the Family Program Office, DCFS, ensures treatment, medical, and education updates are received every quarter through "supervisory reports," which are forwarded to the child welfare agency. If the child or case circumstances require more frequent updates, the child welfare agency is responsible for contacting the Non-Nevada caseworker or facility staff to retrieve the information. When quarterly reports are not available, the ICPC Unit will seek the information from the receiving state and forward to the child welfare agency. For inquires or difficulty in obtaining additional information from the receiving state, email <u>nvicpc@dcfs.nv.gov;</u>
- It is the responsibility of the caseworker to obtain treatment plan records, IL plans, IL updates, medical records, and education records when appropriate and stay updated on supervisory reports to ensure safety, permanency, and wellbeing of a child;
- A Prior Authorization (PAR) approval must be obtained prior to RTC placement. If an ICPC approval is not obtained, the child is at risk of losing their medical coverage (Medicaid) and becoming Title IV-E ineligible. Losing Title IV-E eligibility means the agency is responsible for the child's cost of care versus being allowed to use federal funding; and,
- When placing a child in another state, if the child is not IV-E eligible, she/he may not be eligible for Medicaid in the receiving state. Children who are IV-E eligible receive Medicaid in the receiving state as part of their IV-E eligibility, if the receiving state is aware the placement has occurred (<u>100B</u> Submitted). If a child is not IV-E eligible and the child is placed out of state, the caseworker is to notify the placement resource that they are to apply for Medicaid at the local Welfare office. Some states may request a court order with specific language to assist with applying for Medicaid and may request the order to be separate from the

child welfare hearing orders (to avoid out of state system errors).

B. Parent Contact:

- 1. **Frequency:** It is the caseworker's responsibility to meet face-to-face with parents to ensure frequency is enough to monitor their progress in services, promote timely achievement of case goals, and effectively address their children's safety, permanency, and well-being needs.
 - The Caseworker must make concerted efforts to meet face-to-face with parents monthly unless circumstances prevent the ability of the Agency to meet face-to-face with a parent.
- 2. Quality: The quality of visits between caseworkers and all the parents are sufficient to ensure the safety, permanency, and well-being of the child(ren) and promote achievement of case goals.
 - When circumstances prevent face-to-face contact, the agency must make concerted efforts to maintain monthly communication with the parent via telephone calls, letters, and emails. These efforts are to be documented into a UNITY case note;
 - The following individuals DO NOT qualify as a caseworker for parent contacts: facility staff, Juvenile Probation Officers (JPO), and service providers. These individuals may be participants in safety planning and deferred to for gathering information for case planning and/or determining achievement of goals;
 - When parents are out of state (i.e. incarcerated, residency) the caseworker will ensure other methods of contact (i.e. email, text, phone) are sufficient to maintain necessary communications;
 - Caseworkers are to complete informal and/or formal initial and ongoing assessments of the parent(s), identify the services necessary to achieve case goals (in some cases this may require development of separate case plans), adequately address the issues relevant to the agency's involvement with the family, and provide the appropriate services;
 - Caseworkers are to ensure language is not a barrier during visits. The Child Welfare Agency is subjected to <u>Title VI of the Civil Rights Act of 1964 and Title</u> <u>VI regulations</u>, which prohibits "discrimination based on national origin" and are required to provide language services for <u>LEP (Limited English Proficiency)</u> <u>individuals</u>. If barriers are identified, the parent is to be provided with resources, referrals, and/or services to alleviate any issues to ensure the safety, permanency, and well-being of the child(ren) and to ensure the parent(s) have access to the tools and resources to achieve case plan goals in a timely manner;
 - Apps (such as <u>www.txtdrop.com</u>, etc.) can be used as a tool to assist with communicating with parent(s) when there is a lack of funds for a telephone and they have access to a computer. Caseworkers are to follow all security awareness guidelines in place by the child welfare agency; and,
 - Trial Home Visits: Caseworkers are responsible for educating the parent that Medicaid is terminating, and she/he will need to apply for insurance for the child. Trial home visits that last longer than 6 months require a court order to extend the visit and include reasonable effort findings. If the courts do not authorize the extension, then IV-E eligibility must be re-established. If the child returns to foster care, a new court order is required to include language "Contrary to the Welfare" of the child.

C. Caregiver Contact:

1. **Frequency:** It is the caseworker's responsibility to visit the caregivers frequently

enough to adequately assess their safety, promote timely achievement of case goals, and support their well-being.

- Caseworker must have at least monthly contact with caregivers; and,
- **Specialized Foster Care:** Caseworker must have at least monthly contact with the case manager or the specialized/therapeutic foster care agency.
- 2. **Quality:** The quality of visits between caseworkers and caregivers must be sufficient to ensure the safety, permanency, and well-being of the child(ren), identify the services necessary to achieve case goals, and identify caregiver needs to provide appropriate services.
 - Caseworkers must spend a portion of the contact alone with the caregiver if requested to do so by the caregiver; and,
 - Caseworker must identify any issues that may impact placement stability and provide solutions as appropriate.

0205.5.5 Concerted Efforts:

A. Child Contact

- 1. Contact service providers prior to child contacts to discuss child's progress;
- 2. Assess the child's adjustment to and well-being in caregiver's home. To include adjustment to caregiver family (including siblings), daily routine, parenting, house rules, discipline and placement stability;
- 3. For nonverbal children (i.e. disabled, infant) the caseworker is recommended to interact with the child at a developmentally appropriate level and observe the caregiver's interaction with the child;
- 4. Visit with the child in a comfortable and age appropriate setting;
- 5. Caseworker meets alone with each child during each visit without the caregiver(s) or parent(s) present. If the caseworker is visiting with a sibling group that is placed together, the caseworker must spend time with each child individually. Additionally, the caseworker must spend time with the sibling group together to observe the dynamics and interactions between siblings. The length and location of visits must be conducive to open, honest, and thorough conversations;
- 6. When appropriate, consider the child's age and level of maturity, discuss with the child health, school, culture issues, emotional or social issues, placement and caretaker relations, quantity and quality of occurring visitations with family members, case plan and/or permanency plan, case plan goals and revisions, progress with case plan, and any problems, needs, and concerns;
- Follow up on priorities/needs as identified in previous visits, and inquire about the child(ren)'s and caregiver's or parent's immediate needs and possible solutions/resources;
- 8. Inform child and caregiver or parent of upcoming events (appointments, team meetings, court, visits, etc.);
- 9. Determine if the child's health needs are being met on an ongoing basis; medical, dental, mental/behavioral health (appointments, medications, diagnosis, etc.) and obtain records for the file;
- 10. Assess child's developmental growth and milestones;
- Determine child's educational progress and needs (School attending, grade level, pass/fail classes, attendance, Special Ed, a 504, or etc.). Refer to the <u>Statewide</u> <u>Policy 0204 Case Planning</u> for reference to the school stability cheat sheet;
- 12. Observation of home atmosphere and environment, including the child's sleeping area and belongings;
- 13. Ensure child is receiving appropriate supervision and that basic needs are met (i.e.

food, clothing, water, shelter, heat, etc.);

- 14. Identify significant changes within the household (well-being of relationships, changes in household composition, illness, changes in sleeping arrangements, house remodel, etc.) and assess for safety;
- 15. Observe the parent/caregiver and child to gather information regarding family functioning; and,
- 16. Determine if there are any outstanding medical or dental exams, psychological reports, report cards, or other critical documents not received;

B. Parent Contact

- Parent contact may be restricted or limited by Mental Health Professionals, Medical Professionals, and/or through an order of the court. All provisions supersede this policy;
- 2. The caseworker must promote, support, and otherwise maintain a positive and nurturing relationship between the child and the parents by encouraging and facilitating activities and interactions that go beyond just arranging for visitation;
- 3. Encourage a parent's participation in school-related activities, doctor's appointments for the child, or engagement in after-school activities;
- 4. Provide or arrange transportation so that parents can participate in activities with the child;
- 5. Provide opportunities for therapeutic situations to strengthen the relationship;
- 6. Encourage/facilitate communication with parents who do not live near the child and/or are unable to have frequent face-to-face visitation;
- 7. Engage the parent in the case planning process, to include participation in the Child and Family Team (CFT);
- 8. Develop and maintain a good working relationship with the parent;
- 9. Assess changes in parental functioning; and,
- 10. Discuss and review the progress of the current case plan, permanency goal, changes in the child's placement, and any legal changes in the case.

C. Caregiver Contact:

- 1. Assess the caregiver's needs and services to provide for the child to meet case plan goals;
- 2. Provide any services based on assessment of needs and monitor service provision.
- 3. Encourage caregivers to serve as mentors/role models for parents;
- 4. Meet privately (alone) with caregiver(s) and discuss questions or concerns regarding the child; and,
- 5. Identify any support or needs/requests of caregiver (respite, support services, training, etc.) to address placement stability, normal childhood activities the child participates in, and address any requests that significantly change the child's appearance. When parent's rights are intact, prior approval (written, verbal, etc.,) must be obtained. If the parent has not had contact with the agency, despite reasonable efforts of the child welfare agency, the supervisor may approve changes in the child's appearance.

0205.6 Jurisdictional Action

0205.6.1 Development of Internal Policies: Each Jurisdiction is to ensure staff are educated and trained to complete tasks identified in this policy to implement this policy and ensure compliance.

- **0205.6.2 Documentation Requirements:** All Caseworker contact notes must be entered UNITY within five (5) business days of the contact. Refer to **FPO 0205A** how to enter Case Notes in UNITY to qualify as a Federal caseworker contact. Information entered into UNITY should be professional opinions and fact-based information. Avoid documenting about the intimate lives or political, religious, or other personal views of (a) parent(s) or Caregiver(s), unless this information is relevant to Child Protective Services purposes, is negatively impacting the child, is a violation of a court order, or is not aligned with the case plan.
 - 1. The location where the caseworker contact occurred
 - 2. The frequency of contact between caseworker and parent, child, and caregiver
 - The quality of contacts between the child, parent, and foster parent/caregiver to mitigate issues pertaining to the safety, permanency, and well-being and to identify the achievement of case goals.
- **0205.6.3 Supervisor Responsibility:** Supervisors must provide oversight to ensure caseworker contacts are occurring and to provide directives as necessary to track caseworker contacts.
 - A. When the caseworker normally assigned to the child is unable to complete a monthly contact with a child, the Supervisor must arrange for an alternate caseworker to complete the monthly contact with the child. The alternate caseworker must be assigned, in UNITY, outlined in FPO 0205A and B.

0205.7 State Responsibilities

0205.7.1 Participants in Policy Development:

- A. FPO Staff: Social Service Chief, ICPC Administrator, and Juvenile Justice Staff.
- **B.** Jurisdictional Representatives: Washoe County Human Services Agency, Clark County Department of Family Services, DCFS Rural Region, Rural Region Caseworkers, and legal counsel from each jurisdiction.

0205.7.2 State Oversight:

- **A.** DCFS to extract data through UNITY report (UNITY RPT7D7) to ensure that the total number of contacts made by caseworkers monthly to children in foster care complies with federal standards during each fiscal year.
- 1. Target contact goal is 95% of the total number of such visits that would occur if each child were visited once every month while in care.
- 2. Failure to meet this benchmark results in federal penalties.
- 3. For specific information about how this report functions, refer to the Statewide Child Contact Compliance Reporting Guide **FPO 0205B**.
- **B.** DCFS to provide exception reports to the child welfare agency and juvenile justice agency to assist with monitoring caseworker contacts for federal compliance.

0205.8 Policy Cross Reference

0205.8.1 0204 <u>Case Planning Policy</u>, 0701 <u>Statewide ICPC Policy</u>, 0209 <u>Psychiatric Care and</u> <u>Treatment</u>, and 0801 <u>Youth Independent Living Program</u>, and 0211 PCFA/PCPA policy

0205.9 Attachments

0205.9.1 FPO 0205A Oversight Monitoring of Caseworker Contact to Ensure Federal Compliance-UNITY CHEATSHEET/HANDOUT FPO 0205B Monthly Federal Caseworker Contact Compliance Guide-UNITY Report FPO 0205C Resident Treatment Facility (RTC) ICPC Guide