

Statewide Protective Capacity Progress Assessment

Case Name

Unity Case Number

Permanency Worker Name

Supervisor Name

Date of Case Plan

Date PCPA Form Completed

Section 1: Caregiver Progress Assessment:

Identify what progress has been made toward enhancing Caregiver Protective Capacities based on each individual caregiver goal. Assess Impending Danger associated with each goal. Evaluate Case Plan effectiveness for each goal. (Note: This is to be done for each Caregiver for each goal.)

Caregiver Name:

Goal Number:

NO PROGRESS

No demonstrated evidence of caregiver behavioral change as required by the goal.

(Check all that pertain)

- Caregiver has had no contact with agency or unable to locate.
- The caregiver maintains that problems are separate from him or herself.
- The caregiver continues to blame his or her problems on others.
- The caregiver maintains that problems are unchangeable.
- The caregiver maintains that there is not a problem that needs to be addressed.
- The caregiver continues to have rigid beliefs about his or her right to behave how he or she wants.
- The caregiver refuses or avoids participation in services which enhance a particular caregiver protective capacity.
- The caregiver rejects discussion or feedback related to what must change.
- The caregiver is completely non-assertive and is withdrawn from engaging in intervention.
- The caregiver is completely closed off regarding the need to address what must change.
- The caregiver's current functioning makes it unlikely that he or she could benefit from change interventions.
- The caregiver is inflexible and avoids contact with CPS and/or treatment service providers.
- The caregiver may verbalize commitment but does not follow through; interaction is characteristically passive aggressive or "fake cooperation".

MINIMAL PROGRESS

Inconsistent evidence of demonstrated caregiver behavior change as required by the goal.

(Check all that pertain)

- The caregiver seems to be vacillating between resisting and contemplating the need to change (is moving between pre-contemplation and contemplation)
- The caregiver does not fully agree that there is a need for change, but he or she is open to discussing issues.
- The caregiver vacillates back and forth between begin accepting of CPS involvement and resisting intervention.
- The caregiver will talk in ways that suggests openness to change but it is evident that he or she struggles with maintaining problematic behavior.
- The caregiver generally maintains appointments with CPS.
- The caregiver is willing to participate in services identified on the Case Plan and is consistent with attendance.
- The caregiver's involvement at this point may be more related to compliance than change, but he or she generally follows through on participating in planned services.
- The caregiver is beginning to reflect how his or her actions/behaviors are impacting his or her ability to adequately parent, to assure protection.
- The caregiver has a sense that things may need to change or at least that the current status quo is not working.
- The caregiver may not fully acknowledge and agree with what must change, but he or she can communicate to some degree the negative consequences of continuing with the way things are.
- The caregiver is open to discussing alternative ways of behavior, thinking, and/or feeling.

GENERAL PROGRESS

Increasing evidence of demonstrated caregiver behavioral changes as required by the goal

(Check all that pertain)

- The caregiver is actively participating in planned services.
- The caregiver acknowledges the need for intervention and accepts the reason for CPS involvement.
- The caregiver seeks out specific feedback, knowledge, skill regarding what must change.
- The caregiver is somewhat assertive in communicating needs and is taking steps to make changes.
- The caregiver appears to demonstrate increased problem solving related to the reason that children are unsafe.
- The caregiver accepts the need for change and voices reasons for how and why change needs to occur.
- The caregiver is open about discussing the consequences for not changing.
- The caregiver expresses increased hope and optimism that change is possible.
- The caregiver has made a commitment to address what must change.
- The caregiver talks about making a plan for change and is assertive in discussing options.
- The caregiver openly discusses his or her perceptions regarding the impact and/or effectiveness of treatment services.

- The caregiver is demonstrating some indications that change is occurring.
- The caregiver is demonstrating some indications of increasing self-control emotionally and behaviorally.

SIGNIFICANT PROGRESS

Repeated evidence of demonstrated caregiver behavior change as required by the goal

(Check all that pertain)

- The caregiver expresses self-awareness about the behavior and can explain it in relationship to the reason for CPS involvement.
- The caregiver demonstrates a commitment to addressing what must change.
- The caregiver acknowledges his or her responsibility for child protection.
- The caregiver makes the correlation between his or her diminished protective capacities and threats to child safety.
- The caregiver is assertively taking action to address what must change.
- The caregiver has an open, honest and helpful working relationship with CPS and treatment service providers.
- The caregiver is beginning to demonstrate enhanced protective capacities associated with what must change to create a safe environment.
- The caregiver demonstrates change in perceptions, attitudes, motives, emotions, and behaviors that is associated with his or her protective capacities.
- The caregiver continues to assertively and purposively use treatment services (i.e, counseling, skill building, and education) to enhance protective capacities.
- The caregiver is demonstrating evidence of taking personal responsibility for change and has internalized a commitment to achieve sustained change.

GOAL ACHIEVEMENT

Consistent evidence of demonstrated and sustained caregiver behavioral change as required by the goal

(Check all that pertain)

- The caregiver takes increasing responsibility for demonstrating behavior as an expression of self-sufficiency.
- The caregiver adjusts priorities in his or her life in relationship to parenting and protective responsibilities.
- The caregiver is open about the value of the changed behavior, the need for sustaining the changed behavior, and the circumstances that required the changed behavior.
- The caregiver sees and accepts the effects of the changed behavior and values the effects.
- The caregiver indicates satisfaction about the changed behavior.
- The caregiver prefers the changed behavior over previous ways of behaving.
- The caregiver recognizes the possibility of relapse and the inevitable consequences.

- The caregiver has a realistic plan for preventing relapse and he or she is hopeful about sustaining change.
- The caregiver can reflect on the positive benefits resulting from the changed behavior.
- The caregiver is motivated to work on other changes and adjustments in his or her life.
- There is evidence of secondary gains such as changes in life circumstances, changes in child behavior, changes in relationships, and so on.
- The caregiver demonstrates enhanced caregiver protective capacities, which contribute to him or her assuring a safe environment.

Directions: *Select one level of progress for each caregiver for each goal, and delete the remaining levels of progress that do not apply. Criteria must be based on observations and information that has been collected from caregivers, collaterals, service providers, etc.*

- No Progress Minimal Progress General Progress
- Significant Progress Goal Achievement

Criteria Justification

Provide specific justification to support the level of progress identified for each caregiver goal.

Determination of Case Plan Service Effectiveness

Indicate whether treatment services and treatment service providers remain suitable.

- Yes**
- No-** Describe in justification section why a change to Case Plan service(s) is required and proceed in adjusting Case Plan service(s) as needed.

Justification for Modifying Case Plan Services:

Caregiver Name:

Goal Number:

NO PROGRESS

No demonstrated evidence of caregiver behavioral change as required by the goal

(Check all that pertain)

- Caregiver has had no contact with agency or unable to locate.
- The caregiver maintains that problems are separate from him or herself.
- The caregiver continues to blame his or her problems on others.
- The caregiver maintains that problems are unchangeable.
- The caregiver maintains that there is not a problem that needs to be addressed.

- The caregiver continues to have rigid beliefs about his or her right to behave how he or she wants.
- The caregiver refuses or avoids participation in services which enhance a particular caregiver protective capacity.
- The caregiver rejects discussion or feedback related to what must change.
- The caregiver is completely non-assertive and is withdrawn from engaging in intervention.
- The caregiver is completely closed off regarding the need to address what must change.
- The caregiver's current functioning makes it unlikely that he or she could benefit from change interventions.
- The caregiver is inflexible and avoids contact with CPS and/or treatment service providers.
- The caregiver may verbalize commitment but does not follow through; interaction is characteristically passive aggressive or "fake cooperation".

MINIMAL PROGRESS

Inconsistent evidence of demonstrated caregiver behavior change as required by the goal

(Check all that pertain)

- The caregiver seems to be vacillating between resisting and contemplating the need to change (is moving between pre-contemplation and contemplation)
- The caregiver does not fully agree that there is a need for change, but he or she is open to discussing issues.
- The caregiver vacillates back and forth between begin accepting of CPS involvement and resisting intervention.
- The caregiver will talk in ways that suggests openness to change but it is evident that he or she struggles with maintaining problematic behavior.
- The caregiver generally maintains appointments with CPS.
- The caregiver is willing to participate in services identified on the Case Plan, and is consistent with attendance.
- The caregiver's involvement at this point may be more related to compliance than change, but he or she generally follows through on participating in planned services.
- The caregiver is beginning to reflect how his or her actions/behaviors are impacting his or her ability to adequately parent, to assure protection.
- The caregiver has a sense that things may need to change or at least that the current status quo is not working.
- The caregiver may not fully acknowledge and agree with what must change, but he or she can communicate to some degree the negative consequences of continuing with the way things are.
- The caregiver is open to discussing alternative ways of behavior, thinking, and/or feeling.

GENERAL PROGRESS

Increasing evidence of demonstrated caregiver behavioral changes as required by the goal

(Check all that pertain)

- The caregiver is actively participating in planned services.
- The caregiver acknowledges the need for intervention and accepts the reason for CPS involvement.
- The caregiver seeks out specific feedback, knowledge, skill regarding what must change.

- The caregiver is somewhat assertive in communicating needs and is taking steps to make changes.
- The caregiver appears to demonstrate increased problem solving related to the reason that children are unsafe.
- The caregiver accepts the need for change and voices reasons for how and why change needs to occur.
- The caregiver is open about discussing the consequences for not changing.
- The caregiver expresses increased hope and optimism that change is possible.
- The caregiver has made a commitment to address what must change.
- The caregiver talks about making a plan for change and is assertive in discussing options.
- The caregiver openly discusses his or her perceptions regarding the impact and/or effectiveness of treatment services.
- The caregiver is demonstrating some indications that change is occurring.
- The caregiver is demonstrating some indications of increasing self-control emotionally and behaviorally.

SIGNIFICANT PROGRESS

Repeated evidence of demonstrated caregiver behavior change as required by the goal.

(Check all that pertain)

- The caregiver expresses self-awareness about the behavior and can explain it in relationship to the reason for CPS involvement.
- The caregiver demonstrates a commitment to addressing what must change.
- The caregiver acknowledges his or her responsibility for child protection.
- The caregiver makes the correlation between his or her diminished protective capacities and threats to child safety.
- The caregiver is assertively taking action to address what must change.
- The caregiver has an open, honest and helpful working relationship with CPS and treatment service providers.
- The caregiver is beginning to demonstrate enhanced protective capacities associated with what must change to create a safe environment.
- The caregiver demonstrates change in perceptions, attitudes, motives, emotions, and behaviors that is associated with his or her protective capacities.
- The caregiver continues to assertively and purposively use treatment services (i.e, counseling, skill building, and education) to enhance protective capacities.
- The caregiver is demonstrating evidence of taking personal responsibility for change and has internalized a commitment to achieve sustained change.

GOAL ACHIEVEMENT

Consistent evidence of demonstrated and sustained caregiver behavioral change as required by the goal.

(Check all that pertain)

- The caregiver takes increasing responsibility for demonstrating behavior as an expression of self-sufficiency.

- The caregiver adjusts priorities in his or her life in relationship to parenting and protective responsibilities.
- The caregiver is open about the value of the changed behavior, the need for sustaining the changed behavior, and the circumstances that required the changed behavior.
- The caregiver sees and accepts the effects of the changed behavior and values the effects.
- The caregiver indicates satisfaction about the changed behavior.
- The caregiver prefers the changed behavior over previous ways of behaving.
- The caregiver recognizes the possibility of relapse and the inevitable consequences.
- The caregiver has a realistic plan for preventing relapse and he or she is hopeful about sustaining change.
- The caregiver can reflect on the positive benefits resulting from the changed behavior.
- The caregiver is motivated to work on other changes and adjustments in his or her life.
- There is evidence of secondary gains such as changes in life circumstances, changes in child behavior, changes in relationships, and so on.
- The caregiver demonstrates enhanced caregiver protective capacities, which contribute to him or her assuring a safe environment.

Directions: *Select one level of progress for each caregiver for each goal, and delete the remaining levels of progress that do not apply. Criteria must be based on observations and information that has been collected from caregivers, collaterals, service providers, etc.*

- No Progress Minimal Progress General Progress
- Significant Progress Goal Achievement

Criteria Justification

Provide specific justification to support the level of progress identified for each caregiver goal.

Determination of Case Plan Service Effectiveness

Indicate whether treatment services and treatment service providers remain suitable.

- Yes-** Proceed to assessing caregiver progress for remaining Case Plan Goals.
- No-** Describe in justification section why a change to Case Plan service(s) is required and proceed in adjusting the Case Plan as needed.

Justification for Modifying Case Plan Services:

Caregiver Name:

Goal Number:

NO PROGRESS**No demonstrated evidence of caregiver behavioral change as required by the goal.***(Check all that pertain)*

- Caregiver has had no contact with agency or unable to locate.
- The caregiver maintains that problems are separate from him or herself.
- The caregiver continues to blame his or her problems on others.
- The caregiver maintains that problems are unchangeable.
- The caregiver maintains that there is not a problem that needs to be addressed.
- The caregiver continues to have rigid beliefs about his or her right to behave how he or she wants.
- The caregiver refuses or avoids participation in services which enhance a particular caregiver protective capacity.
- The caregiver rejects discussion or feedback related to what must change.
- The caregiver is completely non-assertive and is withdrawn from engaging in intervention.
- The caregiver is completely closed off regarding the need to address what must change.
- The caregiver's current functioning makes it unlikely that he or she could benefit from change interventions.
- The caregiver is inflexible and avoids contact with CPS and/or treatment service providers.
- The caregiver may verbalize commitment but does not follow through; interaction is characteristically passive aggressive or "fake cooperation".

MINIMAL PROGRESS**Inconsistent evidence of demonstrated caregiver behavior change as required by the goal.***(Check all that pertain)*

- The caregiver seems to be vacillating between resisting and contemplating the need to change (is moving between pre-contemplation and contemplation).
- The caregiver does not fully agree that there is a need for change, but he or she is open to discussing issues.
- The caregiver vacillates back and forth between begin accepting of CPS involvement and resisting intervention.
- The caregiver will talk in ways that suggests openness to change but it is evident that he or she struggles with maintaining problematic behavior.
- The caregiver generally maintains appointments with CPS.
- The caregiver is willing to participate in services identified on the Case Plan, and is consistent with attendance.
- The caregiver's involvement at this point may be more related to compliance than change, but he or she generally follows through on participating in planned services.
- The caregiver is beginning to reflect how his or her actions/behaviors are impacting his or her ability to adequately parent, to assure protection.
- The caregiver has a sense that things may need to change or at least that the current status quo is not working.
- The caregiver may not fully acknowledge and agree with what must change, but he or she can communicate to some degree the negative consequences of continuing with the way things are.
- The caregiver is open to discussing alternative ways of behavior, thinking, and/or feeling.

GENERAL PROGRESS

Increasing evidence of demonstrated caregiver behavioral changes as required by the goal.

(Check all that pertain)

- The caregiver is actively participating in planned services.
- The caregiver acknowledges the need for intervention and accepts the reason for CPS involvement.
- The caregiver seeks out specific feedback, knowledge, skill regarding what must change.
- The caregiver is somewhat assertive in communicating needs and is taking steps to make changes.
- The caregiver appears to demonstrate increased problem solving related to the reason that children are unsafe.
- The caregiver accepts the need for change and voices reasons for how and why change needs to occur.
- The caregiver is open about discussing the consequences for not changing.
- The caregiver expresses increased hope and optimism that change is possible.
- The caregiver has made a commitment to address what must change.
- The caregiver talks about making a plan for change and is assertive in discussing options.
- The caregiver openly discusses his or her perceptions regarding the impact and/or effectiveness of treatment services.
- The caregiver is demonstrating some indications that change is occurring.
- The caregiver is demonstrating some indications of increasing self-control emotionally and behaviorally.

SIGNIFICANT PROGRESS

Repeated evidence of demonstrated caregiver behavior change as required by the goal.

(Check all that pertain)

- The caregiver expresses self-awareness about the behavior and can explain it in relationship to the reason for CPS involvement.
- The caregiver demonstrates a commitment to addressing what must change.
- The caregiver acknowledges his or her responsibility for child protection.
- The caregiver makes the correlation between his or her diminished protective capacities and threats to child safety.
- The caregiver is assertively taking action to address what must change.
- The caregiver has an open, honest and helpful working relationship with CPS and treatment service providers.
- The caregiver is beginning to demonstrate enhanced protective capacities associated with what must change to create a safe environment.
- The caregiver demonstrates change in perceptions, attitudes, motives, emotions, and behaviors that is associated with his or her protective capacities.
- The caregiver continues to assertively and purposively use treatment services (i.e, counseling, skill building, and education) to enhance protective capacities.
- The caregiver is demonstrating evidence of taking personal responsibility for change and has internalized a commitment to achieve sustained change.

GOAL ACHIEVEMENT

Consistent evidence of demonstrated and sustained caregiver behavioral change as required by the goal.

(Check all that pertain)

- The caregiver takes increasing responsibility for demonstrating behavior as an expression of self-sufficiency.
- The caregiver adjusts priorities in his or her life in relationship to parenting and protective responsibilities.
- The caregiver is open about the value of the changed behavior, the need for sustaining the changed behavior, and the circumstances that required the changed behavior.
- The caregiver sees and accepts the effects of the changed behavior and values the effects.
- The caregiver indicates satisfaction about the changed behavior.
- The caregiver prefers the changed behavior over previous ways of behaving.
- The caregiver recognizes the possibility of relapse and the inevitable consequences.
- The caregiver has a realistic plan for preventing relapse and he or she is hopeful about sustaining change.
- The caregiver can reflect on the positive benefits resulting from the changed behavior.
- The caregiver is motivated to work on other changes and adjustments in his or her life.
- There is evidence of secondary gains such as changes in life circumstances, changes in child behavior, changes in relationships, and so on.
- The caregiver demonstrates enhanced caregiver protective capacities, which contribute to him or her assuring a safe environment.

Directions: Select one level of progress for each caregiver for each goal, and delete the remaining levels of progress that do not apply. Criteria must be based on observations and information that has been collected from caregivers, collaterals, service providers, etc.

- No Progress Minimal Progress General Progress
- Significant Progress Goal Achievement

Criteria Justification

Provide specific justification to support the level of progress identified for each caregiver goal.

Determination of Case Plan Service Effectiveness

Indicate whether treatment services and treatment service providers remain suitable.

- Yes-** Proceed to assessing caregiver progress for remaining Case Plan Goals.
- No-** Describe in justification section why a change to Case Plan service(s) is required and proceed in adjusting the Case Plan as needed.

Justification for Modifying Case Plan Services:

Section 2: Assessing the Status of Motivational Readiness

Indicate the predominant Stage of Change for Caregivers.

Caregiver Name:

(Stages of Change)

- Pre-Contemplation Contemplation Preparation
 Action Maintenance

Describe rationale for selected Stage of Change

Caregiver Name:

(Stages of Change)

- Pre-Contemplation Contemplation Preparation
 Action Maintenance

Describe rationale for selected Stage of Change

Section 3: Assessment of Child(ren) Needs

Identify each child with health (medical, dental and/or vision), mental health, behavioral and/or educational needs that require direct, ongoing, and/or formal services as part of the Case Plan. Children's needs are defined as health, mental health, behavioral and/or educational that if not addressed could result in serious complications or conditions.

- Not Applicable-** No children in the case currently have health, mental health, behavioral and/or educational needs that require direct, ongoing, and/or formal services as part of the Case Plan. (Stop here and proceed to Section 4)

Description of Health Need: (Document the current status of the child's health need (medical, dental and/or vision); provide a description of how the health need impacts the child's daily life and functioning, the caregiver's acknowledgement, level of concern and/or understanding of the need and the current services being provided to address the child's need.)

- Not Applicable**

Description of Mental Health and/or Behavioral Need: (Document the current status of the child’s mental health and/or behavioral need; provide a description of how the mental health and/or behavioral need impacts the child’s daily life and functioning, the caregiver’s acknowledgement, level of concern and/or understanding of the need and the current services being provided to address the child’s need.)

Not Applicable

Description of Educational Need: (Document the current status of the child’s educational need; provide a description of how the educational need impacts the child’s daily life and functioning, the caregiver’s acknowledgement, level of concern and/or understanding of the need and the current services being provided to address the child’s need.)

Not Applicable

Section 4: PCPA Safety Management and Conclusion

Reassess safety through new Safety Assessment (SA) in Unity 2.0

- If SA has Impending Dangers then do SPD/CFR, SP (Note: Must complete a new SPD/CFR, SP regardless if outcomes are the same as prior assessment. The level of intrusiveness regarding the Safety Plan (SP) must continually be assessed.)
- If SA has no Impending Dangers, then child(ren) is safe, proceed to Case closure

Section 5: PCPA Recommendation

1. Status (*Delete all that do not apply*)

- The child(ren) remain unsafe. Case will remain open.
- Child(ren) is Safe, proceed to case closure.
 - The Case Plan goals have been achieved and there are no impending danger threats, and/or caregivers have sufficient caregiver protective capacities to ensure a safe home environment.
 - The child(ren) is/are safe with an Alternative Permanency Plan.
 - The case is being closed for reasons other than caregivers achieved Case Plan goals.

2. Case Closure Decision Summary

Describe the status of the case at closure, including Caregiver Protective Capacities; alternative permanency plan other than renunciation; family network resources; connections to community services as appropriate; status of children’s needs; status of Stages of Change.

Section 6: Confirming Safe Environment (CSE)- For Each Placed Child (if necessary, copy and paste ratings for additional children and delete ratings that do not apply)

(NOTE: Clark County permanency workers only complete Section 5, Rural Region and Washoe permanency workers please skip this section and go directly to Section 7)

Date Completed

- Child Safety = High Degree of Confidence in Safe Environment (3.1 - 4.0)**
Abundance of signs demonstrating capacity to provide safe and protective care; placed child valued; collaborative with agency; positive history; life success; child rearing success.
- Child Safety = Significant Degree of Confidence in Safe Environment (2.3 - 3.0)**
Significant signs demonstrating capacity to provide safe and protective care; supportive of the placed child; will work with agency; acceptable history; satisfaction in life and child rearing generally.
- Child Safety = Moderate Degree of Confidence in Safe Environment (1.5 - 2.2)**
Moderate signs demonstrating capacity to provide safe and protective care; generally accepting of placed child and cooperative with agency; some difficulties and adjustment problems in adult and family life and in child rearing; alternative placement may be indicated.
- Child Safety = Low Degree of Confidence in Safe Environment (0.8 - 1.4)**
Significant signs demonstrating a lack of capacity to provide a wholesome environment; ambivalent about placed child and/or questionable objectives; avoid agency involvement/oversight; generally a negative history/life adjustment/child rearing; risk of maltreatment. Concern about or evidence of child maltreatment. Concern should exist for other children in the home; alternative placement should be pursued.
- Child Safety = No Confidence in Safe Environment (0 - 0.7)**
Abundance of negative conditions; a threat to placed child's safety; antagonistic toward placed child, in collusion with the child's caregivers/ resistant/manipulative history of criminal behavior, family violence, child maltreatment; concern should exist for other children in the home. Immediately remove placed children; consider safety of other children in the home.

Describe all CSE attributes of the placement home that was rated as a 0 or 1:

Section 7: Supervisor Review

Document a case note in UNITY under supervisory contact to support supervisor review and approval of the PCPA.

Permanency Worker's Signature

Date

Supervisor's Signature

Date