

# *In-Home and Community-Based Family Preservation and Support Services*

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## **100.2 Philosophy Of In-Home And Community-Based Family Preservation And Support Services**

### Major objectives:

The goal of In-Home Services is to prevent the need for future child welfare involvement or removal. Providing services to families at home and in their communities can help caseworkers better identify strengths and needs and address parenting skills and relationships in the family's natural environment. Services are family-centered, community-based, and culturally competent, and engage the family by using their input to determine what types of supports or services will be most helpful to them.

### Practice Guidelines

- A. In-Home Services are appropriate when any of the following conditions exist:
  - 1. A child has experienced abuse or neglect but can remain safely in the home;
  - 2. When a child is returned home from out-of-home care;
  - 3. When an adoptive placement is at risk of disruption and intensive services are needed to maintain the child in the adoptive home; or
  - 4. When reunification is likely within 14 days and intensive support is needed in conjunction with a current out-of-home care caseworker to prepare for and facilitate the reunification.
- B. Once a case is accepted for In-Home Services, the caseworker will assess on an ongoing basis the family's willingness and ability to work with the Child and Family Team to resolve the issues that warranted Child and Family Services intervention. If the team is unable to work through the concerns about participation and progress, or if the threats to safety and well-being increase the caseworker will:
  - 1. Identify the threats to safety;
  - 2. When threats to safety exist that require additional intervention, the caseworker will staff the case with the supervisor and Assistant Attorney General (AAG) to determine if further court action is needed.
- C. A child and family will not be accepted for In-Home Services if all of the following conditions are met:
  - 1. A family has the ability to access resources, supports, and services on their own;
  - 2. There is minimal risk of abuse/neglect to the child; and
  - 3. The family requires no ongoing monitoring by Child and Family Services.
- D. The child and family will not be accepted for In-Home Services if a child needs to be removed from the home to be safe.

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87     **101**             **Prevention**

88

89     Practice Guidelines

90     *(These guidelines are being written and will be published as soon as possible.)*

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## **102 In-Home Services Initiation Sources**

### Practice Guidelines

- A. In-Home Services are initiated by:
1. A request from the family themselves or a referral from a community partner (e.g., schools, therapists, etc.).
    - a. Requests by the family/community for In-Home Services may be accepted if the children are at risk of abuse or neglect.
    - b. Requests will be screened within three working days of the request. If Child and Family Services does not have the capacity/resources to meet the request, the family/community partner will be notified and referred to other community resources.
    - c. Requests will be opened as a voluntary case. [See: Practice Guidelines Section 103.1.]
  2. CPS investigation.
    - a. Case Transfer Protocol is followed for all In-Home Services case types that are being opened following a CPS investigation. [See: Transfer Protocol.]
  3. The court.
    - a. Court initiated In-Home Services are cases that had no previous CPS investigation and services have been ordered either from juvenile or district court. Child and Family Services did not make the recommendation to request court intervention.

## **102.1 Case Assignment**

### Practice Guidelines

- A. When an In-Home Services case is initiated a caseworker will be assigned within five business day to the case. In cases where additional assistance is needed due to geographic or workload constraints, a secondary caseworker may be assigned. Request for secondary caseworkers will be submitted to regional designees.
- B. Cases will be assigned based on caseload and availability of caseworkers.

## **103 In-Home Services Case Types**

### Major objectives:

In-Home Services case types include collaborative (PSC), court-ordered (PSS), In-Home Services for the Preservation of Families (PFP/PFR), and Post Adoption Support (PAT).

## **103.1 Collaborative In-Home Services**

### Practice Guidelines

- A. Families will be given the opportunity to work collaboratively with Child and Family Services based on the family's cooperation and an effective safety plan.
- B. Case Transfer Protocol will be followed for all PSC cases. [See: CPS Practice Guidelines.]
- C. The In-Home Services caseworker will use Structured Decision Making (SDM) and Utah Family and Children Engagement Tool (UFACET) assessment tools to determine the level of intervention as well as appropriate resources and services for the family.
- D. Modification of Voluntary PSC case: If Child and Family Services determines that the collaborative In-Home Services are not meeting the needs of the child and family and/or that another service would be more beneficial, Child and Family Services shall continue to provide collaborative services until a petition is filed.
  - 1. Consult with the supervisor;
  - 2. Review UFACET and SDM information; and
  - 3. File a petition for either court-ordered services (PSS) or when safety concerns exists, a petition for removal. The least restrictive should always be considered first.
- E. If a family refuses collaborative services or fails to engage with the caseworker and/or community services, the caseworker will staff the case with the previous CPS caseworker as well as the current supervisor.
  - 1. If the PSC caseworker has not been able to engage with the family and safety concerns exist the case returns to the CPS caseworker to file the petition.
  - 2. If the PSC caseworker has been working with the family and the conditions in the home become unsafe the PSC caseworker will file any needed petitions.
- F. The Child and Family Team determines when to end services with the family, this decision is staffed with the caseworker's supervisor.
- G. The caseworker completes all documentation in SAFE and closes the case within three working days of the Child and Family Team's decision to close the case.

## **103.2 Court-Ordered In-Home Services**

### Practice Guidelines

- A. Child and Family Services will provide In-Home Services to families as ordered by the court. It is the responsibility of Child and Family Services to determine the intensity level of services provided to the families.
1. Open a PSS case in SAFE within five business days.
  2. Create a Child and Family Team that will meet regularly regarding case decisions.
  3. Provide the court, the AAG, and the Guardian ad Litem (GAL), if assigned, with the Child and Family Plan upon completion.
  4. Provide the court, the AAG, and the GAL, if assigned, with plan progress as it is updated, no less than quarterly.
  5. Attend all court hearings for the PSS case.
  6. Consult with the AAG and the GAL, if assigned, regarding any information pertinent to Child and Family Services involvement with the family.
  7. When the Child and Family Team decides the family can safely manage without court involvement, consult with the AAG and file a motion to close services.
  8. The caseworker will continue to work with the family until a ruling is made by the assigned judge to close PSS services.
  9. When the court terminates Child and Family Services' involvement, the caseworker completes all documentation in SAFE and closes the case within three working days of the court order.
- B. The In-Home Services caseworker will contact the AAG and the GAL, if assigned, and other pertinent persons involved with the family to inform them that he/she is the caseworker and what level of service will be provided.
- C. Modification of a court-ordered (PSS) case: If the Child and Family Team determine that the court-ordered services are not meeting the needs of the child and family and/or that another service would be more beneficial, Child and Family Services will continue to provide the court-ordered services until the court alters the order.
1. Consult with the supervisor;
  2. Review SDM and UFACET assessment information; and
  3. Request the AAG motion the court to modify the order.
- D. If services are court ordered but the assessment indicates that In-Home Services are not appropriate, the Child and Family Services caseworker will contact the AAG and GAL, if assigned, to explain the situation and request a petition be filed with the court to terminate services. The family and referent must be informed of the results of the UFACET assessment when the In-Home Services caseworker is recommending that In-Home Services are inappropriate for the family. If needs have been identified that can be

met by non-Child and Family Services community services, those options will be explored with the family prior to ending services with the family.

## **103.3 In-Home Services For The Preservation Of Families**

### Practice Guidelines

In-Home Services for the preservation of families has the desired outcomes of keeping children safe in their homes, preserving intact families in which children have been maltreated when the problems can be addressed effectively, and preventing unnecessary removal and placement of children through intensive interventions.

- A. Eligibility: In-Home Services for the preservation of families are available to families that are in crisis and are in need of more intensive services to help safely maintain a child at serious risk of being removed from his/her home or from the home of a relative with legal custody. In-Home Services for the preservation of families may also be used prior to, concurrent with, or as follow-up to reunification in order to facilitate a child's safe return home.
- B. Caseworker Assignment and Case Start Date: If it is determined that a removal is necessary unless intensive services are immediately provided, a caseworker will be assigned and services will start no later than 24 hours after that determination. A caseworker with specialized training in In-Home Services for the preservation of families will be assigned to provide services. Services will be provided within the context of the Practice Model including a needs assessment by the Child and Family Team that will inform the Child and Family Plan.
- C. Duration of Services: Intensive family preservation services will be provided for a period of 60 to 90 days. If In-Home Services for the preservation of families beyond the 60- to 90-day limit are determined to be in the best interest of the child and family, the supervisor or designee may approve additional time. The extension must be documented and include specific desired results and treatment methods. Although this is a short duration service, caseworkers will use the same processes for completing a Child and Family Plan as they would for a longer term service. The Child and Family Plan will be finalized within 20 days of opening the case.
- D. Clinical Staffings: The caseworker will clinically staff the case with his or her supervisor and/or a clinical support team and must document the following staffings in SAFE:
  - 1. Initial: Within the first five days of the case start date;
  - 2. Midpoint: 30 or 45 days; and
  - 3. Transition: At the end of intensive service delivery (60 or 90 days).
- E. Availability:



1. In-Home Services for the preservation of families' caseworkers will have a limited caseload to provide more flexibility in responding to the families' needs.
2. The caseworker will be available to respond to a family's needs within 24 hours.

F. In-Home Services for the preservation of families as a secondary service: It may be determined that a family already receiving another service from Child and Family Services will benefit from In-Home Services for the preservation of families as a secondary service. The In-Home Services for the preservation of families' caseworker will coordinate service delivery with the primary caseworker and the Child and Family Team. The Child and Family Plan will be updated within 20 days of case start date to include the needs to be met and the steps to be taken by the In-Home Services for the preservation of families' caseworker.

## **103.4 Reunification In-Home Services**

### Practice Guidelines

In-Home Services are available once a child has returned home from out of home care to assist the family in the transition and support maintaining the child at home.

- A. In an out-of-home care case, once safety concerns have been mitigated, the caseworker and Child and Family Team will determine whether the remaining items on the Child and Family Plan can be addressed with In-Home Services.
- B. If the Child and Family Team determines that the family can manage risks in the home, the caseworker will staff with the AAG to consider trial home placement, or returning custody to the parent(s) and ordering in-home services.

## **103.5 Threatened Adoptive Disruption Or Dissolution/In-Home Services**

### Practice Guidelines

In-Home Services are available to families to assist in maintaining a child in an adoptive placement. [See: Adoption Practice Guidelines [Section 404.2.](#)]

## 104 Engaging

Major objectives: Engaging is effectively establishing a genuine, trusting collaborative relationship with children, parents and essential individuals. The goal is that the child, family and agency develop a mutually beneficial, trust-based working partnership.

Engagement is fundamental to working effectively with families as it can increase their likelihood of realizing sustainable and positive change.

### Practice Guidelines

Effective engagement enables a productive relationship to develop between a caseworker, the child or young person and their family. Engagement involves the Child and Family Team creating an environment that empowers the child and family to actively participate through-out the case. Engagement includes:

- A. Caseworkers will demonstrate genuineness, empathy and respect. Caseworkers will incorporate the clients' strengths, culture, views and preferences into their work with the family.
- B. Caseworkers will communicate openly about expectations, concerns and/or requirements that arise during the case and allow clients to provide constructive feedback. The caseworker will be clear about the issues that are negotiable and non-negotiable.
- C. Promoting and supporting the family's active participation in decision making, goal setting, and case planning.
- D. All parties will engage professionally and respectfully, which includes keeping appointments and returning phone calls, texts, and emails in a timely manner.

## 105 Teaming

### Major objectives:

The caseworker will engage the child and family to create a Child and Family Team. A Child and Family Team includes the family's identified supports and the professionals working with the family. The Child and Family Team assesses the strengths and needs of the child and family and plans for the child's safety, permanency and well-being. Teaming occurs through ongoing information sharing and collaboration.

### Practice Guidelines

- A. The caseworker will engage with the family to identify key Child and Family Team members. Key team members are important supporters and decision makers. Team members may include but are not limited to:
  - 1. Informal supports such as family, friends, church affiliations, club affiliations.
  - 2. Formal supports such as teachers, therapists, tutors, medical professionals.
  - 3. Legal partners (if assigned) such as the AAG, GAL, and parental defense attorneys.
- B. If a client is resistant to including key team members the caseworker will work with the client to identify important supporters and decision makers and help the client understand the benefits of including these individuals on the team.
- C. The caseworker is responsible for organizing Child and Family Team Meetings. At any time, the child's family or other team members may request a Child and Family Team Meeting.
- D. A Child and Family Team Meeting will be held initially for each In-Home Services case within 45 days of the case start date. Subsequent Child and Family Team Meetings must be held at a minimum of every six months.
  - 1. Other times to hold a Child and Family Team Meeting include but are not limited to:
    - a. Before a Child and Family Plan is created or updated.
    - b. There are new circumstances or information that significantly affect safety, permanency and well-being.
    - c. Case closure or transition from services.
- E. Child and Family Team Meetings will be used to:
  - 1. Gather and share assessment information regarding the family.
  - 2. Identify the family's strengths and desired results (behavior change) to be included in the Child and Family Plan that will enable the children to achieve enduring safety and permanency.
  - 3. Identify services and resources to facilitate behavior changes. Discuss progress in services.
  - 4. Celebrate the family's successes.

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- 358            5.        Address concerns, barrier or problems that hamper behavior change.  
359            6.        Discuss the family's ability to meet their own needs and access services without  
360                   further Child and Family Services involvement.  
361

## 106 Assessing

### Major objectives:

The purpose of assessing is for the team to know what they need to know to do what they need to do. Assessing helps the Child and Family Team draw conclusions on how to provide effective services and use information to create a plan to meet the needs for enduring safety, permanency and well-being. Assessing is an ongoing process throughout the case.

### Practice Guidelines

- A. Information for the assessment is gathered through a variety of sources including, but not limited to:
  1. Conversations with the family and extended family.
  2. Child and Family Team members input.
  3. Direct observations.
  4. Collateral reports from and contact with school, doctors, community partners, and service providers, etc.
  5. Formal Assessments such as a mental health, psychological, parenting, domestic violence, substance abuse assessments and evaluations.
- B. Assessment information and/or recommendations are shared with the Child and Family Team. The Child and Family Services caseworker will obtain all needed two way communication releases of information from the family.

## 106.1 Structured Decision Making (SDM) Safety Assessment

### Practice Guidelines

- A. The Structured Decision Making (SDM) Safety Assessment is used to identify possible threats to a child's safety and what interventions are necessary to protect a child from threats to their safety. The final outcome of the SDM Safety Assessment helps to guide the decision about the need for ongoing intervention with the family.
- B. When an In-Home Services case is opened as a result of a CPS case, the CPS caseworker will complete the initial SDM Safety Assessment prior to referring the case for In-Home Services. If the investigation results in an ongoing In-Home Services case, the CPS caseworker will indicate whether the SDM Safety Plan and interventions are still applicable.
- C. If the In-Home Services case is not the result of a CPS case (such as court-ordered), the In-Home Services caseworker will complete the SDM Safety Assessment. The initial SDM Safety Assessment is required during the first face-to-face contact with the child(ren). The SDM Safety Assessment will be recorded in SAFE by the end of the fifth business day. The SDM Safety Assessment is completed on each household. A household includes all persons who have a familial or intimate relationship with any

person in the home and who have significant in-home contact with the child(ren),  
excluding employees.

- D. Assessing child safety is a critical consideration throughout the involvement of Child and Family Services with the family. Threats to safety will be evaluated during each contact with the family, and a SDM Safety Assessment will be completed whenever:
1. A change in the family's circumstances poses a safety concern;
  2. Prior to removing from or returning a child home; or
  3. Prior to an SDM Safety Plan being changed or concluded.
- E. The caseworker will complete an SDM Safety Plan for all children in the household when any threat to safety has been identified. If the parent refuses to sign the Safety Plan, the caseworker will leave a copy of the unsigned plan with the parent and document in the activity logs both the refusal and that a copy of the plan was left with the parent. If a verbal safety agreement is made, the caseworker will document the specifics in the activity logs.
- F. A final SDM Safety Assessment is required prior to closure of an In-Home Services case at the final face-to-face contact with the family. The assessment will be recorded in SAFE by the end of the fifth business day and prior to case closure. Resolution of any identified safety threat(s) must be documented in the activity logs.

## **106.2 SDM Risk Assessment And Risk Reassessment**

### Practice Guidelines

The SDM Risk Assessment and Risk Reassessment are research-informed in the next 12 to 18 months. The results of the SDM Risk Assessment and Risk Reassessment are part of the consideration for whether or not the agency will continue services and the intensity level of those services.

- A. SDM Risk Assessment:
1. When an In-Home Services case is opened as a result of a CPS case, the CPS caseworker completes the initial SDM Risk Assessment prior to referring the case for In-Home Services. If the In-Home Services case is not the result of a CPS case (such as court ordered), the In-Home Services caseworker will complete the SDM Risk Assessment. The initial SDM Risk Assessment is required within 45 days of the case open date and before the creation of the Child and Family Plan. Until the SDM Risk Assessment has been completed, the risk rating defaults to "high." The SDM Risk Assessment is completed on each household. A household includes all persons who have a familial or intimate with any person in the home and who have significant in-home contact with the child(ren), excluding employees.
  2. The SDM Risk Assessment identifies the level of risk of future maltreatment.

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3. The caseworker will refer to the SDM Risk Assessment Definitions to determine the score for each item.
4. For cases open for ongoing In-Home Services, the risk level is used to determine the contact requirements for the case (service level). See the case contact matrix below for the specific frequency of contact associated with each risk classification.

Ongoing Caseworker Minimum Contact Guidelines for In-Home Services		
Risk Level	Caregiver and Child Contacts	Location
Low	One face-to-face per month with caregiver and child	Must be in caregiver's residence
Moderate	Two face-to-face per month with caregiver and child	One must be in caregiver's residence
High	Three face-to-face per month with caregiver and child	One must be in caregiver's residence
Additional Considerations		
Contact Definition	Each required contact shall include at least one caregiver and one child. During the course of a month, each caregiver and each child in the household shall be contacted at least once.	
Designated Contacts	The ongoing caseworker/supervisor/service team may delegate face-to-face contacts to providers with a professional relationship to the agency and/or other agency staff, such as social work aides. However, the ongoing caseworker must always maintain at least one face-to-face contact per month with the caregiver and child, as well as monthly contact with the service provider designated to replace the ongoing caseworker's face-to-face contacts.	

### **B. SDM Risk Reassessment:**

1. For In-Home Services cases, the SDM Risk Reassessment is used to determine if the likelihood of future harm has been sufficiently reduced to support case closure, or if the family will continue to receive services.
2. The SDM Risk Reassessment shall be completed on:
  - a. All ongoing In-Home Services cases opened as a result of an allegation of child abuse or neglect.
  - b. All cases in which all children have been returned home and In-Home Services will be provided. Include cases where all children have been returned to the home on a trial home placement.
3. The SDM Risk Reassessment will not be completed on cases where children have been placed with kin by Child and Family Services as a result of abuse or neglect.



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4. The SDM Risk Reassessment shall be completed or updated a minimum of every six months. A SDM Risk Reassessment will need to be completed sooner if there are new circumstances or new information that would affect risk. Logical times to update the SDM Risk Reassessment coincide with the following:
  - a. The Child and Family Team Meeting and/or update of the Child and Family Plan.
  - b. Court review hearings for court-ordered cases or trial home placements.
  - c. Progress summaries for non-court-ordered cases.
5. If a new referral is received while a case is open, an initial SDM Risk Assessment (not a SDM Risk Reassessment) will be completed during the investigation. This new initial SDM Risk Assessment does not change the reassessment schedule (i.e., every six months beginning from the date of case opening) unless a child is removed from the home during the investigation.
6. The caseworker will refer to the Definitions to determine his or her selection for each item.
7. The SDM Risk Reassessment guides the decision to keep a case open or to close a case.

Final Risk Level	Recommendation
Low	Close if SDM Safety Assessment finding is safe
Moderate	Close if SDM Safety Assessment finding is safe
High	Continue ongoing services

8. For cases that remain open following reassessment, the NEW risk level guides minimum contact standards that will be in effect until the next reassessment is completed.

## **106.3 Utah Family And Children Engagement Tool (UFACET)**

### Major objectives:

The In-Home Services caseworker will assess the family's strengths, needs and Protective Factors using the UFACET. The UFACET is an evidence-based assessment tool which increases communication and engagement with the family. The UFACET informs the Desired Results and steps for the Child and Family Plan. The UFACET is to be completed with information gathered from the Child and Family Team members and other formal and informal assessments. The results of the UFACET will be shared with the family, treatment providers and other team members.

### **Applicable Law**

Utah Code Ann. [§80-2-301](#). Division Responsibilities.

### Practice Guidelines

- A. General information for completing a UFACET



The UFACET is completed with the family. It also incorporates information contributed by the members of the Child and Family Team and other supports.

1. The UFACET is an engagement tool that assists in building relationships with the family as well as empowering the family to understand the areas of concern and why Child and Family Services is involved. It will also assist the family in developing an understanding of what progress needs to be made in order for the case to be closed.
2. Although the caseworker may already know much of the information in order to fill out the UFACET, the caseworker will review the assessment with team members and ensure any input or additional information that team members provide is reflected when scoring the assessment.
3. When a caseworker does not have information regarding an item on the UFACET or when the caseworker needs more information, the caseworker will mark the item with “explore” and will engage the family or other team members to gather the information.
4. The UFACET document will be shared with the members of the Child and Family Team and with treatment providers. The UFACET may also be shared with the court.
5. Text boxes on the UFACET: The caseworker may input any clarifying information regarding items in each module into the text boxes following the module. The text boxes are for the caseworker to provide information that would not otherwise be clear from referring only to the definitions of the item. The information will help clarify the complicated nuances of a case and will also benefit future caseworkers, providers who serve the family, and anyone else reviewing the case. The type of information that should be included here are details that led to the item being scored a ‘2’ or ‘3’.
6. Any items identified on the UFACET with a score of ‘2’ or ‘3’ will be addressed on the Child and Family Plan.

B. The UFACET consists of the following domains:

1. Family Together: The Family Together domain assesses the dynamics of the entire family system accounting for all significant relationships, especially those that are a cause of concern. Consider the dynamics of the relationships even if the individual does not reside in the home. For example, the relationships between a mother in the home and a non-custodial father not residing in the home or between a father in the home and a paramour that frequently visits the home should be considered when rating this domain.
2. Household: Items in the household domain are rated on the home for which the in-home referral was received.
3. Caregiver Strengths and Needs: Caregivers who are rated in this domain are the caregivers for the children who impact family dynamics including, but not limited to:
  - a. Custodial parents living in the home.

- b. Non-custodial parents who retain parental rights.
- c. Paramours.
- d. Extended family.
- 4. Child Functioning: Any family member under the age of 18 years who resides in the home is rated in this domain. Youth who have a child of their own are rated as both a child and a caregiver. The caseworker may also consider rating an adult with significant developmental disabilities as a child on the UFACET.
- C. The Initial UFACET assessment will be completed prior to the Child and Family Plan being finalized, in order to assist the caseworker in identifying and targeting areas of concern on the plan. The caseworker will address all items on the Child and Family Plan that are identified on the assessment as needing action (items rated a '2' or a '3').
- D. UFACET time frames:  
UFACET is completed:
  - 1. Prior to finalization of the Child and Family Plan.
  - 2. When there are changes in the family that make it necessary for Child and Family Services to modify services being provided to the family.
  - 3. Prior to case closure, unless one has been completed within the last 30 days.

#### **106.4 Court Ordered Determination Assessment**

*(THIS SECTION IS REMOVED AS IT IS NO LONGER APPLICABLE.)*

#### **106.5 Title IV-E Prevention Program (Prevention Of Foster Care)**

Child and family eligibility for the Title IV-E Prevention Program is based on a child being at imminent risk of entry into foster care, but able to safely remain at home or residing with a kin caregiver with receipt of approved evidence-based services under the child's prevention plan.

A child in foster care who is a pregnant or parenting foster youth is also eligible for prevention services under the Title IV-E Prevention Program.

- A. **Prevention Candidate Definition:** For the purposes of the Title IV-E Prevention Program, a child under age 18 is a prevention candidate when at serious risk of entering or reentering foster care, but able to remain safely in the home or residing with a kin caregiver as long as mental health, substance use disorder, or in-home parenting skill-based programs or services for the child, parent, or kin caregiver are provided. To be eligible for Title IV-E Prevention Program services, the child's prevention candidate status must be designated in the child's prevention plan prior to provision of services. Pregnant or parenting foster youth are also eligible for Title IV-E Prevention Program services when services are designated in the child's foster care plan prior to provision of services.

A child may be at serious risk of entering foster care based on circumstances and characteristics of the family as a whole and/or circumstances and characteristics of individual parents, children, or kin caregivers that may affect the parents' ability to safely care for and nurture their children.

Kin caregiver is defined as “relative” in Utah Code Ann. §80-3-102 and includes the child’s grandparent, great grandparent, aunt, great aunt, uncle, great uncle, brother-in-law, sister-in-law, stepparent, first cousin, stepsibling, sibling of the child, first cousin of the child’s parent, or an adult who is an adoptive parent of the child’s sibling. For the purpose of the Title IV-E Prevention Program, kin caregivers may also include individuals that are unrelated by either birth or marriage, but have an emotionally significant relationship with the child that takes on the characteristics of a family relationship.

Also, for Indian children, the definition of kin caregiver under ICWA (25 U.S.C. §1903) will be utilized, which includes:

1. An "extended family member" as defined by the law or custom of the Indian child’s tribe or,
2. In the absence of such law or custom, a person who has reached the age of 18 and who is the Indian child’s grandparent, aunt or uncle, brother or sister, brother-in-law or sister-in-law, niece or nephew, first or second cousin, or stepparent, or
3. An Indian custodian, as defined by ICWA case law.

Children who are under the placement and care responsibility of the state are, by definition, in foster care and are not prevention candidates when placed with a kin caregiver.

**B. Prevention Candidate Determination:** Child and family eligibility for the Title IV-E Prevention Program is determined through utilizing designated assessment tools. The Structured Decision Making (SDM) Safety and Risk Assessments and the Utah Family and Children Engagement Tool (UFACET) results are used to determine if the child is at serious risk of entering foster, but can remain safely in the home or residing with a kinship caregiver as long as substance use, mental health or in-home parenting skills services necessary to prevent the entry of the child into foster care are provided.

**C. Prevention Plans:** Child and Family Services will develop an individualized Child and Family Plan based on the needs requiring action identified in UFACET and with input of the Child and Family Team. For children that are prevention candidates or the child’s parent or kinship caregiver, evidence-based programming in the areas of substance use, mental health, and parenting skills will be incorporated into the Child and Family Plan, which serves as the child’s prevention plan. Candidate status is confirmed through finalization of the child’s prevention plan.

- D. Renewal:** The results of the SDM Risk Re-Assessment and updated UFACET assessments will re-determine at least every 12 months if the child continues to be a prevention candidate. This will be documented in the updated Child and Family Plan.

## **106.6 Serious Risk Of Removal (Traditional Foster Care Candidates)**

### Practice Guidelines

- A. Serious risk of removal means that there is a high likelihood that the child will be removed from the home if In-Home Services are not provided. A child may be at serious risk of removal based on circumstances and characteristics of the family as a whole and/or circumstances and characteristics of individual parents or children that may affect the parents' ability to safely care for and nurture their children.
1. The "home" is where the child is residing during the In-Home Services case.
  2. The "child" must be a Child Client on the case under 18 years of age and included in the Child and Family Plan.
  3. Children who are candidates for serious risk of removal may include:
    - a. Children living in their own home.
    - b. Children living with a non-custodial parent.
    - c. Children who are not in state custody and who are living with a non-licensed relative.
    - d. Children whose adoption or guardianship arrangements are at risk of disruption.
  4. Children who are NOT candidates for serious risk of removal include those children who are in state custody who are:
    - a. On a trial home placement and are still in state custody.
    - b. Placed in a licensed out-of-home care home whether with a relative or not.
- B. Determining serious risk of removal is required at the beginning of the case. A determination of serious risk of removal can be made at any time during the case, but must be re-determined at least every six months.
- C. Serious risk of removal is determined through assessments conducted by caseworkers utilizing designated assessment tools. These assessments determine if the child is at serious risk of removal, but can remain safely in the home or in a kinship placement as long as services that are necessary to prevent the entry of the child into foster care are provided.
- D. Structured Decision Making (SDM) Safety and Risk Assessments are utilized to identify safety and risk factors that put the child at risk of being removed from the home. Safety plans may be used to mitigate threats to the child's safety allowing the child to remain at home.

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- 676 E. The Utah Family and Children Engagement Tool (UFACET) is an assessment completed  
677 with the family that identifies the needs that place the child at risk of removal.  
678
- 679 F. The determination that a child is at serious risk of removal will be designated in the Child  
680 and Family Plan by incorporating the following language: “This child is at serious risk of  
681 removal from home. It is expected that this child will remain safely at home as services  
682 in this plan are carried out. If services are not effective, the plan for this child is out-of-  
683 home care.”
- 684 1. If an In-Home Services case is open longer than six months, the results of the  
685 updated assessments will re-determine at least every six months if the child  
686 continues to be at serious risk of removal. This will captured in the updated Child  
687 and Family Plan.  
688

## 107 Planning

### Major objectives:

A Child and Family Plan shall be developed for each family receiving In-Home Services. The plan will be developed by the Child and Family Team. The Child and Family Plan is tracked and adapted throughout the case.

## 107.1 The Child And Family Plan

### Practice Guidelines

- A. Initial Child and Family Plan: The Child and Family Plan will be completed within the first 45 days of case opening for PSS and PSC cases and within 20 days for PFP cases. The Child and Family Plan will be complete when the caseworker, supervisor, and Child and Family Team have agreed to the plan and it is finalized in SAFE. Signatures will be obtained as soon as possible after the plan is finalized in SAFE, but no longer than 30 days. If a family member refuses to sign the plan, the caseworker will document on the plan the family member's refusal.
- B. Parent and child involvement in the development of the Child and Family Plan. Parent contacts, UFACET assessment information, and Child and Family Team Meetings, assist in the development of the plan. Child and Family Team Meetings or private interviews between the child(ren) and the caseworker or other team members also provide opportunities for the child(ren) to contribute to the Child and Family Plan.
1. All parents will have the opportunity to participate in the development of the Child and Family Plan.
  2. For the purpose of planning, parent is defined as:
    - a. The legally recognized birth mother regardless of physical custody or current level of involvement in the child's life.
    - b. The legally recognized father regardless of physical custody.
    - c. The legally recognized adoptive mother and/or father.
    - d. The legally recognized guardian.
    - e. The caregiver with whom the child was living with at the time Child and Family Services became involved AND with whom child may remain or be reunited. This may include relative caregivers and non-relative caregivers.
    - f. A stepparent who is living in the home where the child is residing or will reside.
    - g. The substitute caregiver(s) that has been identified as the person(s) who will be imminently providing enduring permanency for the child.
  3. Exceptions for non-custodial parental involvement include:
    - a. The parent is deceased.
    - b. Parental rights are terminated.



- 731 c. Non-custodial parent's active or passive refusal to participate.
- 732 (1) Active Refusal: Non-custodial parent expresses verbally or in
- 733 writing that they are not interested in participating in the
- 734 development of the plan. In this case, the caseworker must verify
- 735 with the parent that they still decline participation before every
- 736 new plan is finalized.
- 737 (2) Passive Refusal: Non-custodial parent indicates a passive refusal to
- 738 participate in the plan development through their actions or
- 739 inactions, such as failing to keep appointments or returning
- 740 messages. In this case, the caseworker must make at least two
- 741 attempts to contact the parent face-to-face, by phone or
- 742 correspondence every time a new plan is developed to provide
- 743 them opportunity to participate in the development of the plan.
- 744 d. The parents' whereabouts are unknown despite concerted efforts to locate
- 745 them. Concerted efforts means two monthly attempts at locating the parent
- 746 using one of the following:
- 747 (1) Interviews with family team members.
- 748 (2) Interviews with extended family.
- 749 (3) Interviews with the child.
- 750 (4) Checking allied agency records (Department of Workforce
- 751 Services, Office of Recovery Services, law enforcement, etc.).
- 752 (5) On-line person locator searches.
- 753 (6) Other sources not listed here that the caseworker or the team
- 754 becomes aware of.
- 755 e. Parental involvement in the planning process is detrimental to the safety or
- 756 best interest of the child and is supported by court order or the child's
- 757 therapist.
- 758 4. All children listed on the plan who are developmentally appropriate will have the
- 759 opportunity to participate in the development of the plan to the degree that they
- 760 are capable of contributing to the plan.
- 761 a. As a general guideline, children who are elementary school aged, five
- 762 years old and older, are regarded as being capable of contributing to the
- 763 plan to some extent unless otherwise unable.
- 764 b. Contributions offered by the child will be considered by the team and
- 765 included in the plan based on the Child and Family Team's determination
- 766 of the appropriateness of the request.
- 767 5. The UFACET assessment will inform the Child and Family Plan.
- 768
- 769 C. Child and Family Plans focus on facilitating behavioral change by reflecting the behavior
- 770 changes in the Desired Results.
- 771
- 772 D. Caseworkers will consider separating Child and Family Plans if a safety concern between
- 773 the family members justifies separation.

## *In-Home and Community-Based Family Preservation and Support Services*

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774  
775 E. Tracking And Adapting The Child And Family Plan  
776 Child and Family Plans will be reviewed as needed. The plan will be updated at a  
777 minimum of every six months. The caseworker will request information from Child and  
778 Family Team members when reviewing, tracking, and adapting the Child and Family  
779 Plan.  
780



## **108 Intervening**

### Major objectives:

In-Home Services shall be provided to the family based on the needs of the child and family as determined by the needs assessment, and not limited to the services that are immediately available. The intensity of the In-Home Services will match the needs of the family.

## **108.1 Purposeful Visiting With Children, Parents, And Other Applicable Caregivers**

### Practice Guidelines

Regular and purposeful visiting with the family enables the caseworker to assess how well the parents and other caregivers are meeting the children's needs for safety, permanency, and well-being, as well as the family's progress towards case goal achievement. The caseworker will visit with the children, parents, and applicable caregivers in accordance with the SDM contact standards.

SDM Caseworker Minimum Contact Guidelines for In-Home Services		
Risk Level	Caregiver and Child Contacts	Location
Low	One face-to-face per month with caregiver and child	Must be in caregiver's residence
Moderate	Two face-to-face per month with caregiver and child	One must be in caregiver's residence
High	Three face-to-face per month with caregiver and child	One must be in caregiver's residence
Additional Considerations		
Contact Definition	Each required contact shall include at least one caregiver and one child. During the course of a month, each caregiver and each child in the household shall be contacted at least once.	
Designated Contacts	The ongoing caseworker/supervisor/service team may delegate face-to-face contacts to providers with a professional relationship to the agency and/or other agency staff, such as social work aides. However, the ongoing caseworker must always maintain at least one face-to-face contact per month with the caregiver and child, as well as monthly contact with the service provider designated to replace the ongoing caseworker's face-to-face contacts.	

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- 799 A. The caseworker will have regular contact with the parents to ensure the safety,  
800 permanency, and well-being of the children and to promote achievement of case goals.  
801 1. The contacts will occur at least monthly and are required for all parents who are  
802 included in the Child and Family Plan.  
803 2. For the purpose of caseworker contact, parent is defined as:  
804 a. The legally recognized birth mother.  
805 b. The legally recognized birth father.  
806 c. The legally recognized adoptive mother and/or father.  
807 d. The legally recognized guardian.  
808 e. Legally recognized step-parent.  
809 3. Contact is defined as a face-to-face meeting between the parent and caseworker  
810 and must include the following elements:  
811 a. Frequency - caseworkers must complete a face-to-face home visit a  
812 minimum of once per month. SDM risk level sets minimum contact  
813 standards.  
814 b. Location - the environment of the location of the visits must be conducive  
815 to open and honest conversation.  
816 c. Duration - the length of the visit must be of sufficient duration to address  
817 key issues.  
818 d. Quality discussion - the content of the interview should focus on issues  
819 pertinent to case planning, service delivery, and goal achievement.  
820 e. When the parent resides out of the county, face-to-face contact may be  
821 replaced by other means of contact such as by phone or correspondence.  
822 4. Exceptions for caseworker contact with parent:  
823 a. If a parent is not included in the Child and Family Plan, such as a parent  
824 who does not live in the same household as the children receiving services  
825 and who was not part of the CPS investigation that brought the family to  
826 the attention of Child and Family Services, then monthly contacts are not  
827 required. (*Note:* CPS Practice Guidelines require all parents to be  
828 notified of the investigation. A non-custodial parent who was not the  
829 object of the investigation should be offered the opportunity to provide  
830 input into the plan. But if they do not voice an interest in being included in  
831 the services, then they typically would not have any objectives in plan. In  
832 that case, monthly visits with that parent are not required.)  
833 b. A non-custodial parent whose involvement in the planning process is  
834 detrimental to the safety or best interest of the child (as is supported by  
835 court order) would typically not be included in the Child and Family Plan  
836 and therefore is exempt from monthly caseworker contact.  
837 c. A parent whose rights have been terminated.  
838 d. A parent whose whereabouts are unknown.  
839 e. A parent who is deceased.  
840 f. When a non-custodial parent, who has one or more objectives on the Child  
841 and Family Plan, refuses to meet with the caseworker, the caseworker will

make at least two monthly attempts to contact the non-custodial parent face-to-face, by phone or correspondence to set up an appointment. If the non-custodial parent fails to return messages or refuses to meet with the caseworker, the caseworker has met the minimum requirement for the monthly contact. The caseworker will document the dates and efforts to involve the non-custodial parent, methods of interaction between the caseworker and the non-custodial parent, and the non-custodial parent's expressed desire.

- B. Caseworker contact with the child: The caseworker will visit with each child client involved in the case. Visit is defined as a face-to-face meeting between the child and caseworker and must include the following elements:
1. Frequency - visits must occur as frequently as the conditions of the case require based on current SDM level, minimum of once a month.
  2. Location - the environment of the location of the visits must be conducive to open and honest conversation. The visit with the child may take place during home visits. If the child is not present during the home visit, the caseworker may choose to meet with the child at a different location (the child's school, the caseworker's office, etc.).
  3. Private conversation – the interview between the caseworker and child must be conducted away from the parent or substitute caregiver unless the child refuses or exhibits anxiety. Siblings may be interviewed together or separately depending on the comfort level of the children or if there are safety considerations.
    - a. A private conversation is not required when the child is nonverbal or unable to communicate. The caseworker will document that the child is nonverbal and instead report observations regarding the child's appearance pertaining to physical well-being.
  4. Duration - the length of the visit must be of sufficient duration to address key issues.
  5. Quality discussion - the content of the interview should focus on issues pertinent to safety, permanency, and well-being, as well as promote the achievement of case goals.
- C. Home Visits: The caseworker will check on the residence where the child is living and observe and document the general conditions pertaining to the child's safety and well-being. The caseworker will not enter a home for the purpose of a visit without a caregiver present, unless the child's caregiver has granted permission. This approval should be documented.
1. The caseworker may enter the family's home in an emergency without a caregiver's permission.
- D. At a minimum, the caseworker will conduct one monthly face-to-face contact with a kinship or other substitute caregiver with whom the child is living, as applicable. The

caseworker will assess with the kinship caregiver the safety, permanency, and well-being needs of the child and the kinship caregiver's needs as it pertains to the child's needs.

## **108.2 Strengthening Families**

### Major objectives:

The purpose of incorporating the Strengthening Families approach into day-to-day casework is to assist parents in maximizing their capacity to protect and care for their own children. This is done by building protective factors.

The Strengthening Families Protective Factors Framework, developed by the Center for the Study of Social Policy, is a research-informed strategy to increase family stability, enhance child development, and reduce child abuse and neglect.

It builds five protective factors:

- Parental resilience - Resilience, simply defined, means the ability of parents to recover from difficult life experiences. It is about the ability to “bounce back” from negative experiences.
- Social connections - Relationships with family members, friends, neighbors, co-caseworkers, community members and service providers who care, listen, share parenting values and offer help.
- Knowledge of parenting and child development - A basic understanding of your child's development and how to parent in ways supportive of their development.
- Concrete support in times of need - Access to the resources and formal and informal supports to help you meet your family's needs.
- Social and emotional competence of children - Children's age appropriate ability to regulate their emotions, engage with others, and communicate feelings.

### **Applicable Law**

Utah Code Ann. [§80-2-301](#). Division responsibilities.  
Administrative Rule [R512-100](#). Home Based Services.

### Practice Guidelines

A. Caseworkers will fully understand and infuse the Strengthening Families Protective Factors in their work with children and families.

### **ENGAGING**

1. Protective Factors will be discussed with the family and the caseworker and family will jointly identify goals for building the family's protective factors. These goals will be integrated into the family plan.
2. Each interaction with a family will serve as an opportunity to build the protective factors identified in the family plan. Interactions include but are not limited to:
  - a. Home visits.
  - b. Child and Family Team Meetings.

- c. Service provider contacts.
- d. Other client contacts.
- 3. Caseworkers will intentionally use themselves and their own interaction with families as an opportunity to model and build protective factors. For example:
  - a. **Resilience:** Validating and encouraging positive parenting and self-care.
  - b. **Social Connections:** Being open and encouraging of the participation of family's informal network in activities. Modeling positive social interaction for families.
  - c. **Knowledge of Parenting and Child Development:** Providing just in time parenting and child development information when issues come up. Modeling effective nurturing in their interaction with children.
  - d. **Concrete Supports in Times of Need:** Ensuring that they are not just referring families to services but helping them build the skills and confidence to advocate for themselves and pursue the supports they need.
  - e. **Children's Social Emotional Competence:** Caseworkers will stay a tuned to signs of trauma and its impact on children and ensure that children receive supports to address trauma. Caseworkers will model nurturing and supportive interaction with children.
- 4. Strengthening Families is grounded in a strength-based approach to families. Caseworkers will identify strengths targeted at specific protective factors.

#### **TEAMING**

- 1. Caseworkers will ensure that the protective factors are included in the subject of teaming conversations.
- 2. When deciding who to invite to participate in the teaming process caseworkers will include members of the family's social network and other team members that can be assets in building the family protective factors.

#### **ASSESSING**

- 1. Caseworkers will conduct the UFACET with families. The UFACET will be used to track the absence or presence of protective factors in relation to the family's identified needs.
- 2. Caseworkers will separately share protective factors scores with families and use the information to plan for:
  - a. How the existing protective factors the family has in place can be used as assets to address the issues that brought the family to the child welfare system.
  - b. Protective factors that the family would like to build in order to reduce stress and volatility in their lives.

#### **PLANNING**

- 1. Caseworkers will include specific activities to build protective factors in the overall case plan.

## **INTERVENING**

1. Caseworkers will coordinate with the parents' service providers regarding opportunities and efforts to enhance parent protective factors.
2. Identify strategies to support the building of parental protective factors in ways that will safely reduce the need for Child and Family Services in the future.
  - a. Caseworkers may use the tools in the HomeWorks binder/Google site to engage parents on individual protective factors.
3. Caseworkers will document efforts to build and strengthen family protective factors. Documentation may include, but is not limited to:
  - a. Activity logs.
  - b. UFACET.
  - c. Child and Family Team Meeting minutes.
  - d. Court reports.
  - e. Child and Family Plans.

## **108.3 Wrap-Around Services**

### Practice Guidelines

Wrap-around services are community-based services provided to the child and family that assist in maintaining the children in the family home. Child and Family Services caseworkers will identify and connect the family with available wrap-around services. [See: The specifics for wrap-around services detailed in the General Major Objectives Section 700.]

## **108.4 Flexible Funds (PPDF)**

### Practice Guidelines

Flexible funds may be available to address specific and identifiable needs that promote well-being and stability within the family. [See: Flexible Funds in the General Major Objectives [Section 700](#).]

## **108.5 After-Hours Emergency Response**

### Practice Guidelines

An on-call Child and Family Services caseworker will be available to assist the family with after-hours emergencies. Region directors and supervisors will make appropriate staffing assignments to provide after-hours emergency services.



## **108.6 CPS Investigations For Children Receiving In-Home Services**

[See: CPS Major Objectives [Section 202.2](#), CPS Investigation of a Case Receiving Services from Child and Family Services.]

## **108.7 Removal Of A Child From A Home Receiving In-Home Services**

[See: Out-of-Home Services [Section 301.01](#), Opening a Foster Care Case.]

### Practice Guidelines

- A. If there are new allegations during an In-Home Services case then CPS investigates and completes the removal if necessary.
- B. If the child cannot remain safely at home due to the circumstances which brought the family into services, the removal is completed by the on-going caseworker.

## **108.8 Missing, Runaway, And Abducted Child During An In-Home Case--Human Trafficking**

### Major objectives:

Children who are missing, have run away, or have been abducted are at an increased risk for exploitation and trauma due to having to meet their own needs in ways that may be unsafe. Every effort must be made to find missing children and to prevent children from running away or being abducted. It is imperative to locate children who are missing. Once located, the children should be assessed for human trafficking and provided holistic services that meet their needs, including addressing any trauma that may have occurred during the missing, runaway, or abduction period.

Since 2012, there has been an increase in the awareness and prevalence of runaway and homeless children, particularly children involved in child welfare systems. Increased awareness includes the Commercial Sexual Exploitation of Children (CSEC), known as human trafficking. These guidelines are intended to help caseworkers incorporate best practices for working with runaway children, homeless children, and children who are victims of CSEC.

### Applicable Laws

Federal Law: 42 U.S.C. 671(a)(35)(B)

Federal Law: 22 U.S.C. 7102

Utah Code Ann. §80-2-301. Division responsibilities.

Utah Code Ann. §76-5-307 to 310.1. Definitions and human trafficking for labor, sexual exploitation, and penalties.

Utah Code Ann. §76-10-1302. Prostitution.

Utah Code Ann. §76-10-1315. Safe harbor for children as victims in commercial sex or sexual solicitation.

## Practice Guidelines

### A. Definitions:

1. **Commercial Sexual Exploitation of Children (CSEC):** Occurs when individuals buy, trade, or sell sexual acts with a child. Sex trafficking is the recruitment, harboring, transportation, provision, or obtaining of a person for the purposes of a commercial sex act. Children who are involved in the commercial sex industry are viewed as victims of severe forms of trafficking of persons, which is sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such an act has not attained 18 years of age. A commercial sex act is any sex act on account of which anything of value is given to or received by any person.
2. **Runaway:** A minor, other than an emancipated minor, who is absent from the home or lawfully prescribed residence of the parent or legal guardian of the minor without the permission of the parent or legal guardian.
3. **Homeless:** An individual who lacks housing.
4. **Missing:** Federal law (34 U.S.C. §11292) a “missing child” is “any individual less than 18 years of age whose whereabouts are unknown to such individual’s parents” or legal guardian. This broad definition includes “children who may have (1) been abducted by a non-family member; (2) wrongfully taken or retained by a person related to them; (3) wandered away from a safe environment and become lost; (4) been displaced by disaster; (5) run away from a home, foster home, or state care facility; or (6) otherwise gone missing for any reason at all.”
5. **Abducted:** Utah Code Ann. §78b-16-102: “the wrongful removal or wrongful retention of a child.” For the purpose of this guideline, this term also includes Child Kidnapped in Utah Code §76-5-301.1 and Kidnapping in Utah Code §76-5-301.
6. **Child Kidnapped:** Utah Code Ann. §76-5-301.1: “An actor commits child kidnapping if the actor intentionally or knowingly, without authority of law, and by any means and in any manner, seizes, confines, detains, or transports a child under the age of 14 without the consent of the victim's parent or guardian, or the consent of a person acting in loco parentis.”
7. **Kidnapping:** Utah Code Ann. §76-5-301: “An actor commits kidnapping if the actor intentionally or knowingly, without authority of law, and against the will of the victim:
  - a. detains or restrains the victim for any substantial period of time;
  - b. detains or restrains the victim in circumstances exposing the victim to risk of bodily injury;
  - c. holds the victim in involuntary servitude;



- d. detains or restrains a minor without the consent of the minor's parent or legal guardian or the consent of a person acting in loco parentis, if the minor is 14 years of age or older but younger than 18 years of age; or
- e. moves the victim any substantial distance or across a state line.”

**B. Response When a Child is Missing, has Run Away, or has been Abducted during an In-Home Services Case:**

**1. The caregiver must:**

- a. Immediately contact the law enforcement agency where the child resides if the child is believed to have been abducted, and provide any necessary information to promote the safe return of the child.
- b. Notify the caseworker immediately that the child is missing, has run away, or has been abducted. This includes the last time the child was seen, when the caregiver noticed they were missing, and what the child was wearing.
- c. If it is outside of normal business hours, call Intake and report that the child is missing, has run away, or has been abducted. Intake will relay the information to the on-call worker and notify the assigned caseworker and supervisor via email. The on-call worker will also relay the information to the assigned caseworker or, if the assigned caseworker is not available, to the on-call supervisor.

**2. Upon receiving information from the caregiver, and based on the information obtained, the caseworker will determine if the child is missing, has run away, or has been abducted. The caseworker will verify if a police report has been filed and an Amber Alert has been issued.**

**3. The caseworker will try to contact the child through a phone call or text. If the child responds, the caseworker will gather information regarding the safety and well-being of the child.**

**a. The caseworker will encourage the child to return home.**

(1) This must be done with sensitivity to the child and their situation, as the child may have been running from an unsafe situation and may not trust Child and Family Services or the caseworker.

(2) If the child indicates that they were running from an unsafe situation, the caseworker will reassure the child, take steps to have the child safely return, and work with the Child and Family Team to arrange for an alternate placement.

(3) The caseworker will document all contact between the child and the caseworker in SAFE.

**4. If unable to reach the child, the following steps will be completed without delay:**

a. The caseworker will notify parents or guardians that the child is missing, has run away, or has been abducted, and will engage them to determine if the child has run to a parent or guardian.

b. The caseworker will contact other members of the Child and Family Team to notify them that the child is missing, has run away, or has been

abducted and to determine if they have any knowledge of the whereabouts and safety of the child.

5. The caseworker will staff the case with the Assistant Attorney General (AAG) or on-call AAG to determine if court action is needed as a result of the child being missing, having run away, or having been abducted.

6. The caseworker will also notify the Guardian ad Litem (GAL) that the child is missing, has run away, or has been abducted, if one has been assigned.

7. The caseworker will contact law enforcement to file a Missing Persons Report and will obtain a copy of the police report.

8. The caseworker will notify the region director or designee, who will then notify the Child and Family Services director and public information officer that a child who is missing, has run away, or has been abducted who is receiving In-Home Services. The public information officer will determine if the media should be contacted to assist in locating and returning the child, after confirming that media notification will not interfere with a law enforcement investigation.

9. The caseworker will work with the caregiver to report the child is missing to the National Center for Missing and Exploited Children by going to <https://cmfc.missingkids.org/reportit> within 24 hours of receiving notification that the child is missing, has run away, or has been abducted and follow the directions online to create a user account. The caseworker will gather case information and relevant materials before starting the report process. Basic information the person filing the report will be asked to provide:

a. Child's full name.

b. Child's date of birth.

c. Date child went missing.

d. City and state from where child went missing.

e. Guardian information, including agency name and telephone.

f. Law enforcement information, including agency name and telephone.

g. A photo of the child.

h. A description of the child's physical features, such as:

(1) height.

(2) weight.

(3) gender.

(4) ethnicity/race.

(5) hair color.

(6) eye color.

i. Endangerment information, such as:

(1) pregnancy status.

(2) prescription medications.

(3) suicidal tendencies.

(4) vulnerability to being sex trafficked.

(5) other health and risk factors.

j. Circumstances surrounding the incident.

- k. Description of any person who may be with the child.
10. The caseworker will continue making attempts to contact the child through a variety of communication means, such as phone calls, texting, email, and social media, as well as through any other family or relational contacts at least weekly until the child has been located or eight weeks from the time the child was reported as missing, runaway, or abducted, whichever is sooner, to assess if the child is safe and their needs are being met. All efforts to locate the child will be documented in SAFE.
- a. If the child responds to the outreach made by the caseworker, the caseworker will gather critical information regarding the safety and well-being of the child.
- b. The caseworker will encourage the child to return home. This must be done with sensitivity to the child and their situation, as the child may have been running from an unsafe situation and does not trust Child and Family Services or the caseworker.
- c. The caseworker will document all correspondence between the child and the caseworker in SAFE.
11. The caseworker will continue to seek leads regarding the child's whereabouts through a variety of communication means with a parent, guardian, or other family or relational contacts. Any information gained will be provided to law enforcement to aid in finding the child.
- a. If the caseworker suspects the child has been abducted or is being harbored by anyone, and they refuse to return the child home, the caseworker will notify the individual that harboring a runaway is in violation of Utah Code Ann. §80-5-601, and will inform law enforcement.
- b. If it is during the school year, the caseworker will contact the school and request that they notify Child and Family Services if the child contacts or arrives at school.
12. If a request for a ransom is received, the caseworker will notify the local FBI immediately with as much detail as possible from the requested source, such as letter, phone call, text, email, or social media message. (The FBI office: [fbi.gov/saltlakecity/](http://fbi.gov/saltlakecity/), FBI SLC 257 Towers Building, Suite 1200, 257 East 200 South, Salt Lake City, Utah 84111-2048, 801-579-1400; or the FBI web page for Crimes Against Children at <http://www.fbi.gov/hq/cid/cac/crimesmain.htm>.)
13. If the child is missing, has run away, or has been abducted for more than eight weeks, the caseworker will contact the law enforcement agency who took the initial report to give further information, including dental records, scars, marks and tattoos, jewelry type, blood type, and other identifiable features in the event that a deceased is discovered locally or nationwide.
14. If the child engages in chronic runaway behavior (i.e., has run away more than three times a year or more than once in a 30-day period), the caseworker will assess with the Child and Family Team the reasons the child is running and implement strategies to address the behavior. This could include:

- a. Determining if the child is running to something/someone such as family, peers, and/or intimate relationships. If the child is running to someone, the caseworker will consider making these relationships part of the Child and Family Team.
- b. Assessing if there are issues at school that have an impact on the placement or contribute to the runaway behavior, such as bullying or other negative peer relationships or struggles with academic progress.
- c. Addressing with the child's treatment provider issues relating to the runaway behavior.

**C. Return Home:**

- 1. Once the child is located, the caseworker will determine the primary factors that caused or contributed to the child's absence from home, taking into consideration the factors and experiences that led to the child running from home.
- 2. The caseworker will remove or assist the caregiver in removing the child from the National Center for Missing & Exploited Children website (<https://cmfc.missingkids.org/reportit/>).
- 3. The caseworker will assess if the child is a victim of trafficking. The caseworker will conduct an interview with the child in a neutral location, after the child is safe and their physical needs have been met. It is best if the interview can be conducted at a CJC. If not, the caseworker will use the forensic interviewing model when interviewing the child. The caseworker will assess for the items listed below during the interview:
  - "While your whereabouts were unknown:
  - a. did someone control, supervise, or monitor your work/actions?"
  - b. could you leave your job or work situation if you want to?"
  - c. was your communication ever restricted or monitored?"
  - d. were you able to access medical care?"
  - e. were you ever allowed to leave the place you were living/working?"
  - f. under what conditions?"
  - g. was your movement outside of your residence/workplace ever monitored or controlled?"
  - h. what did you think would have happened if you left the situation?"
  - i. was there ever a time when you wanted to leave, but felt that you could not?"
  - j. what do you think would have happened if you left without telling anyone?"
  - k. did you feel it was your only option to stay in the situation?"
  - l. did anyone ever force you to do something physically or sexually that you didn't feel comfortable doing?"
  - m. were you ever physically abused (shoved, slapped, hit, kicked, scratched, punched, burned, etc.) by anyone?"

n. were you ever sexually abused (sexual assault/unwanted touching, rape, sexual exploitation, etc.) by anyone?"

o. did anyone ever introduce you to or provide you with drugs, alcohol, or medications?"

Resources: "Screening Tool for Victims of Human Trafficking," U.S. Department of Health and Human Services,  
[http://www.justice.gov/usao/ian/htrt/health\\_screen\\_questions.pdf](http://www.justice.gov/usao/ian/htrt/health_screen_questions.pdf).

4. If during the interview, the child discloses that CESC or other human trafficking has occurred and the interview is not being recorded at a CJC, discontinue the interview, explaining to the child the importance of the information they are sharing and the need to change the venue for the interview. Schedule an interview at the CJC.

5. If the child reports that they may be a victim of CSEC or other trafficking, the caseworker will access the appropriate resources to address the CSEC. This is including but is not limited to:

a. Reporting to law enforcement within 24 hours that the child may be a victim of CSEC and assist in the investigation.

b. Accessing the appropriate mental health care, preferably a therapist that specializes in treating victims of CSEC.

c. Informing the caregiver that the child may be a trafficking victim and providing resources that may aid the caregiver in caring for the child and addressing trafficking concerns.

(1) Provide the caregiver and the child with information for the National Runaway Safeline to call or live chat at 1-800-runaway or [www.1800runaway.org](http://www.1800runaway.org).

(2) Identify a safe place for the child to go if they run ([www.nationalsafeplace.org](http://www.nationalsafeplace.org)).

(3) Refer to <https://www.missingkids.org/> for information regarding missing and exploited children.

(4) Refer to 211 resources.

6. Organize a Child and Family Team Meeting, if needed, to determine the need for additional services.

## 109 In-Home Services Records

### Major objectives:

The In-Home Services caseworker will adequately document cases.

### Practice Guidelines

- A. Activity Logs:
  - 1. Home visit documentation.
    - a. Contact with child and family:
      - (1) Document each child by name: include where the visit takes place, details of the private conversation with each child regarding safety and progress towards goals.
      - (2) Document contact with each parent: including where the contact takes place, discussion of progress towards goals such as Protective Factors achievements.
    - 2. Child and Family Team/collateral contact documentation including but not limited to person, location, and content of the conversation.
- B. Collateral reports (e.g., educational assessments, mental health assessments, medical reports, police reports).
- C. UFACETs and SDM assessments. And conclusions drawn from formal and informal assessments.
- D. Child and Family Team Meeting attendance and minutes.
- E. Child and Family Plan, including progress updates and summary at least quarterly and at transition.
- F. Court report (if court ordered).
  - 1. Court reports will include: demonstrable progress since the last court hearing, any changes in safety or risk since last hearing and what if anything Child and Family Services is doing in response to the change in safety and risk.