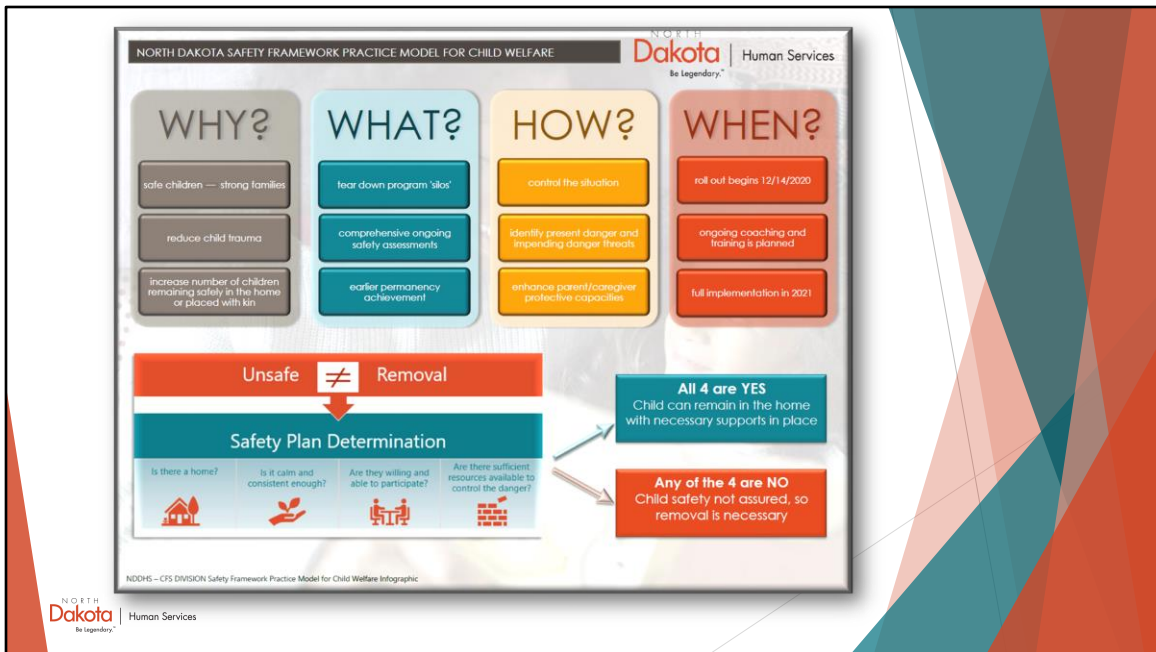


Welcome to the Safety Framework Practice Model overview training. The purpose of this tutorial is to provide you information on the changing practice of child welfare staff within the Human Service Zones. Before we get into the specifics, it is important to understand why we have made the decision to change our model of child welfare practice.



This is an infographic you may have already seen. Children and Family Services has made it available to the human service zones and various statewide groups. It provides a visual representation of the “why, what, how, and when” of the safety framework practice model. The information contained within the infographic will be shared in greater depth during this presentation. On the next few slides I will talk about why we decided to implement Safety Framework in North Dakota.

Why a New Model?

ND PIP Baseline data tells us we have practice challenges related to:

Initial assessments of risk and safety

In **46%** of cases reviewed the agency did NOT conduct an initial assessment that accurately assessed all risk and safety concerns for children.

Ongoing assessments of risk and safety

In **43%** of cases reviewed the agency did NOT complete ongoing assessments that accurately assessed all risk and safety concerns.

Safety planning

In **56%** of cases reviewed the agency did NOT develop an appropriate safety plan with the family or continually monitor and update the safety plan as needed.

Appropriate case closure

In **6%** of cases reviewed the agency closed the case while significant safety concerns still existed in the home.

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The Children and Family Services' Quality Assurance unit completes comprehensive reviews of child welfare casework practice throughout North Dakota. The data from these case reviews are shared with our federal partners at the Children's Bureau as part of our Program Improvement Plan, or PIP. Referenced here is the PIP baseline data, which looked at casework practice in 65 randomly selected child welfare cases from October 1, 2018 through the date the case was reviewed, which was early 2020. Information learned during the case reviews comes from the agency's case record as well as interviews with key case participants including the child (when age and developmentally appropriate), parents, alternate caregivers (such as the foster parent or kinship caregiver), the CPS worker when applicable to the case, and the case manager/caseworker.

The ND PIP baseline data tells us we have practice challenges related to safety assessment and safety management.

- Initial assessments of risk and safety can be either formal or informal and must accurately, comprehensively, and thoroughly assess all risk and safety concerns for the child or children. In 46% of cases reviewed the agency did NOT conduct an initial assessment that accurately assessed all risk and safety concerns for

children.

- Similarly, it is expected accurate, comprehensive, and thorough ongoing safety and risk assessments occur. Again, these safety and risk assessments can be either formal or informal. There are key points in a case when it would be expected the agency reassess safety and risk such as when a child is reunified with the parent or caregiver, when new people move into or out of the home, when a change of placement occurs, or at case closure. In 43% of cases reviewed the agency did NOT complete ongoing assessments that accurately assessed all risk and safety concerns at these key points.
- When safety or risk concerns are identified, the agency is required to develop a safety plan to manage these concerns. They also must review and revise the plan when conditions within the home or family change. In 56% of cases reviewed the agency did NOT develop an appropriate safety plan with the family nor did they continually monitor and update the safety plan as needed.
- As stated earlier, it is expected the agency assess safety and risk prior to ending services with the family. However, we found that in 6% of cases reviewed the agency closed the case while significant safety concerns still existed in the home.

Why a New Model?

Assessments of needs and provision of services

4:10 children were NOT comprehensively assessed to determine their needs NOR did they receive needed services.

4:10 mothers were NOT comprehensively assessed to determine their needs NOR did they receive needed services.

5:10 fathers were NOT comprehensively assessed to determine their needs and **6:10** fathers did NOT receive needed services.

When a family is assigned to receive either foster care or in-home case management, it is expected the agency make ongoing concerted efforts to ensure case planning is based on an in-depth understanding of the needs of the children and the mothers and fathers to the children. These assessments can be formal or informal. For example, needs may be assessed through a formal psychological evaluation conducted by another agency or through a more informal assessment process involving intensive caseworker interviews with the family members and service providers to the family. These assessments are intended to identify the services necessary to achieve case goals and adequately address issues relevant to the agency's involvement with the family. As an example, the assessment may have revealed that a toddler child has developmental delays. In that situation, it would be expected the agency arrange for early intervention services to be provided so that the child and family get the specialized supports they need.

The assessment of the mother's and father's needs refers to a determination of what they need to provide appropriate care and supervision and to ensure the well-being of their children. This could include the parents' physical or mental health needs. For example, a mother may suffer from significant depression that impedes her ability to actively parent. It would be expected the agency assist her in accessing mental

health services to address this need.

During our PIP baseline case reviews, we found 4:10 children and mothers, were not comprehensively assessed to determine their needs nor did they receive needed services. The outcomes for fathers show that 5:10 were not comprehensively assessed to determine their needs and 6:10 fathers did not receive needed services.

Why a New Model?

Quality visits

In **36%** of cases reviewed the caseworker did NOT have quality visits with the children.

In **36%** of cases reviewed the caseworker did NOT have quality visits with the mother.

In **40%** of cases reviewed the caseworker did NOT have quality visits with the father.

Another key practice challenge related to the quality of caseworker visits. It is expected the quality of visits between the caseworkers and children, mothers, and fathers are sufficient to ensure child safety, permanency, and well-being and promote achievement of case goals. Many factors contribute to a pattern of quality.

First, the length and location of the visits. This assesses whether visits were of sufficient duration to address key issues with the family members and whether the visits were generally held in a place conducive to open and honest conversation, such as a private home, rather than occurring in a more formal or public environment such as a courthouse or restaurant.

Second, whether the caseworker saw the child alone for at least part of their visit, or whether the parent or alternate caregiver (such as a foster parent) was usually present during visits with the child.

And third, the topics generally discussed during visits. There must be some evidence that the caseworker addressed issues pertaining to the child's needs, what the mother and father need to enhance their ability to provide care, supervision, and support for the well-being of their children, services to address the identified needs

and whether the services are having the desired impact, and a review of the case plan goals during the visits.

As you can see, the best practice expectations for quality visits with mothers and fathers are very similar to those of caseworker visits with children.

Our PIP baseline data tells us that consistent high quality visits did not occur:

With children in **36%** of cases reviewed,

With mothers in **36%** of cases reviewed, and

With fathers in **40%** of cases reviewed.

Why a New Model?

Additional observations include:

- ▶ Inconsistent practice from one agency to another and even within agencies from one worker to another.
- ▶ Inconsistent supervision that impacts casework practice.
- ▶ Varying definitions of what it means for a child to be safe or unsafe.
- ▶ Fluctuating opinions and inconsistent decisions regarding the need for out of home placement of children.
- ▶ Delays in achieving permanency for children.
- ▶ Community partners misunderstanding child welfare's role.

In addition to specific findings within the case review ratings, additional observations were made that contributed to our decision to implement a new practice model.

First, we saw inconsistent practice from one agency to another and even within agencies from one worker to another.

Second, there was inconsistent supervision available to the workforce that impacted casework practice.

We also saw varying agency definitions of what it means for a child to be safe or unsafe and this impacted decision making and case plan goals.

Concurrent with this, we observed fluctuating opinions and inconsistent decisions regarding the need for out of home placement of children.

Another significant concern noted across the state was delays in achieving permanency for children. In more than 80% of the cases reviewed, there were delays in achieving the permanency goal identified in the case plan.

And lastly, we observed stakeholders have varied ideas on the role of child welfare in their community.



In a comprehensively planned effort to address the challenges, Children and Family Services convened a group of child welfare professionals to include caseworkers, supervisors, regional representatives, and national experts to review various practice models in use around the country and internationally. This group is referred to as the Champions of Change Team. After extensive research, they selected the Safety Framework model of practice.

“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 and establishing safety plans that assure child safety, managing these safety plans and

revising when necessary, and creating and implementing case plans that enhance the capacity of parents or caregivers to provide protection for their child or children. This requires the agency to continually engage the family in a case planning process that will create sustainable change to ensure child safety after the agency closes the case.

Safety Framework Principles Compliment Wraparound Philosophy

Family centered
approach to case
practice

Logical process
based on reason
and inference

Unified method
reinforcing
consistency

Progressive, based
on step-by-step
procedures

Values the child
and family team

Individualized and
flexible case plans

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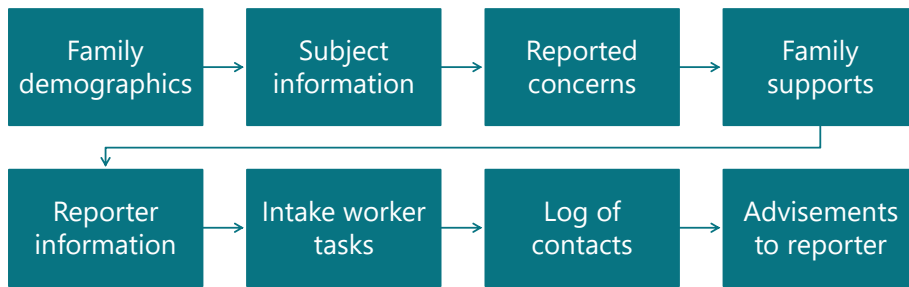
North Dakota did not abandon the Wraparound values and principles in making a change to the Safety Framework practice model. Rather, the new model compliments the Wraparound philosophy.

1. Safety Framework is a family centered approach to case practice that requires the agency to actively engage them in case planning from case opening to case closure.
2. The workflow process is logical and predictable, based on reason and inference. The model is designed to provide the agency with tools that support exploration of root causes concerning why a child is unsafe and applies solutions based on what is learned.
3. Safety Framework promotes consistent practice in every human service zone through a unified method of child welfare practice.
4. The process is progressive, based on step by step procedures that are clearly laid out in policy.

5. Safety framework does not do away with the child and family team. Rather, the team is integral to the case planning process.
6. Lastly, safety framework promotes individualized case plans that are routinely revised to reflect the changing needs of the family.

Next, I will provide a brief overview of the Safety Framework practice model workflow process.

Step 1 CPS Intake



Step one is Child Protection Services Intake. CPS intake is the gatekeeping process for the child welfare system. A well-functioning Intake process helps assure that children who are maltreated or unsafe and in need of protection and services receive a safety response.

Quality Child Protection Intake also assures that children and families do not enter the child welfare system unnecessarily.

A standardized CPS Intake process assures mandated reporters and the public that delivery of CPS Intake Services are uniform across the state and provided by professional intake staff. As you can see on this slide, the intake process is a standardized application of procedures for collecting consistent information to respond to reports of suspected child abuse and/or neglect in a timely manner.

As a mandated reporter, you will notice changes when you report suspicions of maltreatment both in who you report to and in the information that will be requested from you. We have a centralized CPS intake unit being launched in late December 2020 or early January 2021. So, rather than reporting to your local agency, you will report to a member of this unit. Further information is forthcoming on the details of

this change.

When you make an oral report, the intake worker will also request you to send in a written report and you will be required to provide all requested information of which you have reasonable access.

Just a reminder that there is online mandated reporter training located on the Prevent Child Abuse North Dakota website in case you're not sure of the information they need. The website is pcand.org as noted on this slide.

Step 2 Present Danger Assessment & Present Danger Plan

- ▶ Present Danger is an **immediate, significant, and clearly observable** condition, behavior, or situation that is in the process of occurring and which obviously endanger or threaten to endanger a child.
- ▶ Present Danger threats and require **immediate action** to protect a child.
- ▶ If any child in the home is in present danger the CPS worker must implement a **Present Danger Plan** prior to leaving the child and family.

Step 2 is the present danger assessment and present danger plan. Present danger refers to danger or threats of danger that exist right in front of you. They are active and in process the very minute you encounter the family. Present danger can have immediate consequences. These are transparent, easily observed family behaviors, conditions, or situations which create danger to a child.

Present danger threats are obvious because they occur in the presence of the observer. The facts and evidence of danger are being displayed in vivid and understandable ways. One generally needs no more information than what is before him or her when evaluating Present Danger.

Some examples of a present danger threats include a young child who is alone and unsupervised, life-threatening living arrangements within the home setting, or a parent/caregiver who are acting violently or out of control such as in a domestic violence situation.

While present danger most often occurs at first contact with the family, such threats can also occur during the course of case management services. Safety Framework requires that assessing for present danger is integrated into a child welfare

professional's daily casework practice. Child welfare professionals will be assessing for present danger at every contact they have with a child regardless of the setting – with their parents/caregivers of origin, with a relative, in a foster home, or in an adoptive home. The child welfare professional should always be observant of and assessing the environment in which the child is presently located.

When there is present danger, immediate action is required to protect a child through implementing a Present Danger Plan.

Step 2 Present Danger Assessment & Present Danger Plan

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- ▶ A Present Danger Plan provides the child(ren) with responsible adult supervision and care so that the child will be safe while the worker completes the CPS Assessment.
- ▶ A Present Danger Plan is:
 - ▶ Immediate,
 - ▶ Short-term, and
 - ▶ Sufficient to control the present danger.

A Present Danger Plan provides the child(ren) with responsible adult supervision and care so that the child will be safe while the worker completes the CPS Assessment.

A Present Danger Plan is:

Immediate,

Short-term, and

Sufficient to control the present danger threat or threats that have been identified.

A present danger plan generally involves someone moving out of the home or someone moving into the home.

In our example of a present danger threat in which a young child is left alone and unsupervised, the present danger plan would include formal or informal safety service providers to step in and provide supervision in the event the parent or caregiver is incapable or unwilling to do so. This supervision could occur in the child's home, or the child may be removed from the home and placed with the alternate caregiver until a more information is gathered to determine the level of intervention required to control the danger.

A present danger plan is short term, generally no longer than 14 days. The child

welfare agency must actively and consistently monitor the present danger plan.



Safety Framework Practice Model Key Terms

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Let's take a moment to review some key terms you will hear, as well as some key definitions, within the Safety Framework practice model.

Definitions of Safe and Unsafe

A child is **safe** when...

- The parents/caregivers possess sufficient protective capacity to manage any threats, OR
- There are no threats of danger within the family, OR
- The child is not vulnerable to the existing danger.

A child is **unsafe** when...

- Threats of danger exist within the family, AND
- The child is vulnerable to such threats, AND
- Parents/Caregivers have insufficient protective capacities to manage or control the threats.

First, let's discuss the definition of a safe child and an unsafe child. These definitions are manualized in policy and all human services zones are expected to apply these definitions to their work.

- A child is **safe** when there are no threats of danger within the family OR when the parents/caregivers possess sufficient protective capacity to manage any threats OR the child is not vulnerable to the existing danger.
- A child is **unsafe** when threats of danger exist within the family AND the child is vulnerable to such threats AND parents/caregivers have insufficient protective capacities to manage or control the threats.

What are Parent/Caregiver Protective Capacities?



Parent/Caregiver Protective Capacities are:

- behavioral,
 - cognitive, and
 - emotional
- characteristics that can specifically and directly be associated with a person's ability to care for and keep a child safe.

You will also hear the term Parent/Caregiver Protective Capacities. These are behavioral, cognitive, and emotional characteristics that can specifically and directly be associated with a person's ability to care for and keep a child safe. Protective capacities are personal qualities or characteristics that contribute to vigilant child protection. The key to true and lasting change is the ongoing assessment parent/caregiver protective capacities with the family to determine which must be enhanced to assure the parent/caregiver can protect the child. The diminished protective capacities become the focus of case plan goals and tasks.

What is Impending Danger?

The CPS Assessment determines who the agency will serve by assessing and reaching conclusions about parents/caregivers who are unable or unwilling to protect their children from Impending Danger.

Impending Danger

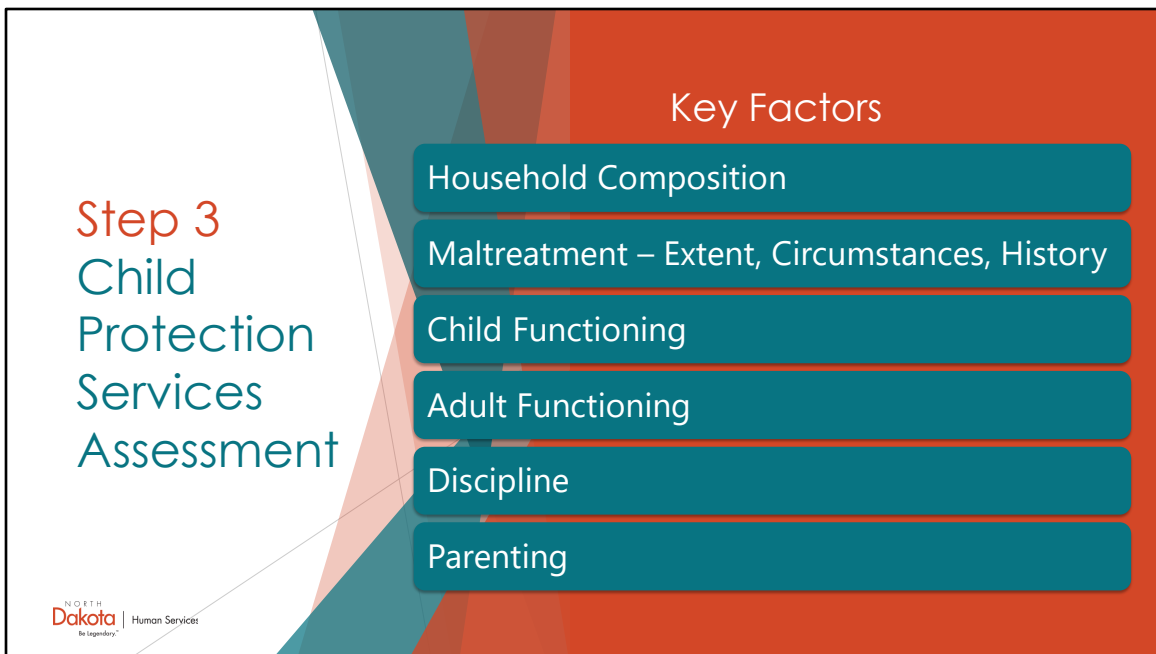
The belief that dangerous family behaviors, conditions, or situations will remain active or become active within the next several days to a couple of weeks and will have an impact on the child within that timeframe. This is consistent with a degree of certainty or inevitability that danger and harm are possible or likely outcomes without intervention.

Another key term is impending danger. An impending danger threat is generated from a pervasive state of out-of-control family conditions and is highly likely to occur in the imminent or very near future. These are negative family conditions that are out of control in the presence of a vulnerable child and therefore likely to have severe effects on a child at any time in the near future (meaning, in the next few days). Impending danger refers to a vulnerable child being in a continuous state of danger and the threats pose a specific threat of severe harm to the child.

Impending danger threats are often not immediately obvious and may not be active and threatening child safety upon initial contact with the family. Impending danger threats are often subtle and can be more challenging to detect without sufficient contact and information collection with the family and others. Therefore, identifying impending danger threats requires thorough information collection regarding parent or caregiver functioning to sufficiently assess and understand how family conditions occur.

There are fourteen specific impending danger threats that are assessed initially during the CPS assessment and ongoing throughout case management. An example of an impending danger threat is when a parent allows the child to wander in and out

of the home or through the neighborhood without necessary supervision. Another example could be a parent who has a pattern of using meth while in a caretaking role, is incapacitated as a result, and does not respond to or ignores a child's needs. While generally not life-threatening at that moment, these behaviors or actions could pose a specific threat of severe harm to the child if no intervention occurs.



Now that we've defined some key terms, let's return to the workflow process for Safety Framework. Step 3 is the CPS Assessment. If a present danger threat has occurred, which has prompted the child welfare agency's involvement, the agency will proceed with the CPS assessment once the present danger plan has been established. If no present danger threat has occurred, the CPS assessment will begin after the CPS intake worker has gathered a full kit of information necessary to determine that a full assessment is warranted based on the case circumstances. This process occurs quickly, to ensure timely response by the agency.

The CPS Assessment determines who the agency will serve by assessing and reaching conclusions about parents or caregivers who are unable or unwilling to protect their children from Impending Danger. During the CPS assessment impending danger threats and parent or caregiver protective capacities are evaluated within the assessment of six distinct factors.

1. Household Composition

- The central question within the Household Composition assessment factor is: "How does the household operate and what is the family structure?" There are no impending danger threats associated with this factor, but the

information is used to understand the overall picture and context of family such as the family make-up, the housing situation, tribal affiliation, and clarity of roles and boundaries.

2. The Extent, Circumstances, and History of Maltreatment

- The central questions here are: “What is the nature and extent of maltreatment for each child in the family home, including abuse, neglect, severity of the effects on the child or children, special facts and sources of information, identifying which children have been maltreated, and which parent has maltreated the children?”
- And the second question is: “What circumstances accompany the maltreatment for each child in the family home?”
- There are 3 impending danger threats associated with this factor.

3. Child Functioning

- The central question within this factor is “How does the child or children function day to day?” This assesses all environments as well as the child’s general mood, behaviors, physical and mental health, etc. There is 1 impending danger threat associated with this factor related to the child being profoundly fearful of the home situation or people within the home.

4. Adult Functioning

- The central question here is, “How do the parents or caregivers manage their own life as an adult?” This factor prompts the CPS worker to consider such areas as the parent or caregiver’s ability to solve problems, manage finances, keep a home, find and maintain employment, mental and physical health, substance use or abuse, etc. There are 4 impending danger threats associated with this assessment factor and many protective capacities are also assessed within this factor.

5. Discipline

- This assesses how the parent or caregiver disciplines the child including disciplinary methods, concepts and purpose of discipline, context of discipline and cultural practices. There are no impending danger threats or parent/caregiver protective capacities associated with this factor.

6. Parenting

- The parenting factor’s central question is “What are the overall parenting practices of each parent or caregiver in the family home?” This area is quite comprehensive in that it prompts the CPS worker to look at their reasons for being a parent, satisfaction in the role of parent, their

knowledge and skill in parenting and child development, their expectations and empathy for the child, their degree of protectiveness, the cultural context for parenting, etc. There are six impending danger threat associated with this factor and many protective capacities as well.

For each applicable factor, the CPS worker will have to determine if impending danger has crossed a cut-off point in which the negative family condition, if it becomes worse, will eventually cross over or change from something that is generally negative to a condition, circumstance, or behavior that is specifically dangerous and unsafe to a child. This cut-off point is referred to as the danger threshold.

Danger Threshold Criteria



Specific danger threshold criteria are evaluated to determine what level of intervention is necessary to control the danger. 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.

The Danger Threshold criteria includes family behaviors, conditions or situations that are:

1. Observable, specific, and justifiable

- This means 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.

2. Out-of-control

- This means family behaviors, conditions or situations 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.

3. The behavior, condition, or situation is occurring in the presence of a vulnerable child

- A vulnerable child is one who is dependent on others for protection and is exposed to circumstances that she or he is powerless to manage. Such a child is 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; 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 others.

4. The behavior, condition, or situation is severe or extreme in nature

- This 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 addition to this application in the threshold, the concept of severity can also be used to describe maltreatment that has occurred in the past.

5. And lastly, imminence

- This is 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.

The Danger Threshold includes only those family conditions that are judged to be out of a parent's/caregiver's control and out of the control of others within the family. This includes situations where the parent/caregiver is able to control conditions, behaviors, or situations but is unwilling or refuses to exert control. The danger threshold is crossed when all five criteria are met.

Step 3
Child
Protection
Services
Assessment

Safety Plan Determination Report

- Status of Impending Danger Threats
- Rule In-Home or Out-of-Home Safety Plan
- Out-of-Home Safety Management

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Once the comprehensive CPS assessment is complete, the CPS worker will need to make a safety plan determination based upon their findings. The degree of intrusion is determined by considering the status of impending danger threats and the level of protective capacity parents or caregivers possess. There are several analytical questions that are answered within the safety plan determination that will be covered when I share information related to safety planning on the next couple slides.

These decisions will now be made within the human service zone, along with the CPS worker’s supervisor, so the child protection teams have been disbanded. The reason for this is twofold: first, in the past families have experienced significant delays in learning the results of the CPS assessment due to child protection team scheduling; and second, social services redesign supports making key decisions at the local level since they know the family best and are in the position to determine their response based upon the findings. When the zone is unsure how to proceed, they will consult with the CFS Field Service Specialists (formerly the regional representatives).

Step 4 Safety Planning

Planned Response to Mitigate
Impending Danger Threats

Clearly Articulated Safety Actions

Frequency	Start/end dates	Safety participants, roles, & contact information	Background check clearance date	Description of how the safety actions will be monitored
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At the conclusion of the CPS assessment, the CPS worker determines whether a safety plan is necessary and if so, determine the least intrusive means possible to control impending danger.

The safety plan is put into place to control the identified impending danger threats. It is a written agreement between parents or caregivers and the agency that establishes how impending danger threats will be managed.

In order to develop a safety plan that uses the least intrusive means possible, the agency will work to engage the parents or caregivers in understanding and accepting the need for a Safety Plan; and enlist the parents or caregivers in a process identifying and fully considering available safety management services and potential safety service providers.

Careful consideration is first given to the use of in-home safety management options followed by combinations of in-home and out-of-home safety management options before concluding that out-of-home safety management is the only acceptable means to manage impending danger and assure child protection. The safety plan is implemented, and active, as long as impending danger threats exist and parent or

caregiver protective capacities are insufficient to assure a child is protected.

The safety plan will be in writing and signed by all participants. It will describe in detail:

The specific impending danger threats;

The safety services that will be used to manage the identified impending danger threats;

The names of formal and informal supports that will provide safety services;

The roles and responsibilities of the safety service providers including a description of the availability, accessibility, and suitability of those involved;

The safety services including frequency and duration; and

How the agency will manage/oversee the safety plan, including a plan for consistent communication between the agency, the family and safety service providers.

Step 4 Safety Planning

Unsafe \neq Removal

Safety Plan Determination

Is there a home?



Is it calm and consistent enough?



Are they willing and able to participate?



Are there sufficient resources available to control the danger?



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A key concept of safety framework is understanding that unsafe does not always require removal. In fact, with the practice and policy change we anticipate more children will be able to remain safely in their homes with safety services in place. Our experience tells us, and research supports, that children can experience additional trauma when they are separated from their parents or caregivers. Whenever safely possible, we must make every effort to keep the child in the home to prevent further trauma.

The agency will complete a safety determination analysis at the conclusion of the CPS assessment. Within this analysis are the four key questions noted on this slide. If the answer to any one of these four questions is “No,” then an out of home safety plan is required.

1. Do the child’s primary parents or caregivers have a suitable place to reside where an in-home safety plan can be considered, and is there confidence in the sustainability of the safety plan in the current location of the parents/caregivers?
 - In order to answer “yes” to this question, the family must have a home and be expected to live there for as long as the safety plan may be needed. The families with whom we work often experience instability in housing due to

poverty. So, the agency will need to make a judgement about whether the currently living situation is stable enough to allow an in-home safety plan.

1. Is the home environment calm and consistent enough to allow safety services in accordance with the safety plan, and for people participating in the safety plan to be in the home safely without disruption?
 - Calm and consistent refers to the routine and predictability of the home. The environment must be calm and consistent enough so that safety services can be scheduled, and the schedule will be followed.
2. Are the primary parents or caregivers cooperative with child welfare services and willing and able to participate in the development of the in-home safety plan?
 - This refers to the most basic level of agreement to allow safety service providers in the home and participate in the plan. The parents/caregivers do not have to agree that a safety plan is the right thing, nor are they required to like the plan. Willingness to allow the safety plan to avoid placement of the child is sufficient. The parents or caregivers must be willing to engage with the safety service providers who will be in the home.
3. Are there sufficient resources within the family or community to perform the safety services necessary to manage the identified impending danger threats?
 - The safety services must occur at the necessary days, times, and locations, and must be sufficient to control the identified danger threats. Responsible adults must have the knowledge, skill and ability to address the danger threats, and be immediately available whenever the danger threats are or could be present.

As stated earlier, if any of these questions are answered “No,” an out-of-home safety plan is established. These are the same questions the agency will answer when making the decision to reunify a child after removal, thus contributing to agency consistency and transparency with the family.

Step 5 Protective Capacities Family Assessment

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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. Identifies:

- ▶ **Enhanced protective capacities** that can be employed to promote and reinforce change, and
- ▶ **Diminished protective capacities** that must change for the parent/ caregiver to regain full responsibility for the safety of the child.

The case plan is based on the information gathered in this assessment.

At this point in the workflow process the CPS worker will transition the family to either in-home or foster care case management, based upon the safety plan determination. The case manager will initiate their work with the family by completing the Protective Capacities Family Assessment, or PCFA. The PCFA is very comprehensive and involves a collaborative process between the case manager and the parents or caregivers to examine and understand the behaviors, conditions, or circumstances that resulted in a child being unsafe. The information received from CPS will guide these conversations. During this early phase of case management, child and family team members will be identified. These key people may also be included during information gathering for the PCFA. At the conclusion of the PCFA, the case manager, family, and their team will have identified:

- Enhanced protective capacities that can be employed to promote and reinforce change, and
- Diminished protective capacities that must change for the parent/ caregiver to regain full responsibility for the safety of the child.

The case plan is based on the information gathered in this assessment.

The case plan specifies what must change to reduce or eliminate safety threats and increase the caregiver's protective capacities to assure the child's safety and well-being.

- ▶ In-Home Case Plan is developed when children remain in the home.
- ▶ Out-of-Home Case Plan is developed to assist in the child's timely and safe return home.



Step 6 Case Planning

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Whether the family has an in-home or out-of-home safety plan, the first priority for case planning must be reducing the threats to child safety and enhancing the protective capacities of the parents/caregivers so that the family can assure child safety without agency intervention.

The case plan specifies what must change to reduce or eliminate safety threats and increase the caregiver's protective capacities to assure the child's safety and well-being. An In-Home Case Plan is developed when children remain in the home and an Out-of-Home Case Plan is developed to assist in the child's timely and safe return home.

Each case plan will contain identified goals, developed with the family, which are specific, behavioral, and measurable. Case plan goals are developed by considering what exactly an enhanced diminished parent/caregiver protective capacity would look like once change has occurred. Case plan goals, or enhanced parent/caregiver protective capacities, are specifically described using the family's terminology.

Each case plan goal will include at least one change strategy, or task. The child and family team discusses approaches or services that are most likely to achieve the case

plan goals. Identified services and specified roles and responsibilities of providers, family members, and the case manager are put into place to assist the family in achieving the identified goals.

Consideration of the following questions can aid in developing case plans that are successful and focus on changing conditions that make child(ren) unsafe:

- How can existing enhanced parent/caregiver protective capacities be used to help facilitate change?
- What change strategies will most likely enhance protective capacities and decrease impending danger?
- How ready, willing, and able are parents or caregivers to address impending danger and diminished protective capacities and how could this impact case management?

Questions to consider when developing the case plan:

- ▶ How can existing enhanced parent/caregiver protective capacities be used to help facilitate change?
- ▶ What change strategies will most likely enhance protective capacities and decrease impending danger?
- ▶ How ready, willing, and able are parents or caregivers to address impending danger and diminished protective capacities and how could this impact case management?



Step 6 Case Planning

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Consideration of the following questions aid the case manager, family, and their team in developing case plans that are successful and focus on changing conditions that make child(ren) unsafe:

- How can existing enhanced parent/caregiver protective capacities be used to help facilitate change?
 - Enhanced parent/caregiver protective capacities are also referred to as strengths. Building upon these strengths are key in facilitating real change.
- What change strategies will most likely enhance protective capacities and decrease impending danger?
 - This requires the child and family team to stay focused on specific areas that need to change and apply services or other change strategies that will directly impact goal accomplishment.
- How ready, willing, and able are parents or caregivers to address impending danger and diminished protective capacities and how could this impact case management?

- This question gauges cooperation and likelihood that the case plan change strategies will be followed and if not, what implications this may have on how the case manager proceeds.

Step 7 PCPA

The Protective Capacities Progress Assessment (PCPA) is a comprehensive process of case evaluation that begins after the case plan is developed until case closure. The PCPA affirms:

- ▶ That the case plan is progressing as expected
- ▶ Whether any modifications or adjustments to the case plan are necessary
- ▶ That parent/caregiver protective capacities are enhanced as a result of our intervention
- ▶ That the safety plan remains sufficient or if revisions are needed

The case manager is still required to convene child and family team meetings at least once every 90 days. Prior to and during the child and family team meeting, the case manager will complete the Protective Capacities Progress Assessment with the family and their team members. This is step 7 in the workflow process.

The Protective Capacities Progress Assessment, or PCPA consists of information collection that occurs during contacts with the family, child and family team, service providers, and safety service providers. The PCPA analyzes measurement of progress toward achievement of case plan goals and changes in behaviors and conditions. As a result of the PCPA the child and family team will determine whether any modifications or adjustments to the case plan are necessary and whether parent or caregiver protective capacities are being enhanced as a result of our intervention.

The safety plan is also evaluated within the PCPA to determine that it remains sufficient to control the impending danger. It may be determined through this re-assessment that an out of home safety plan is no longer required and an in-home safety plan can now control the danger, based upon the answers to the safety determination analysis questions. Therefore, case planning becomes less about

accomplishing a check list of activities or maintaining out of home placement for the duration of the court order, and much more focused on lasting and meaningful change within the family. We believe Safety Framework will support more timely accomplishment of permanency goals as a result.



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Step 8 Case Closure

Case Closure includes a final child and family team meeting to celebrate the family's successes and ensure necessary ongoing supports are in place to sustain child safety.

When the family has made significant progress in achieving the expected outcomes of the case; child safety is being sustained in the child's home, the safety threats have been eliminated or mitigated, and the child's safety can be sustained without the ongoing intervention of safety service providers the case is nearing closure. The case manager continues to be responsible for managing child safety until the case is closed.

Case Closure is more formalized under Safety Framework in that it includes a final child and family team meeting to complete a final assessment of child safety, celebrate the family's successes, and ensure necessary ongoing supports are in place to sustain child safety after the case is closed.

Role of the Supervisor

- ✓ Assign cases
- ✓ Staff Present Danger Plan when in place
- ✓ Review/approve any updates to Safety Plans
- ✓ Review/approve the PCFA
- ✓ Review/approve the Case Plan
- ✓ Review/approve the PCPA

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Learning
supporting
Coaching

The role of the Supervisor is multifaceted. The supervisor will:

- Routinely discuss the Present Danger Plan with the cps worker or case manager when there is one in place to determine if it is sufficient and remains necessary;
- Review and approve any updates to the Safety Plan to ensure it remains sufficient to control the identified impending danger threats;
- Review and approve the PCFA with the case manager;
- Review and approve the Case Plan to ensure the goals are specific, behavioral, and measurable and that the change strategies, or tasks, support the likelihood the goals will be achieved; and
- Review and approve PCPA with each update to evaluate the family's progress and determine if different approaches or strategies are needed.

Key to all of these functions is the fact that the supervisor is a fellow learner of the model and its application to our transformative work with families. The supervisor also provides support and coaching through consistent staff meetings both one-on-

one with the CPS worker or case manager and as a unit.

Family Centered Engagement Meetings Purpose, Eligibility, & Goals



Purpose of FCE is to improve child welfare decision-making and outcomes for children:

- ✓ At risk of removal,
- ✓ Temporarily removed on an emergency order, or
- ✓ Involved in both child welfare and juvenile justice systems & NOT in care



Goals of FCE:

1. Reduce the number of children entering foster care
2. Increase the number of children remaining safely in their own homes
3. For children who are removed, increase the number placed with kinship caregivers

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Family Centered Engagement meetings are now available in every human service zone. A Family Centered Engagement, or FCE, meeting is a front-end engagement strategy designed to create a participatory and inclusive process that brings together those with relationships to the children and service providers to improve child welfare agency decision-making and outcomes for eligible children.

Eligible children include those who are:

- Temporarily removed on an emergency order (typically per the present danger plan);
- At risk of removal; or
- Involved in both the child welfare and juvenile justice systems (dual status youth) but not in foster care.

FCE meetings are typically held at the onset of services during the CPS assessment but can also be convened during in-home case management when it is determined the child is at risk of removal. The FCE meeting is arranged and held by a neutral

facilitator and the referring agency staff participate as members of the team.

The purpose of FCE meetings is to improve child welfare decision-making and outcomes for children. The 3 overarching goals we have for FCE are to:

- Reduce the number of children entering foster care,
- Increase the number of children remaining safely in their own homes, and
- For children who are removed, increase the number placed with kinship caregivers.

Implementation Plan



Forms and hardcards have been developed and policy chapter **607-05 Child Welfare Practice** has been disseminated.



Safety assessment and safety management training with human service zone and DHS staff was completed in November 2020.



Coaching Sessions and Supervisor Support Sessions are occurring weekly.



Initial roll out = December 14, 2020!



Additional training on the PCFA, Case Planning Process, and PCPA will be provided in early 2021.

Safety Framework implementation is ongoing. Forms and hardcards have been developed and policy chapter **607-05 Child Welfare Practice** has been disseminated.

Coaching Sessions with each zone, facilitated by field service specialists, are occurring weekly. Supervisor Support Sessions are also occurring weekly and are facilitated by CFS administrators in collaboration with Casey Family Programs consultant, Matt Gebhardt.

Safety assessment and safety management training with human service zone and DHS staff was completed in November 2020.

While many zones have already started applying Safety Framework to their caseloads, the official roll out date is December 14, 2020.

In early 2021, the CFS training center will provide additional training on the case management components of safety framework to the human service zone workforce.

Ambitious Goal



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We are committed to improving outcomes for children and families served through child welfare agencies in North Dakota. We truly believe that we can accomplish this ambitious goal through implementation of the Safety Framework practice model.

We assert that when the human service zones practice with fidelity to the model we will see:

- Comprehensive and accurate assessments of safety and risk that occur at case opening and ongoing throughout the life of the case;
- Safety plans directly related to the danger threats identified and routinely revised when conditions warrant;
- Comprehensive assessments of the child's, mother's and father's needs as well as appropriate use of services to address the identified needs;
- Case plans that are directly related to the reason for agency involvement with the family and serve to enhance the parents' or caregivers' capacity to protect their children;

- A significant reduction in out of home placements of children; and
- More timely accomplishments of the permanency goals for children.



Because this is a recorded session, we understand you may leave this with some unanswered questions. The Children and Family Services Division will continue to share information through public forums, conferences, and statewide events. The human service zones are also available to meet with local agencies and talk about the new Safety Framework practice model and implications for partner providers.

Thank you for taking your valuable time to view this presentation. I hope you found it informative and helpful in your work as a partner to child welfare agencies in North Dakota.