

 <p>Department of Children & Family Services <i>Building a Stronger Louisiana</i></p>	Division/Section	Child Welfare
	Chapter No./Name	5 – Family Services (FS)
	Part No./Name	2 – The Family Services Program
	Section No./Name	The Family Services Program
	Document No./Name	5-205 Time Frames, Frequency and Nature of Contact
	Effective Date	May 2, 2023

I. STATEMENT OF POLICY

The FS worker shall visit the family within 48 hours of case acceptance in order to assess safety, begin the process of engagement, assess family functioning as well as discuss the frequency of visits during service provision. The worker shall also discuss, during the initial visit, the [Child Welfare Client Expectations and Responsibilities Form - FS](#) (CW Client E&R – FS) and complete the form with the client(s) according to form instructions found in Chapter 25.

II. PROCEDURES

A. CASE ACCEPTANCE

The FS case open date is the same date as the date of case acceptance; or, the date of the verbal or written notification of the court order. The date of case acceptance is documented by the supervisor in the case record documentation at the time the case is assigned to a Family Service (FS) Worker. The Family Services referral staffing shall occur within 5 days of determination that a transfer is needed. This determination is made when a safety plan is implemented, when the SDM determination indicates a referral is warranted, or a supervisory decision is made that a referral is appropriate. Refer to Section [5-300](#) for details on the Case Acceptance Staffing process.

B. TIME FRAMES FOR INITIAL CONTACT WITH THE CLIENT AND THE CHILDREN

1. Initial Contact Time Frame

The FS worker is expected to make the first face to face contact with the primary caretaker and all children in the home within 48 hours of case acceptance.

Emergency referrals for Homebuilders Intensive Services; referrals in which a safety plan was developed during the investigation; or, other family specific considerations may need a more urgent initiation of contact than within 48 hours. In these cases, the initiation of services should be planned in order to respond to the family's needs.

If the worker is unable to make a face to face contact within 48 hours or other planned initiation time frame, the worker's supervisor shall be notified immediately and the reason is documented in the record in the case record documentation.

2. Joint Visit for Initial Contact

It is expected the first face-to-face contact be made together with the CPS Worker, whenever possible. The purpose of the joint visit is to transition from the investigation phase to ongoing services and to clarify reasons for continued agency involvement.

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3. Initial Visit with Family

a. Primary Caretaker

During the initial contact with the primary caretaker, the FS worker begins the process of engaging the family in the assessment. This can be initiated by discussing the FS program and its benefits for the family along with actively listening to the family’s concerns and interest in participation with services.

The worker will discuss with the caretaker the process of jointly completing an Assessment of Family Functioning and developing a case plan, as well as any aspects of the case plan that may have been court ordered.

The FS worker will also discuss whether the contacts, as per the [Structured Decision Making](#) (SDM) System for Child Welfare Services Policy and Procedures Manual standards and the SDM Contact Requirements Matrix listed below, will be announced or unannounced home visits. In addition, the worker is expected to discuss with the family if all visits with the children will occur in the home or if some may occur at school. The necessity of private visits with each child, as appropriate to assure the safety and well being of the children shall also be discussed with the family.

The worker shall also discuss and complete the [Child Welfare Client Expectations and Responsibilities Form - FS](#) (CW Client E&R – FS) with the client(s).

b. Children

The worker is expected to discuss with the children, based on their age and cognitive ability, the helping purpose of the agency's involvement with the family.

C. FREQUENCY OF ONGOING CONTACTS

Frequency of contacts with parents/ caretaker, secondary caregivers and children are guided by the SDM policy which is based on the scored risk level of the SDM risk assessment. Refer to the [Structured Decision Making System for Child Welfare Services Policy and Procedures Manual](#). The requirements are summarized in the following SDM Contact Requirements

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SDM Monthly Contact Requirements Matrix

	SDM® Minimum Contact Requirements for <u>Parents/Caretakers</u> with children living in the home	SDM® Minimum Contact Requirements For Caretakers of Children living out of the home of their parents (5-205 C. 2. c.)	Minimum Additional Contact Requirements for all Families
Risk Level	Parents/Caretakers	Out of Home Caretakers	Collaterals
Low	1	1	1
Moderate	2	1	1
High	3	1	1
Very High	4	1	1

1. **Contacts with Parents/Caretakers**

It is expected that the family is seen together in a home visit for at least one of the contacts each month. The visits should be planned for a time that will permit participation of all family members, whenever possible. If a family member (parent, caretaker or child) is unavailable at the time of the planned family visit, the worker must have a face-to-face contact during the month with the person who was unavailable. When each family member is either present during the visit or seen later, it meets the requirement for a contact with the parent, children and caretaker, as applicable.

When case circumstances warrant separate contact with the parents, the children should be seen in separate family visits with each parent, when each parent is involved in the case plan.

a. **Two Parent Families and Families with Secondary Caretaker**

In two parent families when both parents were involved in the abuse/neglect that resulted in the FS referral, both parents shall be seen by the FS worker per the SDM Contact Matrix. One of the parents may be seen away from the home, if it is impossible to arrange an appointment in the home or case circumstances warrant separate contacts with the parents.

When a parent/caretaker is living with a secondary caretaker who is not the child's parent, the secondary caretaker shall be seen with the same frequency as the primary caregiver when they were both involved in the abuse/neglect. A **Secondary Caretaker** is defined as an adult living in the household 50% of the

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time who has at least some routine interaction with the child. The secondary caregiver **may or may not have a legal relationship to the child** (e.g., a boyfriend, girlfriend, roommate, or other relative could all be considered a secondary caregiver).

If the parent or secondary caretaker was not involved in the abuse/neglect and they do not currently pose a safety threat to the children, they may be seen once a month or more frequently, as appropriate to the case plan.

b. Parents Living in Separate Households

When parents live in separate households; both are involved in the care and custody of the child; and, both were involved in the abuse/neglect that resulted in the FS referral, the worker is expected to complete the SDM initial risk assessment on each household if one was not completed prior to the FS referral. The worker is also expected to engage each parent in the assessment of family functioning and case plan; and, maintain contact with each parent based on the risk level of their household and the above matrix. This includes cases involving joint custody or when the child does not have a primary residence with one parent.

When one parent who does not normally reside with the child and was not involved in the abuse/neglect has periodic visits with the children, the parent should be contacted in person every other month, unless more frequent contacts are needed. The frequency of needed contacts is specified in the case plan on the cover sheet in the space provided. A parent in this scenario would not have an initial SDM risk assessment since they were not involved in the abuse or neglect.

When one parent, who resides with the child, has no allegation of abuse/neglect and therefore, no initial SDM risk assessment, the parent is visited monthly in conjunction with the child's monthly visits. The other parent, outside of the home, with the allegation, is visited in their home based on their SDM risk level.

c. Out of Home Caretaker

In some cases, children begin living with other relatives or caretaker during the time the case is active in FS. When the plan is for the child to return to the parent/ caretaker, the worker is required to continue to contact the parent/ caretaker in accordance with the SDM Monthly Contact Requirements Matrix. If there is no plan for any child to return to the home, the case shall be staffed to assess for closure. When this occurs and a child would be unsafe if returned to the parent/guardian, court ordered custody to the child's caretaker is needed to ensure child safety. * A referral to the Kinship Navigator program through the

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local Family Resource Center, along with providing the relative caregiver information regarding the Kinship Care Subsidy Program (KCSP) through DCFS Family Support, should be completed, when applicable. **

2. Contacts with Children

The worker must visit privately with the child once a month when the child is verbal or otherwise capable of communicating and is developmentally able to separate from the parent for the private time without distress. When the child is pre-verbal, unable to communicate or separate from the parent, the child is observed.

The alone time may be done in conjunction with the family home visit or could occur away from the home as appropriate to the child's age and case plan. The purposes of the private time are to assess the child's safety, well-being and work with the child to achieve the case plan goals.

The frequency of contact with the children the expected location of visits (in home or other setting) and whether they will be with the family or private shall be specified in the case plan, on the case plan cover sheet in the space provided. Visitation frequency is guided by the needs of the child. **All children from infancy to age 5 who are not in daycare, an educational or other community setting shall be seen at each home visit. If the children, infancy to age 5, are in daycare or other community setting, they shall be seen in the home at least two times per month. Older children, age 6 and above, who are in an educational or other community setting shall be seen at least two times per month, when the SDM risk level is high or very high.**

It may be necessary for the FS worker to visit a child's school in order to see the child and/or inquire about the child's attendance and adjustment. Visits to the school to see a child should be made only if necessary and if the plan to see the child away from home is included as part of the case plan.

Children in placements out of their parent's home must be seen where they reside and must be seen separate from the caretaker's presence for part of the visit. This is a critical part of the process of ongoing assessment of the children's safety and well-being. Children in out of home placements and their caretakers shall be seen at least once per month.

3. Delegation of Contacts

Contact by Homebuilders MST, or Family Resource Center providers (Visit Coaching, Family Skills Training or Nurturing Parenting Program) may be counted as one of the monthly contacts for HIGH and two of the monthly contacts for VERY HIGH SDM ratings when the caretaker and children are seen together. This delegation of contacts

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can be described in the case plan (on the case plan cover sheet in the space provided). Also the provider must provide the agency with verification of the contact within five calendar days of the visit. The verification must include the following:

- Date of the visit and who was seen;
- Duration of the visit;
- Any safety concerns noted; and,
- Any progress noted in the parent’s ability to provide a safe, stable environment for the child, particularly as it relates to the case plan goals.

4. Contacts with Safety Monitors

The worker shall have at least weekly contact (phone or in-person) with the identified safety monitor when there is a safety plan in place. Contacts with the safety monitor shall include determination of the safety monitor’s continued ability and/or willingness to complete the tasks identified within the safety plan. Any concern or threats of danger identified through the contacts with the safety monitor shall be staffed with the supervisor.

5. Contacts with Collaterals

Collaterals are persons, professional or non-professional, who have some knowledge of family functioning or individual family member functioning. Collaterals should be selected with the purpose of validating behavioral changes related to case plan progress. Collaterals also support case decision-making and are valuable in assessing safety and risk. Examples include teachers, day care providers, early intervention specialists, doctors, nurses, substance abuse treatment providers, neighbors, babysitters, and clergy.

At least one collateral must be contacted each month for a family. Collateral contacts may be by phone or in person and shall be recorded in the case documentation of the case record.

6. Planning for Contact Frequency

The frequency of worker/family contacts per SDM minimum standards is discussed and reviewed at case staffings (Case Acceptance, Child Welfare Manager Review, or Supervisor).

The minimum number of face-to-face contacts planned with a family during a given time period, normally per month or per week, shall be stated in the written case plan in the space provided on the case plan cover sheet. It is not necessary to also include the expected number of monthly worker-family contacts in the body of the case plan itself.

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7. Exceptions to Contact Requirements

Exceptions to contact requirements may be made on a case by case basis, with the Program Operations Manager’s approval. Reasons for the exception and appropriate approval must be documented in the case record. The reasons for exceptions may include limited care and custody of children, a parent who was not involved in the abuse/neglect demonstrating an ability to support the child’s safety and *** well-being ****, or a non-parent who refuses to participate in service planning.

Families where one parent's employment requires significant travel or time away from home (i.e., as off shore oil industry and long distance truck drivers) also may have less frequent contact by the worker. Such an exception should be addressed in the case plan and requires supervisory approval.

8. Documentation of Contacts

All contacts with each child and parent/caretaker shall be documented in FATS case documentation notes. The contact log in FATS shall be printed and placed in the case record. Each child is named individually in the documentation.

D. TIME FRAME FOR SERVICE PROVISION

Families are expected to receive services through the FS program for up to six months unless court involvement or service needs of the family, dictate otherwise. A Child Welfare Manager’s review and approval is needed to continue services beyond six months when the SDM risk level or supervisor/worker consultation indicate the need for ongoing services. When services are approved to continue beyond six months, the Child Welfare Manager shall review and approve continuation of services at least every three months. Approvals are documented on Family Services Staffing Form the (CW [Form 62](#)), case documentation and the TIPS case events screen.

III. FORMS AND INSTRUCTIONS

[Child Welfare Client Expectations and Responsibilities - FS Form](#) (CW Client E&R – FS)

IV. REFERENCES

There are no references associated with this policy.