

# **In-Home Case Management Policy Manual**

Service Chapter 610-05

**North Dakota Department of Human Services  
600 East Boulevard Dept. 325  
Bismarck, ND 58505-0250**

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## **Introduction and Overview 610-05-01**

(NEW 12/1/20 ML #3604)

[View Archives](#)

The department extends sincere gratitude to the following for their reference material and assistance in writing this policy manual:

- Casey Family Programs, Seattle, WA;
- Wisconsin Department of Children and Families: Ongoing Service Standards (2017);
- Barkei, Johanna: PCFA Workbook, (2020) Milwaukee Child Welfare Partnership- University of Wisconsin Milwaukee;
- Milwaukee Child Welfare Partnership: (2016) Critical Concepts Practice – Safety Assessment; AND
- University of Wisconsin- Milwaukee & Helen Bader School of Social Welfare; and
- Oregon Department of Human Services: DHS Child Welfare Procedure Manual (2019).

The In-Home Case Management Policy Manual 610-05 provides a framework for the ongoing case process and focuses on safety, permanence, and well-being for children and their families served under NDCC 50-01.1-05 and NDCC 50-25.1-06. Practice expectations set by the policy manual ensure families statewide receive consistent, effective, and responsive intervention that supports the change process. [Child Welfare Practice Policy Manual 607-05](#) provides the foundation for child welfare agency practice, including in-home case management. Therefore, the policies within 607-05 are at the center of all child welfare practice and must accompany this policy manual. Included within 607-05 are several appendices that function as procedural support to the workforce by providing direction on how to implement the policies in child welfare practice. Child welfare agencies must ensure that all actions of either agency or contracted staff comply with both policy manuals.

The In-Home Case Management Policy Manual 610-05 applies when the CPS assessment concludes a child is unsafe and in-home case management services are required to control impending danger through an in-home safety plan. Human Service Zone agencies must ensure all actions of agency staff comply with this policy.

In-home case management involves cases with an unsafe child where impending danger is controlled and managed through an in-home safety plan. A thorough understanding of child safety decisions and actions is essential for case managers since safety assessment, analysis, planning, and the management of child safety occurs in every aspect of involvement with a family.

When conditions exist to warrant the opening of a family case for in-home case management, the purpose of agency intervention must be clearly communicated to all involved parties. The purpose of agency intervention directs the case planning process and clarifies the case manager's role with the household as well as formal and informal providers. Service provision decisions are based on inclusive assessments and planning with the family to establish goals that achieve measurable outcomes. Throughout the provision of in-home case management, the primary role of the case manager is to engage families in a positive working relationship to achieve a safe, stable home and permanence for children. Parent/caregiver self-determination is supported regarding the need to change and whether or not he/she is willing to participate in services. The acknowledgement of a parent's/caregiver's right to choose further enables the in-home case manager to evaluate the extent to which a parent/caregiver is ready, willing, and able to begin making the change necessary to create a safe home.

## **Glossary 610-05-01-01**

(NEW 12/1/20 ML #3604)

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**"Abused child"** means an individual under the age of eighteen years who is suffering from abuse as defined in NDCC 14-09-22 caused by a person responsible for the child's welfare.

**"Acknowledged father"** means a man who has established a father-child relationship under NDCC 14-20-11 through 14-20-24. [NDCC 14-20-02.(102)(1)]

**"Adjudicated father"** means a man who has been adjudicated by a court of competent jurisdiction to be the father of a child. [NDCC 14-20-02.(102)(2)]

**"Age or developmentally appropriate activities"** means activities that are generally accepted as suitable for children of a given chronological age or level of maturity or that are determined to be developmentally appropriate for a child based on the cognitive, emotional, physical, and behavioral capacities that are typical for children of a given age or age group, or in the case of a specific child, activities that are suitable for the child based on the cognitive, emotional, physical, and behavioral capacities of that child.

**"Alleged father"** means a man who alleges himself to be, or is alleged to be, the genetic father or a possible genetic father of a child, but whose paternity has not been determined. The term does not include: a) A presumed father; b) A man whose parental rights have been terminated or declared not to exist; or c) A male donor. [ NDCC 14-20-02.(102)(3)]

**"Alternative response assessment"** means a child protection response involving substance exposed newborns which is designed to:

- a. Provide referral services to and monitor support services for a person responsible for the child's welfare and the substance exposed newborn; and
- b. Develop a plan of safe care for the substance exposed newborn.

**“Alternate Caregiver”** means a person who is at least 18 years old who cares for a child in his or her home or in the child’s home. An alternate caregiver can be an identified relative, kin, or fictive kin (i.e. friends or neighbors) of the child, or a licensed foster parent.

**“Relative”** means any individual having the following relationship to the minor by marriage, blood, or adoption: brother, sister, stepbrother, stepsister, first cousin, uncle, aunt, or grandparent.[NDCC 14-15.01(14)]

**“Blue light”** is the time agency staff spend working with families and their informal or formal supports including the following activities for CPS workers and case managers: present and impending danger assessments, safety planning, case transition staffing, maltreatment determination, face-to-face visits, child and family team meetings, court hearings, etc. and the following activities for supervisors: daily unit monitoring, staffing and consulting, field support and coaching, quality assurance and reporting, etc.

**“Case manager”** means the social worker or family service specialist assigned by the agency to provide general case supervision, to make child removal and placement decisions, or to provide case management for a child under the care or supervision of the agency.

**“Case Plans”** include identified goals developed with the family, which are specific, behavioral, and measurable with a focus on enhancing parent/caregiver protective capacities in order to establish child safety and a safe home. Case plans include tasks/change strategies, specified roles, and responsibilities of providers, family members, and the case manager to assist the family in achieving the identified goals.

**“Change strategy”** refers to a well-defined approach that identifies specific tasks, services and activities for the purpose of supporting and enhancing diminished parent/caregiver protective capacities, ideally developed mutually with the parent/caregiver and including formal and informal elements.

**“Child”** means any unmarried person who is under the age of eighteen [NDCC 27-20-02.(4)] or a person over the age of 18 who chooses to remain in the 18+ continued foster care program [NDCC 27-20-30.1].

**"Child Protection Services Assessment"** is a factfinding process designed to provide information that enables a determination to be made that services are required to provide for the protection and treatment of an abused or neglected child and an evidence-based screening tool.

**"Child welfare management information system"** is the web-based case record system operated by the department (i.e. FRAME).

**"Conditions For Return"** means a written statement of specific behaviors, conditions or circumstances that must exist within a child's home before a child can safely return and remain in the home with an in-home ongoing safety plan. The Conditions For Return are embedded within the safety plan determination analysis questions of the CPS assessment, PCFA and PCPA.

**"Danger Threshold"** refers to the point at which family behaviors, conditions, or situations rise to the level of directly threatening the safety of a child. The danger threshold is crossed when family behaviors, conditions, or situations are manifested in such a way that they are beyond being just problems or risk influences and have become threatening to child safety. They are now active at a heightened degree, a greater level of intensity, and are judged to be out of the parent's/caregiver's or family's control thus having implications for dangerousness.

**"Degree (level) of intrusiveness"** refers to the type of agency response that will ensure the child's safety in the least intrusive manner and ranges from no intervention necessary (the child is deemed safe) to child placement out of the home with custody granted to the Human Service Zone by the court.

**"Family Centered Engagement meetings"** are a front-end engagement strategy designed to create a participatory and inclusive process that brings together those with relationships to the children and services providers to improve child welfare decision-making and outcomes for children who are temporarily removed per the present danger plan, at risk of removal, and children involved in both the child welfare and juvenile justice systems. See [607-05-35-25-10-05](#) for the policy requirements of Family Centered Engagement meetings.

**"Family interaction plans"** refer to scheduled time for family members to interact with one another in order to maintain and strengthen their relationships and connections when a child is placed with an alternate caregiver.

**"Family services assessment"** means a child protection services response to reports of suspected child abuse or neglect in which the child is determined to be at low risk and safety concerns for the child are not evident according to guidelines developed by the department and an evidence-based screening tool [NDCC 50-25.1-02(10)].

**"Fit and willing relative or other appropriate individual"** means a relative or other individual who has been determined, after consideration of an assessment that includes a criminal history record investigation under NDCC 50-11.3, to be a qualified person under NDCC 27-20.1 and NDCC 30.1-27, and who consents in writing to act as a legal guardian.

**"Formal supports"** are service providers who assist the family in assuring safety for the child and accomplishing case goals (e.g. therapists, parent aides, case aides, teachers, etc.).

**"Full kit"** is the collection of information required before every transition in the child welfare workflow process (i.e. from CPS to case management, from case management to the family, etc.).

**"Goals"** are specific, behavioral, and measurable, agreed upon by the child and family team, and included as part of the Case Plan. Goals focus on enhancing parent/caregiver protective capacities in order to establish and sustain child safety and a safe home.

**"ICWA Family Preservationist"** (IFP) is a representative of North Dakota tribes in Indian child welfare cases who is designated by the Indian child's tribe as being qualified to testify to the prevailing social and cultural standards of the child's tribe. The IFP serves as an advocate for the best interests of the Indian child and family.

**"Imminent"** refers to the belief that dangerous family behaviors, conditions, or situations will remain active or become active within the next several days to a couple of weeks and will have an impact on the child within that timeframe. This is consistent with a degree of certainty or

inevitability that danger and harm are possible, even likely, outcomes without intervention.

**“Impending danger”** is a foreseeable state of danger in which family behaviors, attitudes, motives, emotions, and/or situations pose a threat which may not currently be active but can be anticipated to have severe effects on a child at any time in the near future and require safety intervention. The danger may not be obvious at the onset of CPS intervention, or occurring in the present context, but can be identified and understood upon more fully evaluating individual and family conditions and functioning. There are fourteen (14) impending danger threats contained as criteria for assessing, determining, and recording the presence of impending danger.

**“Indian child”** means any unmarried person who is under the age of eighteen and is either a member of an Indian tribe or is eligible for membership in an Indian tribe and is the biological child of a member of an Indian tribe [25 USC 1903(4), ICWA].

**“Informal supports”** are those who provide assistance and support to the child and family but are not paid providers (e.g. extended family members, friends, clergy, etc.).

**“In-home safety plan”** refers to safety management so that safety services, actions, and responses assure a child can be kept safe in his/her own home. In-home safety plans include activities and services that may occur within the home or outside the home but contribute to the child remaining home. People participating in in-home safety plans may be responsible for what they do inside or outside the child’s home. An in-home safety plan primarily involves the home setting and the child’s location within the home as central to the safety plan; however, in-home safety plans can also include periods of separation of the child from the home and may even contain an out-of-home placement option such as on weekends (e.g., respite).

**“Level of effort”** refers to the type and intensity of supports and/or services necessary to control impending danger and assure child safety.

**“Needs”** are behaviors or issues within the family that must be addressed to assure safety, permanency, and well-being for all family members.

**"Neglected child"** means a child who, due to the action or inaction of a person responsible for the child's welfare:

- a. Is without proper care or control, subsistence, education as required by law, or other care or control necessary for the child's physical, mental, or emotional health, or morals, and is not due primarily to the lack of financial means of a person responsible for the child's welfare;
- b. Has been placed for care or adoption in violation of law;
- c. Has been abandoned;
- d. Is without proper care, control, or education as required by law, or other care and control necessary for the child's well-being because of the physical, mental, emotional, or other illness or disability of a person responsible for the child's welfare, and that such lack of care is not due to a willful act of commission or act of omission, and care is requested by a person responsible for the child's welfare;
- e. Is in need of treatment and a person responsible for the child's welfare has refused to participate in treatment as ordered by the juvenile court;
- f. Was subject to prenatal exposure to chronic or severe use of alcohol or any controlled substance as defined in chapter 19-03.1 in a manner not lawfully prescribed by a practitioner;
- g. Is present in an environment subjecting the child to exposure of a controlled substance, chemical substance, or drug paraphernalia as prohibited by NDCC 19-03.1-22.2; or
- h. Is a victim of human trafficking as defined in NDCC 12.1. [NDCC 50-25.1-02(14)]

**"Observable"** refers to family behaviors, conditions or situations representing a danger to a child that are specific, definite, real, can be seen, identified and understood and are subject to being reported, named, and justified. The criterion "observable" does not include suspicion, intuitive feelings, difficulties in worker-family interaction, lack of cooperation, or difficulties in obtaining information.

**"Out-of-control"** refers to family behavior, conditions or situations which are unrestrained resulting in an unpredictable and possibly chaotic family environment not subject to the influence, manipulation, or ability within the family's control. Such out-of-control family conditions pose a danger and are not being managed by anybody or anything internal to the family



system. The family cannot or will not control these dangerous behaviors, conditions or situations.

**“Out-of-home safety plan”** refers to safety management when a child cannot be kept safe in his/her own home. Out-of-home safety plans involve child placement in a safe and stable environment with alternate caregivers who 1) possess adequate parent/caregiver protective capacity to meet or accommodate the needs of the child, 2) is/are cleared of criminal activity and CPS history after completing all necessary background checks, and 3) is/are sufficient to manage impending danger. The alternate caregivers are typically relatives, kin, fictive kin, or licensed foster parents unless the child needs placement in a facility due to the identified needs.

**“Parent/caregiver protective capacities”** refer to personal and parenting behavioral, cognitive, and emotional characteristics that can specifically and directly be associated with a person being protective of his/her child. A protective capacity is a specific quality that can be observed, understood, and demonstrated as part of the way a parent/caregiver thinks, feels, and acts that makes him/her protective.

**“Present Danger Threats”** refer to immediate, significant, and clearly observable family conditions that are actively occurring or ‘in process’ of occurring at the point of contact with a family and will likely result in severe harm to a child.

**“Present Danger Plan”** is an immediate, short term, and sufficient action that protects a child from present danger threats by providing the child with responsible adult supervision and care. “Immediate” means that the plan is capable of controlling present danger the same day it is created. Before the worker or case manager leave the family, the present danger plan is in motion and confirmed. “Short term” means that the plan only needs to control the particular present danger situation until sufficient information can be gathered and analyzed to determine the need for a longer-term safety plan. “Sufficient” means that the adults who will provide care and supervision of the child are responsible, available, trustworthy, and capable of fulfilling their responsibilities within the present danger plan. It is confirmed that the responsible adults are willing to cooperate and are emotionally and physically capable of carrying out the protective actions needed to keep the child safe.

**“Presumed father”** means a man who, by operation of law under NDCC 14-20-10, is recognized as the father of a child until that status is rebutted or confirmed in a judicial proceeding. [NDCC 14-20-02.(102)(16)]

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

**“Protective Capacities Family Assessment”** (PCFA) is a collaborative process between the case manager and the parent/caregiver to examine and understand the behaviors, conditions, or circumstances that resulted in a child being unsafe. The collaborative process identifies protective capacities that can be employed to promote and reinforce change, and diminished protective capacities that must change in order for the parent/caregiver to regain full responsibility for the safety of the child.

**“Protective Capacities Progress Assessment”** (PCPA) is completed after the Case Plan is in effect and continues until case closure. The PCPA checks in on the quality of the helping relationship between the parents/caregivers and the agency, and the degree to which specific behaviors or conditions are changing in the intended direction.

**“Protective services”** includes services performed after an assessment of a report of child abuse or neglect has been conducted, such as social assessment, service planning, implementation of service plans, treatment services, referral services, coordination with referral sources, progress assessment, monitoring service delivery, and direct services [NDCC 50-25.1-02 (16)].

**“Reunification”** refers to a safety decision to modify an out-of-home safety plan to an in-home safety plan based on an analysis that impending danger threats can be controlled, parent/caregiver protective capacities have been sufficiently enhanced, and parents/caregivers are willing and able to accept an in-home safety plan.

**“Safe child”** is one in which no threats of danger exist within the family, or parents/caregivers possess sufficient protective capacity to manage any threats, or the child is not vulnerable to the existing danger.

**“Safe home”** refers to the required safety intervention outcome that must be achieved in order for a case that involves an unsafe child to be successfully closed. A safe home is a qualified environment and living circumstance that once established can be judged to assure a child’s safety and provide a permanent living arrangement. A safe home is qualified by: 1) The absence or reduction of threats of severe harm; 2) the presence of sufficient parent or caregiver protective capacities; and 3) confidence in consistency and endurance of the conditions that produced the safe home. The term “safe home” is used in the Adoption and Safe Families Act (ASFA) as the objective of child welfare agency intervention.

**“Safety assessment”** means the identification and focused evaluation of impending danger threats as part of the initial CPS assessment and continues throughout the life of the case.

**“Safety plan determination analysis”** refers to the examination of safety intervention information, impending danger threats as identified by the CPS assessment, and parent/caregiver protective capacities in order to determine if the child is safe or unsafe and if unsafe, create a safety plan.

**“Safety Framework”** refers to all the actions and decisions required throughout the life of a case to: 1) Assure that an unsafe child is protected; 2) Expend sufficient efforts necessary to support and facilitate parents/caregivers taking responsibility for the child’s protection; and 3) Achieve the establishment of a safe, permanent home for the unsafe child. Safety Framework consists of identifying and assessing threats to child safety, planning, and establishing safety plans that assure child safety, managing safety plans that assure child safety, and creating and implementing case plans that enhance the capacity of parents/caregivers to provide protection for their child(ren).

**“Safety Plan”** is a written arrangement between parents/caregivers and the agency that is required when a child is concluded to be unsafe. A safety plan establishes how impending danger threats will be managed. It is implemented and active as long as impending danger threats exist, and parent/caregiver protective capacities are insufficient to assure a child is protected. See “in-home safety plan” and “out-of-home safety plan.”

**“Secondary Traumatic Stress”** is the emotional response that results when child welfare professionals are indirectly exposed to the graphic

details of others' traumatic experiences and to their posttraumatic stress symptoms.

**"Services"** are formal or informal supports put into place to assist the family to accomplish their case plan goals (e.g. counseling, mentoring, treatment, etc.).

**"Severe harm"** refers to detrimental effects consistent with serious or significant injury, disablement, grave/debilitating physical health or physical conditions, acute/grievous suffering, terror, impairment, or death.

**"Severity"** refers to the degree of harm that is possible or likely without intervention. As far as danger is concerned, the danger threshold is consistent with severe harm. Severe harm includes such effects as serious physical injury, disability, terror and extreme fear, impairment and death. The danger threshold is also in line with family conditions that reasonably could result in harsh and unacceptable pain and suffering for a vulnerable child. In judging whether a behavior or condition is a threat to safety, consider if the harm that is possible or likely within the next few weeks has potential for severe harm, even if it has not resulted in such harm in the past. In addition to this application in the threshold, the concept of severity can also be used to describe maltreatment that has occurred in the past.

**"Sexually abused child"** means an individual under the age of eighteen years who is subjected by a person responsible for the child's welfare, or by any individual, including a juvenile, who acts in violation of sections 12.1-20-01 through 12.1-20-07, sections 12.1-20-11 through 12.1-20-12.3, or chapter 12.1-27.2 [NDCC 50-25.1-02(3)].

**"Tasks,"** or change strategies, are case plan activities that describe how change will be accomplished so that the goal is achieved.

**"Threats to child safety"** refers to specific conditions, behaviors, emotions, perceptions, attitudes, intents, actions, or situations within a family that represent the potential for severe harm to a child. A threat to child safety may be classified as present danger threats or impending danger threats.

**"Trauma"** refers to a deeply stressful experience or its short and long-term impacts. Child maltreatment can cause traumatic stress in some

children, while others are more resilient and show few, if any, lasting effects.

**“Trauma-informed practice”** involves an ongoing awareness of how traumatic experiences may affect children and families. Trauma-informed child welfare staff recognize how children and families may perceive practices and services. They are aware of how certain actions and physical spaces have the potential to retraumatize or trigger behaviors in those they serve.

**“Unsafe child”** is one in which threats of danger exist in the family, and the child is vulnerable to such threats, and parents/caregivers have insufficient protective capacities to manage or control the threats.

**“Vulnerable child”** refers to a child who is dependent on others for protection and is exposed to circumstances that she or he is powerless to manage, and susceptible, accessible, and available to a threatening person and/or persons in authority over them. Vulnerability is judged according to age; physical and emotional development; ability to communicate needs; mobility; size and dependence and susceptibility. This definition also includes all young children from 0 – 6 and older children who, for whatever reason, are not able to protect themselves or seek help from protective others.

**“Warm Handoff”** is the action of transferring a child welfare case across the workflow process. A full kit of information is required as part of a warm handoff. In a typical child welfare case, there are four warm handoffs: 1) CPS referral to case management supervisor, 2) case transition staffing, 3) case manager’s initial contact with the family, and 4) case closure.

**“Wraparound”** is a strength-based philosophy of care using a definable process of partnering with the family to assure child safety, permanency, and well-being.

## **Core Responsibilities 610-05-01-05**

(NEW 12/1/20 ML #3604)

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In-home case management services involve the following fundamental responsibilities:

- Managing and assuring child safety through continuous assessment, oversight, and adjustment of safety plans that are effective in assuring child safety and are the least intrusive to the family.
- Engaging families in a case planning process that identifies underlying needs and directs services to address threats to child safety.
- Measuring progress related to establishing parent/caregiver protective capacities and eliminating safety related issues.
- Achieving permanence and stability for the child.
- Supporting and building upon all aspects of child and parent/caregiver well-being.
- Ensuring timely and safe case closure.

Participation in and successful completion of the Child Welfare Certification Training Program is required by all in-home case managers. In-home case managers must begin the training program within the first six months of employment as an agency child welfare staff person. In-home case managers must complete the training program within one year of beginning the training program. The in-home case manager must provide a copy of the certificate of completion to his/her supervisor.

**Safety 610-05-01-05-01**

(NEW 12/1/20 ML #3604)

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A child is safe if no threats of danger exist within the family, parents/caregivers possess sufficient protective capacities to manage any threat, or the child is not vulnerable to the existing danger. A child is unsafe when threats of danger exist within the family, children are vulnerable to such threats, and parents/caregivers have insufficient protective capacities to manage or control the threats.

Safety intervention for child welfare cases is a continual process concluding with case closure. The safety process focuses on assessing for, and controlling, impending danger while collaborating with parents/caregivers to establish a capacity to minimize risk factors, protect children from harm, and provide a safe and nurturing environment.

Child welfare agencies implement and manage sufficient, feasible, and sustainable safety plans to control impending danger. Implementing a safety plan does not mean a child is safe; rather, impending danger is controlled through an in-home safety plan or an out-of-home placement until protective capacities are established and identified safety threats are eliminated. Safety plans typically include safety services as a strategy to control impending danger.

In-home case managers are responsible for monitoring the existing safety plan developed during the CPS assessment and ensuring child safety through continuous assessment, oversight, and adjustment of safety plans. In-home case managers are also responsible to employ safety services to control impending danger threats so that the safety plan remains sufficient to keep the child safe.

Safety Framework practice model uses a family centered approach where parents/caregivers are viewed as the experts in their family and, as such, are the focus of agency intervention. This requires agencies to continually engage families in a change process while simultaneously recognizing that only the family can decide when or if they are ready to change. Support of a parent's/caregiver's right to self-determination is significant in achieving sustainable change and ensuring safety for children in the household.

## **Permanence 610-05-01-05-05**

(NEW 12/1/20 ML #3604)

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Permanency planning occurs simultaneously with the family's involvement with the child welfare agency. Prompt actions to maintain a child safely in the home or permanently place the child in a safe, alternate family setting positively influences the quality of a child's permanent relationships, cultural identity, and sense of self. Planning for permanence includes establishing lifelong connections for the child by fostering relationships with extended family and caregivers.

The purpose of in-home case management services is to maintain the child in the home whenever safely possible and utilize formal and informal supports to strengthen the family. In-home case managers are responsible for engaging families in the Protective Capacity Family Assessment and case planning process to identify underlying needs and direct services to address threats to child safety. In-home case managers work with the child and family team to routinely measure progress related to enhancing parent/caregiver protective capacities and eliminating safety related issues so that the risk of child removal is decreased and permanency is assured.



## **Well-Being 610-05-01-05-10**

(NEW 12/1/20 ML #3604)

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A child's well-being is dependent upon the parent's/caregiver's ability to meet their social-emotional, educational, physical health, mental/behavioral health, and cultural needs. In-home case managers are responsible to assess child and parent/caregiver needs in these areas throughout the duration of the case and address identified needs as part of case planning activities. Families should be meaningfully engaged in all aspects of the service process to build and maintain a trusting, supportive working relationship.

## **Safe Case Closure 610-05-01-05-15**

(NEW 12/1/20 ML #3604)

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Safe case closure occurs when a child is safe, protected, and in a permanent and stable home. The in-home case manager works with the family and the child and family team to establish supports before ending involvement. These supports include arrangements and connections within the family network or community that can be created, facilitated, or reinforced to provide the parent/caregiver resources and assistance once agency involvement ends.

## **Safe Case Closure and the Role of the Supervisor** **610-05-01-05-20**

(NEW 12/1/20 ML #3604)

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The supervisor's role when determining when it is safe to close in-home case management includes the following:

- Providing consultation to the case manager when needed on case closure;
- Supporting the case manager in ending the relationship between the family and the agency;
- Reviewing and confirm the agency's ability to confidently close the ongoing safety plan;
- Confirming the case closure in FRAME;
- Reviewing and confirming completion of case documentation; and
- Reviewing and approving case closure.

**Exceptions for In-Home Case Management Policy**  
**610-05-01-10**

(NEW 12/1/20 ML #3604)

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An exception occurs when the intent of the specific requirement within the entirety of the In-Home Case Management Policy Manual must be met in an alternative manner. An exception is not the same as a waiver. A waiver means that the requirement need not be followed.

Exceptions must be made only when the justification and alternative provision is documented in the case record following supervisory approval. Exceptions will not be granted for requirements of state statutes, federal law, or administrative rules.

## Case Transition Process 610-05-05

(NEW 12/1/20 ML #3604)

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This policy applies when a family transitions from one agency staff to another and circumstances require continued agency intervention. Case transition most frequently occurs when transferring the case from child protection services (CPS) to in-home case management; however, this policy also applies when a case transitions from one case manager to another.

A full kit of information is required as part of the case transition process and includes:

- Sharing and understanding information collected and decisions made during the CPS assessment process, any case management services that have been provided, or other points in the case process;
- Ensuring a clear understanding of roles and responsibilities of case managers and formal and informal family supports;
- Identifying additional agency and community resources, services, and supports to the family;
- Preparing the receiving case manager for the initial meeting with the family; and
- Completing the referral for a Family Centered Engagement (FCE) meeting when appropriate, in collaboration with juvenile court.

## **Case Management During the Transition Process 610-05-05-01**

(NEW 12/1/20 ML #3604)

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The CPS worker or case manager initiating the case transition maintains responsibility for managing the case until the conclusion of Warm Handoff 2 – Case Transition Staffing. This includes:

- Managing and overseeing the present danger plan or safety plan, as applicable;
- Continuing contact with the child and parents/caregivers; and
- Maintaining communication with assigned tribal child welfare case managers, formal service providers, and informal supports as appropriate to the case.

Full disclosure of case information and determinations assists the in-home case manager in assuming safety and case management responsibilities.

**Warm Handoff 1 – Case Assignment 610-05-05-05**

(NEW 12/1/20 ML #3604)

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The in-home supervisor is responsible to ensure the full kit of information necessary for assigning the case to an in-home case manager is accessible. The supervisor meets with the CPS worker to review the information gathered during the CPS assessment prior to assigning the case. This meeting is referred to as Warm Handoff 1 – Case Assignment.

**Supervisor Responsibilities for Warm Handoff 1 – Case Assignment 610-05-05-01**

(NEW 12/1/20 ML #3604)

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When assigning cases to an in-home case manager, the supervisor will consider the following:

- Complexity of the family situation;
- Current caseloads of case managers, where the current cases are positioned within the workflow process, and the intensity of safety management responsibilities;
- The case manager’s skill level related to family engagement; and
- The variability in workload demands such as where the child resides, the number of children involved, and location of the family (i.e. within the community or a distance from the community).

The in-home supervisor must assign the case to a case manager within twenty-four (24) hours of Warm Handoff 1 – Case Assignment.



**Documentation of Warm Handoff 1 – Case Assignment  
610-05-05-05-05**

(NEW 12/1/20 ML #3604)

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The date of Warm Handoff 1 – Case Assignment must be documented as the service period start date in the North Dakota child welfare management information system by the in-home case manager.

**Warm Handoff 2 – Case Transition Staffing 610-05-05-10**

(NEW 12/1/20 ML #3604)

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Warm Handoff 2 – Case Transition Staffing is a meeting between the referring CPS worker/case manager and the receiving case manager, along with their supervisors or designees. In cases where the outcome of the CPS assessment necessitates in-home case management services, the Warm Handoff 2 – Case Transition Staffing will include the transferring CPS worker, the receiving case manager, and the necessary supervisors.

For all other types of case transition, the two agency case managers and supervisors, when appropriate, must convene a Warm Handoff 2 – Case Transition Staffing.

**Requirements of Warm Handoff 2 – Case Transition  
Staffing 610-05-05-10-01**

(NEW 12/1/20 ML #3604)

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Safety management is the primary responsibility of the Human Service Zone agency prior to and during the case transition process. The referring CPS worker or case manager will make available a full kit of information that will be reviewed and discussed during the staffing. The full kit for Warm Handoff 2 – Case Transition Staffing includes:

- Present danger assessment and present danger plan (when applicable to the case);
- CPS assessment including gaps in information, decisions made, and the status of impending danger;
- Safety plan determination analysis and whether it resulted in the least intrusive, sufficient, feasible, and sustainable safety plan;
- The identified safety services/actions and whether they continue to be available at the needed frequency to control each impending danger threat;
- The continued suitability, role, and commitment of safety services providers;
- The status of parent/caregiver involvement in the safety plan;
- The presence of existing parent/caregiver protective capacities and general family strengths;
- Child needs including a summary of social-emotional, educational, physical, and mental/behavioral health, as available;
- Whether a child has been determined to be an Indian child in accordance with the Indian Child Welfare Act [25 USC 1901 to 1923];
- Status of involvement of any noncustodial/absent parents and the CPS worker's due diligence to locate and involve;
- Status of early intervention services referral when maltreatment has been substantiated involving a child under the age of three (3); and
- Strategy for family engagement to include:
  - Plan for initial contact between the CPS worker, in-home case manager, and the family;
  - Whether a referral for a Family Centered Engagement meeting has been completed or is needed; and
  - Potential members for the child and family team.

## **Timing of Case Transition 610-05-05-10-05**

(NEW 12/1/20 ML #3604)

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Case transition to an in-home case manager will occur following the completion of the CPS assessment. In cases where the CPS Assessment process requires a case opening for In-Home Case Management services, the case transition staffing must occur within three (3) business days of case assignment. For all other types of case transition, the two agency workers must schedule a warm handoff case transition staffing in a timely manner.

In some cases, the case will transition to In-Home Case Management services, but will not transfer to a new case manager because that person functions as both the CPS worker and in-home case manager. In these situations, the case manager and supervisor will need to focus on changing roles and responsibilities to provide necessary services and supports to the child and family.

Per 607-05-35-30-01 , there will be situations in which a child must enter an emergency out-of-home placement immediately, or family needs are such that it is determined services must be implemented prior to completion of the CPS assessment. In these situations, a case transition staffing must still take place. However, the information shared may not comprise a full kit. It is imperative the CPS worker and in-home case manager stay in close communication during that time frame. Once the CPS assessment is complete, the CPS worker and in-home case manager and their supervisors will formalize the case transition, at which time the CPS worker's involvement will end.

## **Modifying the Safety Plan 610-05-05-10-10**

(NEW 12/1/20 ML #3604)

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When results of the Warm Handoff 2 – Case Transition Staffing determine the safety plan is not sufficient, feasible, or sustainable, the CPS worker and in-home case manager modify the safety plan to effectively control impending danger during the initial meeting with the family (i.e. Warm Handoff 3 – Initial Contact with the Family). Changes must be made with and communicated to all participants and providers involved in the safety plan.

**Documentation of Warm Handoff 2 – Case Transition  
Staffing 610-05-05-10-15**

(NEW 12/1/20 ML #3604)

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The content and date of Warm Handoff 2 – Case Transition Staffing must be documented as a case activity log in the North Dakota child welfare management information system. Agencies will determine which staff person is responsible for documenting this information.

## **Warm Handoff 3 – Initial Contact with the Family 610-05-05-15**

(NEW 12/1/20 ML #3604)

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Warm Handoff 3 – Initial Contact with the Family is a face-to-face discussion that occurs between the transferring CPS worker/case manager, receiving in-home case manager, parents/caregivers, child (when developmentally and age appropriate), and safety service providers. This interaction must occur timely, within five (5) business days of Warm Handoff 2 – Case Transition Staffing to ensure oversight of the safety plan continues during the case transition so that the child is safe and protected.

Warm Handoff 3 – Initial Contact with the Family must include disclosure of:

- Identified impending danger;
- The safety analysis and whether it resulted in the least intrusive, sufficient, feasible, and sustainable safety plan;
- The identified safety services/actions and whether they continue to be available at the needed frequency to control each impending danger threat;
- The continued suitability, role, and commitment of safety service providers;
- The in-home case manager's role and responsibilities and how they differ from that of the CPS worker's;
- The presence of existing parent/caregiver protective capacities and general family strengths; and
- The status of parent/caregiver involvement in the safety plan.

When a child is placed with kin or fictive kin on a voluntary basis, the Warm Handoff 3 – Initial Contact with the Family must also include the family interaction plan, including sibling contact, and whether it is sufficient to meet the developmental needs of the child. See 610-05-35-15 for family interaction plan requirements.

At the conclusion of the Warm Handoff 3 meeting, the CPS worker's role ends and the in-home case manager becomes the primary agency staff person responsible for working with the child and family.

**Documentation of Warm Handoff 3 – Initial Contact with the Family 610-05-05-15-01**

(NEW 12/1/20 ML #3604)

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The content and date of Warm Handoff 3 – Initial Contact with the Family must be documented as a case activity log in the North Dakota child welfare management information system. The in-home case manager is responsible for documenting this information.



## **Locating and Involving Noncustodial/Absent Parents 610-05-10**

(NEW 12/1/20 ML #3604)

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Locating and involving noncustodial/absent parents is vital when a child remains in the family home. Noncustodial/absent parents have specific rights regarding their children that must be protected when intervention occurs. However, specific circumstances must be considered when determining whether to include noncustodial/absent parents for in-home case management cases. This policy provides minimal standards to assist agencies in identifying, locating, and involving noncustodial/absent parents including alleged, adjudicated, or acknowledged fathers.

**Requirements for Locating Noncustodial/Absent Parents  
610-05-10-01**

(NEW 12/1/20 ML #3604)

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For cases that are court involved, for cases open for a longer period of time due to ongoing safety concerns, or for cases in which custodial/present parents are not successfully addressing the concerns, the in-home case manager must make concerted efforts to contact and inform noncustodial/absent parents about the status of the child and engage them in meeting the needs of the child. Concerted efforts include the identification, consideration, and determination of noncustodial/absent parents as potential resource or placement options for the child in the event an out-of-home safety plan becomes necessary.

It is expected the in-home case manager involve noncustodial/absent parents when:

- The noncustodial/absent parent has ongoing contact with the child;
- The child is at high risk of requiring an out-of-home safety plan (i.e. safety issues exist that cannot be mitigated in the short term, or the custodial/present parent is not compliant with safety services or the safety plan); or
- The noncustodial/absent parent was notified and made aware of child welfare agency involvement and has a desire to be involved as a resource for the child.

In situations where a custodial/present parent refuses to allow the in-home case manager to contact a noncustodial/absent parent, the agency is expected to include the noncustodial/absent parent only if:

- The court orders the noncustodial/absent parent/s involvement;
- The child is at high risk of an out-of-home safety plan; or
- The child has ongoing contact with the noncustodial/absent parent that necessitates an assessment of that parent.

**Exceptions for Locating and Involving  
Noncustodial/Absent Parents 610-05-10-05**

(NEW 12/1/20 ML #3604)

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Note that if the above circumstances exist, but the custodial/present parent expresses a history of abuse, neglect, domestic violence, substance abuse, etc., by the noncustodial/absent parent, this should be taken into consideration and assessed accordingly.

If it is not in the child's best interest to involve the noncustodial/absent parent in case planning due to ongoing safety threats that could emotionally or physically re-traumatize the child that cannot be mitigated by the agency or other interventions, it is not required to involve the noncustodial/absent parent.

A No Contact Order, Protection Order, or Restraining Order ( ) provides context for this determination but in isolation cannot be the sole reason for not involving a noncustodial/absent parent.

**Concerted Efforts to Locate and Involve  
Noncustodial/Absent Parents 610-05-10-10**

(NEW 12/1/20 ML #3604)

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Concerted efforts to locate noncustodial/absent parents include:

- Contacting the parent at the last known addresses or phone numbers;
- Using the federal parent locator service, reviewing case files/central registries;
- Asking about relatives and making efforts to contact any identified relatives;
- Asking the children's current/previous schools for parent information; or
- Posting a legal advertisement in a newspaper (after all other search methods have been exhausted).

When seeking information from people or resources outside their case, in-home case managers must continue to maintain confidentiality about the identity and circumstances of the children and families with whom they are working. This may make it more difficult to obtain information, because the other person is reluctant to share information unless he or she knows how it will be used. Nevertheless, confidentiality requirements must be followed.

When the noncustodial/absent parent is located, the in-home case manager must contact the parent and determine his/her interest in participating in case planning on behalf of the child. If the parent is willing and interested in being involved, the in-home case manager must:

- Conduct a comprehensive assessments initially and ongoing to determine what noncustodial/absent parent needs to provide appropriate care and supervision to ensure the well-being of the child including:
  - Mental/behavioral health,
  - Substance abuse,
  - Transportation,
  - Housing,
  - Employment and financial situation, etc.
- Ensure appropriate services are provided to the noncustodial/absent parent to address the identified needs; and

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- Determine whether the noncustodial/absent parent would be a placement option if there is a change in circumstance for the child.

## **When Paternity Has Not Been Established 610-05-10-15**

(NEW 12/1/20 ML #3604)

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When the identity or whereabouts of the father are unknown, diligent efforts to identify and locate the father must include:

- Checking the child's birth certificate to see if there is a person listed as the father and follow up with location efforts if a father is listed on the birth certificate;
- Asking the mother, child (if appropriate), and relatives who the father is believed to be and any known information including location of conception or any identifying characteristics; and
- Following up with efforts to locate individuals identified.

The in-home case manager should continue trying to locate fathers until the father is located. If the in-home case manager learns new information about the child's father or possible father, that information must be pursued.

**Documentation of Concerted Efforts to Locate and Involve Noncustodial/Absent Parents 610-05-10-20**

(NEW 12/1/20 ML #3604)

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The in-home case manager will document ongoing concerted efforts to contact noncustodial/absent parents as a case activity log in the ND child welfare management information system.

If it is not in the child's best interest to involve the noncustodial/absent parent in case planning, documentation must be included as a case activity log in the ND child welfare management information system including the specific reason(s) why it would not be in the child's best interest.

If it is deemed inappropriate to involve the noncustodial/absent parent in case planning, documentation to support this decision must be contained in the agency case record. For example, documentation from the child's counselor or therapist, and/or the copy of a No Contact Order, Protection Order, or Restraining Order.

**Special Situations for In-Home Services Cases 610-05-15**

(NEW 12/1/20 ML #3604)

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Circumstances within the family may warrant a specialized response by in-home case managers. This policy provides agencies guidance on such situations.



## **CPS Reports on In-Home Services Cases 610-05-15-01**

(NEW 12/1/20 ML #3604)

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At times Human Service Zone agencies receive new reports of suspected abuse or neglect concerning families receiving in-home case management. At other times, the assigned in-home case manager may observe or receive new information about a family or parent/caregiver. When suspected child abuse or neglect is reported, observed, or received the agency must respond according to the following requirements. In these situations [640-01 Child Protection Services](#) will be a key reference.

**Requirements for CPS Reports on In-Home Services Cases  
610-05-15-01-01**

(NEW 12/1/20 ML #3604)

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When an additional report of suspected child abuse or neglect is made while the family is receiving in-home case management, a team of professionals comprised of the in-home case manager, the case manager's supervisor, the CPS worker who completed the most recent CPS assessment with the family, and the CPS worker's supervisor will meet to review the concerns no later than three (3) business days after receipt of the report by the agency. When technical assistance is needed, the field service specialist can also participate in the meeting.

This team of professionals will decide if the concerns will be administratively assessed by the in-home case manager or if a full assessment by a CPS worker is necessary. Reports that require extensive collateral information, medical records, etc. may be more appropriately assessed by the CPS worker. During this meeting, the team of professionals will decide:

- Whether to go directly to the court for deprivation action because another CPS assessment is not necessary or desirable;
- If modifications to the present danger plan or safety plan are required;
- Whether referral for an FCE meeting will be completed per [607-05-35-25-10-05](#);
- If updates to the PCFA, case plan or PCPA are necessary; and/or
- If an emergency child and family team meeting must be scheduled.

The in-home case manager will assess the reported concerns of suspected child abuse and neglect by meeting with the child face to face within the timeframes established in [640-01-10-10-01](#). The in-home case manager will meet face to face with the parents/caregivers within three (3) business days from the decision to assess the report administratively to determine what action, if any, is necessary to address the concerns.

The in-home case manager will meet with collateral sources and safety service providers within five (5) business days from the decision to assess the report administratively.

During the discussion with the family, collateral sources, and safety service providers key topics must be discussed including:

- If a present danger plan has been put in place and if so, whether any changes to the present danger plan are necessary;
- Whether a revision to the safety plan is needed to ensure it remains sufficient to control impending danger;
- If a referral for an FCE meeting has been or will be made due to the risk of the child being placed out of home; and
- Whether any changes are needed to the PCFA, case plan, or PCPA and the timing of the next child and family team meeting as a result of the new circumstances.

## **Documentation of Administrative Assessments 610-05-15-01-05**

(NEW 12/1/20 ML #3604)

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Information related to administrative assessments must be documented in the case activity log of the ND child welfare management information system including:

- The specific concerns reported and the response by the agency (e.g. present danger plan, revisions to the safety plan, location of the child and justification of removal when applicable, changes to the case plan, etc.);
- Whether a present danger plan has been implemented;
- If a referral for an FCE meeting was made and if not, why;
- Whether the case plan will be modified due to the present circumstances; and
- The anticipated date of the next child and family team meeting.

The assessment of additional safety concerns and needed interventions will be documented in the PCFA (if still in process) or PCPA, and incorporated into the existing safety plan.

The following document originals or copies must be filed in the agency case record:

- Present Danger Assessment and Present Danger Plan (SFN 455) when applicable;
- A copy of the FCE meeting referral when one has been completed;
- Safety plan when modifications have been made; and
- Revised PCFA or PCPA and case plan, as applicable.

**Exceptions for CPS Reports on In-Home Services Cases  
610-05-15-01-10**

(NEW 12/1/20 ML #3604)

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Per 640-01-05-20-10, when the concerns are of a criminal nature (e.g. sexual abuse, physical abuse, human trafficking), or if the family has revealed information indicating a child may have been a victim of a crime, a referral will be made to law enforcement for a joint assessment/ investigation with a CPS worker.

## **Emergencies After Hours 610-05-15-05**

(NEW 12/1/20 ML #3604)

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There may be times when the in-home case manager is assigned as an agency on-call worker responsible to respond to emergencies that occur after hours. There may also be times when the in-home case manager is called to respond to an emergency after hours concerning a family either currently open for in-home services and on his/her caseload or a family currently open for in-home services but not on his/her caseload. This policy applies to these situations.

## **On-Call Emergencies After Hours 610-05-15-05-01**

(NEW 12/1/20 ML #3604)

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When the on-call in-home case manager responds to an emergency after hours and recognizes that the emergency situation involves responding to a child abuse or neglect situation, the case manager will be acting in the role of a CPS worker in response to the emergency call. The case manager will note the date and time of the after-hours call. This then becomes the date and time of the CPS report as well as the date and time of report assignment when it is entered into the ND child welfare management information system.

Initiation of the assessment for an after-hours emergency will be the date and time the on-call in-home case manager meets with the suspected child victim. The on-call in-home case manager must provide the intake unit with the CPS report (SFN 960, police report, etc.) on the next business day so a full kit CPS intake can be completed.

When responding to the emergency, the on-call in-home case manager will:

- Call 911 or the local emergency number immediately if they or any person in the family home is in imminent danger and law enforcement is not present.
- Refer to and follow [607-05-35-10](#) and [607-05-70-15](#) when the after-hour emergency involves an unsafe child.

**In-Home Caseload Emergencies After Hours  
610-05-15-05-05**

(NEW 12/1/20 ML #3604)

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Policy 610-05-15-05-01 applies in most situations. When, after assessing the situation, the in-home case manager determines no present danger threats exist but identifies impending danger, [607-05-35-25-10](#) and [607-05-70-40](#) must be followed.



**Documentation of Emergencies After Hours**  
**610-05-15-05-10**

(NEW 12/1/20 ML #3604)

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Activities of the on-call in-home case manager must be entered as a case activity log in the ND child welfare management information system under the Assessment tab and coded as "CPS".

If the assessment is to be assigned to another worker on the following business day, the reassignment date must be documented in the case activity log of the ND child welfare management information system.

When the in-home case manager responds to an after-hours emergency for reasons other than being on-call, the activities of the in-home case manager will be documented in the case activity log of the ND child welfare management information system.

As applicable, the originals or copies of the present danger assessment, present danger plan, and safety plan will be filed in the agency's case record.

**In-Home Case Management During an Appeal of Child Abuse and Neglect Assessment Decisions 610-05-15-10**

(NEW 12/1/20 ML #3604)

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Following a finding that services are required to provide for the protection and treatment of an abused or neglected child, the subject may choose to file an appeal of the decision per [NDAC 75-03-18](#). This policy directs the in-home case manager regarding the handling of such requests.

## Requirements During the Appeal Process

### **610-05-15-10-01**

(NEW 12/1/20 ML #3604)

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Regardless of whether the appeal of a child abuse and neglect decision is submitted prior to or following the case transition process from CPS to in-home case management, the agency is responsible to proceed with providing in-home case management per the policies within this manual. This includes assessing and managing impending danger threats per the CPS Assessment and Safety Plan Determination.

The in-home case manager is responsible to make ongoing concerted efforts to assess safety of the child during the appeal process. The in-home case manager's visits with the parents/caregivers and child must support quality assessments of safety as well as monitoring and updating the safety plan when additional impending danger threats are identified. Refer to [607-05-35-40](#) for safety management policy requirements during ongoing services. Concerted efforts include working to engage the family in needed safety-related services and facilitating the family's access to those services.

Policy 610-05-20-10-05 applies when the family refuses to work with the case manager.

**When the Subject Requests a Letter of Support During the Appeal Process 610-05-15-10-05**

(NEW 12/1/20 ML #3604)

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At times, the subject of the child abuse and neglect decision that services are required may request that the in-home case manager write a letter of support for use in their appeal. If the case manager chooses to write a letter, it must be factual such as listing the number of face-to-face contacts or in-home visits the case manager has had with the subject, parent/caregiver, and child, or information on their participation in any services. The case manager must avoid stating opinions about the CPS assessment or determination, or judgement statements about the subject's character, honesty, or other personal characteristics. The in-home case manager will refrain from giving the subject any direction on how to handle the CPS appeal; rather, refer those requests to the CPS worker or the CPS supervisor.

**Documentation During the Appeal Process**  
**610-05-15-10-10**

(NEW 12/1/20 ML #3604)

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The in-home case manager will document ongoing concerted efforts to assess child safety as case activity logs in the ND child welfare management information system. The in-home case manager must document how safety was assessed, whether there were any present or impending danger threats identified, and how the in-home case manager and agency appropriately responded to any identified present or impending danger threats during the appeal process.

As with any other time in the case process, originals or copies of any present danger assessments, present danger plans, and safety plans completed during the appeal process must be filed in the agency's case record.

If the case manager writes a letter of support, a copy of the letter must be filed in the agency's case record.

## **Family Moves 610-05-15-15**

(NEW 12/1/20 ML #3604)

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When families receiving in-home case management relocate to another Human Service Zone or state, the originating zone may need to request supervision or other services for the family at their new location. For moves within the state of North Dakota, specific requirements exist regarding notification and transfer of case management responsibilities.

**Requirements When Family Members Move  
610-05-15-15-01**

(NEW 12/1/20 ML #3604)

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When a Human Service Zone agency learns a family currently receiving in-home case management services has moved to a new Human Service Zone, the sending zone must notify the receiving zone of the family's new residence. Notice must be provided to the new zone of residence within five (5) business days of learning the family has moved and must constitute a Warm Handoff 2 – Case Transition Staffing per 610-05-05-10.

When impending danger threats are present within the family, the receiving Human Service Zone must accept the case for in-home case management and assist the family in accessing services in their new community per the existing safety plan and case plan.

For cases involving court ordered services, the receiving in-home case manager will meet with the zone's state's attorney within fifteen (15) business days to determine if the case needs to go forward in the new jurisdiction.

When some, but not all, family members move to a different Human Service Zone the two agencies must convene a Warm Handoff 2 – Case Transition Staffing per 610-05-05-10 within five (5) business days of learning about the move to determine which will be the primary agency and which will be the secondary agency based upon case circumstances. The primary in-home case manager will be responsible for managing the case and will collaborate with the secondary in-home case manager and family members when scheduling and convening child and family team meetings and when completing or modifying all assessments and plans (e.g. present danger assessment, present danger plan, safety plan, PCFA, case plan, PCPA). The secondary agency will provide courtesy in-home case management to the family members in their zone in consultation and collaboration with the primary agency's in-home case manager. This includes the required visits with the family members within that zone per [607-06-35-50](#).

**Documentation of Family Moves 610-05-15-15-05**

(NEW 12/1/20 ML #3604)

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In situations where the family moves from one Human Service Zone to another Human Service Zone, the sending in-home case manager will transfer the case to the receiving in-home case manager and document the case transfer as a case activity log in the ND child welfare management information system per 610-05-05-10-15.

In situations where some family members move to a different Human Service Zone, the primary agency case manager will add the secondary agency case manager as a "secondary worker" in the ND child welfare management information system. The primary in-home case manager will be responsible to update the assessments and plans (e.g. present danger assessment, present danger plan, safety plan, PCFA, case plan, PCPA) in consultation and collaboration with the secondary in-home case manager. Both the primary and secondary in-home case managers will be responsible to document visits with the child and parents/caregivers as applicable to the case. If the agency decision involves a case transfer, the sending in-home case manager will transfer the case to the receiving in-home case manager and document the case transfer as a case activity log in ND child welfare management information system. The receiving in-home case manager will document receipt of the request as a case activity log in the ND child welfare management information system.



**Substance Exposed Newborns 610-05-15-20**

(NEW 12/1/20 ML #3604)

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Substance exposed newborns are among the most high-risk populations in child welfare. The extreme vulnerability of a newborn infant is heightened by the challenges faced when the newborn has been substance exposed. Substance exposed newborns can experience such obstacles as Neonatal Abstinence Syndrome, failure to thrive, maternal bonding difficulties, and developmental challenges. In addition to the physical and developmental risks presented by prenatal substance exposure, the substance exposed newborn faces the potential for very early and severe neglect related to the substance use of a parent/caregiver who may be severely impaired by a substance use disorder or struggling in recovery and who may not be attuned to the high needs of the infant. These factors often combine in situations of abuse or neglect and can result in long term harm. Focusing specific protective interventions is critical to ensure safety of the newborn and support for the parents/caregivers. Following CPS Alternative Response services, the family may need continuing protective services through in-home case management. In these cases, the policies within this manual chapter will apply.

## **Child Victims in School and Child Care Settings 610-05-15-25**

(NEW 12/1/20 ML #3604)

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Per NDCC 50-25.1-02, an employee of, or any person providing care for, the child in a public or private school or child care setting is considered a person responsible for the child's welfare. When such a person is the subject of a finding that services are required following a CPS assessment, the abused or neglected child and parents/caregivers to that child must be offered protective services as required by law [NDCC 50-25.1-06]. When impending danger threats are identified and it is determined in-home case management is the appropriate intervention, the policies within this manual chapter will apply.

## **Child On Child Sexual Abuse 610-05-15-30**

(NEW 12/1/20 ML #3604)

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When a child sexually abuses another child per [NDCC 12.1-20](#) or [NDCC 12.1-27.2](#), state law requires that the child welfare agency provide risk assessment, safety planning, and any appropriate evidence-based screening for the child victim and the child subject [[NDCC 50-25.1-05.3](#)]. The child welfare agency is also required to refer the children and their parents/caregivers for appropriate services. When impending danger threats are identified and it is determined in-home case management is the appropriate intervention, the policies within this manual chapter will apply.

## **In-Home Case Management During an Emergency Declaration 610-05-15-35**

(NEW 12/1/20 ML #3604)

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In-home case management requires an uncompromising approach to safety. During an emergency declaration in-home case managers and supervisors will continue to ensure every visit, including child and family team meetings, remain safe for the case manager, child, parents/caregivers, and child and family team members. Agencies will follow guidelines from the Centers for Disease Control and Prevention (CDC) as well as the guidelines provided by the department whenever a Proclamation on Declaring a National Emergency is issued.

## **Visits with Parents/Caregivers and the Child During an Emergency Declaration 610-05-15-35-01**

(NEW 12/1/20 ML #3604)

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The department and local agency must rebalance how to accomplish visits with parents/caregivers and child while maintaining local flexibility to handle exceptional circumstances. Visits are allowed to be completed using approved technology (videoconferencing or teleconferencing) only when guidance from state and local public health, state emergency and executive orders, and the department have provided for such an allowance. Such circumstances are limited to those that are beyond the control of the in-home case manager, parents/caregivers, or child during a declaration of emergency that prohibits or strongly discourages person-to-person contact for public health reasons; a child or case manager whose severe health condition warrants limiting person-to-person contact; and other similar public or individual health challenges.

Local agencies are encouraged to consider the possibility of having face-to-face contact occur in person by assessing for issues related to the emergency declaration. For all face-to-face visits, the case manager will take every precaution to ensure the safety of all involved. When the emergency declaration is concerning a public health crisis these precautions may include:

- Meeting in an outside space while maintaining social distancing;
- Taking a walk with the parent/caregiver or child; or
- Finding a mutually convenient place to meet in person.

For contacts that are made using technology, the in-home case manager will:

- Conduct the virtual visit in accordance with required timeframes;
- Closely assess the child's safety at each virtual contact; and
- Consider plans of action should the in-home case manager not be able to reach a child via videoconference, or should the videoconference raise a concern about the child's safety or well-being.

For visits using technology with a very young child (including an infant), the very young child should be observed awake and, if possible, in some activity so that the in-home case manager can assess safety and well-

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being. Generally, even very young children have had experiences in interacting with others virtually. Very young children can also be asked simple questions regarding their safety and well-being via videoconference, just as during face-to-face visits in the home.

Refer to [607-05-35-50](#) and [607-05-70-55](#) for additional policy requirements on frequent and quality visits with children and parents/caregivers.

**Safety Management During an Emergency Declaration**  
**610-05-15-35-05**

(NEW 12/1/20 ML #3604)

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In-person contact is still required for the following scenarios:

- When a Present Danger Threat or Impending Danger Threat is identified; and
- For families on an active safety plan, it is expected that in person visits with the child and the family happen a minimum of once per month.

Agencies may use discretion in determining how to handle other contacts required by the safety plan.

**Child and Family Team Meetings During an Emergency  
Declaration 610-05-15-35-10**

(NEW 12/1/20 ML #3604)

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Child and family team meetings are required per 607-05-35-35-05-01 during an emergency declaration. When in person meetings are not possible, virtual meetings using technology approved by the department are acceptable.



**Documentation of In-Home Case Manager Activities  
During an Emergency Declaration 610-05-15-35-15**

(NEW 12/1/20 ML #3604)

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The in-home case manager will document all attempts to contact the child and parents/caregivers as case activity logs in the ND child welfare management information system. Regardless of whether visits was face-to-face or through technology, information concerning the quality of the visit must be documented including how safety of the child was assessed, whether any present danger or impending danger threats were identified, and the plan to address any identified present danger or impending danger threats. When caseworker visits occur via technology, documentation must include the rationale for waiving the in-person visitation requirement.

The in-home case manager will document child and family team meetings and any modifications to the case plan goals or tasks per 607-05-70-65-10.

## **Protective Capacities Family Assessment and Case Planning Process 610-05-20**

(NEW 12/1/20 ML #3604)

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The Protective Capacities Family Assessment (PCFA) and case planning process support integrated child welfare service provision by building on information gathered during the CPS assessment. The PCFA and case planning process are intervention services completed in partnership with the child and family team to empower parents/caregivers to protect and care for their children. The case plan must identify appropriate goals including establishing and enhancing parent/caregiver protective capacities, improving the child's social-emotional, educational, physical, or mental/behavioral health as applicable to the case, and achieving stability.

The four components of the assessment and planning process include:

- Preparing for the PCFA and case planning process
- Introducing the change process
- Completing the PCFA and determining what must change
- Developing the case plan

The policy requirements of each are provided below.

## **Preparing for the PCFA and Case Planning Process 610-05-20-01**

(NEW 12/1/20 ML #3604)

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Preparing for the PCFA and case planning process generally begins prior to Warm Handoff 2 – Case Transition Staffing. Being familiar with case information assists the in-home case manager in fully understanding impending danger, diminished parent/caregiver protective capacities, and supports the case manager during intervention with the family. A review of case information includes, but is not limited to:

- All assessments and evaluations;
- Any current or pertinent historical planning documentation;
- Any court related documentation, if applicable and available;
- Present Danger Assessment and Present Danger Plan;
- CPS Assessment including Safety Plan Determination;
- In-Home Safety Plan; and
- Any other assessments or plans as applicable to the case.

## **Introducing the Change Process 610-05-20-05**

(NEW 12/1/20 ML #3604)

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Throughout case management services, the in-home case manager must engage the family in a change process, which ultimately results in safe case closure. Families should be actively involved in case planning and implementation. In-home case managers must fully disclose the family's rights and responsibilities in case planning, implementation, and evaluation.

## **Timeframe for Initial Contact with the Family 610-05-20-05-01**

(NEW 12/1/20 ML #3604)

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Within five (5) business days of the warm handoff case transition staffing, the in-home case manager and referring CPS worker will have face-to-face contact with the parents/caregivers and children unless the in-home safety plan dictates more immediate contact with the family. When an FCE meeting occurs, that can be considered the initial contact.

Within this five-day timeframe the case manager must communicate with in-home safety plan participants and providers to:

- Provide the case manager's name and contact information;
- Elicit understanding regarding the reason for the safety plan;
- Clarify each individual's role in the safety plan with respect to ensuring child safety; and
- Confirm continued commitment and ability to remain actively involved in meeting the expectations of the safety plan.

The initial contact with the family is to introduce the case manager and explain both the changing role of the agency and the PCFA and case planning process. Unless the initial contact is an FCE meeting, the first face-to-face contact with the family should occur in the family's home and include the entire household. In families where domestic violence has been identified or is suspected, the agency should assess whether scheduling family meetings will jeopardize the safety of a family member or any other participant, including agency staff.

**Family Engagement During the Change Process**  
**610-05-20-10**

(NEW 12/1/20 ML #3604)

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The in-home case manager must continually engage the family and child in a culturally sensitive and developmentally appropriate manner around key decisions involving safety, stability, and well-being for the child. Family engagement is necessary to measure and achieve case progress. In-home case managers are obligated to involve family members in decision-making and ensure full disclosure is maintained with families throughout the process.

Engagement strategies build mutually beneficial partnerships that sustain the family's interests in, and commitment to, the case plan. Engagement is necessary for effective decision-making regarding safety, case progress, and planning transitions. Engaging with a family requires the skills to ask difficult questions and provide honest, clear, and upfront information.

Engagement includes providing the child and family the opportunity to actively participate and influence the change process. In-home case managers must discuss the following:

- The differences between the CPS assessment and in-home case management processes including the roles and responsibilities of the in-home case manager;
- The reason for agency involvement;
- The assessed level of intervention required to maintain child safety and the possible outcomes should the parents/caregivers not cooperate with the safety plan;
- The in-home case management process and collaboration needed from parents/caregivers;
- The status of the court process, as applicable;
- The purpose for involvement of noncustodial/absent parents, relatives, informal and formal supports as potential resources for the child and family; and
- The child's membership or eligibility for membership in a Native American tribe (see 610-05-65 for in-home case management ICWA policy requirements).

**Child Vulnerability and the Change Process****610-05-20-10-01**

(NEW 12/1/20 ML #3604)

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The assessment of child vulnerability is ongoing throughout the change process. Child vulnerability refers to a child's capacity for self-protection and is not solely associated with age. If present or impending danger threats exist, the child is vulnerable. In order to evaluate the extent of child vulnerability, the in-home case manager must observe the family, understand the role the child has in the family, and closely examine parent-child interactions. At times child vulnerability is apparent, such as an infant completely dependent upon the parent/caregiver, but at other times it is less clear. Understanding child vulnerability helps determine what is needed to manage threats and assure child safety. See [607-05-70-10-05](#) for policy guidance to assist in ascertaining child vulnerability.

A child subjected to maltreatment experiences trauma that persists long after the maltreatment event. This contributes to child vulnerability. The in-home case manager will review the trauma screening completed by the CPS worker to determine if the child needs further assessment or possible intervention. Trauma screenings also inform case planning decisions.

## **When a Family Refuses to Participate or Comply 610-05-20-10-05**

(NEW 12/1/20 ML #3604)

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Despite ongoing concerted efforts to engage the family in services there are times when the family continues to refuse participation with in-home case management and/or community services. When a child is unsafe, or it is unknown whether the child is unsafe, the in-home case manager must consult with his/her supervisor or designee to reevaluate the Safety Plan Determination. When necessary, the field service specialist can be included in the case staffing to provide technical assistance.

The case manager and supervisor may need to consult with juvenile court or the state's attorney to:

- Reevaluate the Safety Plan Determination for the family;
- Consult with the state's attorney regarding a petition to the court in order to mandate the family to cooperate with in-home services (when it is believed the child can remain in the home with a safety plan in place while the family addresses the issues contributing to the impending danger threats); or
- Consult with the state's attorney regarding a petition to the court in order to remove the child from the home.



## **Court Ordered Services 610-05-20-10-10**

(NEW 12/1/20 ML #3604)

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This policy applies when the in-home case manager, supervisor, and field service specialist consult with the state's attorney to file a petition for court ordered services to compel the family to participate. If, after securing the court order, the family continues to refuse participation and child safety is not assured, the in-home case manager will consult with the supervisor, field service specialist, and state's attorney to determine if a petition for removal is necessary.

When a determination is made that the family is no longer in need of court ordered services, a request must be submitted to the court for early dismissal of dispositional order and signed by the judge before a case with court jurisdiction can be closed by the agency. Any request to dismiss the dispositional order early must be done in consultation with the supervisor, field service specialist, and state's attorney.

## **Child and Family Team Meetings 610-05-20-15**

(NEW 12/1/20 ML #3604)

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Child and family team meetings engage families in case planning. Child and family team meetings use a strengths and needs based, solution focused approach that incorporates the values and principles of Wraparound including family centeredness, respectful interaction, cultural responsiveness, and partnership.

The size, composition, function, and goals of the family team must be driven by the underlying needs and safety concerns of the family. The team must be identified with the family and may consist of extended family members, the case manager, informal/formal supports, and service providers. Ideally, all of the identified team members are committed to the family's goals and invested in change.

## **Initial Child and Family Team Meeting 610-05-20-15-01**

(NEW 12/1/20 ML #3604)

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The purpose of the initial team meeting is to:

- Engage the family in the case planning process;
- Discuss information contained in the CPS assessment, including the Safety Plan Determination, and the safety plan currently in place;
- Identify the family's strengths, underlying needs, and goal(s);
- Establish appropriate timeframes for the achievement of goals;
- Identify the plan for meeting the family's underlying needs and needed services to address the needs; and
- Identify the roles and responsibilities of the team members.

The initial child and family team meeting is held after the PCFA and initial case plan has been completed with the family, and within thirty (30) business days of Warm Handoff 3 – Initial Contact with the Family.

When a Family Centered Engagement (FCE) meeting occurs, it can be considered the initial child and family team meeting if the assigned case manager attends. In that case, the FCE facilitator will prepare, schedule, and facilitate the meeting.

## **Ongoing Child and Family Team Meetings 610-05-20-15-05**

(NEW 12/1/20 ML #3604)

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Child and family team meetings should remain consistent and held at a minimum of every 90 days. When a decision is made that ongoing child and family team meetings are held more often than every 90 days, this decision must be made by the family team along with the in-home case manager.

The purpose of subsequent team meetings is to:

- Continue engaging the family in the case planning process;
- Track and adjust the case plan and the in-home safety plan;
- Clarify team member roles and responsibilities, particularly when team membership has changed;
- Evaluate the effectiveness of services and discuss any needed service changes or additions; and
- Evaluate, inform, and update on progress towards change.

## **Documentation of Child and Family Team Meetings 610-05-20-15-10**

(NEW 12/1/20 ML #3604)

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The in-home case manager will enter the effective date and a summary of the child and family team meeting in the ND child welfare management information system within the Plans tab.

The effective dates and summaries of subsequent child and family team meetings will be entered in the ND child welfare management information system within the Plans tab.

The following Safety Framework forms will be used to document discussion and decisions made during child and family team meetings:

- Safety Plan whenever revisions are made,
- PCFA during the initial child and family team meeting,
- Case Plan during the initial child and family team meeting, and
- PCPA during all subsequent child and family team meetings.

The Safety Plan, Case Plan, and PCPA are working documents; therefore, they must be shared with the parents/caregivers, child (when age and developmentally appropriate), and members of the child and family team.

**The PCFA Process with the Family 610-05-20-20**

(NEW 12/1/20 ML #3604)

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An essential safety intervention responsibility at this stage is to evaluate parent/caregiver protective capacities since impending danger is controlled by the safety plan. Information from the CPS assessment provides the foundation for determining parent/caregiver protective capacities and child functioning. Throughout the PCFA process, the in-home case manager clarifies and gathers additional information, and collaborates with parents/caregivers, the child, informal, and formal supports to gain consensus regarding the changes necessary to achieve a safe, stable, and permanent home, thereby allowing for safe case closure. See [607-05-35-35](#) and [607-05-70-60](#) for detailed policy expectations concerning the PCFA process and instructional guidelines. The PCFA must be completed prior to the initial child and family team meeting.

## **Determining What Must Change 610-05-20-20-01**

(NEW 12/1/20 ML #3604)

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Based on the information discovered throughout the PCFA process, the in-home case manager and family continue with discussions about a change strategy that will result in a case plan that leads to sustainable safety in the household. This process includes gathering and assessing information as well as sharing information with the family.

## **Gathering and Assessing Information 610-05-20-20-05**

(NEW 12/1/20 ML #3604)

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Prior to initiating the PCFA, the in-home case manager must be familiar with the CPS assessment information. When initiating the PCFA, the in-home case manager will expand upon that information related to parents/caregivers and all children in the home in the following areas:

- Household composition;
- ICWA eligibility, including whether steps have been taken to notify and involve the tribe;
- Extent, circumstances, and history of maltreatment;
- Child functioning and well-being,
- Adult functioning,
- Discipline
- Parenting
- Impending Danger Threats
- In-Home Safety Plan

See [607-05-70-25](#) for detailed information about each of the above assessment factors.



**Collaborating with the Family 610-05-20-20-10**

(NEW 12/1/20 ML #3604)

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The in-home case manager will provide family members the opportunity to actively participate in the PCFA on an ongoing basis. This will strengthen family engagement in the case planning process and is accomplished through discussions with the parent/caregiver and child (when age and developmentally appropriate). It is expected the in-home case manager will share information with the family in order to:

- Identify family strengths, supports, and existing parent/caregiver protective capacities that contribute to child protection;
- Understand what parents/caregivers identify as strengths about themselves as individuals and in their caregiving role;
- Examine the relationship between diminished parent/caregiver protective capacities and impending danger;
- Determine the family's perception and level of agreement with the in-home case manager regarding diminished protective capacities and impending danger;
- Assess if parents/caregivers are ready, willing, and able to consider necessary change related to diminished protective capacities;
- Identify the needs and strengths of the child and identify ways in which parents/caregivers can be involved in meeting the needs of the child or how the needs will otherwise be met;
- Determine whether any professional evaluations (i.e. educational, developmental, physical health, mental/behavioral health) are needed for the child or parents/caregivers to inform case plan services;
- Determine with the family the most logical place to begin focusing on change, setting goals, and identifying potential service options; and
- Confirm that impending danger is controlled and managed with a sufficient, feasible, and sustainable safety plan.

**Developing the Case Plan 610-05-20-25**

(NEW 12/1/20 ML #3604)

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The case plan is developed collaboratively with the child and family and discussed during the child and family team meetings. Case plan goals must focus on enhancing parent/caregiver protective capacities to eliminate impending danger so the parents/caregivers can adequately manage child protection without intervention. The case plan organizes case activity through identifying goals and change strategies/tasks. It is a tool for communicating with the child and family and the team members involved in providing support and services to the family.

The in-home case manager is responsible for overseeing the implementation of the case plan and working with the child and family team, including the parents/caregivers and child, to facilitate change. Managing the Case Plan and change strategies involves ensuring the case plan goals and tasks are targeted at enhancing diminished parent/caregiver protective capacities and achieving stability. The purpose of the Case Plan is to identify steps toward establishing a safe environment for the child. See [607-05-35-35-10-01](#) for additional policy on case plan content.

The initial case plan must be developed with the child and family prior to the initial child and family team meeting. Subsequent revisions to the case plan must be completed within the PCPA in discussion with the child and family team during the ongoing child and family team meetings.

## **Planning and Developing Goals with the Child and Family Team 610-05-20-25-01**

(NEW 12/1/20 ML #3604)

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The priority for the case planning process is to determine the order in which diminished parent/caregiver protective capacities are addressed in the case plan. This process with the child and family team includes:

- Identifying household behaviors that need to change and the behaviors that need to be demonstrated and sustained;
- Confirming any specific needs for children and parents/caregivers and how those needs will be addressed;
- Identifying supports and change strategies to assist the family in achieving stability and safe case closure;
- Planning to identify, locate, and involve noncustodial/absent parents per 610-05-10 as well as informal supports as resources for the child.

## **Confidentiality Restrictions 610-05-20-25-05**

(NEW 12/1/20 ML #3604)

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In-home case managers must be aware of confidentiality restrictions on the use of information contained in a paper or electronic case record, in the ND child welfare management information system, or in other technology. When seeking information from people or resources outside the case, in-home case managers must continue to maintain confidentiality as required by law about the identity and circumstances of the family with whom they are working. See [607-05-15](#) for further policy requirements concerning confidentiality.

**Requirements for the Case Plan 610-05-20-25-10**

(NEW 12/1/20 ML #3604)

[View Archives](#)

The in-home case manager must complete the case plan no later than thirty (30) business days from Warm Handoff 3 – Initial Contact with the Family. The following components are required within the case plan.

**General Person Management and Case Maintenance  
Information 610-05-20-25-10-01**

(NEW 12/1/20 ML #3604)

[View Archives](#)

The in-home case manager will ensure the following information is identified and included in the case plan:

- Family demographics;
- Legal information, if applicable; and
- Child and family team members involved in developing the case plan who are responsible to support the family in accomplishing the case plan goals and tasks.

## **Case Plan Goals 610-05-20-25-10-05**

(NEW 12/1/20 ML #3604)

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In collaboration with the child and family team, the in-home case manager will ensure the case plan goals are criteria-based and focused on diminished parent/caregiver protective capacities that are:

- Behaviorally stated, specific, and measurable;
- Phrased in the family's own terminology;
- Benchmarks for evaluating change.

## **Case Plan Change Strategies 610-05-20-25-10-10**

(NEW 12/1/20 ML #3604)

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In collaboration with the child and family team, the in-home case manager will include change strategies, or tasks, under each case plan goal and will:

- Clearly record services and activities that are acceptable, accessible, and appropriately matched with what must change;
- Be assigned to child and family team members; and
- Include a start date and target end date.



## **Reaching Consensus on the Case Plan 610-05-20-25-10-15**

(NEW 12/1/20 ML #3604)

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If agreement or consensus cannot be reached with the family at the conclusion of the case planning process, the in-home case manager develops case plan goals and services, which have the most impact on enhancing parent/caregiver protective capacities. The supervisor, field service specialist, or other team members should be consulted to assist or offer advice about developing goals.

The in-home case manager then informs parents/caregivers of the case plan decisions made as well as of the agency's continuing responsibility for child safety. Additionally, the in-home case manager will need to inform the parents/caregivers of the alternatives or outcomes of not cooperating with the plan.

If a previously uninvolved parent/caregiver becomes engaged following the completion of the case plan, consideration should be given to revising the case plan to accurately reflect that parent's/caregiver's perceptions and feedback.

**Documentation of the Case Plan 610-05-20-25-10-20**

(NEW 12/1/20 ML #3604)

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The in-home case manager must complete and document the initial case plan no later than ten (10) business days following the child and family team meeting. All case plan requirements must be documented in the agency's case record. Copies of the case plan must be provided to the child and family team members. Revisions to the case plan will be recorded in the PCPA.

**Protective Capacities Progress Assessment 610-05-25**

(NEW 12/1/20 ML #3604)

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The Protective Capacity Progress Assessment (PCPA) process is an intervention component which begins after the Case Plan is in effect and continues until case closure. The PCPA process tracks progress towards change and intervention success at scheduled intervals, resulting in conclusions regarding the case. It includes analysis and measurement of progress toward achievement of case plan goals as well as changes in behaviors and conditions.

The PCPA process consists of information collection that occurs during any meaningful contact with child and family team members including parents/caregivers, the child, family members, treatment providers and safety service providers. Additional service providers not included on the child and family team are also consulted during the PCPA process. The PCPA will assist the child and family team in determining when safety is effectively managed by the family so that the case can safely close. See [607-05-35-45](#) and [607-05-70-70](#) for additional policy related to the PCPA and the stages of change.

## **Purpose of the PCPA 610-05-25-01**

(NEW 12/1/20 ML #3604)

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The purpose of the PCPA is to track progress toward change and intervention success at scheduled intervals. The PCPA measures progress in case plan goal achievement (e.g. enhancement of diminished parent/caregiver protective capacities, effectiveness of change-oriented services, and improvement in child safety and well-being).

The PCPA provides opportunity for the in-home case manager, along with the child and family team, to check in on the quality of the helping relationship between parent/caregiver and the agency and the degree to which specific behaviors and conditions are changing in the intended direction.

## **Required Timeframes for the PCPA 610-05-25-05**

(NEW 12/1/20 ML #3604)

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The PCPA process may occur at any time based on the judgment that progress measurement, case plan revisions, or safety plan revisions are needed. The initial PCPA, at a minimum, is completed within ninety (90) calendar days from supervisor approval of the case plan and is conducted ongoing at a minimum of every ninety (90) calendar days until the PCPA process is no longer required due to case closure.

## **Components of the PCPA 610-05-25-10**

(NEW 12/1/20 ML #3604)

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The PCPA process involves the assessment and documentation of eight (8) components:

- Child and family team participants
- Parent/caregiver progress assessment
- Child progress assessment
- Assessing the Case Plan
- Assessing safety management
- Reunification and safety plan determination
- Reunification plan and process
- Case closure

Each component is key in determining that child safety is being managed, that the family is accomplishing case plan goals, that child and family team members assigned to change strategies/tasks are completing their assignments, and that progress toward successful case closure is occurring.

**Child and Family Team Participants 610-05-25-10-01**

(NEW 12/1/20 ML #3604)

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Child and family team membership is updated as part of the PCPA process so that all participants are clearly identified. It is possible child and family team participants may change as service needs change for the family.

## **Parent/Caregiver Progress Assessment 610-05-25-10-05**

(NEW 12/1/20 ML #3604)

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The in-home case manager will identify what progress has been made toward enhancing protective capacities of parents/caregivers (present, absent, and substitute) based on case plan goals. During the PCPA process in-home case managers assess and determine the current status of the motivational readiness of parents/caregivers to change and/or participate in change-oriented services. The primary role of in-home case managers during safety intervention is to be facilitators of change. In order to be effective at facilitating change with parents/caregivers, in-home case managers must recognize the stage of change that caregivers are in at the point that a PCPA process is being completed.



**Child Progress Assessment 610-05-25-10-10**

(NEW 12/1/20 ML #3604)

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The in-home case manager must assess how the child is progressing in those areas identified in the case plan. It is critical to reassess the child on an ongoing basis through the PCPA process to determine if additional needs have surfaced. In the event the child's current needs are not being met, the case plan must be updated within the PCPA to reflect any changes to the goals or change strategies/tasks as applicable to the child's needs, including any services that will be accessed.

**Assessing the Case Plan 610-05-25-10-15**

(NEW 12/1/20 ML #3604)

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To measure and evaluate progress in achieving case plan goals, in-home case managers are responsible for meaningful face-to-face contact as well as other forms of contact with the child, parents/caregivers, and informal and formal service providers. Regular and consistent contact between the in-home case manager and family is necessary to continue to build a working partnership and develop strong relationships focused on the safety and permanency of children.

When assessing the case plan, the in-home case manager uses the goals in the case plan as the basis for measuring progress and change related to enhancing parent/caregiver protective capacities and achieving permanence and stability. The case manager gathers information from parents/caregivers, the child, the child and family team members, and informal and formal service providers to draw conclusions and make decisions about:

- The family's progress toward achieving change and permanence,
- The effectiveness of service delivery related to achieving goals,
- The sufficiency of the safety plan, and
- Whether a less intrusive intervention can be implemented.

Assessing progress of the case plan goals established in written agreements is a continual process of tracking and adjusting by the in-home case manager. To understand changes and needs of the family, the in-home case manager uses information obtained from face-to-face and other contacts with the child and parents/caregivers. The in-home case manager also maintains consistent communication with the child and family team members, safety service providers, and any other collaterals involved with the family.

The in-home case manager must assess the effectiveness of case plan activities, services, and service providers used to meet the case plan goals on an ongoing basis. The PCPA guides this assessment process. There are three main intervention responsibilities when assessing the effectiveness of the case plan through the ongoing completion of the PCPA:

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- Enhancement of parent/caregiver protective capacities (i.e. measure of accomplishment for the case plan goals),
- Continued suitability of the in-home safety plan, and
- Safety and stability in the child's living arrangement.

**Enhancement of Parent/Caregiver Protective Capacities  
610-05-25-10-15-01**

(NEW 12/1/20 ML #3604)

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The in-home case manager assesses the enhancement of parent/caregiver protective capacities. This includes tracking whether goals, change strategies/tasks, and the suitability of service providers are sufficient, whether they are providing what is needed for the family, and whether adjustments are necessary. Additionally, the parent's/caregiver's participation in the case planning process is assessed. This includes an assessment of parent/caregiver engagement in both the case planning process and with services providers.

**Continued Suitability of the In-Home Safety Plan**  
**610-05-25-10-15-05**

(NEW 12/1/20 ML #3604)

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The in-home case manager makes conclusions about the suitability of the in-home safety plan. This includes determining whether intrusiveness of the plan and intensity of services should be adjusted while also considering whether parent/caregiver responsibility and involvement must be increased or decreased. This also includes assessment of safety services providers as well as their ongoing commitment to participating in the safety plan.

**Safety and Stability of the Child's Living Arrangement**  
**610-05-25-10-15-10**

(NEW 12/1/20 ML #3604)

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The in-home case manager must maintain focus on the importance of safe and stable living arrangements for the child. Safety assessment is a continuous process throughout the life of the case. Case plan evaluation provides the basis for the in-home case manager to know when conditions exist that allow for safety, stability, and permanence. The level of effort child and family team members have shown in accomplishing case plan goals and change strategies/tasks is evaluated as well.

### **Ongoing Safety Assessment and Management 610-05-25-10-20**

(NEW 12/1/20 ML #3604)

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Ongoing safety assessment and management is a paramount and integral part of the PCPA process. During the PCPA process, in-home case managers and supervisors must reconfirm sufficiency of the safety plan. This involves determining the status of impending danger and completing a Safety Plan Determination to ensure that the safety plan is the least intrusive and most appropriate.

If the in-home case manager identifies a present danger threat that meets the danger threshold criteria, the case manager will not leave the home without completing the present danger assessment and establishing a present danger plan with the family. A copy of the present danger plan will be provided to the family at that time. The present danger plan will be in effect no longer than fourteen (14) calendar days from the identification of present danger. The in-home case manager will staff the situation with the in-home supervisor immediately, or within one (1) calendar day.

## **Reunification and Safety Plan Determination 610-05-25-10-25**

(NEW 12/1/20 ML #3604)

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Evaluating safety is a continuous process of tracking and adjusting throughout the in-home case management process. Assessing safety must be routine in all contacts with the child, parents/caregivers, child and family team, and service providers. Such contacts are one consistent avenue through which an in-home case manager is evaluating the information gathered to inform safety plan sufficiency at every contact with the family.

The in-home case manager must respond to the safety plan determination questions whenever the PCPA is updated. This will determine the least intrusive and most appropriate level of effort for controlling and managing impending danger. The responses to these questions drive ongoing safety management and determine whether an in-home safety plan remains sufficient.



## **Reunification Plan and Process 610-05-25-10-30**

(NEW 12/1/20 ML #3604)

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The reunification plan and process section of the PCPA is only completed by the in-home case manager when the safety plan includes the child being placed out of the home with family or fictive kin through a voluntary arrangement with the parents/caregivers. If the child is placed with family or fictive kin, the in-home case manager will assess whether the child can safely return home to live with parents/caregivers and if not, the expected timeframe for reunification.

## **The PCPA at Case Closure 610-05-25-10-35**

(NEW 12/1/20 ML #3604)

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At the time of case closure, the in-home case manager must summarize the status of the case including parent/caregiver protective capacities, family network resources, connections to community services as appropriate, status of the child's needs, and the status of change. The information provided in this section of the PCPA will support safe closure of the case.

### **Documentation of the PCPA 610-05-25-15**

(NEW 12/1/20 ML #3604)

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The in-home case manager will document the following whenever the PCPA is reviewed and updated:

- Progress that has been made toward enhancing parent/caregiver protective capacities based on the case plan goals;
- Progress that has been made toward meeting the child's needs;
- Assessment regarding the effectiveness of case plan activities, services, and service providers used to meet the case plan goals;
- Assessment of safety management;
- Safety plan determination;
- Case closure information when applicable, to include the status of parent/caregiver protective capacities, family network resources, connections to community services as appropriate, the status of the child's needs, and the status of change when applicable; and
- Signatures of child and family team members including those who may have participated by alternative means (i.e. prior to or following the meeting, by letter, phone, or other technology). When it is not possible for a team member to sign, the in-home case manager will sign on that team member's behalf with his/her expressed permission.
- Approval and signature by the in-home supervisor.

Because the PCPA functions as the ongoing case plan, the in-home case manager will send copies of the PCPA to child and family team members within ten (10) business days following the child and family team meeting. A copy of the PCPA will be filed in the agency's case record.

A case activity log within the ND child welfare information system must be entered to indicate the PCPA has been updated.

**Managing Safety During In-Home Case Management  
610-05-30**

(NEW 12/1/20 ML #3604)

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The essential safety intervention responsibility during in-home service provision is oversight of the safety plan. Safety management requires consistent interaction with parents/caregivers, family members, and people involved in the safety plan. The purpose of this contact is to ensure the safety plan is implemented as planned and that nothing is hindering its effectiveness.

Safety management includes being vigilant about the need to adjust the safety plan. This responsibility includes being alerted to changes in a family or individuals that influence impending danger. Safety management is provisional or dynamic. It is subject to change or adjustment based on what is happening with parents/caregivers and families. Safety management needs to be flexible so that safety actions can be increased or decreased based on the status of impending danger and changes in parent/caregiver protective capacities. Revising safety plans is a high priority in order to ensure only the necessary level of intrusion occurs in the family. See [607-05-35-40](#) for additional policy on managing safety during ongoing services.

## **Safety Plan Management 610-05-30-01**

(NEW 12/1/20 ML #3604)

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Effective management of safety plans includes assessing key elements of safety management and asking strategic questions. The areas to cover when reviewing the safety plan include:

- Coordinating safety interventions;
- Evaluating the provision of safety services;
- Reassessing parent/caregiver commitment and willingness;
- Facilitating communication with safety plan participants;
- Ongoing safety assessments; and
- Revising the safety plan

Many key questions must be asked and answered within each of the above areas when reviewing the safety plan. These questions are provided in the following sections of policy.

## **Coordinating Safety Interventions 610-05-30-01-01**

(NEW 12/1/20 ML #3604)

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The key questions for consideration related to coordinating safety interventions and guiding tasks, activities, and actions include:

- Are the details of the safety plan well understood by everyone involved?
- Are activities occurring as planned without disruption?
- Are safety service providers and participants where they are supposed to be at designated times?
- Are the necessary resources available?
- Are these resources implemented appropriately?

If the answer to any of these questions is “no,” the in-home case manager and safety plan participants must revise the safety plan so that safety interventions are coordinated and functioning as intended.

## **Evaluating the Provision of Safety Services 610-05-30-01-05**

(NEW 12/1/20 ML #3604)

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When evaluating the provision of safety services and safety service providers, the in-home case management must ask the following questions:

- Are safety services still working?
- Are participants and safety service providers continuing to carry out their defined role in the safety plan?
- Is the child safe?
- Are services still available and accessible at the required level to have an immediate impact on child safety?

If the answer to any of the above questions is “no,” the in-home case manager and safety plan participants must adjust and/or change safety services providers so that child safety is assured.

### **Reassessing Parent/Caregiver Commitment and Willingness 610-05-30-01-10**

(NEW 12/1/20 ML #3604)

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The in-home case manager must continually assess whether parents/caregivers are able and willing to abide by the safety plan. Therefore, the following questions must be answered whenever the safety plan is assessed:

- Are the parents/caregivers still willing to accept the safety plan?
- Are they cooperative with providers?
- Do they understand the need for the safety plan?

If the answer to any of the above questions is “no,” the in-home case manager and safety plan participants must reevaluate whether an in-home safety plan remains sufficient to control impending danger, or whether an out-of-home safety plan is required.



## **Facilitating Communication with Safety Plan Participants 610-05-30-01-15**

(NEW 12/1/20 ML #3604)

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The in-home case manager is responsible for ongoing communication with safety plan participants in order to determine whether the plan functions as intended. The following questions will assist the in-home case manager in assessing if the exchange of information is sufficient:

- Is everyone involved in the safety plan well informed about expectations, progress, barriers, etc.?
- Is there open communication between the agency, the family, and safety service providers?
- Do safety plan participants and safety service providers keep the in-home case manager informed?
- Does the in-home case manager or agency have to mediate and resolve any problems about safety plan participant roles or expectations?

The answers to the above questions will provide insight regarding the success and/or failure of facilitated communication with safety plan participants and whether adjustments are needed.

### **Ongoing Safety Assessments 610-05-30-01-20**

(NEW 12/1/20 ML #3604)

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The in-home case manager is responsible to reassess safety at every contact with the family and safety service participants. Key questions to consider during safety plan assessments include:

- Is impending danger still apparent?
- Are threats changing?
- What affects them?
- Are there new threats?
- Can the level or degree of intrusion be reduced?
- Should different services or providers be installed?
- Can the family assume more responsibility?

The answers to the above questions will provide valuable information regarding the current safety plan and whether agency and safety service provider involvement needs to intensify or can be decreased.

## **Revising the Safety Plan 610-05-30-01-25**

(NEW 12/1/20 ML #3604)

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After evaluating the safety plan through answering all of the above questions, the in-home case manager and safety plan participants must then ask the following:

- Do changes regarding impending danger or parent/caregiver protective capacities prompt revisions to the safety plan?
- Do these changes require more intrusion?
- Do these changes require less intrusion?
- Are safety services and safety service providers available and accessible to have an immediate impact?

The answers to the above questions will assist the in-home case manager and safety plan participants in making a decision as to whether safety plan revisions are required.

## **In-Home Case Manager Responsibilities for Safety Management 610-05-30-05**

(NEW 12/1/20 ML #3604)

[View Archives](#)

The in-home case manager must continuously review and assess the adequacy of an in-home safety plan. Policies [607-05-35-40](#), Managing Safety During Ongoing Services, and [607-05-70-30](#) Child Welfare Appendix 7: The Danger Threshold and Impending Danger Threats to Child Safety, detail the requirements for safety management.

Information gathered from the parents/caregivers, child, and safety service providers is used to evaluate and confirm child safety by:

- Ensuring that the services put in place continue to control identified impending danger threats) ;
- Ensuring that the commitments by the family and providers remain intact;
- Determining whether previously identified impending danger threats have been eliminated or if the severity has been reduced or increased;
- Determining if new safety threats have emerged;
- Modifying the safety plan (impending danger threats) or case plan (parent/caregiver protective capacities) when new safety threats have emerged. This may require a new safety plan determination be completed and also a revision to the safety plan.

The safety plan is revised and documented in the agency's case record when contacts, observations, and gathered information indicate positive or negative changes related to parent/caregiver protective capacities or impending danger threats to child safety.

**Documentation of Safety Management 610-05-30-10**

(NEW 12/1/20 ML #3604)

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Information related to the requirements of safety management must be documented monthly at a minimum in the case activity log of the ND child welfare management information system.

If new impending danger threats emerge or when the existing impending danger threats intensify or diminish, the in-home case manager must revise the Safety Plan form accordingly.

**In-Home Case Management When a Child is Placed With an Alternate Caregiver 610-05-35**

(NEW 12/1/20 ML #3604)

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Per [607-05-70-45-20](#), separation is a safety service category. This policy specifically applies to in-home case management cases in which this safety service involves at least one child being separated from parents/caregivers and placed with an unlicensed alternate caregiver without a change in custody. Therefore, the separation safety service is a voluntary arrangement between the parents/caregivers and alternate caregiver, overseen by the agency. The agency must assure all actions comply with this policy.

**Confirming a Safe Environment When a Child is Placed  
with an Alternate Caregiver 610-05-35-01**

(NEW 12/1/20 ML #3604)

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Prior to the initiation of in-home case management, a child may be placed with an alternate caregiver as part of a present danger plan or safety plan. In other situations, an in-home case manager may have to separate a child and place him/her with an alternate caregiver when threats to child safety cannot be controlled in the child's home, or the child requires either specific services or supports that cannot be met in the child's home or community.

The in-home case manager must assess and confirm the alternate caregiver and his/her dwelling is safe for the child prior to placing a child in that home. This obligation exists for all alternate caregivers. Assessing and confirming a safe environment in alternate caregiver's dwellings must occur every time a new placement with an alternate caregiver is considered.

## **Initiation of a Child's Placement with an Alternate Caregiver 610-05-35-01-01**

(NEW 12/1/20 ML #3604)

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This policy applies when a child is separated from parents/caregivers and placed with an alternate caregiver during the in-home case management service period.

Prior to placement with an alternate caregiver the in-home case manager will:

- Conduct a home visit to assess and evaluate the safety of the setting and assist the alternate caregiver in obtaining provisions needed for the care of the child. This includes discussing expectations and clarifying the role of the alternate caregiver, and providing information on any issues related to the care of the child.
- Request a check of law enforcement records on all individuals residing in the alternate caregiver's home.

When placement with an alternate caregiver occurs on an emergency basis and a visit to the alternate caregiver's home cannot be made prior to placement, the in-home case manager must have verbal contact with the alternate caregiver at the time the child is placed to assess and evaluate the safety of the placement setting and assist the alternate caregiver in obtaining provisions needed for the care of the child. In this instance, within twenty-four (24) hours of placement, the in-home case manager must:

- Conduct a CPS records check, ND courts check (including the Sex Offender Registry), and local Police Department check on all individuals residing in the alternate caregiver's home.
- Conduct an initial home visit.

During the first encounter with an alternate caregiver being considered, the in-home case manager gathers information to identify and understand alternate caregiver in-home case manager interviews and observes family members and collects information from other sources to make determinations about alternate caregiver danger threats and the appropriateness of the placement.



Within five (5) business days following the initial visit to the alternate caregiver's home, the in-home case manager must:

- Conduct a subsequent home visit to the alternate caregiver's home (a second weekend cannot pass prior to the subsequent home visit).
- Continue to assess and evaluate safety in the alternate caregiver's home.
- Confirm with the alternate caregiver the expectations and his/her role in the present danger plan or safety plan, as applicable.
- Discuss any issues related to the care of the child.

Additionally, the in-home case manager must:

- Consider alternate caregiver danger threats at first encounter and on an ongoing basis with alternate caregivers to determine the safety of the placement home (see 610-05-35-10). If alternate caregiver danger threat(s) is/are confirmed, the in-home case manager must locate and transition the child to a new placement immediately.
- Assess the alternate caregiver's motivation to provide care for the child, view of the child, and when a relationship currently exists between the alternate caregiver and the child, an understanding of the need for an out-of-home safety plan.
- Assess the child's reaction to the alternate caregiver and the dwelling in cases where a relationship currently exists between the alternate caregiver and the child.

All potential alternate caregivers and other household members must be included in the assessment. "Household member" means all individuals living together in the same dwelling. This includes individuals who live in the alternate caregiver's home full-time or part-time. Any adult who lives in the home regularly (full-time or part-time) is considered a household member.

Other records such as police reports may be useful in determining whether alternate caregiver danger threats exist in the alternate caregiver's home. The in-home case manager should analyze information from all available sources to help evaluate the environment of the alternate caregiver's home, and subsequently decide if the child can be placed in the home safely.

If a child is safe from immediate harm in an alternate caregiver's home, the in-home case manager continues to collect information from the alternate caregiver through additional contacts to confirm a safe

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placement. This assessment includes the alternate caregiver's ability to care for the longer-term needs, emotional development, and well-being of the child.

## **Alternate Caregiver Danger Threats 610-05-35-05**

(NEW 12/1/20 ML #3604)

[View Archives](#)

The in-home case manager must consider danger threats at first encounter and on an ongoing basis with alternate caregivers to determine the safety of the alternate caregiver's home.

The in-home case manager must assess the alternate caregiver's motivation to provide care for the child, view of the child, and when a relationship currently exists between the alternate caregiver and the child, an understanding of the need for the child to be placed with an alternate caregiver temporarily.

If any danger threats are confirmed in the alternate caregiver's home, the in-home case manager must locate and transition the child to a new placement immediately.

The in-home case manager must assess the child's reaction to the alternate caregiver and his/her home in cases where a relationship currently exists between the alternate caregiver and the child. All potential alternate caregivers or other household members must be included in the assessment. In unlicensed placement settings, "household member" means all individuals living together in the same dwelling. This includes individuals who live in the home full-time or part-time. Any adult who lives in the home regularly (full-time or part-time) is considered a household member.

The in-home case manager must assess the alternate caregiver(s) and dwelling on an ongoing basis including:

- Prior to the child being placed with the alternate caregiver,
- During each face-to-face contact with the child and alternate caregiver, and
- When information is obtained indicating danger threats may be present in the alternate caregiver's home.

There are seventeen (17) danger threats associated with alternate caregivers. These threats are consistent with the Present Danger threats

defined in 607-05-70-05 but are specific to alternate caregivers. All are defined below with bulleted examples.

1. **Alternate caregiver or others in the home are violent or out of control.**

Consider alternate caregivers, children in the home and others who are frequently in the home and may, therefore, be a threat to the placed child. This refers to people who are imposing and threatening, brandishing weapons, known to be dangerous and aggressive, or currently behaving in attacking, aggressive ways. Consider information provided by others, from records and from direct observation. Examples of this danger threat include:

- Intimidating, hostile, violent, aggressive individuals generally observable and in direct interaction with the agency.
- People who carry guns or other weapons.
- Adults known to have a history of violence and trouble with civil authorities.
- Children known to have a history of violence and that behavior is not responsive to behavior control and management within the home.
- Hostile, aggressive behavior within the community; against non-family members; fighting.
- Children within the alternate caregiver's home who victimize other children physically or sexually and that behavior is not responsive to behavior control and management within the home.
- Extreme physical or verbal, angry or hostile outbursts at children or other family members.
- Use or reference to use of guns, knives or other instruments in a violent and threatening way.
- Communication and behavior that seems reckless, unstable or explosive.

**Domestic Violence:**

There is currently domestic violence in the alternate caregiver's home that poses a risk of serious physical or emotional harm to the child. This may be identified by a history of domestic violence, current records of active violence in the home or reports by reliable sources such as family members, neighbors, or professionals. The children referred to in the examples below are those who have resided in the dwelling home rather than the child being considered for placement with the alternate caregiver.

- There is currently a pattern of physical violence to an alternate caregiver by a spouse or other partner.
- Agency or law enforcement records of domestic violence.
- The alternate caregiver's own child was previously injured in domestic violence incident.
- The alternate caregiver's own child exhibits severe anxiety (e.g. nightmares, insomnia) related to situations associated with domestic violence.
- The alternate caregiver's own child cries, cowers, cringes, trembles, or otherwise exhibits fear as a result of domestic violence.
- Use of guns, knives or other instruments in a violent, threatening, or intimidating manner.
- Evidence of property damage resulting from domestic violence.

**2. Alternate caregiver describes or acts toward the child in predominantly negative terms or has extremely unrealistic expectations.**

The word "predominantly" is meant to suggest perceptions which are so negative they would, if present, create a threat to a child. These types of perceptions must be inaccurate with respect to the child. This danger threat is more likely to apply to alternate caregivers who are already familiar with the child.

- The child is seen as evil, stupid, ugly or in some other demeaning or degrading manner.
- Alternate caregiver transfers feelings and perceptions of a person the alternate caregiver dislikes, is hostile toward, or fears to the child.
- The child was/is unwanted in the family or alternate caregiver's home.
- The child is considered a burden, nuisance or punishment.
- One of the alternate caregivers is competitive with or harbors ill will toward the child because the child is or is believed to be special or favored by the other alternate caregiver.
- Alternate caregiver directs a pattern of profanity toward the child or repeatedly attacks child's self-esteem.
- Alternate caregiver scapegoats the child.
- Alternate caregiver requires the child to perform or act in a way that is impossible or improbable for the child's age or developmental level (e.g., babies and young children expected

not to cry; expected to be still for extended periods; be toilet trained or eat neatly).

- Alternate caregiver has a history of expecting other children to behave in a manner that is impossible or improbable for the child's age or developmental level.

**3. Alternate caregiver refuses access to the child or there is reason to believe that the alternate caregiver and his/her family is about to flee.**

This refers to specific and observable behavior, emotions or communication indicating the intent to avoid the agency. Fleeing is more likely to apply when the alternate caregiver is a relative. The concern is heightened when the alternate caregiver and his/her family has a history of physically moving from place to place; has had many jobs for brief periods of time, or has limited property to tie them down.

- Alternate caregiver advises the agency that they will not be needed or that close contact is not warranted or desired.
- Alternate caregiver is inaccessible and unavailable, particularly in early encounters.
- Alternate caregiver cancels initial appointments, does not show up for meetings, cuts short meetings or phone calls.
- Alternate caregiver is reluctant to make the child available to the agency.
- Alternate caregiver disagrees or argues with the agency about needed involvement and intervention at first encounter.

**4. Alternate caregiver communicates or behaves in ways that suggest that he/she may fail to protect child from serious harm or threatened harm by other family members, other household members, or others having regular access to the child.**

This applies when the alternate caregiver does not understand or have the ability to shield the child from threats originating with others in the household. It may include circumstances where the alternate caregiver's loyalties to the other individual interfere with the alternate caregiver's willingness or ability to make the protective role to the child the first priority.

- Alternate caregiver has an inaccurate view of known threat originating with others in the home due to their behavior or emotion or minimizes this threat.

- Alternate caregiver has a history of association with individuals who may pose a threat to the child and the alternate caregiver sees no need to control access to the home to protect the child.
  - Alternate caregiver has a history of association with individuals who may pose a threat to the child and the alternate caregiver is unable to regulate their access to the home.
  - The child is maltreated in the alternate caregiver's home by another family member, household member or individual having regular access to the child.
5. **Alternate caregiver is unwilling or unable to meet the child's immediate needs for food, clothing, shelter or medical care.**

When assessing placement situations, it may be necessary to speculate about the potential for meeting a placed child's basic needs. Beyond the alternate caregiver's intent or ability, one must assess the availability and accessibility of necessary resources. Following placement, evidence of not meeting basic needs may become more apparent.

- Other children in placement home appear malnourished.
  - Family has limited, inadequate resources, finances, etc.
  - Evidence of alternate caregiver withholding necessary resources from own or other placed children.
  - Alternate caregiver does not seek medical treatment for other children's immediate and dangerous medical conditions or does not follow prescribed treatment for such conditions.
  - Alternate caregiver perceives and describes medical needs inaccurately; fails to see seriousness of need.
  - Alternate caregiver holds beliefs that prevent him/her from seeking medical care.
  - No food provided or available to the child or child deprived of food or drink for prolonged periods since the placement began.
6. **Alternate caregiver has not protected the child, or will not or is unable to provide supervision necessary to protect child from potentially serious harm.**

At the time of placement, this must include the ability of the alternate caregiver to be available to provide appropriate supervision or arrange such by another responsible adult over time. During the time the child is in the alternate caregiver's home, this refers to the actual availability of and quality of supervision. Assessment of supervision must consider

the development of the child and circumstances of the home, in terms of potential dangers.

- Alternate caregiver is likely to be absent from the home for periods of time inappropriate to the child's development; no other adult is available to provide supervision.
- Alternate caregiver has arranged for care by another adult in his/her absence but the plan is inadequate.
- Alternate caregiver has obligations that will leave the home without a responsible adult.
- Though present, the alternate caregiver does not attend to the child to the extent that the child's need for care goes unnoticed or unmet (e.g. although alternate caregiver is present, child can wander outdoors alone, play with dangerous objects or be exposed to other serious hazards).
- Alternate caregiver leaves child alone (time period varies with age and developmental factors).
- Alternate caregiver makes inadequate or inappropriate child care arrangements or demonstrates very poor planning for child's care.
- The overall level of child care responsibility in the home results in the alternate caregiver's inability to meet this child's needs for supervision.

**7. Child has exceptional needs or behavior which the alternate caregiver cannot or will not meet or manage.**

This includes conditions that may be organic (e.g. cognitive disability, acute medical need, etc.) or result from maltreatment (e.g. mental health issue, etc.). The condition must be serious, in that it has immediate implications and consequences. The threat includes the child's behavior being a threat to him or herself. The key issue is that the alternate caregivers cannot or will not meet the child's needs or manage the child's behavior.

- The child has a physical or mental condition that, if untreated, serves as a threat of harm, and the
  - Alternate caregiver does not recognize the condition, or
  - Alternate caregiver views the condition as less serious than it is, or
  - Alternate caregiver refuses to address the problem for religious or other reasons, or



- Alternate caregiver lacks the capacity to fully understand the child's condition or the threat of harm.
- Child has suicidal thoughts or behaviors that the alternate caregiver cannot or will not manage.
- Child will run away; alternate caregiver cannot or will not manage.
- Child's emotional state is such that immediate mental health/medical care is needed; alternate caregiver cannot or will not manage.
- Child is a physical danger to others; alternate caregiver cannot or will not manage.
- Child abuses substances; may overdose; alternate caregiver cannot or will not manage.
- Child is so withdrawn that basic needs are not being met; alternate caregiver cannot or will not manage.
- Child has self-inflicted, severe injuries; alternate caregiver cannot or will not manage.
- The overall level of child care responsibility in the home results in the alternate caregiver's inability to meet this child's exceptional needs.

### **8. Child is profoundly fearful or anxious of home situation.**

This does not refer to general fear or anxiety. Most children living in a different home than their own are anxious about the unknown circumstances of that home. This refers to circumstances where the child is familiar with the potential alternative caregiver and his/her family and is afraid of being placed in this particular home. When the child has been living in the alternative caregiver's home, this refers to fear and anxiety related to remaining in that home.

- Child demonstrates emotional and physical responses indicating fear of the specific home or people within the home – crying, withdrawal, etc.
- Child states fearfulness and describes people or circumstances that are reasonably threatening.
- Child recounts previous experiences that form the basis for fear.
- Child's describes threats against him or her that seem reasonable and believable.
- Child's fearful response escalates in the presence of the alternate caregiver or in the alternate caregiver's home.
- Child has reasonable fears of retribution or retaliation from the alternate caregiver.

**9. Alternate caregiver's home has physical living conditions that are hazardous and immediately threatening.**

This applies when living conditions pose an immediate threat having serious health and life implications. Unkempt and dirty homes do not meet this definition. The judgment of an immediate threat must consider the child's vulnerability.

- Dangerous substances or objects are stored in a manner that makes them accessible to the child.
- Lack of water or utilities (heat, plumbing, electricity) with no adequate alternative provisions.
- Environmental hazards, such as leaking gas, exposed electrical wires or broken windows.
- Garbage, spoiled food, infestation or animal waste that threatens health.
- Serious illness or significant injury has occurred due to living conditions and these conditions still exist (e.g., lead poisoning, rat bites).
- Guns or other weapons are not locked.

**10. Alternate caregiver's drug or alcohol use appears to or could seriously affect his/her ability to supervise, protect or care for the child.**

This refers to those who, because of the use of substances, are out of control, acting unpredictably or incoherent and are, therefore, unable to provide for the child. This may be observed at first encounter or may be known from other sources. This may be identified once the child is living in the placement home and prevent the alternate caregiver from consistently providing for the child.

- Alternate caregiver is incapacitated due to substance use at first contact.
- Alternate caregiver's substance abuse problem renders him/her incapable of routinely and consistently attending to the basic needs and care of the child.
- Alcohol, drugs or drug paraphernalia are accessible to the child.

**11. Alternate caregiver's emotional instability, mental health issue or disability appears to or could seriously affect his/her ability to supervise, protect or care for the child.**

This refers to alternate caregivers that possess mental disorders or cognitive limitations that affect their physical, emotional or cognitive

capacity with respect to child safety. They may make poor judgments, cannot effectively problem solve, have deficient reality perception, are ineffective planners or have emotional states that interfere with basic responsibilities to the child. This threat may apply even though there has not been an official diagnosis of a condition or disorder.

- Refusal to follow prescribed medications may prevent the alternate caregiver from adequately caring for child.
- Alternate caregiver exhibits distorted perception of reality (e.g. hallucinations) that impacts ability to care for and protect child.
- Alternate caregiver's inability to manage anger leads to excessive or inappropriate discipline.
- Depressed behavioral symptoms result in inability or failure to protect and provide basic care.
- Alternate caregiver's cognitive delay interferes with the ability to consistently meet the child's needs.

**12. Alternate caregiver's physical health or physical condition appears to or could seriously affect his/her ability to supervise, protect or care for the child.**

This refers to alternate caregiver who have an acute or chronic illness that compromises their ability to supervise the child or their capacity to provide care to the child at a level that affects child safety. This also includes physical conditions and limitations that interfere with the ability to physically provide care required for the child's level of vulnerability and dependence.

- Alternate caregiver's level of energy is insufficient to meet the needs of the child routinely and consistently.
- Alternate caregiver experiences periods of physical incapacitation that cannot be anticipated and planned for.
- Alternate caregiver has sensory limitations (e.g. hearing, vision) that interfere with the ability to meet the child's basic needs and are not adequately managed.
- Alternate caregiver is unable to manage the physical demands (e.g., carrying, lifting) of caring for the child.
- Alternate caregiver's physical health or physical condition renders him/her incapable of routinely and consistently attending to the basic needs and care of the child.

**13. Alternate caregiver has previously maltreated a child and the severity of the maltreatment or the alternate caregiver's**

**response to that incident suggests that safety may be a current concern.**

This refers to the alternate caregiver's previous maltreatment of his/her own children or a previous child placed with the alternate caregiver. This may be identified when considering placement or may be discovered after a child has been placed.

- Previous maltreatment was serious enough to cause or could have caused severe injury or harm.
- Alternate caregiver had retaliated or threatened retribution against a child in a past incident.
- Escalating pattern of maltreatment.
- Alternate caregiver does not acknowledge or take responsibility for prior inflicted harm to a child or attempts to justify a prior incident.
- Alternate caregiver does not explain prior injuries or conditions.

**14. Alternate caregiver sees the child as responsible for the problems of the alternate caregiver or the problems of the child's parent.**

This refers to alternate caregivers who blame the child and consider the child as the cause of the problems of the child's parents. Alternate caregivers may blame the child for problems that they are experiencing themselves. This includes alternate caregivers who give evidence of anticipating problems with the child.

- Child is blamed and held responsible for his/her parent's/caregiver's problems, for agency involvement, or for placement in the alternate caregiver's home.
- Alternate caregiver directly associates difficulties in his/her life, limitations to freedom, financial or other burdens to the child.
- Conflicts that the alternate caregiver experiences with others (family members, neighbors, school, police, etc.) are considered to be the child's fault.
- Losses the alternate caregiver experiences (job, relationships, etc.) are attributed to the child.
- Lack of success as a placement resource is blamed on the child.

**15. Alternate caregiver justifies the parent's behavior; believes the parent/caregiver rather than the agency and/or is supportive of the parent's/caregiver's point of view.**

This refers to circumstances in which the alternate caregiver aligns with the parent's/caregiver's view of the situation or justifies the parent's/caregiver's position though it is contrary to the agency's view and not accurate. This viewpoint results in a lack of empathy for the child and interferes with their ability to cooperate with the agency in managing the child's placement in his/her home.

- Alternate caregiver believes the parent has been wrongly accused.
- Alternate caregiver believes the parent's/caregiver's account over that of the child or the agency.
- Alternate caregiver acknowledges the parent's/caregiver's problems but makes excuses for them or justifies their actions based on the child's behavior or other circumstances.
- Alternate caregiver believes the agency is overreacting and exaggerating.

**16. Alternate caregiver indicates the child deserved what happened in the child's home.**

This refers to alternate caregivers who believe that whatever happened in the child's home was justified by things the child did or qualities of the child.

- Alternate caregiver believes that a sexual abuse victim was asking for or provoking the sexual contact.
- Alternate caregiver believes the child is old enough to care for him/herself and, therefore, responsible for lack of necessary care.
- Alternate caregiver considers the child's behavior provocative and that this justifies parental maltreatment.

**17. Alternate caregiver will not enforce restrictions required by the present danger plan, safety plan, or family interaction plan.**

This refers to alternate caregivers who are unable or unwilling to follow CPS requirements for contact between the child and parent.

- Alternate caregiver believes the restrictions on the plan are unnecessary and, therefore, will allow unauthorized contact.
- Alternate caregiver sees the restrictions as unimportant and, therefore, will not consistently exert control necessary to enforce them.

## **In-Home Case Management**

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- Alternate caregiver allows unauthorized phone calls or physical contact between the child and parent/caregiver in the home or at any other location.

**Family Interaction Plan When a Child is Placed with an Alternate Caregiver 610-05-35-10**

(NEW 12/1/20 ML #3604)

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Family interaction is the interpersonal dynamics of family members in a variety of environments and activities. The family interaction plan is typically included as part of the safety plan but may be included as part of a present danger plan in some situations. It is not a separate document. A family interaction plan may also be discussed and developed during the Family Centered Engagement Meeting.

A family interaction plan must involve the immediate family which includes, but is not limited to both parents, legal guardians, Indian custodian, or others in a parenting role; and siblings. Those who must be included will vary based upon individual family circumstances.

Family interaction includes:

- Face-to-face contact
- Telephone calls or text messages
- Video calls (e.g. Zoom, Skype, Google Duo, Microsoft Teams, etc.)
- Letters
- Emails
- Attendance at routine activities such as counseling sessions, medical appointments, school events, and faith-related activities.

Whenever possible, face-to-face family interaction is the desirable professional practice. Face-to-face family interaction between parents (or those in parenting roles) and their children living with an alternate caregiver is critical. Seeing the parent during family interaction, for example, reduces the child's fantasies and fears of "bad things" happening to the parent, and can often help older children eliminate self-blame for the placement. Additionally, face-to-face family interaction communicates the agency's belief in the family as important to the child and to the agency, which further supports family involvement and timely reunification.

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Although face-to-face family interaction is preferred, there may be times when it is not in the child's best interest or is not feasible.



## **Purpose of Family Interaction 610-05-35-10-01**

(NEW 12/1/20 ML #3604)

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The primary purpose of family interaction is to preserve and strengthen family relationships, whenever possible. Additional purposes of family interaction include:

- Facilitating timely reunification of children with their families;
- Assessing and addressing safety issues during family interaction;
- Assessing and working with the family to enhance parent/caregiver protective capacities;
- Minimizing placement-induced trauma for the child and family caused by separation;
- Establishing, enhancing, and maintaining child, sibling, and family attachments; and
- Establishing and facilitating other permanency options, when appropriate.

Family interaction is an opportunity to maintain, establish, and promote parent-child relationships. In addition, family interaction is an opportunity for parents/caregivers to evaluate their own parenting capacities and gain knowledge of new practices and views about parenting.

Children, their parents/caregivers, and their siblings have a right to family interaction whenever possible in order to maintain and enhance their attachment to each other. Areas to assess during family interaction may include, but are not limited to the child's health; safety; developmental, emotional, and attachment needs; and the presence of domestic violence.

The agency should also evaluate the child's substantial relationships to determine the need to maintain those connections to reduce trauma and loss for the child. These substantial relationships may include, but are not limited to: friends, neighbors, local community and support groups, extended family members as defined by culture, and spiritual communities.

## **Initial Family Interaction Plan 610-05-35-10-05**

(NEW 12/1/20 ML #3604)

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The initial family interaction plan is necessary until a more thorough interaction plan is developed. Face-to-face family interaction must occur within five (5) business days of the child's placement with an alternate caregiver. The agency is responsible for assuring that family interaction occurs.

The initial family interaction plan is developed by the agency after consultation with the immediate family and, as appropriate, relatives and the alternate caregiver. The plan must include:

- Frequency and location of the face-to-face family interaction,
- Transportation to and from family interactions,
- Who will be present during family interaction, and
- Arrangements for monitoring or supervision, if needed.

Before face-to-face family interaction is implemented, the agency must assess if there are present or impending danger threats to child safety. The agency must also assess for current or prior domestic violence in the relationships of the adults involved in the case.

In cases where biological parents reside in separate households, biological fathers have historically been left out or minimized. Efforts should be made to include both the child's mother and father in family interaction planning. In some cases, this may require the development of separate plans due to issues of safety, confidentiality, domestic violence, etc.

**Considerations for Families with Domestic Violence  
610-05-35-10-10**

(NEW 12/1/20 ML #3604)

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Domestic violence cases are complex and can affect children on a deep emotional level even if they are not physically harmed. Risks to a victim of domestic violence and his/her children increase when there is a major change in family circumstances, such as separation or out-of-home placement of children, and the batterer attempts to regain control over the family. When domestic violence is present in combination with other forms of abuse, the impact on the child can be severe. Batterers may use a variety of controlling and manipulative tactics, such as using children as a vehicle to harm or control the victim, interfering with the relationship between the child and the adult victim, or deliberately creating or feeding family tensions.

In addition to safety considerations, family interaction plans should take into account whether a batterer is likely, based on past behavior, to use these tactics. The following considerations can help promote the safety and well-being of the child, as well as protect the safety of all family members.

The in-home case manager must:

- Check on possible restraining orders, no-contact orders or conditions of probation/parole that would have an impact on family interaction and plan for safety accordingly.
- Assure that family interaction plans take into account the safety of all family members. When necessary, safety measures can include, but are not limited to:
  - Supervised family interaction,
  - Arranging different schedules,
  - Using a safe drop off/pick up location,
  - Developing a safety plan for situations in which the batterer appears unexpectedly, and
  - Arranging for a signal that ends the interaction if necessary.

The in-home case manager must consult with the domestic violence victim to learn about safety strategies that work and the propensity of the batterer to inflict further violence. The in-home case manager should

develop separate family interaction schedules to allow a victim of domestic violence to have uninterrupted parenting time with the children, when appropriate.

Those supervising face-to-face family interactions should have training, education, or information on the dynamics of domestic violence, its impact on children and on family relationships, the tactics that batterers use with their partners and children; and their roles and responsibilities as supervisors.

Relatives should be used to supervise family interaction only when the relative:

- Understands and acknowledges the risks presented by the batterer;
- Does not blame the victim for the violence; and
- Is able to identify and resist coercion or manipulation by the batterer.

In some cases of domestic violence, even supervised family interaction may not be sufficient to assure physical and emotional safety for the child. In these cases the agency must consider a plan for supervised family interaction.

Safety considerations to assist in determining whether face-to-face family interaction needs to be supervised include:

- There is a lack of information about the parent's ability to assure the child's safety.
- The parent exhibits behaviors or attitudes that might place the child's safety in jeopardy.
- The parent continues to deny or fails to accept responsibility for the actions which placed the child(ren)'s safety in jeopardy or caused serious physical or emotional harm.
- The parent has a current or recent history of committing domestic violence.
- The child shows serious emotional effects (trauma, threatens suicide, etc.) which has immediate implications for intervention.
- There is reason to believe that the parent or other persons are likely to flee with the child.

In the absence of a court order or documented concerns for child safety or the safety of other family members, the agency must consider a plan for unsupervised family interaction.

**The Family Interaction Plan 610-05-35-10-15**

(NEW 12/1/20 ML #3604)

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The family interaction plan outlines the anticipated interaction for the child with their parents, siblings, and other identified participants. The family interaction plan will be developed by the in-home case manager with the involvement of family members, including children who are able to contribute to the process, as well as the alternate caregiver and other participants identified by the family and/or agency.

Family interaction plans should change over time depending on considerations of safety, permanency, and well-being. When return to the family home is the goal, face-to-face family interaction should:

- Become less restrictive (e.g. supervised, if appropriate; to decreasing levels of supervision; to unsupervised contact),
- Increase in length, and
- Support parents in enhancing their protective capacities.

When return to the family home is no longer the goal, family interaction does not end. Unless parental rights are terminated or family interaction has been prohibited by court order, parents and children have the right to interact. However, consideration should be given to the impact of less frequent or discontinued contact between the child and family on the child's emotional well-being, needs for attachment, stability, and sense of security.

When consistent family interaction does not occur it is imperative that the in-home case manager meet with the parent to identify any barriers and in consultation with their supervisor, make necessary revisions to the plan. If a parent continues to fail to interact with his/her child after revisions are made, parents should be advised that repeated failure to interact with their child according to the family interaction plan could be considered a demonstration of a lack of parental concern for the child.

## **Frequency and Location of Family Interaction 610-05-35-10-20**

(NEW 12/1/20 ML #3604)

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The agency shall make reasonable and active efforts to facilitate face-to-face family interaction based upon the child's developmental needs; however, it must occur no less than weekly.

Additionally, children shall have other forms of family interaction (e.g. phone calls or texts, video calls, letters, etc.) with their parents at least weekly.

Weekly interaction should be viewed as the minimum standard. However, best practice standards indicate the following:

- If an attachment bond is to be maintained between parents and their children temporarily living with an alternate caregiver, family interaction needs to be frequent. Children between the ages of 0-5, for example, should have contact with their parents 3-5 times a week, if the plan is for the child to return to the family home.
- As a best practice guideline, the frequency of family interaction between parents and their children temporarily living with an alternate caregiver should correspond with the child's wishes, age, developmental level, and should be consistent with the child's case plan goals.

Primary consideration must be given to face-to-face family interaction occurring in settings that encourage the most natural interaction between family members while minimizing any threats to safety that may exist to the children or other participants.

Guidelines to assist with making the determination about location of family interaction include:

- Suitability for developmentally related activities (e.g. does the location allow for positive interaction relative to the child's development?);
- Parents' attitudes and feelings about the alternate caregivers and their ability to have contact with the alternate caregivers.

- Alternate caregivers' interest, willingness, and ability to be involved in the family interaction process and their perceptions and feelings related to the legal parents.
- Factors that might determine whether family interaction takes place in the alternate caregivers' home.
- Consideration for the child's physical safety and emotional stability.

The optimum environment for face-to-face family interaction is in the home of the child's parent, if it is a safe environment for all participants. When this cannot occur, interaction should occur in the most natural setting as possible such as the home of the alternate caregiver.

## **Family Interaction with Siblings 610-05-35-10-25**

(NEW 12/1/20 ML #3604)

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Every effort must be made to place siblings together; however, sometimes this is not possible. Sibling interactions provide an opportunity for siblings to build or maintain family relationships. When siblings are not seeing each other as a part of the family interaction plan, the following apply:

- Sibling face-to-face interaction must occur, at a minimum, once per month.
- Facilitation of sibling face-to-face interaction is the responsibility of the in-home case manager.
- Additional family interactions between siblings must be encouraged, such as contact by phone or text, video calls, letters, and email.

When siblings are placed apart, each sibling, or his/her caregiver, when appropriate, should know where the other sibling is and how to reach him/her.



**Decreasing or Suspending Family Interaction**  
**610-05-35-10-30**

(NEW 12/1/20 ML #3604)

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Family interaction can only be prohibited by the agency if a court finds that continued contact is not in the child's best interests. Family interaction can be decreased or suspended if there is evidence that the contact is contrary to the safety of the child(ren) and this information is documented in the case record.

Family interaction cannot be:

- Used as a punishment, reward, or threat for a child;
- Restricted or suspended as a means to control or punish a parent for failure to work with agency or community providers or to comply with conditions of the case plan; or
- Prohibited by the alternate caregiver.

Being incarcerated or institutionalized does not within itself constitute a ground for prohibiting or canceling face-to-face family interaction.

## **Documentation of the Family Interaction Plan 610-05-35-10-35**

(NEW 12/1/20 ML #3604)

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The family interaction plan will be documented as part of the present danger plan or safety plan and will, at a minimum, address the following information:

- A description of the parent's responsibilities to arrange/confirm visits with the in-home case manager, plan and prepare activities for family interaction, and assist their child with the transition at the conclusion of family interaction.
- How any necessary transportation will take place and who is responsible for the transportation.
- Any barriers that must be addressed by the agency to assure that family interactions occur on a regular basis.
- The occurrence of both supervised and unsupervised face-to-face family interactions.
- The occurrence of both supervised and unsupervised sibling face-to-face interactions.
- If the agency is unable to fulfill these responsibilities due to client unavailability, lack of cooperation, or refusal.

Within the case activity log of the ND child welfare information system, the in-home case manager will document that a family interaction plan was initiated as part of a present danger plan or safety plan.

As a part of formal safety reassessment throughout the provision of in-home case management, the plan for continuing family interaction must be addressed and documented in the safety plan as a safety service.

**Exceptions to the Family Interaction Plan Policy  
610-05-35-10-40**

(NEW 12/1/20 ML #3604)

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Any exceptions to the requirements of this policy must be approved by a supervisor and documented in the agency's case record.

**In-Home Case Manager Visits With the Child,  
Parents/Caregivers, and Alternate Caregivers 610-05-40**

(NEW 12/1/20 ML #3604)

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Establishing a relationship with the family is fundamental to developing a better understanding of the dynamics of the family that led to agency intervention and engaging the family in a change process. Accomplishing this necessitates a high level of quality contact by the in-home case manager to collaborate with the family in working toward reducing or eliminating impending danger and reaching permanence at the earliest point possible.

### **In-Home Case Manager Safety During Visits 610-05-40-01**

(NEW 12/1/20 ML #3604)

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A critical aspect of scheduling and convening visits is safety. When preparing for a visit, in-home case managers should be familiar with the family circumstances and the neighborhood and plan for case manager safety and family safety. Supervisors must assist case managers in reviewing the case record to consider family history of violence and potential threats to the in-home case manager or family members.

Supervisors will help the in-home case manager make decisions on the location of the visit or whether a colleague (or law enforcement officer) should accompany the in-home case manager on the visit. Supervisors must have clear procedures in place to make sure they are informed of the schedule and location of visits.

In-home case managers must remain observant, trust their instincts, think ahead about safe entry and exit routes, and maintain working cell phones and cars. Supervisors should also make a plan to update information on risk to the worker and family as the case continues.

**Frequency of Visits with the Child 610-05-40-05**

(NEW 12/1/20 ML #3604)

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In-home case manager visits must occur with sufficient frequency to address issues pertaining to the safety, permanency, and well-being of the children and promote achievement of case goals (i.e. focus on issues pertinent to case planning, service delivery, and goal achievement). The frequency of face-to-face contact with the child is dependent on:

- Individual case circumstances,
- Identified impending danger threats,
- Available informal and formal supports, and
- Service providers involved in the family.

The in-home case manager must meet with all children living in the home face-to-face twice a month, at a minimum, unless more immediate contact is indicated by the information obtained about the family by a safety services provider.

During in-home services, face-to-face contact is important as a means to continuously assess safety and achieve stability/permanence for children. To achieve this, it may be necessary to occasionally conduct unannounced face-to-face contacts or, when appropriate, visits with the children should be alternated between the home and another community setting (e.g. daycare, school, counseling appointment). In these instances, the face-to-face contact should occur in a manner consistent with the purpose of the home visit and is respectful of the child and parents/caregivers involved in the contact.

Transparency is fundamental to mutual respect and family engagement, particularly when unscheduled face-to-face contact with the child is used. Variations of face-to-face contacts with the child should be discussed at the onset of the case to be upfront and honest with the family about the process.

See 610-05-15-35-01 for policy guidance when face-to-face visits may not be possible due to an emergency declaration.

**Quality of Visits with the Child 610-05-40-10**

(NEW 12/1/20 ML #3604)

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The quality of visits between the in-home case manager and child must be sufficient to address issues pertaining to the safety, permanency, and well-being of the children and promote achievement of case goals (i.e. focus on issues pertinent to case planning, service delivery, and goal achievement). The length of the visits should be of sufficient duration to address key issues with the children and in a location conducive to open and honest conversation.

For at least a portion of each visit with any child(ren) older than an infant, the case manager must meet with each child individually and apart from the parent/caregiver. When the child does not want to be separated from the parent/caregiver, or when the parent/caregiver will not allow the case manager to visit with the child apart from him/her, the case manager must conduct the visit in a way that is sensitive to the child's needs or parent's/caregiver's request but allows the case manager to determine the safety and well-being of the child.

See [607-05-70-55](#) for additional policy requirements concerning high quality visits between the case manager and child.

## **Assessing Safety During Visits with the Child 610-05-40-10-01**

(NEW 12/1/20 ML #3604)

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Refer to 610-05-30 for specific policy on managing safety during in-home case management. Exploratory questions to consider when the in-home case manager visits with the child related to safety assessment and management include:

- Does the child feel safe? Why or why not?
- Does the child have resources (i.e. case manager, parent, or trusted adult) they can contact if they are not feeling safe? Does the child know how to contact them?
- Is the living environment free from hazard and is it habitable?
- For very young or preverbal children:
  - What is the physical condition of the child, including any observable effects of maltreatment?
  - What is the emotional status of the child, including mannerisms, signs of fear, and developmental status?



## **Assessing Permanency During Visits with the Child** **610-05-40-10-05**

(NEW 12/1/20 ML #3604)

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In most cases, the child will remain in the home with parents/caregivers so maintaining permanency for the child is the objective of in-home case management. The following questions around permanency should be considered and assessed during in-home case manager visits with the child:

- Does the child know the goals of his/her case plan?
- Can the child describe his/her goals and how to accomplish them?
- Does the child have contact via phone, video calls, email, letters, visits, etc. with family members and other important people?
- For very young or preverbal children:
  - Does the child understand at his/her developmental level why the agency is involved with the family?

## **Assessing Well-Being During Visits with the Child 610-05-40-10-10**

(NEW 12/1/20 ML #3604)

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The following are examples of questions that could be covered during visits with the child related to his/her well-being. This list is only a brief outline and is in no way meant to exhaust the topics that could or should be covered during the visit.

- Is the child receiving adequate nutrition, sleep, space, privacy, therapy, recreational time, and educational services/activities?
- Has there been illness or injury since the last contact?
- Has there been a change in emotional state since last contact?
- Have there been any changes in medications since last contact?
- For very young or preverbal children:
  - How does the child relate to parents/caregivers? Is a strong attachment evident?
  - What is the emotional status of the child, including mannerisms, signs of fear, and developmental status?

**Frequency of Visits with Parents/Caregivers  
610-05-40-15**

(NEW 12/1/20 ML #3604)

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The in-home case manager must physically meet with parents/caregivers with sufficient frequency to address issues pertaining to the safety, permanency, and well-being of the children and promote achievement of case goals (i.e. focus on issues pertinent to case planning, service delivery, and goal achievement). The frequency of face-to-face contact with parents/caregivers is based on the needs of the family as identified in the safety plan and case plan.

Contact frequency is dependent on case circumstances, identified impending danger threats, available informal and formal supports, and service providers involved in the family. At a minimum, the in-home case manager must visit face-to-face with parents/caregivers twice a month unless a need for more immediate contact is indicated by the information obtained about the family by a safety service provider. Progress and change related to enhancing parent/caregiver protective capacities are the essential purpose for in-home case manager visits with parents/caregivers.

If face-to-face visits are not possible, it is acceptable to visit with parents/caregivers via phone, video calls, email, letters, visits, etc. Contact should always be at the highest possible level. If it is possible to have face-to-face contact with the parents then that is required.

## **Quality of Visits with Parents/Caregivers 610-05-40-20**

(NEW 12/1/20 ML #3604)

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Quality visits with parents/caregivers are grounded in well-defined case outcomes and case closure criteria. These criteria relate to the conditions (e.g. behaviors, protective capacities, court requirements) that need to occur or that the family needs to consistently demonstrate for the agency to have confidence in child safety.

Effective use of visits with parents/caregivers supports moving the family forward in achieving a safe and stable home. Progress and change related to enhancing parent/caregiver protective capacities and assuring child safety are the essential concerns. See [607-05-70-55](#) for additional policy requirements concerning high quality visits between the case manager and parents/caregivers.

## **Focus of Visits with Parents/Caregivers 610-05-40-20-01**

(NEW 12/1/20 ML #3604)

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Each visit the in-home case manager has with parents/caregivers must have a defined purpose. A purpose and agenda for visits demonstrate clarity and consistency with outcomes and case closure criteria. By including parents/caregivers in the case planning process and visit purpose, in-home case managers demonstrate respect and encourage ongoing engagement during the visit.

## **Timing, Length, and Location of Visits with Parents/Caregivers 610-05-40-20-05**

(NEW 12/1/20 ML #3604)

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Visit timing must accommodate the parent's/caregiver's schedules. The length of the visit must allow time for discussion and assessment of:

- Any change in parent/caregiver protective capacities;
- The status of impending danger;
- The sufficiency, feasibility, and sustainability of the safety plan and any needed revisions; and
- Any issues requiring resolution or clarification regarding the case plan goals and change strategies/tasks.

The location of visits must foster open and honest conversations with parents/caregivers. The parent/caregiver must have input concerning where the visit will occur to ensure he/she feels comfortable and at ease.

**PCPA Information Gathering and Review**  
**610-05-40-20-10**

(NEW 12/1/20 ML #3604)

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During visits with parents/caregivers, in-home case managers will gather information to inform completion of the Protective Capacities Progress Assessment (PCPA) to include reviewing the safety plan and case plan, and discuss any other related information pertinent to case planning activities in order to facilitate assessment of progress and emerging concerns.

### **Documentation of In-Home Case Manager Visits with the Child and Parents/Caregivers 610-05-40-25**

(NEW 12/1/20 ML #3604)

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The in-home case manager must document both completed and attempted face-to-face contacts with children and parents/caregivers as a case activity log in the ND child welfare management information system. The case activity log must include, at a minimum, the following information:

- Date, time, and duration of the visit;
- Participants involved;
- Location of the visit;
- Whether children were seen apart from parents/caregivers for at least part of the visit and if not, the reason;
- Type of contact; and
- Purpose and summary of the results of the visit.

In addition, at least one case activity log entry a month must include the following information:

- The status of impending danger;
- The sufficiency, feasibility, and sustainability of the safety plan and any needed revisions;
- An evaluation of impending danger;
- A review of safety service actions and timeframes;
- A discussion of issues requiring resolution or clarification with safety service providers;
- The commitment of providers to remain involved in the plan;
- Whether family members understand and agree with their role in the safety plan;
- The progress towards meeting goals of the case plan, including information about whether family members understand their role in the change process;
- The parent's/caregiver's engagement and involvement in the change process; and
- Any enhancement in protective capacities that would mitigate identified threats.

If face-to-face visits with parents/caregivers are less-than-monthly, the in-home case manager will document efforts made to meet with the



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parents/caregivers more often, including the reasons why the parents/caregivers were non-responsive.

The in-home case manager is the most powerful tool for gathering safety-related information during contact with the family and providers. Documentation of the contact should reflect the case manager's actions in working with the family, child, and providers to achieve safety and stability for the child.

## **In-Home Case Manager Visits with an Alternate Caregiver 610-05-40-30**

(NEW 12/1/20 ML #3604)

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At a minimum, the in-home case manager must have monthly face-to-face contact with the alternate caregiver. Contact with the alternate caregiver focuses on the safety, permanence, and well-being of the child. This includes:

- Evaluating the compatibility of the child with the alternative caregiver and other household members;
- Evaluating the ability of the alternative caregiver to meet the needs of the child in a safe manner;
- Evaluating the experiences the child has had to regularly engage in age or developmentally appropriate activities; and
- Discussing any additional support needed by the alternative caregiver to safely maintain the child living with him/her.

**Documentation of Visits with an Alternate Caregiver**  
**610-05-40-30-01**

(NEW 12/1/20 ML #3604)

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The in-home case manager must document visits with the alternate caregiver as a case activity log in the ND child welfare management information system.

**Case Closure 610-05-45**

(NEW 12/1/20 ML #3604)

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Case closure for in-home child welfare cases is appropriate when child welfare services are no longer needed, the family declines further intervention, or the family is not engaged in services provided there is no court order. Safety intervention responsibilities are not complete until all required assessments and conclusions are completed. No case will be recommended for closure if a child is not safe.

**Achieving Safety, Stability, and Permanence  
610-05-45-01**

(NEW 12/1/20 ML #3604)

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Safety, stability, and permanence are entitlements for all children involved with the child welfare service system no matter the circumstances or type of case. Every child is expected to have a safe, stable, and permanent home prior to case closure. When working with families, the agency is equally responsible for permanence by ensuring a safe and stable home for children.

For children who remain in their home with an in-home safety plan, the agency ensures permanence by assisting the family to enhance parent/caregiver protective capacities and eliminate or diminish threats to child safety. Additionally, while the case manager assists families in making sustainable changes, the in-home case manager works with the family to establish lasting resources and a support network consisting of formal and informal supports. Once parent/caregiver protective capacities are enhanced or there is an absence of threats to a child's safety, the family can safely exit case management services.

## Warm Handoff to the Family 610-05-45-05

(NEW 12/1/20 ML #3604)

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Prior to case closure, the agency must facilitate a process to engage family members, service providers, and informal supports in developing a plan for identifying and meeting child and family needs after agency involvement has ended. This process is called the "Warm Handoff to the Family" (also referred to as Warm Handoff 4). The PCPA is used for this facilitated process.

The requirements of the Warm Handoff to the Family are:

- **Safety Reassessment**

The safety reassessment must include information concerning the absence or presence of impending danger threats.

- **Parent/Caregiver Protective Capacities Reassessment**

The reassessment of parent/caregiver protective capacities, which must be sufficient to protect against threats that continue to exist or might emerge. The caregiver must understand his/her role and act effectively in his/her protective capacity. The assessment of parent/caregiver protective capacities occurs through completion of the final PCPA.

- **Resource Network**

The in-home case manager must review the need for a "safety net" and establish one as appropriate. A safety net refers to arrangements, connections, and supports within the family network or community that can be created, facilitated, and reinforced to reassure the parent/caregiver and provide resources and assistance.

To assist a family in achieving sustainable change, and ultimately safe case closure, the in-home case manager must have the ability to apply safety and permanency related concepts and criteria as part of the intervention responsibilities. This includes:

- **Ongoing Assessment**

Continually reassessing impending danger; evaluating and confirming the sufficiency, feasibility, and sustainability of safety plans and when necessary, making immediate adjustments to assure that safety interventions are the most appropriate and least intrusive for the family.

- **Ongoing Engagement**

Engaging parents/caregivers and the child in the assessment and planning process in order to:

- Identify behavioral change strategies that address impending danger by enhancing parent/caregiver protective capacities.
- Identify lasting and permanent connections for the child and family.
- Evaluating progress related to the parent/caregiver establishing and maintaining a safe and permanent home for the child.

Planning for case closure begins at first contact with the family. The in-home case manager must ensure that the transition to case closure is communicated to others involved with the case. Achieving a stable home and ensuring safe case closure is achieved by:

- Preparing the child and family throughout the case process.
- Assessing any current or ongoing needs.
- Developing a process for the transition that is in the best interests of the child considering the child's emotional, behavioral, and psychological needs.

The in-home case manager uses the following criteria to determine if a safe home exists and stability has been achieved:

- Parents/caregivers have made sufficient progress in addressing case goals (enhanced protective capacities).
- Formal or informal supports are available and accessible to the family, as needed, after the case is closed with the agency.

Prior to case closure and as part of the Warm Handoff to the Family, the in-home case manager must have face-to-face contact with family members and the child and family team to:

- Support the family in determining how the family's needs will be met after agency involvement ends. This includes ensuring needed formal

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and informal supports are in place prior to case closure, including arrangements and connections within the family network or community that can be created, facilitated, or reinforced to provide the parent/caregiver resources and assistance once agency involvement ends.

- Inform the family of the date that in-home case management services will end.



**Unplanned Case Closure 610-05-45-10**

(NEW 12/1/20 ML #3604)

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See [607-05-35-60-05](#) for policy related to the unplanned closure of in-home case management services to a family.

## **Documentation of Case Closure 610-05-45-15**

(NEW 12/1/20 ML #3604)

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The policy within this section points to 607-05-35-60-10. Case closure and the termination of all plans must be documented in the agency's case record and approved by a supervisor or his/her designee within fifteen (15) business days from the date the case closure decision was made by the supervisor and in-home case manager.

The in-home case manager must send the family a letter confirming the case closure which includes resources available to the family in the event future services are needed.

In all cases when a child is an Indian child, a letter must be sent to the tribe indicating the case has been closed and a copy of the letter must be maintained in the agency's case record.

The in-home case manager must also enter the service period end date in the ND child welfare management information system.

**Documentation of Planned Case Closure 610-05-45-15-01**

(NEW 12/1/20 ML #3604)

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Documentation at planned case closure must include:

- A reassessment of child safety.
- The rationale for the decision to close the case.
- A description of the closure process with the family and service providers, including the family's plan for meeting future service needs.

A case activity log in the ND management information system must include the above documentation requirements.

A copy of the case closure letter sent to the family must be filed in the agency's case record.

**Documentation of Unplanned Case Closure**  
**610-05-45-15-05**

(NEW 12/1/20 ML #3604)

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There are additional documentation requirements when a family will no longer accept services, as follows:

- The efforts taken to complete a reassessment of child safety.
- Any agency efforts to continue to provide services. If the safety assessment indicates a child in the family is not safe, this must include efforts to request a petition to the court to order services.
- The reason for case closure.

A case activity log in the ND management information system must include the above documentation requirements.

A copy of the letter to the family indicating what actions the agency has taken, or will take, and other resources available to the family must be filed in the agency's case record.

## **In-Home Case Management When the Child is Safe 610-05-50**

(NEW 12/1/20 ML #3604)

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Information from the CPS assessment guides decision-making about whether an agency will open a case for in-home case management. When children are safe, but the agency determines that a child requires protective services per NDCC 50-25.1-06, the agency opens a child welfare case and this policy applies.

Child welfare cases involve providing support and services to a family. The in-home case manager focuses on assessing the family for strengths and needs, managing safety, achieving permanence, stability, and well-being, and attaining safe case closure. The primary focus of agency intervention is the provision of child and family support and services rather than safety intervention focused on enhancement of parent/caregiver protective capacities.

Safety framework practice for in-home child welfare cases focuses on confirming that children remain safe and protected from abuse and neglect. Although child safety is not the reason for agency intervention, it is important to understand there may be times during the life of a case when family dynamics and functioning change, resulting in an unsafe child. At this point, a case is managed per the above policy and cannot be served under this policy.

### **Applicable Cases for In-Home Services When the Child Is Safe 610-05-50-01**

(NEW 12/1/20 ML #3604)

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This policy applies when the CPS Assessment concludes that a child is safe, but the parent/caregiver is unable or needs assistance to care for or provide necessary treatment or services for the child. The agency provides in-home case management for the following reasons:

- A family is in need of child welfare services; or
- An agency and family agree to the provision of in-home case management.

This policy cannot be used when the agency determines a child is unsafe. The agency must use the above policies when there is impending danger and insufficient parent/caregiver protective capacities to protect a child from threats. Additionally, if during monitoring of the case the agency becomes aware of alleged maltreatment or present or impending danger threats to child safety, immediate action to control for child safety must be taken including a report of suspected child abuse or neglect (SFN 960), if warranted. Agencies must ensure that all actions of the agency comply with this policy.

Examples of in-home cases can include, but are not limited to:

- Services Required findings of neglect per [NDCC 50-25.01-02](#) including educational neglect;
- Children with disabilities and their families are unable to meet their treatment needs without agency assistance;
- Children with challenging behaviors or mental health conditions and their families are unable to meet their treatment needs without agency assistance; and
- Family court transfers of jurisdiction.

**Role of the In-Home Case Manager When the Child Is Safe 610-05-50-05**

(NEW 12/1/20 ML #3604)

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In-home case management addresses family needs by providing services, supports, and treatment or by linking the family with public or private community services. The in-home case manager will convene child and family team meetings per [607-05-70-65](#) to ensure the family has formal and informal supports available following case closure.

**Goal of In-Home Case Management When the Child Is Safe 610-05-50-10**

(NEW 12/1/20 ML #3604)

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The goal of intervention is to increase the likelihood that the child will remain in the home without further agency involvement. Agency involvement with families served through in-home case management is purposeful and outcome focused. Case outcomes should be identified and agreed upon by the in-home case manager and child and family team.



**Case Closure for In-Home Services When Children Are Safe 610-05-50-15**

(NEW 12/1/20 ML #3604)

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Discussion about case closure begins at first contact with the family and during child and family team meetings. The case will be closed when consensus of the child and family team indicate the identified needs are being met and the children are safe.

**Respite Care 610-05-55**

(Revised 2/10/21 ML #3612)

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Respite care is available to families currently involved with a local Human Service Zone through child protection services, in-home services, or foster care programming. Respite care is defined by in-home case management policy as temporary care of a child with special medical, emotional, or behavioral needs requiring time-limited supervision by a licensed foster parent or licensed child care provider. Respite care is intended to reduce stress and strengthen the placement. Respite funds are available through the department and are used to reimburse the approved provider.

## **Requirements for Respite Care 610-05-55-01**

(Revised 2/10/21 ML #3612)

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Respite care is a pre-planned arrangement available to a parent/caregiver receiving in-home case management who needs temporary relief of duties for the child whose mental or physical conditions require special or intensive supervision or care. There are specific requirements for accessing respite care for a family. These requirements include:

- Approved respite care providers
- Referral and approval process
- Length of stay and cost
- Documentation

**Approved Respite Care Providers 610-05-55-05**

(NEW 12/1/20 ML #3604)

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Respite care providers must be either a licensed foster caregiver ([NDCC 50-11-01](#)) or a licensed childcare ([NDCC 50-11.1-04](#)) in North Dakota. Foster caregivers and childcares not licensed in North Dakota will not be approved or reimbursed by the department.

## **Respite Care Referral and Approval Process 610-05-55-10**

(Revised 2/10/21 ML #3612)

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The in-home case manager can request respite services by completing the [SFN 925](#), Respite Care Referral. This referral form must be submitted in advance to the field service specialist for pre-approval. The form was created to help field service specialists verify the need for respite care and review the licensing capacity of the provider being asked to provide the respite, as well as track the programs utilizing respite care.

The in-home case manager must complete the "Agreement to Furnish Respite Care" (SFN 929) and submit it to the field service specialist for approval in order to proceed with respite care. The [SFN 929](#) is used to formalize the agreement between the in-home case manager, parent/caregiver, and respite care provider regarding the terms of the respite arrangement and cost. The identified respite care provider must sign the Agreement to Furnish Respite Care (SFN 929) and register on the OMB vendor registry website as proof of a signed W-9 for reimbursement. Reimbursement can only occur if the respite care agreement is signed by all required parties per the SFN 929 and the arrangement is pre-approved by the field service specialist.

**Respite Care Length of Stay and Cost 610-05-55-15**

(Revised 2/10/21 ML #3612)

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Respite care provided in foster homes is limited to ninety-six (96) hours. Reimbursement for respite care in a licensed family foster home will be at the state emergency rate. Respite care provided in a licensed childcare is limited to five (5) calendar days. Reimbursement for respite care in a licensed childcare will be at the local licensed childcare rate. Payment will be made by the department directly to the respite care provider.

Respite care can cover additional costs of reimbursement if needed, specific to child care and transportation to and from school of origin. If the child is with a primary provider who does not utilize child care during the week, but the respite provider does work fulltime and would need child care during the week; the child care costs to a licensed child care setting can be made to the respite provider to assist with the care of the child during the respite stay. All additional costs must be pre-approved by the case manager and approved by the field service specialist.

**Documentation of Respite Care 610-05-55-20**

(NEW 12/1/20 ML #3604)

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The in-home case manager will document the respite care start and end dates, rationale, provider type, and duration of the respite care service as a case activity log in the ND child welfare management information system. The in-home case manager will also retain a copy of the SFN 929 in the agency's case record. This documentation is required for each respite care event provided to the family.

## **Sentinel Events and Incidents 610-05-60**

(NEW 12/1/20 ML #3604)

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The North Dakota Office of Management and Budget (OMB) online reporting system is used to report sentinel events and incidents (see [ND OMB Incident Reporting](#) for instructions and link to the online system). This report should not be completed by non-state employees. Any additional information must be sent to the DHS Risk Manager and DHS Legal Advisory Unit Director.

If the in-home case manager is uncertain whether a situation is a sentinel event or an incident, consultation is available through the field service specialist, CFS Well-Being Administrator, or the DHS Risk Manager. A sentinel event will always require an incident report, but every incident reported is NOT a sentinel event.



**Sentinel Events 610-05-60-01**

(NEW 12/1/20 ML #3604)

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A sentinel event is defined as any unexpected occurrence involving death or serious physical or psychological injury or risk thereof that is not related to the natural course of the individual's illness or underlying condition. The phrase "or risk thereof" includes any process variation for which a recurrence would carry a significant chance of a serious adverse outcome. Such events are called sentinel because they signal the need for immediate investigation and response. Examples of a sentinel events that could occur during the course of in-home case management are a child being seriously injured (including inappropriate sexual contact), dying unexpectedly, or attempting suicide.

An in-home case manager witness to or having knowledge of a sentinel event must immediately report to their supervisor, director, and field service specialist.

Field service specialists must notify the following concerning all sentinel events: DHS Executive Policy Director of Family Stability, DHS Risk Manager, DHS Legal Advisory Unit Director, CFS Director, and CFS Well-Being Administrator as soon as possible, but no later than twelve (12) hours after the occurrence. Initial notification may be made by phone, voice mail, or e-mail. The field service specialist must also complete the required report per the ND OMB Risk Management incident reporting system within twenty-four (24) hours of notification.

## **Incidents 610-05-60-05**

(NEW 12/1/20 ML #3604)

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An incident is an unplanned occurrence that resulted or could have resulted in injury to people or damage to property. An incident may also be considered an accident or near miss. An example of an incident that is not a sentinel event would be a child receiving in-home case management running away from home.

In-home case managers must immediately report an incident to their supervisor, director, and field service specialist.

The field service specialist must complete the required report per the ND OMB Risk Management incident reporting system within twenty-four (24) hours of notification.

**Indian Child Welfare Act Requirements for In-Home Case Management 610-05-65**

(NEW 12/1/20 ML #3604)

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Revised and binding regulations of the Indian Child Welfare Act (ICWA) were released June 14, 2016 and all Indian child welfare proceedings initiated after December 12, 2016 must be in compliance with these regulations (codified at 25 CFR 23). The new rule implements the substantive and procedural standards of ICWA to: (1) Provide a uniform Federal standard; (2) Promote nationwide consistency; and (3) Provide clarity that will reduce litigation and produce better outcomes for children.

The purpose of ICWA is "...to protect the best interest of Indian children and to promote the stability and security of Indian tribes and families by the establishment of minimum Federal standards for the removal of Indian children and placement of such children in homes which will reflect the unique values of Indian culture" (25 U.S.C. § 1902). ICWA sets out federal requirements regarding removal and placement of Indian children in foster or adoptive homes and allows the child's tribe to intervene in the case. When ICWA applies to a child's case, the child's tribe and family must have an opportunity to be involved in decisions affecting services for the Indian child. A tribe or a parent can also petition to transfer the case to their own tribal court.

Early collaboration should occur with the tribal child welfare agency according to Active Efforts requirements of ICWA for Indian children. In some cases, tribal child welfare agencies will not assign an ICWA worker at the onset of in-home case management but will ask that information regarding the child's case be shared to inform future decisions. ICWA only protects American Indian and Alaska Native children who are:

- Unmarried;
- Under 18 years old; and
- A tribal member; or
- Eligible for tribal membership in a federally recognized tribe and have a biological parent who is a tribal member.

ICWA does not apply to Canadian Indians.

## **Tribal Membership Determination 610-05-65-01**

(NEW 12/1/20 ML #3604)

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It is required the in-home case manager determine an Indian child's membership or eligibility for membership in an Indian tribe as early in the case as possible during the PCFA process with the family. The CPS worker may have already made this determination and in these situations that information will be shared as part of the full kit during Warm Handoff 2 - Case Transition Staffing.

When, at the time of Warm Handoff 2- Case Transition staffing, the determination for tribal membership has not been completed the in-home case manager is responsible to make that determination.

**Notification of Tribal Membership 610-05-65-01-01**

(NEW 12/1/20 ML #3604)

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When determined by the CPS worker at the time of initial assessment that the child is a tribal member or eligible for membership in an Indian tribe, the in-home case manager will ensure the necessary notifications have been completed.

When a determination has not been made, the in-home case manager must ask the child and family how they self-identify as part of the PCFA discussions with the parent/caregiver and child and before every change or potential change in custody. For example:

- Whether the child and family identifies as American Indian, Alaska Native, or Native American.
- Which of the following they consider themselves: Asian American, Black/African American, American Indian or Alaska Native or Native American, White, Latino, etc.

The in-home case manager should always follow up by asking the child and family whether they have any Native American, American Indian, Alaska Native ancestry.

If the child and family respond they are American Indian, Alaska Native, or Native American, or believe there is Native ancestry, the in-home case manager must:

- Ask the child and family which tribe(s) they identify with and if they are a member and/or enrolled.
- Fill out a family tree chart with the help of the child and family or other genealogy form used by the agency.

If, after completing the previous steps, the in-home case manager has reason to believe the child is Indian, the in-home case manager will identify the Indian tribe by:

- Consulting with the child and family, extended family members, and other relatives; and
- Contacting, as appropriate, the suspected tribe(s) (their child welfare units, enrollment office, their designated tribal service agent for ICWA

notice), an appropriate Indian social services organization, or the Bureau of Indian Affairs.

If the parents/caregivers are unavailable or unable to confirm the Native heritage of the child(ren), the in-home case manager must:

- Make a thorough review of all documentation in the case record (look for clues regarding Native ancestry);
- Contact the previous case manager, if any; and
- Contact any extended family identified by the child or family and ask about identification of the family.

As a best practice the in-home case manager will assume ICWA applies in a case until otherwise determined. This will help avoid unnecessary delays or the potential for disrupted placements or proceedings in the future.

**Verification of Tribal Membership 610-05-65-01-05**

(NEW 12/1/20 ML #3604)

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If the family identifies as American Indian, Alaska Native, or Native American, tribal membership must be verified. The in-home case manager must send notice to the child's tribe via their designated tribal service agent for ICWA in order to:

- Confirm that the child is a member; or
- Confirm that the child is eligible for membership; and
- Confirm a biological parent's membership.

If several tribes are identified by the child and family, the in-home case manager must send the letter to all tribes identified. Best practice includes telephone contact also be made with the tribe's child welfare unit, enrollment office, and their designated tribal service agent for ICWA notice. Although this is not required by ICWA, it may help a case manager get quick confirmation that ICWA may apply to a case.

When the child is verified as a tribal member, the in-home case manager must:

- File in the case record the tribe's written statement declaring the Indian child is a member; and
- Incorporate in any court hearing the tribe's written statement declaring the Indian child to be a member; and
- Work with the understanding that ICWA applies throughout the entirety of the child welfare case.

When the child is eligible for tribal membership, the in-home case manager must confirm the membership status of the biological parent. The in-home case manager must:

- File in the agency's case record the tribe's written statement declaring the Indian child's eligibility for membership;
- Incorporate into any court hearing the tribe's written statement declaring the Indian child's eligibility for membership and the biological parent's membership;
- Assist the family in formally enrolling the Indian child or establishing membership of the Indian child (if necessary, the in-home case

manager may counsel parents hesitant to enroll their Indian child by emphasizing the positive benefits of tribal membership, particularly in child welfare and adoption proceedings); and

- Work with the understanding that ICWA applies throughout the entirety of the child welfare case.

Once a tribe has determined that a child is not a member and not eligible for membership, the in-home case manager must:

- File in the case record the tribe's written statement declaring the child is ineligible for membership;
- Incorporate into any court hearing the tribe's written statement declaring the child is ineligible for membership; and
- Work with the understanding that ICWA does not apply.

If the tribe does not respond to the notice, the in-home case manager will call the ICWA designated tribal agent for service and ask about the status of the inquiry and the membership status of the child.



**An Indian Child Verified as a Tribal Member or Eligible for Membership in an Indian Tribe 610-05-65-05**

(NEW 12/1/20 ML #3604)

[View Archives](#)

The following must receive notice of the Indian child's tribal membership or eligibility for membership:

- The Indian child's biological parents;
- Indian Custodian; and
- The Indian child's tribe (if the Indian child is affiliated with, or eligible for, membership in more than one tribe, all tribes should receive notice); or
- The Bureau of Indian Affairs (only if identity/location of the tribe and/or parent, or Indian Custodian cannot be determined).

## **Process to Contact Tribes 610-05-65-05-01**

(NEW 12/1/20 ML #3604)

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If the in-home case manager does not have accurate contact information for a tribe, or the contacted tribe fails to respond to written inquiries, the in-home case manager must:

- Seek assistance from the BIA's local or regional office ([BIA Regional Offices](#)) ; or
- Seek assistance from the BIA's Central Office in Washington, DC ([Bureau of Indian Affairs](#)); or
- Find the tribe's designated tribal agent for service of notice:
  - BIA publishes a list each year in the Federal Register ; and
  - The list is also available at [ICWA Designated Agents Listing](#).

## **Sending Notice of a Court Proceeding 610-05-65-05-05**

(NEW 12/1/20 ML #3604)

[View Archives](#)

If a court proceeding has been scheduled (for example, a court-ordered services proceeding), notice must be sent by registered mail, return receipt requested. No requests for a court proceeding (with the exception of emergency removals) can be made until:

- At least ten (10) days after receipt of notice by parents or Indian Custodian, or after thirty (30) days if twenty (20) additional days are requested by the parents or Indian Custodian to prepare for the proceedings; or
- At least ten (10) days after receipt of notice by the tribe, or after thirty (30) days if the tribe requests an additional twenty (20) days to prepare or the proceeding; or
- No fewer than fifteen (15) days after receipt of notice by the Bureau of Indian Affairs.

Even if a tribe does not respond to an official notice sent, or if it replies that it does not wish to intervene in the proceeding, the in-home case manager must continue to send the tribe notices of every proceeding. The tribe can intervene at any point in the proceeding and therefore it has the right to notice of all hearings related to the case.

## **Active Efforts Required in ICWA Cases 610-05-65-10**

(NEW 12/1/20 ML #3604)

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“Active efforts” means not just an identification of the challenges a family faces and providing solutions. It also requires an in-home case manager make efforts to actively assist a family in making the changes necessary to keep an Indian child safely in their home, or to make the changes necessary for an Indian child to return safely and reunify with family.

Active efforts must be undertaken to provide remedial services after an investigation and before a decision is made to place the Indian child out of the home. Active efforts must also be provided after the Indian child has been removed in order to prevent the breakup of the family by working toward reunification.

Active efforts are demonstrated by the following:

- Making a strength-based evaluation of the family’s circumstances that takes into account the prevailing social and cultural conditions and way of life of the Indian child’s tribe.
- Intervening only when necessary. In-home case managers conducting such an intervention must:
  - Develop the case plan with assistance from the parents or Indian Custodian that involves use of tribal Indian community resources;
  - Seek out the necessary family preservation services to support the family with the Indian child in the home, except where imminent physical or emotional harm may result; and
  - Involve the child, if of sufficient age, in the design and implementation of the case plan.
- Assisting parents or Indian Custodian and Indian child in maintaining an ongoing familial relationship.
- Engaging the Indian child’s tribe early and working closely with the Indian child’s tribe to access culturally relevant resources and informal support networks.

**Removing a Child in an ICWA Case From the Home  
610-05-65-15**

(NEW 12/1/20 ML #3604)

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If removal of the Indian child from the home is imminent due to the case circumstances, the in-home case manager must collaborate closely with the CPS worker and/or foster care case manager to ensure CPS and foster care policies, and federal law related to Indian child removal for ICWA cases is followed. If the in-home case manager also works in other child welfare programs (i.e. CPS and/or foster care case management), the case manager must adhere to CPS and foster care policies and the federal law related to Indian child removal for ICWA cases.

## **Role of the ICWA Family Preservationist 610-05-65-20**

(NEW 12/1/20 ML #3604)

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When an ICWA Family Preservationist (IFP) is available and accessible, the IFP will be included as part of the child and family team. The IFP ensures the best interest of the Indian child and family are considered per the spirit of ICWA. The IFP's role includes:

- Advocating for the best interests of the Indian child and family throughout the duration of the case;
- Monitoring that any removal of an Indian child from parents/caregivers was warranted and supporting the child to return to his/her family as soon as there is no longer imminent danger or harm present;
- Observing whether active efforts are focused on creating positive long-term change; and
- Ensuring the family has the appropriate resources, tribal or otherwise, to maintain or reunify the family.

## **Documentation of ICWA Activities for In-Home Case Management 610-05-65-25**

(NEW 12/1/20 ML #3604)

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All actions undertaken to comply with ICWA requirements will be documented as case activity logs in the ND child welfare management information system including:

- Active efforts made to determine whether a child is a member of or eligible for membership in a federally recognized Indian tribe including the following:
  - If the child and family respond they are not Native American, American Indian or Alaska Native, and do not have any related ancestry the In-home case manager;
  - If a tribe has verified that an Indian child is a member, including the date and the source of documentation;
  - The response to both the Indian child's and biological parent's status, including the date and source of documentation;
  - All steps taken to determine the child's Indian or tribal ancestry;
  - Contacts with the ICWA designated tribal agent about the status of the inquiry and the membership status of the child; and
  - Any phone conversation that confirms that ICWA may apply.
- Active efforts made to provide notice of the Indian child's tribal membership or eligibility for membership in an Indian tribe.

Additional requirements for correspondence and documentation include:

- Formal notice sent to the tribe when making tribal membership determinations, with a copy of the notice filed in the agency's case record.
- Copies of any correspondence related to tribal membership determination and verification filed in the agency's case record.
- A copy of the notice for a court proceeding filed in the agency's case record and with the court, along with any registered mail returned receipts.
- Inclusion of the tribe and IFP (when applicable) in the case planning process.

## **Human Trafficking 610-05-70**

(NEW 12/1/20 ML #3604)

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Human trafficking, or trafficking in persons, is defined in NDCC 12.1-41 as “the commission of an offense created by sections 12.1-41-02 through 12.1-41-06;” which include “trafficking an individual, forced labor, sexual servitude, patronizing a victim of sexual servitude, and patronizing a minor for commercial sexual activity.” While the suspected trafficker may not be a “person responsible for a child’s welfare” under North Dakota law, the reported victim must be considered an alleged deprived child (NDCC 12.1-41-12(4)).

In-home case managers must identify, report, determine services for and document the case activity involving any child, for which the agency has an open in-home case, who has been or is suspected to have been a victim of human trafficking as described below.



## **Labor Trafficking 610-05-70-01**

(NEW 12/1/20 ML #3604)

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The Trafficking Victims Protection Act of 2000 (TVPA) defines labor trafficking as: "The recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage or slavery." Labor trafficking is a modern-day form of slavery. U.S. citizens, foreign nationals, women, men, and children can be victims of labor trafficking. Unlike adult victims, however, any sexually exploited child under 18 is considered a victim of labor trafficking, even if there is no force, fraud, or coercion.

**People at Greatest Risk of Labor Trafficking**  
**610-05-70-01-01**

(NEW 12/1/20 ML #3604)

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People at greatest risk of labor trafficking include the following:

- Runaway and homeless youth,
- Victims of abuse and neglect,
- Refugees or immigrants,
- Recruitment debt (e.g. fees charged to migrant workers that can result in debt bondage),
- Isolation,
- Poverty, and/or
- Lack of strong labor protections.

## **Common Types of Labor Trafficking 610-05-70-01-05**

(NEW 12/1/20 ML #3604)

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There are six (6) common types of labor trafficking:

- Domestic servant,
- Agriculture and animal husbandry,
- Traveling sales,
- A factory worker held in inhumane conditions,
- Carnivals, and
- Health or beauty services.

**Common Work and Living Conditions of Labor Trafficking  
610-05-70-01-10**

(NEW 12/1/20 ML #3604)

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Evidence for labor trafficking can be found by observing the person's work and living conditions. Signs to look for include those in which the person is:

- Not free to leave or come and go;
- Unpaid, paid very little, or paid only through tips;
- Subjected to excessively long or unusual work hours;
- Not allowed breaks or suffers unusual work restrictions;
- Owes large debts and is unable to pay them off;
- Recruited under false pretenses concerning the nature and conditions of the job; and/or
- High security measures exist such as opaque windows, boarded up windows, bars on windows, barbed wire, or security cameras.

**Mental/Behavioral Health Indicators of Labor Trafficking**  
**610-05-70-01-15**

(NEW 12/1/20 ML #3604)

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The following are common mental/behavioral health indicators of labor trafficking:

- Fearful, anxious, depressed, submissive, or paranoid,
- Unusually fearful or anxious behavior when discussions mention law enforcement, and/or
- Avoids eye contact.

**Physical Health Indicators of Labor Trafficking**  
**610-05-70-01-20**

(NEW 12/1/20 ML #3604)

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There are also potential physical health indicators of labor trafficked individuals that commonly include:

- Lack of health care;
- Malnourished appearance; and/or
- Signs of physical and/or sexual abuse, including physical restraint, confinement, or injuries.

**Self-Sufficiency Indicators of Labor Trafficking**  
**610-05-70-01-25**

(NEW 12/1/20 ML #3604)

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When it is observed the person does not have control over his/her own life in the following ways, labor trafficking may be indicated:

- Few or no personal possessions,
- No money or financial records or bank accounts,
- Not in possession of identification documents (e.g. ID or driver's license, social security card, passport, visa, etc.)
- Not allowed or able to speak for themselves (e.g. a third party may insist on being present and/or interpreting),
- Claims to be just visiting and unable to provide an address,
- Does not know what city he/she is in,
- A lost sense of time, and/or
- Numerous inconsistencies in their stories.

**Sex Trafficking 610-05-70-05**

(NEW 12/1/20 ML #3604)

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Under U.S. federal law, a victim of sex trafficking is a person who is recruited, harbored, transported, provided for, or obtained for the purpose of a commercial sex act. A victim of severe sex trafficking is one who is induced by force, fraud, or coercion, or under the age of eighteen to perform a commercial sex act. The term "sex trafficking victim" is the same definition as found under the Trafficking Victims Protection Act of 2000 (TVPA) including that Act's definition of "a severe form of trafficking in persons."

Child sex trafficking occurs when minors are involved in commercial sex acts. Sex trafficking cases involving minors do not require force, fraud, or coercion as they do for adults over eighteen years of age. If a minor has been recruited, enticed, harbored, transported, obtained, exploited, or maintained to engage in commercial sexual activity, a sexually explicit performance, or the production of pornography, then the minor is a victim of sex trafficking. Victims of child sex trafficking can be recruited outside schools, bus and train stations, group homes, shopping malls, or through social media and other internet sites.

Some child and youth victims of trafficking enter the child welfare system with a known trafficking history because they have been referred through law enforcement or there is other evidence of trafficking. In other cases, a child or youth who is receiving child welfare services may have a less visible history of being trafficked.



## **Children at Greatest Risk of Sex Trafficking 610-05-70-05-01**

(NEW 12/1/20 ML #3604)

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Indicators that a child may be at great risk of sex trafficking include:

- Limited or severed family connections;
- In foster care, group home, or juvenile justice care;
- History of physical or sexual abuse or neglect;
- Runaway and homeless youth;
- Sexual minority and gender minority youth (i.e. lesbian, gay, bisexual, transgender, questioning, genderqueer, etc.);
- Prior involvement with law enforcement;
- Dropped out of school;
- Refugee or immigrant status;
- Does not live with parents and may not know the whereabouts of parents; and/or
- Intangible needs including:
  - Low self-esteem or self-worth;
  - Lack of understanding of, or experience with, healthy relationships;
  - Desire for belonging, love, and affection;
  - Desire for family or community support;
  - Desire of perceived need for protection; and/or
  - Desire for material possessions.

## **Subculture of Sex Trafficking 610-05-70-05-05**

(NEW 12/1/20 ML #3604)

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The following is a list of characteristics that suggest a subculture of sex trafficking:

- Items, such as clothing, provided by the trafficker that could indicate the minor is being prostituted;
- Cell phones or other communication devices that link a victim to a trafficker;
- Use of gang signals;
- Unique language and terminology that suggests the subculture;
- Housing, addresses, building descriptions, or street locations associated with commercial sexual exploitation; and/or
- Tattoos that denote control or ownership, particularly around the neck and wrist.

**Adults in the Sex Trafficking Subculture 610-05-70-05-10**

(NEW 12/1/20 ML #3604)

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The adults in life of a child who is being sexually trafficked can include those who:

- Use coercive tactics to bond their child victims to them;
- Position themselves as romantic partners or caregivers of the child;
- Are viewed as an adult friend by the child victim;
- Are not related to the child; and/or
- May give the child money or gifts.

## **Living Condition Indicators of Sex Trafficking 610-05-70-05-15**

(NEW 12/1/20 ML #3604)

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Living conditions that indicate a child or youth is a victim of sex trafficking can include the following:

- Works where he/she lives;
- The address changes frequently, or cannot identify his/her home address;
- Possesses hotel keys;
- Has frequently run away from home;
- Lives with other unrelated people and/or the heads of household are unrelated adults;
- Lack of personal space or shares living space with multiple people; and/or
- Returns to an unsafe living situation despite intervention.

Additionally, the living spaces may have:

- Large amounts of cash and condoms;
- Sparsely furnished rooms with no, or few, personal possessions;
- Sex advertisements;
- Multiple televisions and pornographic movies;
- Timers which may be used to time sexual services; and/or
- Tinted windows, buzz-in entrances, video cameras, barred or locked windows, locked doors, covert video security, or guards.

## **Mental/Behavioral Health Indicators of Sex Trafficking 610-05-70-05-20**

(NEW 12/1/20 ML #3604)

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Common mental/behavioral health indicators of sex trafficking include those who:

- Are obviously troubled but do not self-identify as victims of any abuses or problems;
- Provide inconsistent stories or stories lacking in significant detail;
- Give deceptive responses to questions;
- Avoid eye contact with responders;
- Display symptoms of post-traumatic stress including anxiety, depression, addictions, panic attacks, phobias, paranoia or hyper-vigilance, or apathy;
- Have developmental delays, enuresis, or fecal incontinence;
- Exhibit cultural shock from finding themselves in strange countries or communities; and/or
- Are not allowed or able to speak for themselves.

## **Physical Health Indicators of Sex Trafficking** **610-05-70-05-25**

(NEW 12/1/20 ML #3604)

[View Archives](#)

The physical health indicators of sex trafficking include a child or youth who have:

- The lack of an adequate medical history;
- A malnourished appearance;
- Signs of physical and/or sexual abuse including physical restraint, confinement, or injuries;
- Bed bug bites;
- Reproductive problems caused by unsafe abortions;
- Physical injuries related to sexual activity such as pelvic pain and urinary tract infections, sexually transmitted diseases, and mutilations;
- Infections from unsanitary tattooing;
- Broken or missing teeth and mouth and gum disease; and/or
- Substance abuse or addiction.

## **Financial Indicators of Sex Trafficking 610-05-70-05-30**

(NEW 12/1/20 ML #3604)

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Financial indicators that a child or youth is a victim of sex trafficking is one who:

- Claims to have a job but does not indicate where he/she works;
- Has little or no access to earnings and no bank account;
- Has an unusually large amount of money;
- Is indebted to adults or other youth;
- Reports working in a strip club, night club, bar, or massage parlor;
- Works excessively long or unusual hours;
- Is not allowed breaks or suffers under unusual restrictions at work;
- Is recruited under false pretenses concerning the nature and conditions of the job; and/or
- Is not in possession of identification documents (e.g. ID or driver's license, social security card, passport, visa, etc.).

**Education Indicators of Sex Trafficking 610-05-70-05-35**

(NEW 12/1/20 ML #3604)

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A child or youth may be a victim of sex trafficking if he/she:

- Has significant and unexplained gaps in attendance;
- Displays severe exhaustion during the school day;
- Does not participate in or show interest in after-school activities; and/or
- Is not enrolled in school.



**Reporting Incidents of Suspected Human Trafficking  
610-05-70-10**

(NEW 12/1/20 ML #3604)

[View Archives](#)

Children who have had previous involvement with the child welfare system or have been in foster care settings are especially vulnerable to human trafficking. Child trafficking victims, especially sex trafficking victims, may not always self-identify as children or minors. Sometimes traffickers coach their victims to state they are eighteen years of age or older.

In-home case managers need to be aware of a wide variety of facts about the situations of children that might indicate the child has been trafficked. When aware of such facts, case managers must file a report ([SFN 960](#)) of possible trafficking.

Reports of suspected child abuse and neglect that involve labor or sex trafficking of a minor are received in the same manner as any other report of suspected child abuse or neglect. Reports containing concerns of labor or sex trafficking of a child requires an immediate agency response (i.e. Response Time A) per [640-01-10-10-01](#).

Such concerns indicate possible criminal activity and therefore, notification of law enforcement is also required per [640-01-10-10-15](#). North Dakota law allows for the sharing of confidential victim information by law enforcement when such information is necessary to ensure provision of services or benefits for the victim or the victim's family ([NDCC 12.1-41-10](#)).

In an investigation of, or a prosecution for, an offense under this chapter a law enforcement agency and state's attorney will keep confidential the identity, pictures, and images of the alleged victim and the family of the alleged victim, except to the extent that disclosure is:

- Necessary for the purpose of investigation or prosecution;
- Required by law or court order; or
- Necessary to ensure provision of services or benefits for the victim or victim's family.

## **Role of the In-Home Case Manager in Cases of Human Trafficking 610-05-70-15**

(NEW 12/1/20 ML #3604)

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The role of the in-home case manager includes the ability to establish rapport and a trusting relationship with the trafficked victim and to identify and access local, state and federal resources to address the victim's needs comprehensively. In-home case managers must consider the following factors:

- Protecting the victims' rights and ensuring informed consent;
- Completing initial and ongoing assessments of present and impending danger as directed within [607-05](#) and this policy manual;
- Providing ongoing safety planning with the victim and the victim's family as directed within [607-05](#) and this policy manual;
- Facilitating child and family teams to include case planning that addresses safe housing, physical and mental health services, substance abuse treatment and other services as necessary;
- Working in partnership with the child and parents/caregivers in developing the case plan and establishing goals that are important to the child victim and the victim's family;
- Organizing the case plan in a phased manner so the victim and the victim's family do not get overwhelmed;
- Developing reasonable expectations and achieving perspective;
- Supporting their ability to recognize progress and manage challenges;
- Locating appropriate resources and services, including a professional with clinical and trauma expertise on the child and family team, to assist in-home case managers in identifying potential resources, strategizing for individualized service delivery, and creating appropriate and sometimes unique interventions;
- Communicating and following up with professionals within the criminal justice and/or social service system; and
- Ensuring the victim and the victim's family understand the roles of professionals involved in their lives.

If the victim's parent/caregiver is suspected of being the trafficker, this person is considered an alleged subject of child abuse and in most situations the child would be placed out of the home. If the child is not placed out of the home and in-home case management services are provided, the involvement of the offending parent/caregiver in the case

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must be carefully considered. The in-home case manager will consult with the supervisor in determining the level of involvement in the case.

## **Services for Victims of Human Trafficking 610-05-70-20**

(NEW 12/1/20 ML #3604)

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Victims of human trafficking need comprehensive and intensive therapeutic services. In-home case managers are to collaborate with the child and family team to develop an individualized case plan specific to these needs. This plan will address the need for safe housing, physical and mental health services, substance abuse treatment, therapeutic foster homes, and other services.

It is recommended that trafficking victims receive trauma focused therapy at the earliest possible time following identification as a victim of trafficking. Services are best provided from a victim-centered perspective. While each case and victim of human trafficking will be different, victims typically have many of the same service needs.

**Documentation of Human Trafficking 610-05-70-25**

(NEW 12/1/20 ML #3604)

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Case information specific to human trafficking must be documented in the case record according to policies and procedures, as with all other types of case record documentation. This includes completion and updates to the Safety Plan, PCFA, Case Plan, PCPA, and case activity log entries.

## **Records Management for In-Home Case Management 610-05-75**

(NEW 12/1/20 ML #3604)

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This policy provides the framework for each Human Service Zone location to establish and maintain record retention and destruction processes for in-home case management. Per [NDCC 54-46-02](#) a record is a document, book, paper, photograph, sound recording or other material, regardless of physical form or characteristics, made or received pursuant to law or in connection with the transaction of official business. The extensive use of automation to conduct government business has resulted in the proliferation of electronic state records that are in machine-readable form. Electronic records may be any combination of text, data, graphics, images, video, or audio information that is created, maintained, modified, or transmitted in digital form by a computer or related system.

Records Management is the professional practice of identifying, classifying, preserving, and disposing the records, while capturing and maintaining the evidence of an organization's business activities as well as the reducing the risks associated with it. Electronic records management is the efficient management of records stored on computerized systems.

The department and human service zones are responsible for managing their records, so that the records are accessible for administrative purposes, preserved for historical or research purposes and destroyed when they are no longer necessary (see [NDCC 50-06-15](#) and [ND DHS Policy Service Chapter 110-01](#)). Records management practices must comply with state and federal statutes and requirements.

Child welfare records must be maintained according to the Records Retention Schedule adopted by the department. Legally, records may not be destroyed until the retention period has expired. Records may not be destroyed prior to the end of a retention period. Records must be destroyed at the end of the retention period. If records are related to an active tort claim or lawsuit, the records must be kept until the litigation is concluded.

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Child welfare records received electronically are subject to the same controls and uses as records collected by governmental offices visited in person. An agency may be required to disclose collected information pursuant to a court order. In addition, an agency may be authorized to share this information with other agencies for purposes authorized in law. Information not specifically addressed in this policy must be disclosed pursuant to the North Dakota Open Records Law ([NDCC 44-04](#)).