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THE CHILD PROTECTION SYSTEM

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Child Protective Services

Child Protective Services (CPS) is a part of Division of Children, Youth and Families (DCYF) within the Arizona State Department of Economic Security (DES) and works on behalf of children and families of Arizona. The role of CPS is to ensure the safety of children while maintaining the integrity of the family.

CPS receives, screens, and investigates allegations of child abuse and neglect, performs assessments of child safety, assesses the imminent risk of harm to the children, and evaluates conditions that support or refute the alleged abuse or neglect and need for emergency intervention.

When allegations of child abuse or neglect, exploitation or abandonment indicate the need, Arizona law requires that CPS conduct an investigation. One of the most important functions of CPS is to help families receive the services necessary to enable them to remain together and to build better family relationships.

Child Protective Services helps families by strengthening the ability of parents, guardians or custodians to provide good child care. Its primary objective is to keep children safely within their own families. CPS works cooperatively with parents to make that happen.



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Reasonable Efforts

When the court finds that a child is dependent, the child is made “a ward of the court” and is committed to the care, custody, and control of the Department of Economic Security (DES). The court must further find that DES made reasonable efforts, under the requirements of the Adoption Assistance and Child Welfare Act of 1980 (Public Law. 96-272)

- To prevent removal of the child from the home.
- OR
- That the child was in imminent danger and in-home preventative services would not substantially reduce the risk to the child.

Before the passage of this law, social services agencies were removing children and allowing them to languish in out-of-home placement for years with little follow-up by the courts on what services were being provided to the family, and what efforts towards permanence were being made for the child.

Public Law 96-272 mandates that social service agencies make every effort to avoid the trauma of removing a child from home. Some children can safely remain in the home while the agency provides services to the family in an effort to correct the problems which brought the family to the attention of CPS in the first place. Once it is determined, however, that a child *must* be removed from the home, DES is mandated to have a case plan for each child and provide every available and appropriate service so the child can safely return home in the shortest amount of time. The law requires a case plan be developed and implemented that:

- Provides reunification services for families whose children are removed from the home.
- Provides timely, alternative permanent planning for children in which reunification with their families is unlikely after diligent efforts are made by the agency to rehabilitate and reunify the families.

The Reasonable Efforts requirement applies to all phases of the case management process, from intake to case closure. Identification and assessment of family problems and offering appropriate services to remedy those problems are necessary components of CPS providing reasonable efforts for the family. Fundamentally, if the core problem is not correctly assessed, efforts at mediating the circumstances of the removal will probably be ineffective. Without appropriate services to correct the root cause or causes for the removal, reasonable efforts will not have been made. The result is an untimely resolution for children and families. Every family is unique and its problems demand that appropriate services be provided to address specific needs. The assigned case manager



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assesses need, determines the case goal, and offers services necessary for each family. Parents should be fully involved in the case planning process. If not, they may not be fully invested to cooperate with the system that removed their children. Sometimes, parental non-compliance is the reason for delays in case plan progress, however this does not excuse the lack of a timely permanency solution for the children, and CPS's responsibility to accomplish this.

The courts are mandated at every court hearing to determine whether the agency has made reasonable efforts. Every order of the court must contain a judicial determination whether or not reasonable efforts were made. Ineffective, unavailable, untimely, or inappropriate services can lead to a court finding of lack of Reasonable Efforts. ***Public Law 96-272 does not define reasonable efforts. Judicial officers make reasonable efforts findings based upon the facts of each case.***

Hopefully, there is no gap between what should happen and what actually occurs in service delivery to the child and family. However, if gaps do occur, the CASA volunteer should view these gaps as *opportunities* to advocate for the child's best interests. The CASA's job is to know where the system falls short and what actions need to be encouraged on behalf of the child. CASA volunteers must offer an opinion at each court hearing, via their court report, on whether CPS has made Reasonable Efforts in their case.



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Investigation

The investigation is the first stage in the CPS process. It is the point at which reports are received concerning children who are suspected of being abused or neglected. This stage requires that CPS gathers sufficient information to determine the validity of the report, provide support to the reporter to ensure that concerns and fears of the reporter are addressed, and check records to determine if the reported family/children are already known to DES or other agencies in the community.

Throughout Arizona, thousands of calls per month are placed to CPS regarding children who might be at risk for abuse or neglect. These calls cover a wide variety of situations—hunger and housing issues, educational needs, custody battles, physical abuse, neglect, or sexual molestation. Any individual or agency representative may call CPS to report that a child is not receiving adequate care or protection or that a family might benefit from services. This report can be made by a doctor or nurse, teacher, counselor, social worker or any other concerned person who is aware of the situation. Arizona law requires certain people, such as doctors and psychologists, to make a report to CPS or the police when they suspect that a child is being abused or neglected.

All abuse and neglect calls across the state are taken through a centralized hotline: **888-SOS-CHILD**. A trained hotline operator prioritizes calls and distributes “reports” to local offices. Reports may be quite incomplete (e.g., the child’s name and whereabouts are not known) and contain information which cannot be substantiated. These reports must be handled as allegations, not facts.

A classification system prioritizes response time to the severity of an allegation of abuse or neglect. Each classification is generalized as CPS will further define each priority with mitigating or aggravating factors that will impact response time. Currently the department has four major priority classifications in the investigation process:

- **High Risk**—Includes the death of a child, severe physical abuse, life threatening medical neglect, a child who has been left alone who is in immediate danger. Approximately 7% of the prioritized calls are considered high risk. (Response time: within two hours)
- **Moderate Risk**—includes serious, chronic physical abuse, substance exposed newborns, serious physical or medical neglect, or severe and serious sexual abuse. Approximately 15% of the prioritized calls are considered moderate risk. (Response time: within 48 hours)
- **Low Risk**—includes substandard child care situations that are damaging but not dangerous or life-threatening. (Response time: within 72 hours)



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- **Potential Risk**—includes substandard care that can *become* damaging like exploitation (using a child for another person’s profit or advantage), delinquent child, or an incorrigible child. (Response time: within one work week)

PROCEDURE FOR CONDUCTING A CPS INVESTIGATION

1. Determine the nature and extent of current and future risk to the child for maltreatment.
2. Gather information concerning alleged maltreatment of the child to determine whether presenting allegations or other information obtained during the investigation is valid.
3. Involve the parent, caretaker, child, and others as appropriate in the information gathering and decision-making process.
4. Protect the child from suffering further or future abuse through provision of in-home services, or out-of-home placement if it is determined that the child cannot be protected in the home.
5. In the process of the investigation, balance the legal rights of the parent, caretaker/custodian, and the need and right of the child to live in a physically and emotionally healthful environment.

Court action is not always necessary to protect the child. Sometimes the child remains in the home, a voluntary relative placement is made, or the child is placed in voluntary foster care while the family receives appropriate services. Therefore, the cases that are assigned to CASA volunteers are only a part of the total CPS picture.



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Assessment

Assessment is an ongoing process that begins at the investigation and continues until the case is dismissed. The process involves information gathering, documentation, reviewing, and evaluating the case. The purpose of assessment is to:

- Assess family functioning.
- Determine the risk to the child.
- Develop a case plan appropriate to the needs of the child and family.
- Identify methods by which the case plan will be implemented.
- Evaluate the extent to which the case goal and objectives have been achieved.

To assess whether or not the child is at risk, a case manager uses a risk assessment tool. The risk assessment tool aids and supports case management decisions to either allow children to remain in their own homes, remove them from the home, or return them to their homes.

Risk assessment also aids in defining what needs to change and/or what supports and services are needed by families so children can safely remain with or be returned to their families. The risk assessment tool serves as a guide in case planning. It is not 100% accurate in predicting risk, however, and is not a substitute for a case manager's judgment or a CASA volunteer's personal evaluation of a particular case.

THE STRENGTHS AND RISKS ASSESSMENT TOOL

The Strengths and Risks Assessment (SRA) tool assists CPS to apply the information gathered during the family-centered interviews to:

- Make a determination of overall risk to children in the family.
- Make appropriate decisions about the level and type of intervention required.
- Document that these decisions are based on a research-based process, using factual and observable indicators of risk and strengths/protective factors.

The SRA tool includes five sections and 17 risk factors that are associated with child maltreatment (abuse and neglect). The five sections are:

- **Baseline Level of Risk**—considers the prior history of child abuse and neglect and the current incident of abuse and/or neglect
- **Child Vulnerability**—considers the child's special needs and ability to self protect.



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- **Caregiver Characteristics**—considers the past and present parenting functioning of the child’s caregiver.
- **Familial, Social and Economic Factors**—considers factors such as family stress, social support, economic resources and domestic violence
- **Overall Level of Risk**—considers the Baseline Level of Risk and the ratings of the remaining 15 factors to reach a determination of the Overall Level of Risk to the most vulnerable child in the family.

Assessing risk is not only done at the investigation stage of the case. It is important to continue evaluating the child’s safety and risk level throughout the life of the case. To ensure that the case manager has the whole picture, he/she may obtain information from multiple sources, including parents, children, other family members, teachers and other school personnel, physicians, psychologists, and counseling agencies. Documentation can be found in various source documents, including prior CPS reports, social service records, police/probation records, psychological evaluations, school records and achievement tests, medical records/histories, and other appropriate sources of information. Most, if not all, of this information is kept in the case file, to which a CASA volunteer has direct access.

As information on the family is gathered, a social history is prepared. A social history describes the family life in detail and includes background information on all family members. The social history can be very helpful in understanding the family as a whole. It is part of the permanent record and is required by law to be considered when the permanent plan is changed to severance and adoption.



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Permanency Planning

Permanency planning is the process of ensuring that a dependent child is maintained or placed in settings which provide commitment, continuity, and safety. Recognizing that frequent moves within the foster care system have detrimental effects upon a child, every effort needs to be made by CPS to provide each child with a safe and permanent home. It is the responsibility of CPS to provide services to the family which will enable a dependent child to safely remain in his own home or to reunify the family when out-of-home placement has become necessary. When all reasonable efforts have been made to reunify families and it is not possible to do so within the time frames provided by law, CPS is required to explore other permanent plans for a dependent child, including placement with relatives, adoption, and legal guardianship.

THE GOALS OF PERMANENCY PLANNING ARE TO:

- Establish an initial case plan for each child within five days of case opening.
- Establish a permanent case plan within 30 days following a finding of dependency or within 60 days of case opening for “services only” cases.
- Provide services to the family that will enable the child to safely remain in the family home or return home as expeditiously as possible.
- Explore permanent placements that include adoption or legal guardianship with relatives, adoption or legal guardianship with nonrelatives, or long-term foster care when the child cannot be reunited with the parents.
- Provide counseling to parents who are unwilling or unable to exercise effective care and control of their child regarding relinquishment of parental rights if there is reasonable likelihood that the child will be adopted.
- Evaluate the possibility of severance action for purposes of adoption *three months prior* to the following time frames:
 - Abandonment of the child by the parents for a period of six months
 - Unwillingness of the parents to remedy their situation within a period of nine months
 - Inability of the parents to remedy their situation within a period of 12 months
- Initiate a severance action when grounds have been established by the agency and approved by the attorney general’s office.
- Place children who are legally free in an adoptive home as expeditiously as possible.
- Establish a plan of legal guardianship when such a plan is in the child’s best interests and return to parent or adoption is not possible.



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The case manager considers the following factors when placing a child. The order does not indicate priority of factors. Depending on the individual circumstances in each case, especially the needs of the child, certain factors may be given more weight than others in selecting the most suitable out-of-home placement. These factors are:

- Case plan.
- Age and gender of the child.
- Availability of relatives and other significant others.
- Racial and ethnic heritage of the child.
- Sibling relationships.
- Primary language of the child and/or parents.
- Physical handicaps of the child.
- Health care needs of the child.
- Emotional needs and behavioral functioning of the child.
- Social needs of the child.
- Physical proximity to the child's birth parents.
- Religious preferences of the child and/or birth family.
- Placement preferences of the birth parents and/or child.
- Other significant factors related to the needs of the child.

An additional requirement in case planning is consideration of the overall living environment in which the child grows and develops. Though a specific case plan goal may appear ideal and permanent, it may be found to be too restrictive in that certain rights and privileges are taken away. The objective is to develop a permanent plan which places the child in the *least restrictive environment*. The range of placement options includes:

- Their own home (with parents).
- Relative placement. This is the least restrictive of out-of-home placements, with the possibility that the family may benefit from intervention services offered.
- Family foster homes which are licensed to care for up to five children each.
- Group homes which are licensed to care for up to ten children each.
- Residential or institutional setting that is not locked
- Institutional setting that is locked (correctional, hospital). Both residential and institutional settings require a court order for the child to be placed in this type of facility.



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CASE PLAN PERMANENCY GOALS

1. Remain With Parent

Whenever case plan objectives can be accomplished within a child's own family, and whenever it is possible to leave a child in the family home while providing intervention services for the family, the case plan goal of *remain with parent* shall be selected. Furthermore, the case plan shall reflect services which support the child remaining in the home and will elicit the kind of changes which are needed within the family. Very few cases of this type will involve a CASA volunteer. Most family preservation program services are directed towards families with this permanency plan in place.

2. Family Reunification

Recognizing that in most instances the family is the best place for a child to grow, parents should be assisted in developing their strengths in order to provide safety and nurturance for their child. If out-of-home placement is necessary to preserve a child's safety, then the goal of returning the child to the parental home is pursued. The role of CPS is to facilitate family reunification by recommending and providing services, and by listening, encouraging, and helping parents to make choices and understand the results of those choices.

In most cases the goal of *family reunification* shall be considered the appropriate permanency plan. This goal shall be selected when it is possible for the following to be accomplished:

- The parents will be able to adequately provide for the child's health and safety, with minimal supervision
- The parents want the child to be returned home

3. Adoption

Adoption offers the likelihood of a stable, permanent placement for a child who cannot be reunited with the parents. Whenever diligent efforts have been made and reunification with the biological parents has been ruled out, the case plan goal of *adoption* needs to be explored. When seeking to place a child for adoption, the following priority status has been established.

1. Relatives
2. Significant person in the child's current life, which may include foster parents, a teacher, friend of the family, etc.
3. Unknown persons seeking to adopt

60% to 70% of families accepting children for adoption are foster parents. Adoption is a complex process which involves the voluntary relinquishment or court-ordered severance of parental rights before it can be accomplished. This section is not



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intended to provide detailed information about the plan of adoption, but only to explain where it fits into the continuum of permanency planning.

- **Voluntary Relinquishment**

CPS works with biological parents who may want to voluntarily give up their legal rights to their children. Parents may have specific requests, especially as it pertains to siblings and social or ethnic considerations, before they will willingly relinquish their parental rights and the agency may attempt to honor those requests.

Once a relinquishment is signed, parental rights are terminated. Non-binding stipulations providing the release of identifying information, if any, between parent and adoptive parents, or guardians, will also be discussed at this time.

- **Termination Of Parental Rights**

The action of terminating parental rights is a serious step. Cultural and institutional hesitancy is deeply ingrained against terminating a parent's rights to deliver support, love, and care to a child. The action is taken when the parent is unable or unwilling to provide minimal parental support for the child. Attempts are made to obtain voluntary relinquishments from parents whose whereabouts are known and who are mentally competent, prior to initiating court proceedings for termination. Termination of parental rights, or more commonly referred to as "severance" is an action taken by the court. Before a severance takes place, CPS holds a centralized staffing internally to determine if all conditions for severance are met by the agency.

4. Legal Guardianship

Legal guardianship is a permanent plan which gives the guardian the legal right to act on behalf of the child, but does not require the same degree of legal responsibility and commitment on the part of the guardian as that of adoption.

Guardianship is to be considered as an alternative after return to parent and adoption have been ruled out or judged to be inappropriate for the child. The most suitable use of this permanent case plan goal is in relative placements where payment and subsidized medical assistance may not be required and supervision by CPS and the court is not necessary. The guardian may be eligible, however, for a guardianship subsidy payment to help with the cost of caring for a child.

The appointment of a guardian does not terminate the parents' rights or affect the child's inheritance rights or affect the parent's obligation to contribute to the support of the child.



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Any party, including the child, parent of the child or any party to the dependency petition may request that guardianship be rescinded if there is a significant change of circumstances including:

- The child's parent is able and willing to properly care for the child; or
- The child's guardian is not able to properly care for the child.

5. Independent Living

Independent Living, with a specific sub-program, the Young Adult Program, is a permanency plan that addresses young adults, age 16 or older. This plan offers an array of services to older youth in care to support a successful transition from adolescence to adulthood. Although the Young Adult Program focuses on specific services to youth identified as likely to age out of foster care, CPS is required to provide independent living skills training to all youth, age 16 and older, in out of home care.

6. Long Term Foster Care: Another Planned Permanent Living Arrangement (APPLA)

Another planned permanent living arrangement (APPLA) is only established when the permanency options of adoption and guardianship are not in the best interests of a child, the child is expected to remain in out-of-home care at least until the age of majority, and the foster home provider has made a commitment to continue as a permanent supportive adult in that child's life.

It is the belief of CPS that no child should leave the child welfare system without a legal relationship to an adult who cares about them and is unconditionally committed to them. CPS Specialists will continue to search out permanent options for children in care. However, the reality is that there are times when children are not placed for adoption, or do not have legal guardians. While this should be rare as it is very difficult for children to leave the child welfare system without consistent and reliable adult supports, and the Adoption and Safe Family Act does not allow for Long Term Foster Care as a viable permanency option, it does happen.



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Case Plans

Every child and family receiving ongoing services from CPS has an individualized family centered case plan, consistent with the requirements of federal and state law. The development and implementation of the case plan is one of the most important parts of the case management process. A case plan draws from the Child Safety Assessment (CSA) and the Family Strengths and Risks Assessment (SRA) and is developed in cooperation with the family and service team.

The family centered case plan includes the following components:

- **Permanency Goals**
 - Expected date of achievement
 - A concurrent permanency plan for children who have been assessed as unlikely to reunify with their parent within 12 months of the child's initial removal
- **Family intervention plan**
 - The services and supports that will be offered to the family in order to achieve the case plan permanency goal; the services and supports are tailored to meet the specific needs of the family
- **Out-of-home care plan**
 - Specifies for every child the most recent information available regarding:
 - the child's special needs.
 - the child's educational status including child's grade level, academic performance, special education services if applicable, attendance and any other relevant education information.
 - how the placement type meets those needs.
 - services provided to the child.
 - services provided to the caregiver to help them meet the child's needs.
 - actions CPS will take to ensure safety in the out-of-home setting.
 - Tasks and services to achieve a concurrent permanency goal or a permanency goal other than family reunification.
 - The reason the placement is in the best interest of the child for any child placed substantially distant from the parent's home or out-of-state.
- **Health care plan**
 - Specifies for each child, the most recent information available regarding the child's health status including:
 - Healthcare providers.
 - Immunizations.
 - Known medical problems.



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- Known medication.
 - Any other relevant health information.
 - Actions to assure the child's health needs are met.
- **Contact and visitation plan**
 - The plan for frequent and consistent visitation between the child and the child's parents, siblings, family members, other relatives, friends, and any former (family) resource family, especially those with whom the child has developed a strong attachment
 - **Participation record**
 - Specific documentation of how the family and other team members actively participated in the development of the plan

For dependency cases, a proposed case plan must be developed and submitted to court prior to the first scheduled hearing. The plan will be developed with limited information about the family's strengths and needs and should be revised during the process of creating the permanent plan with the family and service team. An exception to this may be a case in which the department has been working with the family and comprehensive information about the family's strengths and needs are already known. In these cases, the proposed case plan may be used as the permanent case plan if a case plan staffing was held to develop the plan and family members, extended family and others with whom the family has a strong relationship were part of the planning process.



Concurrent Permanency Planning

In an effort to ensure that cases proceed efficiently and that children reach a permanent placement as soon as possible, concurrent permanency planning may occur if the prognosis of achieving family reunification is unlikely to occur within 12 months of the child's initial removal. Concurrent permanency planning means that the agency will have two case plans active at one time—typically the primary case plan of Family Reunification and an alternative plan should that goal not be reached.

Child Protective Services is required to use the *Reunification Prognosis Assessment Guide* as early as the removal review conference, but no later than 45 days from the child's initial removal, to identify the cases where this should occur. If a concurrent permanency goal is not initially identified, CPS must review and update the prognosis assessment at each case plan staffing.

When a concurrent permanency plan is deemed necessary, a planned set of concurrent planning activities will be implemented to ensure that potential or identified alternate caregivers are prepared to care for the child on a permanent basis if needed.

Within six months of actively working with the family on both the reunification plan and concurrent planning activities, a final concurrent permanency goal must be established.

Based on the circumstances of the case, the preference for concurrent permanency goals are as follows:

- Adoption
- Permanent guardianship
- Independent Living as Another Planned Permanent Living Arrangement (APPLA)

When the identity and whereabouts of the parents are known, the department will provide written notification of the concurrent permanency goal to the parents so that they are aware that a concurrent plan exists. In these cases, CPS must *actively* pursue the family reunification permanency goal **and** the concurrent permanency goal simultaneously. This ensures that, if the birth parents do not comply with the case plan and they will not be reunified with their children, the concurrent plan can be used to move the case to permanence quickly because it will have been in motion the whole time; i.e., adoptive parents identified, prepared and ready to accept the children. These efforts dramatically reduce the additional time that would have to be spent “shifting gears” and choosing a new case plan if the family is not reunified after the one-year point.

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Services

Services are task-centered, time-limited, and focused on the resolution of specific problems. Services may be provided by the case manager, other department staff, contract providers, and other community resources and/or volunteers, depending on the needs of the children and families and the resources available. Services available to children and adults in the case include:

- **Medical Services**

The Comprehensive Medical and Dental Program (CMDP) provides medical and dental coverage for all children, birth to age 18, who are in CPS custody and placed in a relative home, certified adoptive home, licensed foster home, residential treatment center, or other licensed facility, including those youth on independent living subsidy. CMDP provides coverage up to age 21 for those adolescents who voluntarily continue to receive CPS services beyond age 18.

CMDP provides coverage for a full range of services that are medically necessary and appropriate, from immunizations and prescriptions to surgery. Most non-routine services require prior authorization, which the medical or dental provider obtains. CMDP may cover psychiatric services for children who are not Title XIX eligible. This also requires prior authorization.

- **Psychological Services**

CPS contracts with a number of psychologists to provide consultations, psychological testing, evaluations, and treatment. A *psychological evaluation* is a specific assessment conducted by a licensed psychologist to determine and address behavioral health problems and may include treatment recommendations or advise certain interventions. Psychological assessments include a review of referral materials, assessment of the individual's readiness for testing, a clinical interview, and may include intellectual, personality, educational, protective, and specialized testing for specific disabilities. Neuropsychological assessments will also delineate between the neurologically based causes for behavior versus an emotional dysfunction.

Specific therapies are available to assist parents who are ready and willing to strengthen weaknesses. Each of these therapies requires a great deal of specialized knowledge and skill on the part of the therapist. If the parent and/or child have had a psychological evaluation, the psychologist will be able to recommend the most effective therapy for them.

The following are some of the ways specific therapies can benefit families.



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- Individual Therapy: Provides children, who can express themselves verbally with attention and support to meet their needs, deal with their fears, resolve conflicts, and promote self-esteem.
- Group Therapy: Provides children and adolescents with support and experiences which assist with socialization and development of self-awareness and sensitivity to others.
- Marital and Family Therapy: Allows partners to learn how to communicate with each other, how to express feelings openly and constructively, and how to trust and support each other.
- Family Therapy: Beneficial to families whose members are attempting to address issues of family dynamics and behavior.

Specific therapies are available for children with emotional difficulties, but the age of the child must be taken into consideration. Types of therapy include:

- Play Therapy: Provides young children with a safe environment where they can learn to express and resolve feelings, conflicts, and fears through play.
 - Art Therapy: Allows children to release feelings, conflicts, and grow emotionally. Art therapy is useful both as a diagnostic and therapeutic tool. It generally requires a trained art therapist.
- **Parent Aide Services**

Parent aides are trained paraprofessionals. As members of the service team, they provide a range of family focused supportive services, which may include teaching and modeling of parenting and home management skills, teaching the use of informal and formal community resources, and providing transportation. Parent aide services may be provided by CPS employees, volunteers, or contract personnel.
 - **Special Education Considerations**

A foster child requiring special education will have an Individual Education Plan (IEP), which outlines what specific services the school will offer to address the child's educational needs (see section 5). A CASA volunteer should be familiar with a child's IEP to ensure that the child is receiving the education services to meet his/her child's needs. Although the child is a ward of the state, the case manager is not allowed to sign for an IEP for any dependent child. The parent may sign or a surrogate parent may be appointed by the court.

Often times, the child will have a psycho educational evaluation prior to receiving an IEP. The psycho educational evaluation is important as it identifies the child's strengths and weaknesses in regards to the education process and assists in developing an IEP that truly meets the child's needs. It is important to recognize that although



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psycho educational evaluations are extremely helpful in this process they are not mandatory.

- **Transportation**

CPS shares responsibility for routine transportation of children in out-of-home care with providers as specified in the child's case plan or Child's Placement Summary Agreement. This includes arranging for the foster care providers to provide transportation for routine health care and activities, contacting CMDP to arrange non-emergency transportation for medical services when foster care providers cannot transport the child, contacting the Regional Behavioral Health Authority (RBHA) for transportation if it is medically necessary for non-emergency mental health or substance abuse treatment services, etc.



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Visitation

Visitation between children and parents is an essential part of permanency planning for returning children home. Research indicates a positive correlation between family contact and family reunification. Without visitation, the parent/child relationship may deteriorate and both parent and child may become emotionally detached. Once this has occurred, successful reunification can be extremely difficult.

SIBLING AND PARENTAL VISITATION

One of the biggest losses to a child in out-of-home care is the loss of shared history with family members. Siblings who are placed together are better able to adjust to placement and are realistic about reunification. If a child is not placed with siblings, efforts must be made for maintaining these relationships. Joint counseling for siblings as well as *unstructured play time* or visits with one another can aid the children with separation issues.

If siblings are separated, the case manager must ensure that relationships are maintained by arranging frequent visits and shared experiences.

Foster parents may bring siblings together for visits, counseling sessions, vacations, etc. The sharing of history maintains consistency and support. This assists in adjustment to transitions and in maintaining relationships. If a foster parent does not facilitate this process, a CASA volunteer can be instrumental in providing the means for separated siblings to spend time with one another.

Carefully planned visitation between parents and their child in temporary care is a powerful family reunification intervention tool. Visitation can help implement many essential family reunification goals, including maintaining the parent/child/sibling relationships; enhancing child and parent self-images; promoting partnership between parents and foster parents; learning and practicing parenting skills, and documenting progress towards reunification goals. ***Please note: CASA volunteers cannot supervise court-ordered visits between parent and child; however it is useful for CASA volunteers to observe this type of visit in order to gain more information about how the child relates and responds.***

DEVELOPING AND IMPLEMENTING A VISITATION PLAN

- The agency is obligated to develop a visitation plan that allows a child to have frequent contact with parents, siblings, and others who cared for them prior to placement. The visits should be frequent enough to maintain family relationships. Initial visitation should occur weekly, except in those cases where treatment or legal



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issues indicate otherwise. In most cases, as much visitation as feasible is recommended.

- Family members should be actively involved in developing visitation plans. Not only does this increase the probability that family members understand and will comply with the plan, but also assures that visit plans take into account family members' needs, resources, and concerns.
- Agency efforts should be directed at determining a visitation plan that best meets the individual child's and parents' needs, and will closely parallel the case plan goals. Visitation plans should address visit frequency, length, location, need for supervision, supportive services, tasks, and activities. It should be expected that visitation plans will be altered depending upon case changes.
- Visitation plans should consider information provided by service providers and foster parents concerning the progress of parents and the specific needs of the child.
- Visitation plans should never be used as a reward or as a punishment. Changes in visitation arrangements should be directly related to the ongoing risk and family assessment.

CONFLICTS RELATED TO VISITATION

Visitation conflicts involving realistic concerns for a child's safety and security should be resolved through weighing the issue of the child's safety more heavily than any other. When the family members' right to contact the child conflicts with the needs or preferences of the substitute caregivers or service providers, the conflict should be resolved in a way that protects and assures the family members' right to contact with the child.

When visitation plan options offer varying degrees of support to the case plan, for example with regard to visit length or visit site, weight should be given to the visitation plan that best supports the case plan, even when the visitation plan is less convenient for service providers or agency personnel or requires additional agency resources.

- When expectations differ as to whom should be included in visits, the child's and the parents' preferences should be given priority over those of temporary caregivers or extended family members.
- When limited resources create a conflict with any aspect of the visitation plan, every effort should be made to develop or access resources in order to carry out the plan.

Reunification may not be recommended until the child has safely completed unsupervised visits in the family's home, including overnight visits, weekend visits or visits lasting several weekdays, and if at all possible, extended visits (longer than one



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week). Without extensive visits, the actual change achieved and the continuing risk to the child in the home cannot be adequately assessed.

The case manager is responsible for developing the Visitation Agreement prior to the initial case plan staffing, ensuring that the first visit takes place within five working days of placement unless extenuating circumstances exist, such as inability to locate the parent, incarceration, or illness. The minimum frequency for visitation is once every two weeks for a minimum of one hour. In most cases, visitation will be initially supervised. At the initial case plan staffing and subsequent case plan staffings, the visitation agreement should be reviewed and modified as necessary.

The emphasis in visitation planning is on assuring a smooth transition home and assessing services needed to support the family after the child is returned home. During the period to implement reunification, visits should provide maximum opportunity for parent-child contact and for parental responsibility for the child, particularly in areas where problems may have previously occurred. This is also an opportunity for the case manager to evaluate stress points and to anticipate future problem areas which should be addressed.

In developing the visitation plan, the following should be considered.

- The current and specific needs of the child
- The parents' behaviors and abilities related to reason for placement
- Family relationships and interactions
- The location of the visit should be the least restrictive, most normal environment in the community that can assure the safety of the child. The agency is the least normal, most institutionalized setting in which visits can take place. The visit should be held in the agency if it is the only way to assure protection of the child.

Supervision of the visits is warranted if:

- The child is afraid to be alone with the parent.
- There is concern about physical or emotional abuse to the child during visits.
- The parent's behavior may be inappropriate or unpredictable, such as when the parent is mentally ill or emotionally disturbed.
- The visits are with the perpetrator of physical or sexual abuse.
- The parent verbally abuses the child, speaks critically of the agency or foster caregiver, or makes unrealistic and inappropriate promises to the child.

If the visit must be supervised, it may be provided by the caseworker, the foster caregiver, a non-abusive or non-neglectful family member, or a family friend, all upon approval from the case manager. The supervising person should maintain a low profile



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and interfere only if needed. If a goal of the visit is to help parents learn more appropriate parenting skills, the caseworker or foster caregiver can supervise the visit and become directly involved in visitation activities.

There are times when a child may become excessively upset prior to or after a visit with the parent. In this case the caseworker should fully assess the reasons for the child's distress and, if appropriate, revise the visitation schedule accordingly. Statistics show that frequent contact can reduce the negative effects of the separation for the child. Seeing the parent during visits reduces the child's fantasies and fear of bad things happening to the parent, and can often help an older child eliminate self-blame for the placement.

- Normal feelings of loss and separation may be reactivated by seeing the parent and may be expressed in emotional distress or acting out behavior. Look to see if the frequency of visits can be increased in this case.
- The child may be anxious and fearful when with the parent; their time together may be stressful. Closer supervision by someone the child trusts may be required.
- The child may experience loyalty conflicts after having visited with the parent and may need to reject the foster caregiver upon return to the foster home in order to continue to feel loyal to the parent. The child needs to know it is okay to have more than one set of parents.



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Monitoring and Evaluation

The case manager has the ultimate responsibility of monitoring and evaluating the case plan and the outcome of services being offered to the family.

Monitoring by the case manager involves:

- Verifying that services are being provided according to the time frame of the case plan.
- Identifying problems relating to the delivery of services and the parents' participation in services early enough to be able to make changes in the plan. Sometimes barriers are procedural or logistical, such as a parenting group being offered at a different time from what is outlined in the case plan. At other times, barriers are related to client issues, such as avoiding participation in the treatment process.
- Working with parents and/or service providers to remedy barriers that occur, such as making adjustments in the case plan to accommodate procedural/logistical barriers, or working out new arrangements to enable the parent to make use of services.
- Identifying the parent's progress or lack of progress in achieving objectives.
- Identifying major setbacks in the case, such as recidivism. If this occurs, the court should be informed as well as the service providers. The case plan objectives may need to be redesigned to better ensure the safety of the child.
- Communicating directly with parents and service providers in identifying barriers related to achieving the objectives identified in the case plan and the consequences if these objectives are not achieved.
- Identifying new or additional objectives which are central to preventing recurrence of abuse.
- Assessing with the parent and service team members not only the implementation of objectives, but also whether the objectives and tasks are actually helping to change behavior and achieve the permanency goal.
- Ensuring that information acquired through monitoring is shared among the service team members and with the parent.



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- Reviewing and discussing progress reports with parents.
- Arranging and conducting required periodic staffings of the case and multi-disciplinary reviews.
- Maintaining written documentation of all monitoring activities as well as reports submitted by service providers and team members. This documentation is a critical function of case management and is essential for court purposes.

If monitoring activities are conducted throughout the provision of services, the case manager, parent, and other team members will have the information needed to evaluate progress. The case plan evaluation process measures the efficiency and effectiveness of solving case problems in terms of how observable results relate to the stated case plan goal objectives. The case manager is responsible for pointing out to the service team the actions taken that were effective or counterproductive in attaining the permanency goal.

Case documentation is the written record and history of each case. Documentation in case management encompasses all required reports, forms, legal documents, correspondence, contact logs, and reports from service providers and others including CASA volunteer reports.

A major source of information that many team members will provide to the case history is a recorded description of contact with the parents and child. When any team member is reporting observations regarding family interactions and environment, a clear distinction must be made between observable facts and impressions, opinions, and/or conclusions.

A CASA volunteer must use this monitoring process as a guide to help target areas that may create problems in completing the case plan, ensure that the child's needs are being met, and to help achieve the goal of a safe, permanent home as quickly as the law allows.



Case Plan Staffings and Child Family Team Meetings (CFTs)

CASE PLAN STAFFINGS

The case plan staffing is a vehicle through which the case plan is formally developed and reviewed, and accomplishments and/or concerns are discussed and documented. A case plan staffing may be arranged to:

- Clarify issues.
- Remove barriers.
- Modify the case plan.
- Implement consequences as set forth in the case plan.

A staffing is a team effort consisting of all parties to the case, such as parents, case manager, foster parents, service providers, CASA volunteer, and assigned attorneys. Parties involved in this process are referred to as the staffing team. The number of team members will vary, depending on the complexity of each case. As part of the team effort, a CASA volunteer should be notified of staffings and is responsible for attending. If unable to attend, CASAs should notify their county coordinator.

CPS policy requires that cases are staffed within the first 60 days of a dependency case and every six months thereafter. Any member of the service team may request that a case plan staffing be held more often than every six months. If staffings are not occurring or if the CASA volunteer feels one should occur, he/she may ask the case manager to schedule one to discuss issues and modify case plan goals. The case manager, in consultation with a CPS supervisor or program manager, makes the final decision about holding more frequent staffings.

From a CASA volunteer's perspective, a staffing is a primary opportunity to advocate for specific actions to take place that help the child. DES provides a discussion guide for case managers to follow when speaking with a CASA volunteer at a staffing. Questions the CASA may be asked by the case manager include:

- How frequently do you have contact with the child?
- What activities do you share?
- Do you also interact with the birth or foster parents? Please describe these contacts.
- Do you feel that the case plan is appropriate to the child's needs?
- Do you feel that progress being made toward achieving the case plan?
- Does the child have special needs that are not being addressed?
- Has the child shared concerns which the service team should be made aware or with which it could help?

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As the child's advocate, the CASA volunteer should ensure that all pertinent information is given to the case manager, even if the case manager does not ask questions relating to the information.

Members of the case management team should be present to determine courses of action. At the completion of staffing, goals, objectives, and tasks should be identified and accepted for action by each team member.

If the CASA volunteer disagrees with the course of action decided on at a staffing, the report to the court is the opportunity to voice the objections. Objections should be also noted at the staffing in the Case Plan Summary.

CHILD AND FAMILY TEAM (CFT) MEETINGS

The Child and Family Team (CFT) is a defined group of people that includes, at a minimum, the child and his/her family, a behavioral health representative, and any individuals important in the child's life and who are identified and invited to participate by the child and family . This may include, for example, teachers, extended family members, friends, family support partners, healthcare providers, coaches, community resource providers, representatives from churches, synagogues or mosques, agents from other service systems like CPS, etc.

Families have a powerful role in the Child and Family Team process, actively participating in the process of assessing needs, identifying team members, developing and implementing the plan.

Effective CFTs function in a flexible manner that includes varying levels of involvement from the behavioral health system, other child-serving agencies and natural supports. All families are unique and as such, each CFT experience is different. Frequency of CFT meetings, intensity of activity between CFT meetings, and level of involvement by formal and informal supports necessary to adequately support children and families will vary depending on the following:

- The size of the team, coordination efforts required, and the ability of the CFT to work effectively together.
- The number of distinct services and supports necessary to meet the needs of the child and family.
- The frequency of CFT meetings necessary to effectively develop a plan, track progress and make modifications when needed.
- The number of agencies/systems involved.
- The severity of symptoms and the effectiveness of services.



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- The stress that is currently affecting the child and family.

The Child and Family Team, with the assistance of the behavioral health representative, is responsible for overseeing and facilitating decision-making regarding the child's behavioral health services. Based upon the recommendations and decisions of the Child and Family Team, the behavioral health representative will formally secure any covered services that will address the needs of the child and family.

The Child and Family Team is expected to carefully consider and give substantial weight to family preferences in formulating its views on the developing service plan, acknowledging the family's expert knowledge of their child. In determining how to successfully meet its objectives, the Child and Family Team should not begin by identifying specific interventions, placements or services, but rather on the underlying needs of the child (and of the family in providing for the child) and on the type, intensity, and frequency of supports needed.



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Resources

Child Protective Services

www.azdes.gov/dcyf/cps

Child Protective Services (CPS) provides specialized welfare services that seek to prevent dependency, abuse and neglect of children. The Child Protective Services program receives, screens and investigates allegation of child abuse and neglect, performs assessments of child safety, assesses the imminent risk of harm to the children and evaluates conditions that support or refute the alleged abuse or neglect and need for emergency intervention.

- ***Children's Services Manual***

The Children's Services Manual is the Division of Children, Youth and Families' interpretation of applicable federal and state laws and administrative codes. This Manual provides overall guidance for Child Protective Services field staff; however, practice is implemented based upon individual case circumstances.

The Judges' Page Newsletter

<http://www.nationalcasa.org/JudgesPage/>

This online newsletter is published by National CASA and the National Council of Juvenile and Family Court Judges and is an excellent resource for CASA volunteers. The October 2007 issue, *Reasonable Efforts in the Dependency Courts*, addresses the role of the judge in making reasonable efforts findings as well as provides the perspective of others involved in foster care cases.

Making Reasonable Efforts: A Permanent Home for Every Child

http://familyrightsassociation.com/bin/white_papers-articles/reasonable_efforts/

This report was published in 2000 by the Youth Law Center and includes guidelines for attorneys, judges and child welfare agencies as well as a list of resource organizations and internet resources.



