



QUARTER 4

PIP 1.1.2

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(continued

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CPS investigator will contact the Hotline and will proceed according to the requirements for a CPS investigation.

(i) Review Records of Previous Department Investigations

The assigned CPS investigator must thoroughly review any Department investigations involving the child(ren) or the parent(s)/caregiver(s) requesting the child(ren)'s return. Particular attention must be given to records related to the child(ren)'s removal.

Documentation

(ii) Contact With the Involved Child(ren)

The CPS investigator must have in-person contact, or make a good faith attempt to make in-person contact, with the involved child(ren) within seventy-two (72) hours of the receipt of the referral. The purpose of the contact with the child(ren) involved in Court-Requested Home Studies is to gather information necessary to complete the safety assessment and other parts of the NIA. The child(ren) may be interviewed in the presence of the parent(s)/caregiver(s). There is no need to observe the child(ren)'s body.

Documentation

(iii) Contact With the Parent(s)/Caregiver(s) Requesting the Child(ren)'s Return

Depending on the circumstances of the referral, it may be preferable to contact parent(s)/caregiver(s) requesting the child(ren)'s return before contacting the child(ren). During in-person contact with the parent(s)/caregiver(s) requesting the child(ren)'s return, the CPS investigator must:

- Gather information necessary to complete the safety assessment.
- Gather information related to the efforts made by the parent(s)/caregiver(s) to resolve the issue(s) leading to the child(ren)'s removal.
- Gather information about the frequency and nature of the contact the parent(s)/caregiver(s) have had with the child(ren) since the child(ren)'s removal.
- Get information about the identities of and contact information for any professionals involved in treating or providing services related to the issue(s) leading to removal (e.g., drug treatment provider or mental health professional).
- Request that the parent(s)/caregiver(s) sign any necessary *Release of Information* forms pertinent to the assessment (e.g., medical or mental health records) concerning the alleged victim or the parent/guardian.
- Get information about the identities of and contact information for any relatives, friends or other supportive persons who may be available to verify the statements made by the parent(s)/caregiver(s), and who may provide support to the family if the Court determines that the child(ren) will be returned.

Documentation

(iv) Contact With Collateral Contacts

Collateral contacts may be made in person or by telephone.

- *Contact With the Referral Source* – If different from the parent(s)/caregiver(s), the CPS investigator must contact the referral source to verify the information documented by the Hotline, to gather any other relevant information, and to identify any involved professionals known to the referral source.
- *Contact With Any Professionals Involved in the Situation* – The CPS investigator must contact any professionals identified by the parent(s)/caregiver(s) as being involved in the situation. The purpose of this contact is to:
 - » Verify information provided by the parent(s)/caregiver(s),
 - » Gather the most authoritative information about progress made by the parent(s)/caregiver(s) in resolving the issue(s) leading the child(ren)'s removal, **and**
 - » Obtain the professional's recommendation about return.
- *Contact the Child(ren)'s Current Caregiver(s)* – The CPS investigator must contact the current caregiver(s) to:
 - » Verify statements made by the parent(s)/caregiver(s) related to their resolution of the issue(s) related to removal, **and**
 - » Gather information about the frequency and nature of the contact made by the parent(s)/caregiver(s) with the child(ren) since removal, and the quality of the relationship with the child(ren).
- *Contact With Nonprofessional Collateral Contacts* – The CPS investigator must contact all relatives, friends, and other supportive persons identified by the parent(s)/caregiver(s) to:
 - » Verify statements made by the parent(s)/caregiver(s) related to their resolution of the issue(s) related to removal, **and**
 - » Identify the existence and strength of a family support system.

Documentation

(v) NIA

All components of the NIA shall be completed according to the normally required time frames and procedures. The assessment will, however, be made **as if the child(ren) was living with the parent(s)/caregiver(s) requesting the child(ren)'s return.**

Documentation

b. Recommendation to the Court

Following the completion of the assessment activities, the CPS investigator must staff the referral with the CPS supervisor. The CPS supervisor will approve the CPS investigator's recommendation to the Court. This recommendation will be based on the NIA.

c. Documentation of the Response

All assessment activities must be documented in UNITY case notes. A narrative assessment will be prepared by the CPS investigator for submission to the Court. The summary will include:

- Identifying information for the child(ren) and parent(s)/caregiver(s) assessed,
- A summary of the assessment activities (*NOTE:* This may be copied and pasted from the UNITY case note),
- A brief statement of the Department's recommendation, **and**
- The rationale for the recommendation.

Documentation

21200. CPS After-Hours Requirements

ERT CPS investigators are responsible for CPS activities at night. ERT CPS investigators are assigned to all investigations received at the Hotline between 3:30 p.m. and 8:00 a.m. seven (7) days per week, as follows:

- All Priority 1 reports received between 3:30 p.m. and 7:00 a.m. *NOTE:* This includes any child(ren) brought to Child Haven or another DFS facility by police or others for the purpose of placing the child(ren) in Department care.
- All Priority 2 reports involving children under five (5) years of age received between 3:30 p.m. and 6:00 a.m.
- All other reports received during or immediately before off-hours that are identified by the Hotline worker, in conjunction with the ERT supervisor, as requiring an urgent response.

ERT CPS investigators also respond to requests for after-hours assistance received from day-shift CPS supervisors.

CPS investigators assigned to ERT must adhere to all procedural requirements as they respond to CPS situations.

21210. ERT Responsibilities for Assigned Investigations

For each assigned investigation, ERT CPS investigators are responsible for:

- The initiation of the investigations according to the direction given in *Section 2350: Initiation of the Investigation*.
- Assessing the safety of the alleged victims and other children involved in the investigations as directed in *Section 2520: The Nevada Safety Assessment*.
- Taking immediate protective action (i.e., safety plans or PC) when children are assessed as unsafe. See *Section 2520: The Nevada Safety Assessment* and *Section 2300: Conducting CPS Investigations*.
- Attempting to safely resolve situations that have resulted in the removal of children.
- Locating and arranging placement with relatives children who have been removed and whose situations cannot be immediately resolved in accordance with *Section 2730: Placement*.
- The completion of investigations assigned to the second shift ERT unit that can be finished within eight (8) working days.
- Creating UNITY case notes documenting all investigative activities according to the direction in *Section 2240: Documenting Investigative Activities in UNITY Case Notes*.
- Transferring voluntary in-home services cases to Permanency according to *Section 21310.b: Voluntary In-Home Protective Services Cases*.

All second- and third-shift ERT investigations that cannot be completed within eight (8) working days – including all cases where Court intervention is probable – as determined by the ERT supervisor must be completely documented and forwarded to the day-shift CPS supervisor by the end of the ERT shift on which they are received. Investigations assigned to the second-shift ERT unit that can be completed within eight (8) working days, as determined by the ERT supervisor must be completed by the ERT CPS investigator.

Documentation

21220. ERT Assists for Day-Shift CPS

ERT CPS investigators are responsible for making investigative contacts for day-shift CPS investigators as part of the Department's persistent efforts to contact a subject of an investigation. ERT assists may not be requested as a matter of convenience, but only when efforts to contact/locate an investigative subject during regular working hours have failed or when, as determined by the day-shift CPS supervisor, there is a concern for the safety of a child necessitating an after-hours attempt at contact.

To arrange for an ERT assist, the day-shift supervisor must contact the ERT supervisor (or assigned designee) and provide the necessary information, including up to date information about

the efforts that have been made to contact the investigative subject and the method by which the ERT staff can contact the day-shift CPS supervisor.

All ERT assist efforts must be documented in a UNITY case note before the end of the shift on which the effort is made.

Documentation

21300. Transition to Permanency/In-Home Services

Assuring a smooth case transfer is a responsibility shared by the CPS investigator and supervisor and the permanency or in-home case manager and supervisor. The transition must provide continuity (from the family's perspective) and a full exchange of information between the CPS investigator and the in-home case manager. Child welfare services are most effective when provided soon after the need for them is identified. It is important, therefore, that the transition from CPS to permanency or in-home services occur at the earliest possible time. The formal transition occurs at the transitional CFT meeting. The transitional CFT meeting provides the opportunity to:

- Hold a clear and complete discussion of the circumstances leading to the need for removal or in-home services,
- Begin to engage the family in the service process, **and**
- Create the transitional case plan.

The CPS investigator is responsible for **all** child welfare services to children and families until cases are transitioned to a permanency case manager as prescribed in the Permanency Procedures or the In-Home Procedures as applicable. This includes, but is not limited to, responsibility for:

- Facilitating parental visitation.
- Facilitating sibling visitation.
- Facilitating and participating in CFT meetings.
- Any issues concerning the child(ren)'s adjustment to foster care.
- Arranging services in response to any identified psychological, emotional, behavioral, or other needs of the child(ren).
- Facilitating enrollment in school.
- Arranging for any necessary medical care including the Healthy Kids exam.

21310. Time Frames for Transition to Permanency/In-Home Services

a. Permanency Cases

Cases involving all families where at least one (1) child has been:

- Removed,
- Placed in the legal custody of the Department, and
- Placed in permanency.

These cases must be transferred to a permanency case manager.

The official transfer takes place at a transitional CFT meeting. The transitional CFT meeting must be scheduled by the CPS investigator no later than three (3) working days following the Plea Hearing and held no later than five (5) working days following the Plea Hearing without regard to the status of the investigation. While the CPS investigator/supervisor shall remain responsible for the completion and documentation of all required investigative activities, the transfer process shall not be delayed beyond the time frames for transfer because of outstanding investigative activities or because of documentation deficiencies.

b. Formal In-Home Services Cases

Formal (Court-involved) in-home services cases must be transferred to an in-home case manager no later than three (3) working days following the Plea Hearing without regard to the status of the investigation.

c. Further Proceedings In-Home Services Cases

Further proceedings in-home services cases must be transferred to the in-home case manager no later than three (3) working days following the CPS supervisor's decision that they are needed, without regard to the status of the investigation.

d. Voluntary In-Home Services Cases

Voluntary in-home services cases must be transferred to the in-home case manager no later than three (3) working days following the CPS supervisor's decision that in-home services are needed without regard to the status of the investigation.

21320. Transfer Process

When the CPS supervisor determines that a case is to be transferred to a Permanency or In-Home unit, the CPS supervisor must review both the UNITY and hard-copy case files to identify any incomplete investigative activities and to be sure that the case has been fully documented. The CPS supervisor will assure that all investigative activities are accomplished and that any documentation deficiencies are corrected. While the CPS investigator/supervisor shall remain responsible for the completion and documentation of all required investigative activities, the transfer process

shall not be delayed beyond the time frames for transfer because of outstanding investigative activities or because of documentation deficiencies.

Documentation

a. Notify the Receiving Permanency/In-Home Supervisor

Immediately upon determining that a case is to be transferred from CPS to permanency or in-home, the CPS supervisor will notify by e-mail the permanency or in-home supervisor for the geographic area to which the case is to be transferred. This notification will include the Family Court petition (if applicable) and the completed *Case Transfer Form*. For non-Court-involved cases (voluntary in-home services cases), the e-mail will also include the CPS report attachment.

Documentation

b. Assign the Case to a Permanency/In-Home Case Manager

The permanency or in-home supervisor must assign the case to a permanency case manager within one (1) business day of the notification from the CPS supervisor. The permanency/in-home supervisor will forward an e-mail copy of the case assignment, including the name of the assigned permanency/in-home case manager, to the CPS supervisor.

Documentation

c. Supervisory Transfer Conference

The sending CPS supervisor will contact the receiving permanency/in-home supervisor by e-mail, by telephone, or in person to arrange a supervisory transfer conference. The supervisory conference may occur in person or by telephone. If at all possible, it will take place before the transitional CFT meeting. The purpose of the supervisory transfer conference is for the CPS supervisor to describe the case, identify any special issues for the permanency/in-home supervisor, and to identify any incomplete CPS investigative activity and/or documentation.

d. CPS Investigator/Permanency or In-Home Case Manager Transfer Conference

The sending CPS investigator will contact the receiving permanency/in-home case manager to arrange the transitional CFT meeting and to discuss the case (describing the family, the overall situation, and any special issues). This transfer conference must occur before the transitional CFT meeting.

NOTE: As often as is reasonably possible, the CPS investigator and supervisor and the permanency case manager and supervisor shall meet in person in a joint transfer conference.

e. Transitional Child and Family Team Meeting

The transitional CFT meeting is an in-person meeting held in a location determined by the CPS investigator in conjunction with the parent(s). The transitional CFT meeting must be scheduled no later than three (3) business days, and held no more than five (5) business days, following the Plea Hearing without regard to the status of the investigation. The participants are:

- The child(ren)'s parent(s)/caregiver(s).
NOTE: It is important that both parents/caregivers participate if two (2) parents/caregivers live in the home.
- The CPS investigator and the assigned permanency or in-home case collateral services providers (if applicable).
- The family may invite any other people who are committed to the family and child(ren) and who are invested in helping them achieve their case plan objectives.
- The child(ren) may participate for all or some of the meeting as agreed to by the parent(s)/caregiver(s) and the CPS investigator.
- Any previously identified CFT members.
- In Family Court-involved cases, attorneys for parents and children must be notified of the transitional CFT. While every reasonable effort must be made to include attorneys in the transitional CFT, the meeting must be held within the time frame required in *Section 4310: Time Frames for Transition to In-Home Services Cases*.
- The out-of-home caregiver may attend as determined by the CPS investigator, in conjunction with the parents.

The purposes of the transitional CFT meeting are:

- To introduce the permanency or in-home case manager to the family.
- To discuss the safety and risk concerns leading to the need for removal or for in-home services so that CFT participants share an understanding of the issue(s) in need of resolution.
- To transfer the CPS investigator's relationship to the family and authority to the in-home or permanency case manager.
- To identify/clarify any issues pertaining to the investigation.
- To establish expectations for the family and the in-home or permanency case manager with regard to the ongoing relationship.
- To develop the transitional case plan, including a plan for monitoring case plan activities.
- To obtain any necessary consents for release of information from the parent(s)/caregiver(s).

- To formally transition the case from the investigative to the service assessment/provision stage.
- For placement cases, to discuss the child(ren)'s adjustment to substitute care and/or any special needs.
- For placement cases, to review the visitation plan.

The permanency case manager is responsible for documenting the transitional CFT meeting on the *CFT Summary Form* and in UNITY case notes. The CPS investigator will bring the blank forms for the transitional CFT meeting. For all subsequent meetings, the permanency case manager will be responsible for bringing the applicable blank forms.

At every CFT meeting, all participants must sign the *CFT Confidentiality Statement*. Each attendee must also sign the *CFT Summary Form*. The permanency case manager is responsible for distributing signed copies to the attendees. This distribution may be done in person or by mail.

Documentation

f. Case Record Transfer

Following the transitional CFT meeting, the CPS investigator must give the hard-copy case file to the permanency or in-home case manager. The same or the following day, the permanency or in-home case manager will give the case file to the permanency or in-home supervisor. Within twenty-four (24) hours of receiving the file, the permanency/in-home supervisor will review the hard-copy and UNITY case records to become familiar with the case and to assure that the investigative documentation is complete. If the permanency/in-home supervisor identifies any incomplete required investigative activities or any documentation deficiencies, the permanency/in-home supervisor will contact the CPS supervisor. The CPS supervisor is responsible for assuring that all required investigative activities and related documented activities are complete. Any disagreement about whether investigative activities have been completed and/or documented as required will be resolved by the respective assistant manager(s).

At the point of transfer, the CPS investigator is responsible for ensuring that all of the investigative contacts/activities have been documented, UNITY screens have been completed and are up to date, and that certain paperwork is placed in the case file. This includes:

- Documentation that the UNITY and Shared Computer Operations for Protection and Enforcement (SCOPE) histories have been reviewed.
- A copy of the initial *CPS Report*.
- A copy of the *Investigation Finding Worksheet*.
- Documentation in case notes of each attempted or completed investigative contact/activity.

- Documentation of the Nevada Safety Assessment and all other completed safety assessments, including copies of all safety plans.
- Documentation of the Nevada Risk Assessment.
- Documentation of the NIA Summary.
- Records obtained during the investigation, including, but not limited to, police reports, medical reports, and reports from service providers.
- Paperwork completed in the field, which includes all *CFT Summary Forms*, the *Common TANF Application*, *Indian Child Welfare Act (ICWA)* (and all corresponding paperwork if there is a tribal affiliation), and the *Emergency Placement Safety Check* (if applicable).
- Documentation that all required UNITY screens have been completed; for example, the end date legal and/or removal status screens have appropriately been updated, and all participant demographic information for all involved parties is complete and up to date.
- For Court-involved cases that have been set for Report and Disposition (R&D), a dispositional report with the following sections completed by the CPS investigator:
 - » Demographic Information.
 - » Reason for Hearing.
 - » Specialist Recommendations.
 - » Report of Police or Investigating Authority.
 - » Parent's Response to the Offense.

In addition, copies of the petition, reasonable efforts, and seventy-two (72) -hour protective orders are forwarded to the permanency/in-home case manager.

NOTE: The CPS investigator must forward all subsequent documents to the assigned case manager.

Documentation

g. Transfer of Case Responsibility

Primary responsibility for the case is transferred to the permanency/in-home case manager/supervisor at the transitional CFT meeting. Responsibility for any outstanding investigative activity, documentation, and required testimony at the any Evidentiary Hearing remains with the CPS investigator/supervisor. **Under no circumstances will primary case responsibility revert to the CPS investigator/supervisor because of outstanding investigative responsibility unless so directed by the CPS manager.**

Documentation

21400. Fatality/Near Fatality During the Investigation

If a child dies or suffers a near fatality during an investigation, the following activities must be immediately completed:

- The CPS investigator must immediately notify the CPS supervisor by telephone and send an e-mail following the call.
- The CPS supervisor is responsible for immediately notifying the assistant manager and manager by telephone.
- The CPS supervisor must secure the case file as it was at the time of child's death/near fatality and give it to the designated manager.
- The manager must take the secured file immediately to the Quality Assurance (QA)/Quality Improvement (QI) unit. The QA/QI unit is responsible for copying the contents of the case file. *NOTE:* The newly created case file, will be used by the CPS investigator and all new information obtained after the death/near fatality will be placed in this case file.
- The investigator must ensure that all documentation is up to date, and that any outstanding documentation is immediately entered into UNITY.
- For fatalities, the investigator must complete the *Child Death Review* form (in the P drive). The CPS investigator shall e-mail the form to the CPS supervisor. The CPS supervisor is responsible for forwarding the e-mail to management. The supervisor must forward the e-mail to management within twenty-four (24) hours.
- If there are surviving children, and/or if the child's death/near fatality was allegedly the result of abuse or neglect, the investigator shall continue the investigation and assess the safety of the other children in the home.

NOTE: If the call concerning the death or near fatality of a child comes through Hotline, the Hotline is responsible for notifying all parties.

Documentation

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4000. IN-HOME SERVICES POLICIES AND PROCEDURES

4100. Introduction to Providing In-Home Services

Policy Statement

It is the policy of the Clark County Department of Family Services (DFS) that Clark County children who are found to be abused or neglected remain in the care of their parents when this is safely possible through the provision of effective in-home services. In order to keep children who have been maltreated safe, in-home services must:

- Be initiated quickly after the abuse or neglect is identified.
- Be based on accurate and ongoing assessments of family functioning that focus on the issues closely related to the safety threats to children and on the risk of future abuse or neglect.
- Include direct services provided by DFS case managers as their core component.
- Involve the carefully coordinated provision of relevant services by community partners.
- Include the active involvement of Child and Family Teams (CFTs) in the case planning, decision making, and provision of services.
- Be concluded as soon as the issues affecting the safety of involved children and the risk of subsequent maltreatment are adequately resolved.

Purpose

The purpose of these procedures is to set forth the required process by which the Department's case managers provide services to families in which (1) reasonable cause to believe that children have been abused or neglected has been established during child protection investigations, (2) the children have been assessed as safe or any identified safety threats are controlled by safety plans, (3) the children are in the physical care of their parents/caregivers, and (4) the families exhibit a level of cooperation that suggests that they can be engaged in services voluntarily or the Family Court has ordered that the families accept services. The In-Home Service Policies and Procedures provide requirements to standardize:

- The thorough and continuous assessment of child safety and family functioning,

- Case planning conducted by the case manager and the family in conjunction with CFTs,
- Identification of services that are directly responsive to issues related to the child maltreatment,
- Identification of requirements for monitoring to detect any recurrence of maltreatment during service provision,
- Case manager contact with family members,
- The requirements for contact with collateral service providers,
- Criteria and process for child protective actions (e.g., safety plans or removal), and
- Criteria for case closing.

Legal Basis

Chapter 432B of the Nevada Revised Statutes (NRS) and Nevada Administrative Code (NAC) 432B provide the legal basis for child protective services including in-home services in Nevada. The relevant sections are as follows:

- *NRS Section 432B.190* – Describes the regulations to be adopted, including case planning.
- *NRS Section 432B.340* – Establishes the determination that a child needs protection but is not in imminent danger.
- *NRS Section 432B.393* – Describes the preservation and reunification of a child's family to prevent or eliminate the need for removal from the child's home before placement in foster care and to make a safe return to home possible.
- *NAC Section 432B.400* – Discusses the case plan for child receiving foster care.
- *NAC Section 432B.240* – Provides for the services to preserve the family and prevent placement of child.

These regulations provide broad regulation for in-home services. The procedures provide specific operational requirements for Department staff.

Roles and Responsibilities

In-Home Case Manager

The in-home case manager is required to:

- Engage the family in the in-home services process.

- Complete and update assessments of child safety following the format designated by the Department.
- Continuously assess child safety and take protective action (i.e., develop safety plan or seek removal) in response to any identified safety threat.
- Continuously monitor the children/family for indication that new abuse or neglect has occurred and immediately report any reasonable cause to believe that any child has been maltreated as defined by the Nevada Child Abuse and Neglect Allegation System to the Child Abuse Hotline.
- Complete and update assessments of family functioning following the format designated by the Department.
- Work with the family to identify and enlist members of the CFT and to meet with the CFT as required.
- Work in collaboration with the family and with members of the CFT to develop, evaluate, and update the case plans.
- Link family members to services identified in the case plan.
- Regularly communicate with collateral service providers to evaluate family members' progress in attaining objectives and to identify barriers to success.
- Frequently and regularly visit and otherwise communicate with members of the family.
- Continuously evaluate the family's progress in completing case plan tasks and in achieving case plan objectives.
- Complete all case documentation as required by the Department.
- If applicable, make all required reports to the Court.
- Close in-home service cases in a timely manner and according to the required criteria and process.

In-Home Supervisor

The in-home supervisor is required to:

- Assign all in-home cases to in-home case managers according to procedural requirements and within the required time frames.
- Approve all safety assessment determinations within the required time frames.
- Approve all safety plans within the required time frames.
- Approve all decisions to remove children.

- For children who have been removed, approve the selection of the out-of-home care provider.
- Approve all decisions to initiate Family Court activity.
- Together with the in-home case manager, plan the information gathering process for the *Assessment of Family Functioning*.
- Approve all determinations made by the in-home case manager's *Assessment of Family Functioning*.
- Approve each case plan within the required time frames.
- Approve all referrals for family preservation services.
- Approve the use of emergency cash assistance.
- Approve the use of the Family Support Worker Program.
- Meet with in-home case managers on a weekly basis and review cases to:
 - » Evaluate assessments of child safety, risk, and well-being,
 - » Evaluate the in-home case manager's and the family's completion of case plan tasks and the family's progress in achieving case plan objectives,
 - » Identify the level/frequency of ongoing in-home services to the family,
 - » Approve all decisions to alter the frequency of in-home services activities from the normal requirement **as permitted by the In-Home Services Policies and Procedures**,
 - » Assist the in-home case manager in overcoming barriers to the family's success,
 - » Support the in-home case manager, and
 - » Identify cases that are ready to be closed.
- Meet with in-home case managers on an as-needed basis to discuss and address difficult or problematic case situations.
- Attend CFT meetings as applicable.
- Review and approve all documentation/recommendations prior to their submission to Court.
- Review management reports to ensure that in-home services activities occur within required time frames and with required frequency.
- Approve all case closing decisions.

Family Support Worker

The family support worker is required to:

- Assist in engagement of services.
- As applicable/appropriate, provide transportation to family members (e.g., take the family to medical appointments, to appointments included in the case plan, to pay bills, to the grocery store).
- Assist the family to locate housing (e.g., help fill out applications).
- Assist the family with employment (e.g., help fill out applications).
- Provide budgeting instruction.
- Assist the family in prioritizing/organizing tasks.
- Advocate on behalf of the family (e.g., help resolving problems with public assistance or schools).
- Provide instruction on how to use public transportation.
- Participate as a member of the CFT.

Intensive Family Preservation Services Clinician

The intensive family preservation services (IFPS) clinician is required to:

- Provide intensive clinical services to families including, at minimum, three (3) hours of clinical contact in the family home.
- Provide in-home psychotherapy.
- Provide crisis intervention.
- Assist family with developing and enhancing parental skills.
- Provide clinical case management.
- Complete family assessments, using NCFAS-G+R (LV).
- Address concrete needs that affect family functioning.
- Identify and address high-risk behaviors.
- Link family to other community services/resources as applicable.
- Maintain regular communication with the in-home case manager.
- Participate as a member of the CFT.

Assistant Manager

The assistant manager is required to:

- Meet biweekly (every two [2] weeks) with in-home supervisors to evaluate unit functioning and identify and address barriers to effective in-home service provision.
- Meet with in-home supervisors on an as-needed basis to discuss and address difficult or problematic case or personnel situations.
- Review management reports to ensure that in-home services activities occur within required time frames and with required frequency.
- Randomly review in-home case files on a monthly basis for quality of content and to assure that required time frames are met.
- Review management reports to evaluate unit performance regarding case disposition (i.e., case opening/case closing).
- Resolve disagreements related to case transfers or other interactions between units.
- Approve the use of emergency assistance.
- Approve extensions of in-home service provision beyond the normally required time frame as permitted by the In-Home Services Policies and Procedures.
- Approve extensions of family support worker service provision beyond the normally required time frame as required by the In-Home Services Policies and Procedures.
- Approve case closing when safety factors have been identified, families are uncooperative, and all legal recourse has been exhausted as required by the In-Home Services Policies and Procedures.

Manager

The manager is required to:

- Conduct monthly one-on-one meetings with assistant managers to discuss unit performance.
- Meet with assistant managers on an as-needed basis to discuss and address difficult or problematic case or personnel situations.
- Review management reports to evaluate unit and region performance.
- Approve extensions of in-home service provision beyond the normally required time frame as permitted by the In-Home Services Policies and Procedures.

4200. A Framework for Providing In-Home Services

The Department's primary mission is to identify children who have been abused or neglected by their parent(s) or caregiver(s) and to take action to protect them from further maltreatment. In some instances, the threats that abusive or neglectful parent(s)/caregiver(s) pose to the safety of children cannot be controlled by any reasonable in-home intervention. These children must be taken into custody and placed in out-of-home care. In many instances, however, through the provision of in-home services, abused and neglected children can safely remain in the care of their parent(s)/caregiver(s).

The essential goals of in-home services concern the **safety** of involved children and are as follows:

- To identify the characteristics of the family that have led to, or threaten, future abuse or neglect,
- To use direct services provided by the in-home case manager and collateral services provided by external providers to resolve or reduce the intensity of the identified family characteristics sufficiently that the family gains the capacity to keep their children safe from abuse and neglect, and
- To continuously monitor the child and assess the family situation to detect any recurrence of maltreatment or emerging safety threats.

In addition to the primary focus on safety, the child's well-being is assessed and the family is assisted in addressing issues related to their capacity to meet their children's educational needs, as well as their physical and mental health needs.

When working with intact families, the primary focus of intervention is on the family system. The in-home case manager must understand that the actions of one family member will affect other family members and/or the family as a whole. Through working with the family to achieve a level of emotional and physical well-being, the in-home case manager and supervisor can begin to predict possible outcomes for the family. When the family shows positive growth and progress, the risk of maltreatment will diminish or be eliminated. Conversely, when a family demonstrates an increase in risk factors for maltreatment, it becomes necessary to make alternative plans to assure safety and permanency for the children.

In-home services comprise several distinct but interrelated processes. Although these processes are described sequentially, they often occur concurrently and most are ongoing throughout the Department's involvement with the family.

4210. Engagement

The relationship between the in-home case manager and the family is at the center of the in-home service process.

a. Engagement With the Family

The family must be involved as a **full partner** in the process. Positive change is more likely to occur when the family participates in the identification of their own strengths, problems, and needs. Family involvement must always extend to the selection of services needed, in order to ensure the family takes responsibility for their own future. In addition, each family has their own traditions and values that the in-home case manager must respect, while always remembering that the child's safety is paramount.

The relationship between the family and the in-home case manager is unique. The in-home case manager attempts to form a relationship with the family that is, in many ways, similar to the relationship that the parents should have with their children. This means that the in-home case manager must:

- Undertake activities that are limit-setting and directive. These activities focus on:
 - » Working with the family to identify unacceptable behaviors (e.g., behaviors that are abusive/neglectful, or threaten the safety of children),
 - » Establishing mechanisms (e.g., unannounced home visits or body checks) through which the in-home case manager will know whether these unacceptable behaviors are occurring in the family, and
 - » Being clear with the family about the potential consequences of unacceptable behaviors.
- Undertake activities that are supportive and that the family may view as helpful. This involves:
 - » Helping the family identify what their strengths and needs are, and
 - » Actively assisting the family in obtaining services. For example, if the family is having difficulty enrolling their child in school or obtaining public assistance benefits, the in-home case manager will actively assist the parents in obtaining these services.
 - » Acknowledging and praising the family for any success and accomplishments.

All of these activities will be more effective in helping the family change their behavior if they are done with obvious regard and respect for the family and with sensitivity to the family's culture.

b. Engagement With the Children

Similarly, the in-home case manager must establish the appropriate relationship with the child(ren). This relationship will vary depending on the age and developmental status of the child(ren) but must always:

- Demonstrate the in-home case manager's commitment to the child(ren)'s safety to enhance the child(ren)'s sense of emotional security,
- Establish the child(ren)'s trust so that the child(ren) will feel free to honestly discuss his/her situation in the family, and
- Consistently support **reasonable** attempts on the part of the parent(s) to set limits on the child(ren)'s behavior.

As with the parent(s), the in-home case manager's efforts to engage the child(ren) will be more effective in helping the family change their behavior if they are done with obvious regard and respect for the family and with sensitivity to the family's culture.

4220. Full Disclosure

In order to establish the most effective working relationship with the family, and to provide in-home services ethically, the in-home case manager must be honest, open, and forthcoming with the family about the in-home process. It is never acceptable to knowingly deceive, coerce, or trick family members. It is also not acceptable to threaten the family with unrealistic consequences for their behavior. This means that the in-home case manager must:

- Inform the family about the activities the in-home case manager plans to conduct in relation to the family (e.g., unannounced visits, body checks, verification of the family's participation with service providers),
- Identify the reasons for the actions planned by the in-home case manager (e.g., to determine whether abuse, neglect, or other dangerous behaviors have occurred), and
- Explain the potential consequences of behaviors that have been identified as being unacceptable (e.g., making a new report of abuse or neglect or the children's possible removal).
- Discuss the implications of concurrent planning with the family.
- Inform the family of the in-home case manager's responsibilities as a mandated reporter.

This disclosure must be honest and straightforward. It must also be made in the clear context of the alliance of the in-home case manager with the family in the effort to keep the child(ren) safe.

4230. Confidentiality

a. General Provisions

Both the law (NRS Section 432B) and ethical practice require that the confidentiality of families receiving in-home services be protected. The family's right to confidentiality must, however, be balanced with the Department's responsibility for the safety of children.

All Department staff are obligated to protect the confidentiality of children and families. As often as is reasonably possible, the in-home case manager must obtain releases of information signed by family members before releasing family information. In addition to protecting the family's confidentiality, this will improve the in-home case manager's ability to engage the family.

During the provision of in-home services, the in-home case manager:

- May only divulge information about families in furtherance of his/her responsibility for the protection of involved children. Information about any family receiving in-home services may **never** be released for any other reason.
- In the event children are placed in out-of-home care, must provide out-of-home caregivers with all information necessary to respond to the child(ren)'s well-being needs. This includes but is not limited to:
 - » Information pertaining to any condition, behavior, problem, or other issue affecting the child(ren).
 - » Information about the issues leading to the child(ren)'s removal (e.g., information about the allegations that have been substantiated and **general** information about conditions, behaviors, or other issues affecting the parent[s]/caregiver[s] that are related to the need for removal or have otherwise affected the child[ren]).
 - » **General** information about the parent's (parents')/caregiver's (caregivers') progress toward achieving permanency objectives so the out-of-home caregiver can effectively support concurrent planning.
- Must furnish providers of services included in the case plan with information about the reason for the need for in-home services (e.g., the nature of substantiated allegations, the presence of any identified safety/risk factors) to enable them to effectively participate in the child protection effort.

b. Who May Receive Information

NRS Section 432B.290 authorizes release of information to the following individuals:

- Physicians,
- Agencies, including, without limitation, agencies in other jurisdictions, responsible for or authorized to undertake the care, treatment, or supervision of the child or parent/caregiver,
- A person or an organization that has entered into a written agreement with an agency that provides child welfare services to provide assessments or services and that has been trained to make such assessments or provide such services,
- The district attorney (DA) or other law enforcement officer who requires the information in connection with an investigation or prosecution of the abuse or neglect of a child,
- A Court, for in-camera inspection only, unless the Court determines that public disclosure of the information is necessary for the determination of an issue before it,
- The attorney and the guardian ad litem of the child,
- A federal, state, or local governmental entity, or an agency of such an entity, that needs access to the information to carry out its legal responsibilities to protect children from abuse and neglect,
- Any person who is the subject of a report, and
- Any mandated reporter.

Information about families receiving in-home services may not be given to family friends, neighbors, relatives, or employers, without the family's written consent. The in-home case manager must make every reasonable effort to gain the family's consent for release of information to adults who are in regular contact with involved children (e.g., teachers, daycare providers, baby sitters) in order that they be alerted to identify and report evidence of maltreatment.

4240. Child and Family Team

The CFT is a gathering of family members, friends, fictive kin, community members, service providers, and other interested parties who join together to strengthen the family's capacity to provide for the safety, well-being and permanency of their children. In addition to participating in key case decisions, the CFT serves as an important support for families.

a. CFT Membership

CFT members include people who are committed to the family and child(ren) and who are invested in helping the family improve their capacity to assure the safety and well-being of their children. The members of the family play an important role in identifying members of the CFT. The in-home case manager must help the family identify potential members by asking who the family turns to when they need help. Members of the CFT include:

- The child(ren)'s parent(s)/caregiver(s). *NOTE:* It is important that both parents/caregivers are included in the CFT if two (2) parents/caregivers live in the home.
- The assigned in-home case manager.
- The in-home supervisor or senior case manager in exceptionally complex case situations.
- Collateral services providers (e.g., family support workers, family preservation clinicians, Court Appointed Special Advocate [CASA] workers, mental health service providers, substance abuse service providers) as applicable.
- Any other people identified by the family in conjunction with the in-home case manager who are committed to the family and child(ren) and who are invested in helping them change.
- The child(ren) may participate for all or some of the meeting as agreed to by the parent(s)/caregiver(s) and the CPS investigator.
- As applicable, attorneys representing the parent(s)/caregiver(s) and the child(ren) (guardians ad litem) must be notified of each CFT.

CFT meetings held for specific purposes may include others as applicable and as agreed upon by the family and the in-home case manager.

b. When CFT Meetings Must Be Held

CFT meetings must be held at key points of in-home service provision, including:

- The transition from CPS Investigation unit to in-home services (Transitional CFT).
- At the development of the formal case plan (Formal Case Planning CFT).
- At each case plan review (Case Plan Review CFT).
- Whenever a family crisis creates a threat to a child's safety or significantly increases the risk of subsequent maltreatment.
- Whenever child removal is being considered.
- Immediately following the removal of any child (48-Hour CFT).
- Thirty (30) days before planned case closing.

CFTs Required During In-Home Services

CFT	Time Frame
Transitional CFT	<p><i>Informal In-Home Cases</i> – Within three (3) working days following the CPS supervisor's decision that they are needed.</p> <p><i>Further Proceedings Cases</i> – Within three (3) working days following the CPS supervisor's formal in-home cases.</p> <p><i>Formal (Court-Involved) In-Home Cases</i> – Within three (3) working days following the Plea Hearing.</p>
Formal Case Planning CFT	Fifteen (15) business days from the Transitional CFT meeting.
Case Plan Review CFT	Every thirty (30) days following the completion of the Formal Case Planning CFT meeting.
Emergency CFT	Whenever a family crisis creates a threat to a child's safety or significantly increases the risk of subsequent maltreatment.
Removal CFT	Whenever child removal is being considered.
48-Hour CFT	Within forty-eight (48) hours of the removal of any child.
Case Closing CFT ¹	Thirty (30) days before case closing is planned.

c. CFT Meeting Process

The in-home case manager usually takes the lead in facilitating the CFT meeting. It is the CFT meeting facilitator's role to elicit information and input relevant to the purpose of the CFT from all participants. Each participant's opinion regarding decisions being considered at the CFT meeting must be considered seriously and with respect. Since it is the Department's responsibility to assure the child(ren)'s safety, the in-home case manager must maintain final authority for decisions that concern safety and are within the Department's authority (e.g., removal, safety planning, selection of an out-of-home placement provider, case closing).

d. Documentation of the CFT

All CFTs must be documented on the *CFT Summary* form during the CFT meeting.

¹ In the event that the Family Court unexpectedly terminates its involvement in an in-home services case, the in-home case manager must make every reasonable effort to gain the family's voluntary participation in a Case Closing CFT. If the family declines, the Case Closing CFT is not required.

After each CFT meeting, the in-home case manager must also document the following information into a UNITY case note:

- The purpose of the CFT.
- The date, time (beginning and end), and location of the CFT.
- A list of attendees.
- A summary of the discussion.
- Any decisions made, including:
 - » The identity of the participant(s) responsible for carrying out decisions and
 - » The time frame within which any decisions are to be acted upon.
- A description of the level of cooperation/responsiveness exhibited by the family.

Documentation

4250. Effective Communication

During all stages of in-home service provision, when dealing with a limited-/non-English-speaking person or a person with audio/visual impairment, the in-home supervisor/case manager shall make every effort to facilitate effective communication between the in-home case manager and that individual. This includes:

- Determining the primary language or preferred mode of communication of the family.
- The in-home supervisor assigning an in-home case manager who is certified to communicate in the language (foreign or sign) of the family.
- Procuring the services of an interpreter (e.g., through the Family Courts interpreter services) who has agreed to respect the confidential nature of in-home service provision prior to any investigative activity when a limited-/non-English-speaking or hearing-impaired person will be involved.

If at all possible, family members, friends, and especially children should **not** be used as interpreters.

4260. Assessment

The in-home case manager must continually assess the family from two perspectives: safety and functioning of the family.

a. Safety Assessment

The safety of all children in the home must be assessed continuously throughout the in-home service process. Safety assessments must follow the Nevada Safety Assessment protocol and must be documented at specified milestones in the in-home process.

b. Assessment of Family Functioning

An *Assessment of Family Functioning* is conducted to identify behaviors or issues within the family that suggest future child maltreatment. The assessment:

- Identifies family issues/behaviors that underlie the maltreatment,
- Identifies family strengths,
- Suggests specific child protection services or interventions,
- Identifies areas related to child well-being (e.g., education, children's physical and mental health), and
- Establishes a baseline against which the family's progress can be measured.

Assessments are conducted using the NCFAS-G+R (LV). They must be completed and documented during the initial phase of in-home service provision and reevaluated periodically during the process. Before formal case planning begins, the in-home case manager must discuss the results of the *Assessment of Family Functioning* privately with the family.

c. Ongoing Evaluation of Change in Safety/Risk Factors

During the provision of in-home services, the in-home case manager's assessment of safety/risk factors is not merely a "point in time" consideration. The in-home case manager must continuously evaluate whether the intensity of identified safety and risk factors is decreasing, is steady, or is increasing. When safety/risk factors steadily increase, consideration must be given to taking action including making changes in the case plan, providing increased monitoring, making changes in existing safety plans, and removing the child(ren) from the unsafe home. When safety/risk factors steadily decrease, consideration must be given to taking action, including making changes in the case plan, decreasing monitoring, making changes in existing safety plans, and closing the case.

4270. Case Planning

Using information from the CPS investigation, safety assessment, and the *Assessment of Family Functioning*, the in-home case manager works **with the family** and the CFT to construct a case plan. The case plan identifies the services and interventions designed to resolve family issues related to the child maltreatment and issues concerning the well-being of involved children. The

case plan serves as a contract between the family and Department specifying the tasks and activities for which each participant is responsible.

The family's progress in achieving the objectives identified in the case plan is evaluated in CFT meetings periodically during the provision of in-home services.

4280. Service Provision

d. In-Home Service Levels

There are two levels of in-home services: (1) voluntary in-home services that are not Court-involved and (2) formal in-home services are Family Court-involved (including further proceedings cases). The initial service level is determined by the CPS investigator/supervisor and is based on:

- The investigative finding,
- The result of the Safety Assessment,
- The result of the Risk Assessment, and
- Decisions made by the Family Court.

The service level may change from "voluntary" to "formal" during the provision of in-home services if the family becomes involved with the Family Court.

(i) Voluntary In-Home Services

Some families are able to recognize their need for in-home services and will indicate to the CPS investigator that they will accept them. Voluntary in-home services are not Court-involved. The overall focus of voluntary services is on identifying community services that are responsive to the identified child safety, risk, and well-being issues and linking the family to the community services. Voluntary in-home services are expected to have duration of ninety (90) days.

CPS investigators/supervisors must open cases for voluntary in-home services when:

- At least one (1) maltreatment allegation has been substantiated, and
- Children are assessed as **safe** using the Nevada Safety Assessment, or
- Children are assessed as **unsafe** with an in-home safety plan, and/or
- Family risk is **high to very high** according to the Nevada Risk Assessment, and

- The parents/caregivers acknowledge the identified safety concerns and risk factors and demonstrate their ability and willingness to participate in in-home services.

(ii) Formal In-Home Services

Families that are unable to acknowledge that they subject their children to unacceptable risk require the authority of the Court in order to reduce the risk to an acceptable level. Formal in-home services are involved with the Family Court. In addition to linking families with community services, the in-home case manager provides direct services and monitors families for one hundred eighty (180) days.

CPS investigators/supervisors must refer cases to the Family Court with the recommendation of Court-ordered in-home services and immediately open for in-home services when:

- At least one (1) maltreatment allegation has been substantiated, and
- Children are assessed as **safe** using the Nevada Safety Assessment, or
- Children are assessed as **unsafe** with an in-home safety plan, or
- Family risk is **high to very high** according to the Nevada Risk Assessment, and
- The parents/caregivers refuse to acknowledge the identified risk factors and demonstrate that they are unwilling to participate in voluntary in-home services.

e. Sources of In-Home Services

In both voluntary and formal in-home services, the family receives support and services from three (3) sources:

- *Direct In-Home Services* – The in-home case manager must visit the family home frequently and at defined intervals and may see family members in other settings (e.g., school).
- *CFT Support* – Nonprofessional members of the CFT (e.g., extended family members, friends) provide support and may oversee family functioning.
- *Collateral Services* – The in-home case manager links the family with professional specialized services (e.g., substance abuse assessment/treatment, mental health evaluation/therapy, domestic violence service, family preservation services) that are included in the case plan.

4290. Monitoring During In-Home Services

The in-home case manager monitors the case in two (2) ways:

- Through regular in-person contact with family members, the in-home case manager:
 - » Identifies signs of progress in completing elements of the case plan and improved family functioning,
 - » Determines whether there is evidence of new maltreatment (e.g., new marks on children, filthy home, child's statement about not being fed or being left alone), and
 - » Determines whether there is evidence of dangerous or otherwise unacceptable behavior on the part of parents/caregivers or other new or continuing safety/risk issues (e.g., evidence of intoxication, acute mental illness, physical hazards in the home).
 - » Identifies and address issues concerning the well-being of involved children.
- Through regular in-person, telephone, and/or written contact with collateral service providers, the in-home case manager gathers information concerning the family's progress in collateral services included in the case plan.

42100. Ending Department Involvement

in-home service is a focused, time-limited process intended to be provided for three (3) to six (6) months in most cases. In-home services are ended when:

- The family demonstrates sufficient progress in resolving issues related to maltreatment that the children will be safe in their care.
- The family has declined to accept or continue in-home services, and the Department has exhausted all reasonable efforts to engage the family in services voluntarily and through the intervention of the Family Court.

42110. Documentation of In-Home Activities

All case contacts and activities, including attempted activities, conducted by in-home case managers and supervisors must be documented in UNITY case notes. This includes, but is not limited to: documentation of telephone contacts, visits, meetings, staffing, Court hearings, and receipt of records (e.g., school records, medical records, reports from service providers). The purpose of documentation in UNITY is to provide a detailed account of case activities.

The number of case note entries that the in-home case manager is required to enter into UNITY depends on the situation. When participants who are in the same role/relationship category are interviewed together, the interview may be recorded in a single UNITY case note. When participants who are in different role/relationship categories are interviewed together, the in-home case manager must complete a separate UNITY case note for each category. For example:

- When three (3) children are seen, the in-home case manager may make one (1) case note. "Child contact" must be selected as the case note type, and the "with" field must include the names of all three (3) children.
- When a child and parent are seen, the in-home case manager must make two (2) separate case notes. The "child contact" case note type must be selected for contact with the child, and the "parent contact" case note type must be selected for contact with the parent.

Case note documentation must be:

- *Objective* – Only observed facts and statements made by the subjects of interviews may be documented in case notes. Case notes are **not** to be a place where in-home case managers express their opinions about case situations or anything else.
- *Non-Conclusive* – Case note documentation may describe behavior and conditions observed by the in-home case manager. For example, it is appropriate to document that "the father staggered, slurred his words, and smelled of alcohol." It is inappropriate to document that "the father was drunk."
- *Detailed* – Case note documentation must provide a specific, detailed account of what interview subjects say and what in-home case managers observe. When interviewing family members, it is necessary to record important statements in a manner that is as nearly *verbatim* as is reasonably possible. It is also important to document any notable behavioral presentation made by the interview subject during the interview. For example, "The child looked at the door to the room where his father waited before answering any question about his injury."

In addition to detailed information describing the interview/activity, all UNITY case notes must include:

- » The type of contact (e.g., in person, telephone),
- » The date of the activity,
- » The start and end times of the activity, and
- » Identification of **all** persons present during the activity.
- *Timely* – Case notes must be written as soon after the activity as is reasonably possible. At a minimum, case note documentation must be completed within the following time frames:
 - » All interviews/activities involving **critical issues** (i.e., information that may be necessary to after-hours staff) as identified by in-home supervisors must be documented in UNITY case notes on the same day that the interview or activity occurred.
 - » All other case activities must be documented within three (3) working days of their occurrence and not later than the end of the in-home case manager's/supervisor's workweek.

- Any reference to any family member's HIV status must be documented indirectly. Rather than referring to a specific condition (e.g., AIDS) reference must be made to a "potentially life-threatening condition."

Documentation

Procedures

4300. Transition From CPS Investigation to In-Home Services

Assuring a smooth case transfer is a responsibility shared by the CPS investigator and supervisor and the in-home case manager and supervisor. The transition must provide continuity from the family's perspective and a full exchange of information between the CPS investigator and the in-home case manager. In-home services are most effective when provided soon after the need for them is identified. It is important, therefore, that the transition from CPS to in-home services occur at the earliest possible time. The formal transition occurs at the Transitional CFT meeting. The Transitional CFT meeting provides the opportunity to:

- Hold a clear and complete discussion of the circumstances leading to the need for in-home services,
- Begin to engage the family in the in-home process, and
- Create the transitional case plan.

4310. Time Frames for Transition to In-Home Services Cases

a. Voluntary In-Home Cases

Informal in-home cases must be transferred to the in-home case manager no later than three (3) working days following the CPS supervisor's decision that in-home services are needed without regard to the status of the investigation.

b. Further Proceedings Cases

Further Proceedings cases must be transferred to the in-home case manager no later than three (3) working days following the CPS supervisor's decision that they are needed, without regard to the status of the investigation.

c. Formal In-Home Cases

Formal (Court-involved) in-home cases must be transferred to the in-home case manager no later than three (3) working days following the Plea Hearing, without regard to the status of the investigation.

4320. Transfer Process

When the CPS supervisor determines that a case is to be transferred to an in-home unit, the CPS supervisor must review both the UNITY and hard-copy case files to identify any incomplete investigative activities and to be sure that the case has been fully documented. The CPS supervisor must ensure that all investigative activities are accomplished and that any documentation deficiencies are corrected. While the CPS investigator/supervisor shall remain responsible for the completion and documentation of all required investigative activities, the transfer process shall not be delayed beyond the time frames for transfer because of outstanding investigative activities or because of documentation deficiencies.

a. Identification of the Receiving In-Home Team and Case Assignment

(i) Notify the Receiving In-Home Supervisor

Within twenty-four (24) hours of determining that a case is to be transferred from CPS to in-home services, the CPS supervisor must notify the in-home supervisor for the respective geographic area to which the case is to be transferred. Notification must be by e-mail. For Court-involved cases, this notification will include the *Case Transfer* form and a copy of the petition. For non-Court-involved cases, the e-mail will include the *Case Transfer* form and CPS report attachment.

(ii) Assign the Case to an In-Home Case Manager

The in-home supervisor must assign the case to an in-home case manager in UNITY by the end of the business day following the in-home supervisor's receipt of the notification from the CPS supervisor. The in-home supervisor must forward the e-mail of the case assignment, including the name of the assigned in-home case manager, to the CPS supervisor. As part of the case assignment process, the in-home supervisor must discuss the case with the in-home case manager at or before the time the case is assigned in UNITY. This discussion may take place in person or by telephone.

Documentation

b. Review Documents

The assigned in-home case manager and supervisor must carefully review the following documents before the Transitional CFT meeting, and, if at all possible, before the respective transfer conference:

- The affidavit or brief case summary sent by the CPS supervisor to initiate the case transfer,
- The *Transfer Decision Summary Cover Sheet and Checklist*,
- The Hotline report for the CPS investigation leading to the case opening,
- UNITY case notes related to the CPS investigation leading to the case opening,
- The Safety Assessment, Risk Assessment, and Nevada Initial Assessment (NIA) Summary for the CPS investigation leading to the case opening,
- UNITY documentation of any previous CPS investigations involving the family, and
- UNITY documentation of any previous permanency involvement (in-home or placement) with the family.

Documentation

c. Supervisory Transfer Conference

The sending CPS supervisor must contact the receiving in-home supervisor by e-mail, by telephone, or in person to arrange a supervisory transfer conference. The supervisory conference may occur in person or by telephone. If at all possible, it will take place before the Transitional CFT meeting. The purpose of the supervisory conference is for the CPS supervisor to describe the case, identify any special issues for the in-home supervisor, and to identify any incomplete CPS investigative activity and/or documentation.

Documentation

d. CPS Investigator/In-Home Case Manager Transfer Conference

The CPS investigator must contact the receiving in-home case manager to arrange the Transitional CFT meeting and to discuss the case (describing the family, the overall situation, and any special issues). This transfer conference must occur before the Transitional CFT meeting.

NOTE: As often as reasonably possible, the CPS investigator, CPS supervisor, in-home case manager, and the in-home supervisor shall meet in person in a joint transfer conference.

Documentation

e. Transitional CFT Meeting

The Transitional Child and Family Team (CFT) meeting is an in-person meeting held in a location determined by the CPS investigator in conjunction with the parent(s)/caregiver(s). The Transitional CFT meeting must be scheduled no later than three (3) business days, and held no more than five

(5) business days, following the Plea Hearing, regardless of the status of the investigation. At minimum, the participants are:

- The child(ren)'s parent(s)/caregiver(s).

NOTE: It is important that both parents/caregivers participate if two (2) parents/caregivers live in the home.

- The CPS investigator and the assigned in-home case manager.
- Collateral services providers (if applicable).
- In Family Court-involved cases, Attorneys for parents and children must be notified of the Transitional CFT. While every reasonable effort must be made to include attorneys in the Transitional CFT, the meeting must be held within the time frame required in *Section 4310: Time Frames for Transition to In-Home Services Cases*.
- The family may invite any other people who are committed to the family and child(ren) and who are invested in helping them change.
- The child(ren) may participate for all or some of the meeting, as agreed to by the parent(s)/caregiver(s) and the CPS investigator.

The purposes of the Transitional CFT meeting are:

- To introduce the in-home case manager to the family.
- To discuss the safety and risk concerns that led to the need for in-home services so that CFT participants share an understanding of the issue(s) in need of resolution.
- To transfer the CPS investigator's relationship to family and authority to the in-home case manager.
- To identify/clarify any issues pertaining to the investigation.
- To establish expectations for the family and the in-home case manager with regard to the ongoing relationship.

NOTE: The in-home case manager must inform the family that he/she will make unannounced visits and that body checks may be conducted for evidence of maltreatment.

- To develop the transitional case plan, including a plan for monitoring by the in-home case manager.
- To obtain any necessary consents for release of information from the parent(s)/caregiver(s)
- To formally transition the case from the investigative stage to the service assessment/provision stage.

- To schedule the formal case planning CFT.

Documentation

f. Transitional Case Plan

The in-home case manager must document the transitional case plan on the *CFT Summary* form. Identify the services that are identified by the family, by the investigator, and the other CFT participants, based on information gathered during the CPS investigation. All participants must sign the form (in addition to the *Confidentiality* form). The in-home case manager is responsible for linking subsequent services.

Documentation

g. Case Record Transfer

Following the Transitional CFT meeting, the CPS investigator must give the hard-copy case file to the in-home case manager. The same or the following day, the in-home case manager must give the case file to the in-home supervisor. Within twenty-four (24) hours of receiving the file, the in-home supervisor must review the hard-copy case file and UNITY case records to become familiar with the case and to ensure that the investigative documentation is complete. If the in-home supervisor identifies any incomplete required investigative activities or any documentation deficiencies, the in-home supervisor must contact the CPS supervisor. The CPS supervisor is responsible for ensuring that all required investigative activities and related documented activities are complete. Any disagreement about whether investigative activities have been completed and/or documented as required will be resolved by the respective assistant manager(s).

At the point of transfer, the investigator is responsible for ensuring that all of the investigative contacts/activities have been documented, that UNITY screens have been completed and are up to date, and that certain paperwork is placed in the case file. This includes, but is not limited to:

- Documentation that the UNITY and Shared Computer Operations for Protection and Enforcement (SCOPE) history have been reviewed.
- A copy of the initial *CPS Report*.
- A copy of the *Investigation Finding Worksheet*.
- Documentation in case notes of each attempted or completed investigative contact/activity.
- Documentation of the Nevada Safety Assessment and all other completed safety assessments, including copies of all safety plans.
- Documentation of the Nevada Risk Assessment.

- Documentation of the *NIA Summary*.
- Records obtained during the investigation including, but not limited to, police reports, medical reports, and reports from service providers.
- Paperwork completed in the field, which includes all *CFT Summary* forms, the *Common TANF Application*, Indian Child Welfare Act (ICWA) paperwork (and all corresponding paperwork if there is a tribal affiliation), and the *Emergency Placement Safety Check* (if applicable).
- Documentation that all required UNITY screens have been completed. For example, the End Date Legal and/or Removal Status screens have appropriately been updated, and all participant demographic information for all involved parties is complete and up to date.
- For Court-involved cases that have been set for Report and Disposition (R&D), a dispositional report with the following sections completed by the CPS investigator:
 - » Demographic information.
 - » Reason for hearing.
 - » Specialist recommendations.
 - » Report of police or investigating authority.
 - » Parent's response to the offense.

In addition, copies of the petition, reasonable efforts, and seventy-two (72) -hour protective orders are forwarded to the permanency case manager.

NOTE: The CPS investigator must forward all subsequent documents to the assigned case manager.

h. Transition of Case Responsibility

Primary responsibility for the case is transferred to the in-home case manager/supervisor at the Transitional CFT meeting. Responsibility for any outstanding investigative activity, documentation, and required testimony at the Contested Hearing remains with the CPS investigator/supervisor. **Under no circumstances will primary case responsibility revert to the CPS investigator/supervisor because of outstanding investigative responsibility unless so directed by the CPS manager.**

4400. Conducting Assessments

The in-home case manager and in-home supervisor are responsible for conducting:

- Ongoing assessment of the safety of all children living in the family home and
- An initial assessment – and periodic evaluation/updating – of family functioning using the NCFAS-G+R (LV).

4410. Assessment of Safety

The safety of children living in families receiving in-home services is assessed continuously during the in-home process and must be documented at defined mileposts as identified below. The purpose of the safety assessment is to identify children who are in immediate or impending danger of serious harm because of abuse or neglect.

a. Understanding Safety

Safety is best understood when it is compared to risk. Safety is a subset of the broader concept of risk. A threat to a child's safety is a specific type of risk. All safety factors are also risk factors. However, not all risk factors are safety factors because safety is a form of risk that is more precisely defined or specialized.

(iii) Similarities Between Safety and Risk

Safety and risk are similar in some very important ways.

- In child welfare, they are both used to predict future harm to children.
- Safety and risk both relate to the conditions of the home environment, the behavior or the physical/mental condition of a family member, or an interaction in the family.
- Safety and risk elements can change quickly.
- In many cases, both safety and risk can often be controlled or reduced by utilizing family strengths or other mitigating factors and circumstances. In some cases, it may be necessary to address the problems with specific interventions designed to protect the child.

(iv) Differences Between Safety and Risk

The essential differences between safety and risk concern time, severity, and the purpose of the child welfare response.

- During the investigation, safety threats refer to danger **now (present danger) or in the immediate future (impending danger)**. Risk refers to potential maltreatment sometime in the future.
- A safety threat suggests that a child will be **seriously** harmed. Risk is concerned with a full range of severity of harm, from minor to severe.

- Safety and risk may both require intervention in order to prevent maltreatment to children. In the case of threats to child safety, the purpose of intervention is to **control** the situation to prevent harm from occurring immediately or in the short term. The primary purpose of child welfare response to risk is to reduce or resolve the problems that lead to risk.

b. The Nevada Safety Assessment

The Nevada Safety Assessment is a process designed to provide a mechanism for quickly assessing whether or not a child involved with the Department is safe. A child is **unsafe** when, because of behaviors of the child's parent/caregiver or because of conditions in the home, it is likely that, without quick intervention, the child will be seriously harmed immediately or in the near future (i.e., within fourteen [14] days). The safety assessment is used to help focus decision making about whether a child is safe or unsafe. If a child is assessed as being unsafe, the safety assessment guides decisions about the measures or actions that will best assure the safety of the child.

The safety assessment is to be considered a process rather than a required form. Nevertheless, the in-home case manager is required to:

- Complete a hard-copy version of the Nevada Safety Assessment as the assessment is conducted in the field.
- Following the completion of the hard copy of the assessment, enter the assessment in UNITY within one (1) working day.

The in-home supervisor must approve the Nevada Safety Assessment in UNITY within twenty (24) hours of being completed by the in-home case manager.

Documentation

(i) When the Nevada Safety Assessment Must Be Completed During In-Home Services – Part A

The Nevada Safety Assessment of all children living in the home must be completed or recertified at the following "milestones" during the provision of in-home services:

- Immediately after the in-home case manager's first home visit following the Transitional CFT meeting.
- Every thirty (30) days that the in-home services case is open.
- As applicable, before each Court review.

- If a safety plan has been put in place (by either the CPS investigator or the in-home case manager), a safety assessment must be conducted every five (5) working days for the duration of the safety plan.
- Any time the in-home case manager/supervisor is considering removal of the child from the custody of his/her parent(s).
- Any time, as determined by the in-home case manager/supervisor, there is an indication that the safety of the child may be jeopardized.
- Any time a significant event or change occurs that affects the household of a parent of the child, including, without limitation, a birth, marriage, death, or major illness.
- Prior to supervisory approval for case closure of an in-home case.

NOTE: When the in-home case manager conducts a safety assessment that is identical to the previously conducted safety assessment (i.e., identification of safety threats, vulnerability of involved children, assessment of caregiver capacities, safety conclusion, safety intervention analysis, and all elements of any safety plan), the safety assessment may be recertified.

c. Steps for Completing the Nevada Safety Assessment

The Nevada Safety Assessment must be completed in five (5) sequential steps:

(i) Safety Threat Identification – Part B

The Nevada Safety Assessment includes twelve (12) caregiver behaviors or conditions of the child(ren)'s environment that may constitute threats to child safety. As a result of the presence of one (1) or more of the twelve (12) safety concerns, one (1) or more children may be in immediate or impending danger of serious harm. When assessing the child(ren)'s safety, consider the effects that any adults or members of the household who have access to him/her could have on his/her safety, taking into account the child(ren)'s vulnerability and the caregiver's protective capacity. When considering identifying a safety factor as threatening the child(ren), two (2) factors must be evaluated.

- The behavior or condition must be serious enough to pose a plausible danger of serious harm to the child in the near future. For example, a father of a fourteen (14) -year old who smokes marijuana while caring for the child probably does not pose a safety threat to his child. A mother who is addicted to methamphetamine and caring for an infant probably does pose a safety threat.
- There must be a substantial reason to believe that the behavior or condition exists. Suspicions, rumors, gut feelings, or hunches do not constitute safety threats. The safety threat must be observable, and there must be credible information supporting the conclusion that it exists.

When there are no safety factors that are checked “Yes,” the in-home case manager is to summarize the available information by indicating that no child is likely to be in immediate danger of serious harm.

NOTE: Whenever an in-home case manager determines that there is reasonable cause to believe that an incident or set of circumstances constituting child abuse or neglect as defined in the Nevada Child Abuse and Neglect Allegation System has occurred, the in-home case manager must **immediately** contact the Hotline.

(ii) Assessment of the Vulnerability of Involved Children to Identified Safety Threats – Part C

An identified safety concern may present a threat to some vulnerable children but not to other, less-vulnerable children. A vulnerable child is one who cannot protect himself/herself from an identified safety threat and is dependent on others for protection. For example, an infant whose parent has a moderately serious drinking problem is vulnerable because an infant cannot self-protect against inadequate supervision. In the same case, a healthy sixteen (16) year-old is probably not vulnerable. Children with developmental, behavioral, physical, and/or emotional disabilities are generally considered more vulnerable.

- If a safety concern is identified but the in-home case manager determines that any child(ren) in the home is not vulnerable to the concern, the reason(s) that the child(ren) is not vulnerable must be documented on the Safety Assessment.
- If, following the completion of Part C, no safety threats are identified, the conclusion that the child(ren) is safe is documented in Part E.

(iii) Assessment of Caregiver Protective Capacities – Part D

If safety threat(s) are identified after completing Parts B and C, the in-home case manager must assess whether any caregiver protective capacities mitigate the identified safety threat(s). Caregiver protective capacity is defined as the ability and willingness of a caregiver **other than the caregiver causing the safety threat** to protect the child from the identified threat. In order for the in-home case manager to determine that a caregiver can and will protect a child from a safety threat, the protective caregiver must have demonstrated protective capacity through his/her behavior. A caregiver simply saying that he/she will take protective action is not sufficient to mitigate concern for the child's safety. The caregiver must have credibly acknowledged the safety threat and demonstrated reliability through his/her behavior. For example, the mother of a sexual abuse victim who files for a protective order to prevent the perpetrator from returning to the home has demonstrated protective capacity.

(iv) Safety Conclusion – Part E

The safety conclusion is the determination that the child(ren) is either safe or unsafe.

- If no safety threats are identified or all identified safety threats are mitigated by caregiver protective capacity, the child(ren) is assessed as safe.
- If safety threats are identified and no caregiver demonstrates the capacity to protect the child(ren) from the safety threats, the child(ren) is assessed as unsafe.
- If all children are assessed as safe, the safety assessment is complete.

(v) Safety Intervention Analysis – Part F

If any child is assessed as unsafe, the in-home case manager must make an immediate safety intervention. There are two (2) possible safety interventions:

- Establish a safety plan, or
- If the child has been placed in the Department's custody or wardship by a Court, remove the child.
- If the child has not been placed in the Department's custody by a Court, seek removal of the child by Court order or, in emergency situations, by contacting CPS (the Hotline) or the police (9-1-1).

To determine which intervention is appropriate, the in-home case manager must consider the following questions:

- Is it reasonably likely that the behaviors or conditions causing the safety threats can be controlled while the safety threat(s) is resolved or reduced so that the child(ren) is safe with the caregiver(s)?
- Is there sufficient stability within the home to realistically permit an in-home safety intervention to protect the child(ren)?
- Does the caregiver(s) plausibly express the willingness to cooperate with a safety intervention?
- Are the resources (within the family and/or community) necessary for the safety intervention realistically and immediately available?

If the answer to all of the questions is yes, a **safety plan** must be established. If the answer to any of these questions is no, the in-home case manager must remove the unsafe child(ren) if they have been made Department wards by a Court or seek their removal through CPS or the police if they are not in the Department's custody.

d. Safety Planning

Safety plans are voluntary, temporary, and usually short-term measures designed to control threats that suggest that a child is likely to be seriously harmed in the near future. They are implemented **only** when a child has been assessed as being **unsafe**. Safety plans must be adequate to assure the child's safety but as minimally disruptive to the child and family as is reasonably possible. Since children who are unsafe are likely to be harmed in the near future, safety plans **must** be put into place immediately after the CPS investigator assesses children to be unsafe (i.e., the in-home case manager must implement the safety plan before the children are left with the caregiver responsible for the conditions that rendered them unsafe).

It is important that safety plans be crafted to control specific threats. There must be a mechanism for ending each safety plan. Every safety plan must specify the conditions under which the plan is to be terminated and an estimated time frame within which this can be expected to occur. For example, a safety plan in which the family moves in with friends while dangerous exposed wiring is repaired in the home can end when the wiring is safely repaired. Another example is a safety plan in which a father who has allegedly sexually abused his daughter and has moved out of the home can end when he is either exonerated or when it is determined that he committed the sexual abuse and concrete steps have been taken to prevent him from having unsupervised access to his daughter. In addition, the safety plan must explain the consequences if the caregiver does not agree to implement the safety plan or fails to carry out the terms of the plan. Failure to agree to the plan or to carry out the plan may result in a reassessment of the home and possible removal and/or referral to the Court.

Many safety plan components involve a provider or an individual who participates in carrying out the terms of the safety plan. The safety plan provider may be a professional (e.g., an in-patient mental health professional, an in-patient substance abuse treatment provider) or a nonprofessional (e.g., a non-offending caregiver, an extended family member who moves in to the home to control a safety threat).

NOTE: The provision of a service is never, in and of itself, a safety plan. It is relevant to the safety plan only to the extent that it:

- Controls a safety threat (e.g., placement of a dangerous caregiver in an in-patient setting), and/or
- Serves as the mechanism by which the safety threat can be reduced/eliminated.

When developing a safety plan, the in-home case manager must:

- Develop a safety plan to control specific threats.
- Ensure that the safety plan provider of the safety intervention is:

- » Fully aware of and acknowledges the issues giving rise to the assessment that the child(ren) is unsafe.
- » Equipped with the requisite skill(s), competencies, and commitment to fulfill his/her designated role.
- » Realistically capable of ensuring that the terms of the safety plan are met.
- Ensure that each element of the safety plan includes a monitoring plan to assure that the family is complying with the plan, to verify that it is effectively controlling the related safety threat, and to determine whether it continues to be necessary to keep the child(ren) safe.

Documentation

(i) Developing the Safety Plan

The in-home case manager must engage the parent(s)/caregiver(s) in the process of creating the safety plan, because the safety plan is voluntary on the part of the parent(s)/caregiver(s) and is a collaborative effort between the Department and the family. The parent(s)/caregiver(s) must be specifically aware of the safety concerns giving rise to the need for the safety plan and must be allowed to offer suggestions about potential safety interventions.

Together with the family, each identified safety concern must be considered. One (1) or more safety interventions that will control each safety threat and to which the family agrees must be identified. To be effective, each of the safety interventions must:

- Be immediately accessible and available at the level required to assure safety.
- Have an immediate impact on controlling safety threats.
- Be the least intrusive response while effectively assuring the child(ren)'s safety.
- Be specific about the frequency, intensity, and duration of the intervention.
- Identify each person participating in specific activities.
- Identify a safety provider.

In order to serve as safety plan interventions, it is imperative that the elements of the safety plan **directly** respond to one (1) or more of the identified safety threats. For example, while having a grandmother move in with a family to provide protective care for children while their parent is undergoing inpatient drug treatment may be an effective safety intervention; it does no good to have the same grandmother move into a home that has dangerously exposed electrical wiring.

Some examples of interventions that – if they are responsive to the identified safety threat(s) – may be effective as safety plan components include:

- An alleged perpetrator agreeing to move out of the home until the investigation is complete.
- A family moving in with friends or an extended family or to a hotel while dangerous home conditions are corrected.
- An adult family member moving into the home to assume protective primary child care responsibilities and to monitor the child(ren)'s safety.
- A parent whose substance abuse poses a safety threat to his/her child(ren) entering inpatient substance abuse treatment while grandmother cares for the children.

Some service interventions that may be useful in reducing risk may not, by themselves, be components of safety plans. These include:

- An alleged perpetrator promising that he/she will stop engaging in a dangerous behavior.
- Counseling.
- Parenting training.
- Homemaker services.

(ii) Monitoring the Safety Plan

Every safety plan must include a strategy for monitoring each safety intervention that is part of the plan. The monitoring plan must include, at minimum:

- Weekly in-person contact with all children assessed to be unsafe who remain at home.
- Weekly in-person contact with any parent/caregiver whose behavior has caused the child to be assessed as unsafe.
- Weekly in-person and/or telephone contact with any nonprofessional safety plan provider.
- Weekly in-person or telephone contact with any professional safety plan provider.
- Every five (5) working days during the life of any safety plan, conduct a new/recertified safety assessment.

The in-home case manager is responsible for monitoring the safety plan until it is no longer necessary because all children are safe without it or until the safety threats warrant the removal of children.

Documentation

(iii) Safety Plan Review

The in-home supervisor must review and approve every safety plan within twenty-four (24) hours of its inception and on a weekly basis thereafter. The purposes of the review are:

- To assure that the safety interventions are adequate.
- To assure that the safety interventions are not unnecessarily intrusive.
- To assure that the monitoring plan and its implementation by the CPS investigator are adequate.
- To determine whether the safety plan continues to be necessary.

Documentation

(iv) Ending the Safety Plan

Safety plans may be ended because, as result of changes in families/situations, children are no longer unsafe (successful outcome) or because efforts to make changes in families/situations necessary to children's safety have not occurred within a reasonable period of time and, without safety plans, children will not be safe (unsuccessful outcome).

- *Successful Outcome* – Safety plans may be ended because the in-home case manager/supervisor assess that the child(ren) will be safe without the safety plan. This means that:
 - » The behavior/condition that threatened the child(ren)'s safety has been eliminated or reduced in severity sufficiently that the child(ren) are safe with no safety plan. For example: (1) The mother has kicked her sexually abusive boyfriend out of the home and obtained an order of protection to keep him away from her children, **or** (2) A dangerously psychotic parent has received in-patient psychiatric care and his/her symptoms are controlled with medication, and/or
 - » The protective capacity of the parent(s) has increased sufficiently that the child(ren) are safe with no safety plan (e.g., a single parent, who has abused her eight (8) -year-old son because she understood provocative behavior as a willful defiance, learns that the child's behavior is the result of a treatable psychological problem and gets support from her family in managing the child's behavior), and/or
 - » A child's level of vulnerability has decreased sufficiently that the child(ren) are safe with no safety plan (e.g., a dangerously ill child has received medical care and his/her safety is no longer threatened by the parents' failure to obtain medical care).

When it is determined that the child(ren) will be safe without the safety plan, the safety plan must be immediately terminated. The decision to terminate a safety plan must be based on

the completion of a new safety assessment, considering the child(ren)'s safety as if there was no safety plan, in which the child(ren) is found to be safe. The decision to end the safety plan requires the approval of the in-home supervisor.

The in-home case manager must inform the family and any safety plan providers that the safety plan is being terminated immediately upon the in-home supervisor's determination that the child will be safe without it. The family may be informed of the decision in person or by telephone. If the family is informed by telephone, the in-home case manager must have in-person contact with the child(ren) and the parent(s)/caregiver(s) within forty-eight (48) hours of the safety plan termination.

- *Unsuccessful Outcome* – Because safety plans are voluntary agreements between the Department and parent(s)/caregiver(s), the decision to terminate them may be made unilaterally by the parent(s)/caregiver(s). When the in-home case manager/supervisor learns that a family has unilaterally terminated a safety plan, an immediate safety assessment of the involved child(ren) must be completed. If the child(ren) is found to be unsafe and the family declines to accept a new safety plan, the in-home case manager, in consultation with the IPS supervisor, must remove all unsafe children who have been placed in the Department's custody by a Court and/or seek the removal of all other unsafe children by seeking a Court order or, in emergency situations, by contacting CPS (the Hotline) or the police (9-1-1).

NOTE: Under no circumstances may a safety plan be left in effect following the closure of an in-home case.

Documentation

4420. *Assessment of Family Functioning (NCFAS-G+R [LV])*

Beginning at case assignment, the in-home case manager in conjunction with the in-home supervisor must begin to assess family functioning. The *Assessment of Family Functioning* is structured by the NCFAS-G+R (LV). The family assessment is used to:

- Identify the strengths and challenges presented by families,
- Suggest services or other interventions to improve family functioning and reduce the likelihood of future abuse and neglect, and
- Set a baseline against which changes in family function can be measured.

The in-home supervisor must be actively involved in the assessment process as follows:

- In conjunction with the in-home case manager, planning the assessment process (i.e., identifying the sources of information upon which the assessment will be based),

- Planning the sequence and timing of assessment activities, and
- Reviewing the completed assessment with the in-home case manager and approving all conclusions reached in the assessment.

It is imperative that the in-home case manager refer to the *NCFAS-G+R (LV) Definitions Manual* while completing the assessment.

a. Required Time Frames for Completing the Family Assessment

It is important that the initial family assessment be completed shortly following the in-home case assignment because formal case planning is, in part, driven by the family assessment. However, the family assessment is a process that is continuous throughout the course of in-home services provision. The in-home case manager must amend the family assessment and the case plan whenever it is determined there has been a significant change in family functioning at any time during in-home services provision.

At minimum, the in-home case manager must complete/update and document the family assessment:

- Complete within ten (10) working days of the Transitional CFT meeting,
- Update every thirty (30) days (before evaluating the case plan), and
- Update before case closure is approved by the in-home supervisor.

b. Information Gathering for the Initial Family Assessment

The initial family assessment is completed using information obtained from the following sources:

- The CPS investigation and documentation related to any other previous involvement the family has had with the Department.
- Information concerning any involvement the family may have had with child welfare agencies in other Nevada counties or other states.
- All safety assessments completed to date.
- All risk assessments completed as part of any CPS investigation(s).
- Information Collection Standard (ICS).
- *NIA Summary* as completed by a CPS investigator.
- The CPS investigation and documentation related to any other previous involvement the family has had with the Department.

- Information concerning any involvement the family may have had with child welfare agencies in other Nevada counties or other states.
- Information obtained from interviews with members of the family.
- The in-home case manager's observations of the family and the family's environment.
- Information from collateral sources.
- Information from any special assessments concerning the child(ren) (developmental, educational, psychological, etc.) or the parent(s)/caregiver(s) (substance abuse, psychological, etc.).

Either before or immediately following the Transitional Child and Family Team (CFT) meeting, and before the initial assessment visit to the family, the in-home case manager must staff the case with the in-home supervisor to discuss an assessment plan. The assessment plan must identify the sources of information upon which the assessment will be based and time frames for required contacts.

Identification of the information needed for the family assessment is guided by the NCFAS-G+R (LV). Information related to eight (8) domains of family functioning is relevant. The eight (8) domains are:

- Environment.
- Parental capabilities.
- Family interactions.
- Family safety.
- Child well-being.
- Social/community life.
- Self-sufficiency.
- Family health.

Each of the overall domains comprises a series of sub-domains that are listed and defined in the *NCFAS-G+R (LV) Definitions Manual*. The definitions for the overall domains and the sub-domains describe the information that must be gathered by the in-home case manager.

(i) Reviewing Documentation of Prior Child Welfare Intervention

As part of the assessment, the in-home case manager must thoroughly review all available documents related to child welfare intervention in Clark County or elsewhere. This includes documentation of any: