
1	100	IN-HOME AND COMMUNITY-BASED FAMILY	
2		PRESERVATION AND SUPPORT SERVICES	
3			
4	100.1	Table Of Contents	
5	100.2	Philosophy Of In-Home And Community-Based Family Preservation And	
6	Support Services.....		1
7			
8	101	Prevention.....	3
9	102	In-Home Services Initiation Sources.....	4
10	102.1	Case Assignment	4
11			
12	103	In-Home Services Case Types	5
13	103.1	Voluntary In-Home Services	5
14	103.2	Court-Ordered In-Home Services.....	6
15	103.3	In-Home Services For The Preservation Of Families	7
16	103.4	Reunification In-Home Services	8
17	103.5	Threatened Adoptive Disruption Or Dissolution/In-Home Services.....	9
18			
19	104	Engaging	10
20			
21	105	Teaming	11
22			
23	106	Assessing	13
24	106.1	Structured Decision Making (SDM)	13
25	106.2	SDM Risk Assessment And Risk Reassessment	15
26	106.3	Utah Family And Children Engagement Tool (UFACET)	18
27	106.4	Serious Risk Of Removal.....	20
28			
29	107	Planning	22
30	107.1	The Child And Family Plan.....	22
31			
32	108	Intervening.....	25
33	108.1	Purposeful Visiting With Children, Parents, And Other Applicable Caregivers	25
34	108.2	Strengthening Families	29
35	108.3	Wrap-Around Services	31
36	108.4	Flexible Funds (PPDF).....	31
37	108.5	After-Hours Emergency Response	32
38	108.6	CPS Investigations For Children Receiving In-Home Services.....	32
39	108.7	Removal Of A Child From A Home Receiving In-Home Services.....	32
40			
41	109	In-Home Services Records.....	33

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 risks to safety and well-being increase the caseworker will:
1. Identify the risk factors for safety and well-being along with the protective capacities of the caregiver that mitigate risk;
 2. When risk factors 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.

- 83 D. The child and family will not be accepted for In-Home Services if a child needs to
84 be removed from the home to be safe.
85

86 **101 Prevention**

87

88 Practice Guidelines

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

90

91 **102 In-Home Services Initiation Sources**

92

93 Practice Guidelines

94 A. In-Home Services are initiated by:

95 1. A request from the family themselves or a referral from a community
96 partner (e.g., schools, therapists, etc.).

97 a. Requests by the family/community for In-Home Services may be
98 accepted if the children are at risk of abuse or neglect.

99 b. Requests will be screened within three working days of the request.
100 If Child and Family Services does not have the capacity/resources to
101 meet the request, the family/community partner will be notified and
102 referred to other community resources.

103 c. Requests will be opened as a voluntary case. [See: Practice
104 Guidelines [Section 103.1](#).]

105 2. CPS investigation.

106 a. Case Transfer Protocol is followed for all In-Home Services case
107 types that are being opened following a CPS investigation. [See:
108 Transfer Protocol.]

109 3. The court.

110 a. Court initiated In-Home Services are cases that had no previous
111 CPS investigation and services have been ordered either from
112 juvenile or district court. Child and Family Services did not make
113 the recommendation to request court intervention.

114

115 **102.1 Case Assignment**

116

117 Practice Guidelines

118 A. When an In-Home Services case is initiated a caseworker will be assigned within
119 five business day to the case. In cases where additional assistance is needed due
120 to geographic or workload constraints, a secondary caseworker may be assigned.
121 Request for secondary caseworkers will be submitted to regional designees.

122

123 B. Cases will be assigned based on caseload and availability of caseworkers.

124

125 **103 In-Home Services Case Types**

126 Major objectives:

127 In-Home Services case types include voluntary (PSC), court-ordered (PSS), In-Home
128 Services for the Preservation of Families (PFP/PFR), and Post Adoption Support (PAT).
129

130
131 **103.1 Voluntary In-Home Services**

132
133 Practice Guidelines

- 134 A. Families will be given the opportunity to work voluntarily with Child and Family
135 Services based on the family's cooperation and an effective safety plan.
136
137 B. Case Transfer Protocol will be followed for all PSC cases. [See: CPS Practice
138 Guidelines.]
139
140 C. The In-Home Services caseworker will use Structured Decision Making (SDM) and
141 Utah Family and Children Engagement Tool (UFACET) assessment tools to
142 determine the level of intervention as well as appropriate resources and services
143 for the family.
144
145 D. Modification of Voluntary PSC case: If Child and Family Services determines that
146 the voluntary In-Home Services are not meeting the needs of the child and family
147 and/or that another service would be more beneficial, Child and Family Services
148 shall continue to provide voluntary services until a petition is filed.
149 1. Consult with the supervisor;
150 2. Review UFACET and SDM information; and
151 3. File a petition for either court-ordered services (PSS) or when safety
152 concerns exist, a petition for removal. The least restrictive should always
153 be considered first.
154
155 E. If a family refuses voluntary services or fails to engage with the caseworker
156 and/or community services, the caseworker will staff the case with the previous
157 CPS caseworker as well as the current supervisor.
158 1. If the PSC caseworker has not been able to engage with the family and
159 safety concerns exist the case returns to the CPS caseworker to file the
160 petition.
161 2. If the PSC caseworker has been working with the family and the conditions
162 in the home become unsafe the PSC caseworker will file any needed
163 petitions.
164

165 F. The Child and Family Team determines when to end services with the family, this
166 decision is staffed with the caseworker's supervisor.
167

168 **G. The caseworker completes all documentation in SAFE and closes the case within**
169 **three working days of the Child and Family Team's decision to close the case.**
170

171 **103.2 Court-Ordered In-Home Services**

172 Practice Guidelines

174 A. Child and Family Services will provide In-Home Services to families as ordered by
175 the court. It is the responsibility of Child and Family Services to determine the
176 intensity level of services provided to the families.

- 177 1. Open a PSS case in SAFE within five business days.
- 178 2. Create a Child and Family Team that will meet regularly regarding case
179 decisions.
- 180 3. Provide the court, the AAG, and the Guardian ad Litem (GAL), if assigned,
181 with the Child and Family Plan upon completion.
- 182 4. Provide the court, the AAG, and the GAL, if assigned, with plan progress as
183 it is updated, no less than quarterly.
- 184 5. Attend all court hearings for the PSS case.
- 185 6. Consult with the AAG and the GAL, if assigned, regarding any information
186 pertinent to Child and Family Services involvement with the family.
- 187 7. When the Child and Family Team decides the family can safely manage
188 without court involvement, consult with the AAG and file a motion to close
189 services.
- 190 8. The caseworker will continue to work with the family until a ruling is made
191 by the assigned judge to close PSS services.

192 **9. When the court terminates Child and Family Services' involvement, the**
193 **caseworker completes all documentation in SAFE and closes the case**
194 **within three working days of the court order.**
195

196 B. The In-Home Services caseworker will contact the AAG and the GAL, if assigned,
197 and other pertinent persons involved with the family to inform them that he/she
198 is the caseworker and what level of service will be provided.
199

200 C. Modification of a court-ordered (PSS) case: If the Child and Family Team
201 determine that the court-ordered services are not meeting the needs of the child
202 and family and/or that another service would be more beneficial, Child and Family
203 Services will continue to provide the court-ordered services until the court alters
204 the order.

- 205 1. Consult with the supervisor;

- 206 2. Review SDM and UFACET assessment information; and
207 3. Request the AAG motion the court to modify the order.
208
209 D. If services are court ordered but the assessment indicates that In-Home Services
210 are not appropriate, the Child and Family Services caseworker will contact the
211 AAG and GAL, if assigned, to explain the situation and request a petition be filed
212 with the court to terminate services. The family and referent must be informed of
213 the results of the UFACET assessment when the In-Home Services caseworker is
214 recommending that In-Home Services are inappropriate for the family. If needs
215 have been identified that can be met by non-Child and Family Services
216 community services, those options will be explored with the family prior to ending
217 services with the family.
218

219 **103.3 In-Home Services For The Preservation Of Families**

220 Practice Guidelines

221 In-Home Services for the preservation of families has the desired outcomes of keeping
222 children safe in their homes, preserving intact families in which children have been
223 maltreated when the problems can be addressed effectively, and preventing unnecessary
224 removal and placement of children through intensive interventions.
225
226

- 227 A. Eligibility: In-Home Services for the preservation of families are available to
228 families that are in crisis and are in need of more intensive services to help safely
229 maintain a child at serious risk of being removed from his/her home or from the
230 home of a relative with legal custody. In-Home Services for the preservation of
231 families may also be used prior to, concurrent with, or as follow-up to
232 reunification in order to facilitate a child's safe return home.
233
234 B. Caseworker Assignment and Case Start Date: If it is determined that a removal is
235 necessary unless intensive services are immediately provided, a caseworker will
236 be assigned and services will start no later than 24 hours after that determination.
237 A caseworker with specialized training in In-Home Services for the preservation
238 of families will be assigned to provide services. Services will be provided within
239 the context of the Practice Model including a needs assessment by the Child and
240 Family Team that will inform the Child and Family Plan.
241
242 C. Duration of Services: Intensive family preservation services will be provided for a
243 period of 60 to 90 days. If In-Home Services for the preservation of families
244 beyond the 60- to 90-day limit are determined to be in the best interest of the
245 child and family, the supervisor or designee may approve additional time. The
246 extension must be documented and include specific desired results and treatment

247 methods. Although this is a short duration service, caseworkers will use the same
248 processes for completing a Child and Family Plan as they would for a longer term
249 service. The Child and Family Plan will be finalized within 20 days of opening the
250 case.

251
252 D. Clinical Staffings: The caseworker will clinically staff the case with his or her
253 supervisor and/or a clinical support team and must document the following
254 staffings in SAFE:
255 1. Initial: Within the first five days of the case start date;
256 2. Midpoint: 30 or 45 days; and
257 3. Transition: At the end of intensive service delivery (60 or 90 days).

258
259 E. Availability:
260 1. In-Home Services for the preservation of families' caseworkers will have a
261 limited caseload to provide more flexibility in responding to the families'
262 needs.
263 2. The caseworker will be available to respond to a family's needs within 24
264 hours.

265
266 F. In-Home Services for the preservation of families as a secondary service: It may
267 be determined that a family already receiving another service from Child and
268 Family Services will benefit from In-Home Services for the preservation of
269 families as a secondary service. The In-Home Services for the preservation of
270 families' caseworker will coordinate service delivery with the primary caseworker
271 and the Child and Family Team. The Child and Family Plan will be updated within
272 20 days of case start date to include the needs to be met and the steps to be
273 taken by the In-Home Services for the preservation of families' caseworker.

274 275 **103.4 Reunification In-Home Services**

276 277 Practice Guidelines

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

- 280
281 A. In an out-of-home care case, once safety concerns have been mitigated, the
282 caseworker and Child and Family Team will determine whether the remaining
283 items on the Child and Family Plan can be addressed with In-Home Services.
284
285 B. If the Child and Family Team determines that the family can manage risks in the
286 home, the caseworker will staff with the AAG to consider trial home placement,
287 or returning custody to the parent(s) and ordering in-home services.

288

289 **103.5 Threatened Adoptive Disruption Or Dissolution/In-Home**

290 **Services**

291

292 Practice Guidelines

293 In-Home Services are available to families to assist in maintaining a child in an adoptive
294 placement. [See: Adoption Practice Guidelines [Section 401.9.](#)]

295

296 **104 Engaging**

297
298
299
300
301
302
303
304

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.

305 Practice Guidelines

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

310
311
312
313
314
315
316
317
318
319
320
321
322
323
324
325

- 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.

326 **105 Teaming**

327 Major objectives:

328 The caseworker will engage the child and family to create a Child and Family Team. A
329 Child and Family Team includes the family's identified supports and the professionals
330 working with the family. The Child and Family Team assesses the strengths and needs of
331 the child and family and plans for the child's safety, permanency and well-being. Teaming
332 occurs through ongoing information sharing and collaboration.
333

334
335 Practice Guidelines

- 336 A. The caseworker will engage with the family to identify key Child and Family Team
337 members. Key team members are important supporters and decision makers.
338 Team members may include but are not limited to:
- 339 1. Informal supports such as family, friends, church affiliations, club
340 affiliations.
 - 341 2. Formal supports such as teachers, therapists, tutors, medical professionals.
 - 342 3. Legal partners (if assigned) such as the AAG, GAL, and parental defense
343 attorneys.
- 344
- 345 B. If a client is resistant to including key team members the caseworker will work
346 with the client to identify important supporters and decision makers and help the
347 client understand the benefits of including these individuals on the team.
348
- 349 C. The caseworker is responsible for organizing Child and Family Team Meetings. At
350 any time, the child's family or other team members may request a Child and
351 Family Team Meeting.
352
- 353 D. A Child and Family Team Meeting will be held initially for each In-Home Services
354 case within 45 days of the case start date. Subsequent Child and Family Team
355 Meetings must be held at a minimum of every six months.
- 356 1. Other times to hold a Child and Family Team Meeting include but are not
357 limited to:
 - 358 a. Before a Child and Family Plan is created or updated.
 - 359 b. There are new circumstances or information that significantly affect
360 safety, permanency and well-being.
 - 361 c. Case closure or transition from services.
- 362
- 363 E. Child and Family Team Meetings will be used to:
- 364 1. Gather and share assessment information regarding the family.

- 365
366
367
368
369
370
371
372
373
374
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.
 5. Address concerns, barrier or problems that hamper behavior change.
 6. Discuss the family's ability to meet their own needs and access services without further Child and Family Services involvement.

375 **106 Assessing**

376 Major objectives:

377 The purpose of assessing is for the team to know what they need to know to do what
378 they need to do. Assessing helps the Child and Family Team draw conclusions on how to
379 provide effective services and use information to create a plan to meet the needs for
380 enduring safety, permanency and well-being. Assessing is an ongoing process
381 throughout the case.
382

383
384 Practice Guidelines

- 385 A. Information for the assessment is gathered through a variety of sources including,
386 but not limited to:
- 387 1. Conversations with the family and extended family.
 - 388 2. Child and Family Team members input.
 - 389 3. Direct observations.
 - 390 4. Collateral reports from and contact with school, doctors, community
391 partners, and service providers, etc.
 - 392 5. Formal Assessments such as a mental health, psychological, parenting,
393 domestic violence, substance abuse assessments and evaluations.
- 394
- 395 B. Assessment information and/or recommendations are shared with the Child and
396 Family Team. The Child and Family Services caseworker will obtain all needed
397 two way communication releases of information from the family.
398

399 **106.1 Structured Decision Making (SDM)**

400
401 Practice Guidelines

- 402 A. The In-Home Services caseworker will assess the threats to safety and risk of
403 future harm, given the child vulnerabilities and the protective capacities of the
404 caregiver by utilizing the SDM Safety Assessment, the SDM Risk Assessment, and
405 the SDM Risk Reassessment. The SDM Safety Assessment will result in a
406 determination that the child is safe, conditionally safe, or unsafe. The SDM Safety
407 Plan is completed when the child is found to be conditionally safe and will remain
408 in the home.
409
- 410 B. The In-Home Services caseworker will conduct a SDM Safety Assessment
411 whenever the safety situation changes and when recommending case closure to
412 determine that there are no outstanding threats to safety.
413
- 414 C. The SDM Safety Assessment is used to identify immediate threats to the safety of
415 a child and what actions and/or interventions are necessary to protect a child

- 416 from the identified threats. Actions/interventions may include in-home
417 interventions that are implemented immediately to control or mitigate the
418 identified threat, or removal from the caregivers.
419
- 420 D. The SDM Safety Assessment differs from the SDM Risk Assessment in that the
421 SDM Safety Assessment assesses the child's present threats of harm and the
422 interventions currently needed to protect the child. In contrast, the SDM Risk
423 Assessment looks at the likelihood of future maltreatment.
424
- 425 E. When an In-Home Services case is opened as a result of a CPS case, the CPS
426 caseworker will complete the initial SDM Safety Assessment prior to referring the
427 case for In-Home Services. If the investigation results in an ongoing In-Home
428 Services case, the CPS caseworker will indicate whether the SDM Safety Plan and
429 interventions are still applicable.
430
- 431 F. If the In-Home Services case is not the result of a CPS case (such as court-
432 ordered), the In-Home Services caseworker will complete the SDM Safety
433 Assessment. The initial SDM Safety Assessment is required during the first face-
434 to-face contact with the child(ren). The SDM Safety Assessment will be recorded
435 in SAFE by the end of the fifth business day. The SDM Safety Assessment is
436 completed on each household. A household includes all persons who have a
437 familial or intimate relationship with any person in the home and who have
438 significant in-home contact with the child(ren), excluding employees.
439
- 440 G. SDM Safety Assessments are completed during any in-person contact when a
441 change in safety status is observed on an open case. SDM Safety Assessments
442 are also required prior to removing from or returning a child home and prior to
443 when an SDM Safety Plan is changed or concluded.
444
- 445 H. The SDM Safety Assessment is used to guide decisions about the removal of a
446 child from his or her family. It also guides decisions on whether or not the child
447 may remain in the home, the need for interventions to eliminate the threat of
448 immediate harm, or if the child must be removed.
449
- 450 I. Assessing child safety is a critical consideration throughout the involvement of
451 Child and Family Services with the family. Threats to safety will be evaluated
452 during each contact with the family, and a SDM Safety Assessment will be
453 completed whenever a change in the family's circumstances poses a safety
454 concern.
455
- 456 J. The caseworker will complete an SDM Safety Plan for all children in the
457 household when any threat to safety has been identified. If the parent refuses to

458 sign the Safety Plan, the caseworker will leave a copy of the unsigned plan with
459 the parent and document in the activity logs both the refusal and that a copy of
460 the plan was left with the parent. If a verbal safety agreement is made, the
461 caseworker will document the specifics in the activity logs.
462

463 K. A final SDM Safety Assessment is required prior to closure of an In-Home
464 Services case at the final face-to-face contact with the family. The assessment
465 will be recorded in SAFE by the end of the fifth business day and prior to case
466 closure. Resolution of any identified safety threat(s) must be documented in the
467 activity logs.
468

469 106.2 SDM Risk Assessment And Risk Reassessment

470 Practice Guidelines

471 The SDM Risk Assessment and Risk Reassessment are evidenced-based tools that
472 identify the probability of future abuse or neglect to children. The risk levels are: very
473 high, high, moderate, or low. The SDM Risk Assessments are an objective appraisal of
474 the likelihood that a family will abuse or neglect their children in the next 12 to 18
475 months. High risk families have significantly higher rates of subsequent referral and
476 supported findings than low risk families, and they are more often involved in serious
477 abuse or neglect incidents.
478

479
480 A. SDM Risk Assessment:

- 481 1. When an In-Home Services case is opened as a result of a CPS case, the
482 CPS caseworker completes the initial SDM Risk Assessment prior to
483 referring the case for In-Home Services. If the In-Home Services case is
484 not the result of a CPS case (such as court ordered), the In-Home Services
485 caseworker will complete the SDM Risk Assessment. The initial SDM Risk
486 Assessment is required within 45 days of the case open date and before
487 the creation of the Child and Family Assessment and Plan. Until the SDM
488 Risk Assessment has been completed, the risk rating defaults to "very
489 high." The SDM Risk Assessment is completed on each household. A
490 household includes all persons who have a familial or intimate with any
491 person in the home and who have significant in-home contact with the
492 child(ren), excluding employees.
- 493 2. The SDM Risk Assessment identifies the level of risk of future
494 maltreatment.
- 495 3. The items on the SDM Risk Assessment are scored by the caseworker.
496 Some characteristics are based on facts (such as prior child abuse/neglect,
497 history, or the age of the child). Others require the caseworker to use
498 discretionary judgment based on his or her assessment of the family.

- 499 Sources of information used to determine the caseworker's score of the
 500 item may include statements by the child, caregiver, or collateral persons,
 501 caseworker observations, or reports.
 502 4. The caseworker will refer to the SDM Risk Assessment Definitions to
 503 determine the score for each item.
 504 5. For cases open for ongoing In-Home Services, the risk level is used to
 505 determine the contact requirements for the case (service level). See the
 506 case contact matrix below for the specific frequency of contact associated
 507 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	Must be in caregiver's residence
Moderate	Two face-to-face per month with caregiver and	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
Very High	Four face-to-face per month with caregiver and	Two 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.	

- 508
 509 B. SDM Risk Reassessment:
 510 1. For In-Home Services cases, the SDM Risk Reassessment is used to
 511 determine if the likelihood of future harm has been sufficiently reduced to
 512 support case closure, or if the family will continue to receive services.
 513 2. The SDM Risk Reassessment shall be completed on:
 514 a. All ongoing In-Home Services cases opened as a result of an
 515 allegation of child abuse or neglect.

- 550 9. For cases that remain open following reassessment, the NEW risk level
551 guides minimum contact standards that will be in effect until the next
552 reassessment is completed.
553

554 106.3 Utah Family And Children Engagement Tool (UFACET)

555 Major objectives:

556 The In-Home Services caseworker will assess the family's strengths, needs and Protective
557 Factors using the UFACET. The UFACET is an evidence-based assessment tool which
558 increases communication and engagement with the family. The UFACET informs the
559 Desired Results and steps for the Child and Family Plan. The UFACET is to be completed
560 with information gathered from the Child and Family Team members and other formal
561 and informal assessments. The results of the UFACET will be shared with the family,
562 treatment providers and other team members.
563

564 **Applicable Law**

565 Utah Code Ann. [§62A-4a-105](#). Division Responsibilities.
566
567

568 Practice Guidelines

569 A. General information for completing a UFACET

- 570 The UFACET is completed with the family. It also incorporates information
571 contributed by the members of the Child and Family Team and other supports.
- 572 1. The UFACET is an engagement tool that assists in building relationships
573 with the family as well as empowering the family to understand the areas
574 of concern and why Child and Family Services is involved. It will also assist
575 the family in developing an understanding of what progress needs to be
576 made in order for the case to be closed.
 - 577 2. Although the caseworker may already know much of the information in
578 order to fill out the UFACET, the caseworker will review the assessment
579 with team members and ensure any input or additional information that
580 team members provide is reflected when scoring the assessment.
 - 581 3. When a caseworker does not have information regarding an item on the
582 UFACET or when the caseworker needs more information, the caseworker
583 will mark the item with "explore" and will engage the family or other team
584 members to gather the information.
 - 585 4. The UFACET document will be shared with the members of the Child and
586 Family Team and with treatment providers. The UFACET may also be
587 shared with the court.
 - 588 5. Text boxes on the UFACET: The caseworker may input any clarifying
589 information regarding items in each module into the text boxes following
590 the module. The text boxes are for the caseworker to provide information

- 591 that would not otherwise be clear from referring only to the definitions of
592 the item. The information will help clarify the complicated nuances of a
593 case and will also benefit future caseworkers, providers who serve the
594 family, and anyone else reviewing the case. The type of information that
595 should be included here are details that led to the item being scored a '2' or
596 '3'.
- 597 6. Any items identified on the UFACET with a score of '2' or '3' will be
598 addressed on the Child and Family Plan.
599
- 600 B. The UFACET consists of the following domains:
- 601 1. Family Together: The Family Together domain assesses the dynamics of
602 the entire family system accounting for all significant relationships,
603 especially those that are a cause of concern. Consider the dynamics of the
604 relationships even if the individual does not reside in the home. For
605 example, the relationships between a mother in the home and a non-
606 custodial father not residing in the home or between a father in the home
607 and a paramour that frequently visits the home should be considered when
608 rating this domain.
- 609 2. Household: Items in the household domain are rated on the home for
610 which the in-home referral was received.
- 611 3. Caregiver Strengths and Needs: Caregivers who are rated in this domain
612 are the caregivers for the children who impact family dynamics including,
613 but not limited to:
- 614 a. Custodial parents living in the home.
615 b. Non-custodial parents who retain parental rights.
616 c. Paramours.
617 d. Extended family.
- 618 4. Child Functioning: Any family member under the age of 18 years who
619 resides in the home is rated in this domain. Youth who have a child of their
620 own are rated as both a child and a caregiver. The caseworker may also
621 consider rating an adult with significant developmental disabilities as a
622 child on the UFACET.
623
- 624 B. The Initial UFACET assessment will be completed prior to the Child and Family
625 Plan being finalized, in order to assist the caseworker in identifying and targeting
626 areas of concern on the plan. The caseworker will address all items on the Child
627 and Family Plan that are identified on the assessment as needing action (items
628 rated a '2' or a '3').
629
- 630 C. UFACET time frames:
631 UFACET is completed:

- 632 1. Prior to finalization of the Child and Family Plan.
633 2. When there are changes in the family that make it necessary for Child and
634 Family Services to modify services being provided to the family.
635 3. Prior to case closure, unless one has been completed within the last 30 days.
636

637 **106.4 Serious Risk Of Removal**

638 Practice Guidelines

639 Serious Risk of Removal means that there is a high likelihood that the child will be
640 removed from the home if In-Home Services are not provided.
641

- 642
- 643 A. Serious Risk of Removal from the home, as it is defined for this determination,
644 should not be confused with similar legal terms and standards such as “imminent
645 danger” and “exigent circumstances.” Nor should it be confused with the decision
646 about whether the child is safe or unsafe. All of these things are related, but they
647 are not the same thing.
648
- 649 B. The “home” is where the child is residing or is placed (kinship or other non-out-of-
650 home care) during the In-Home Services case. If the child is placed in another
651 home during the case, a new determination should be made based on the new
652 home.
653
- 654 C. The “child” must be a Child Client on the case if they are under 18 years of age
655 and are receiving services individually and as part of the family, as indicated on
656 the Child and Family Plan.
657
- 658 D. Children who are candidates for serious risk of removal may include:
659 1. Children living in their own home.
660 2. Children living with a non-custodial parent.
661 3. Children who are not in state custody and who are living with a non-
662 licensed relative if there is a real concern that the children may come into
663 state custody if In-Home Services are not provided.
664
- 665 E. Children who are NOT candidates for serious risk of removal include those
666 children who are in state custody who are:
667 a. On a trial home placement and are still in state custody.
668 b. Placed in a licensed out-of-home care home whether with a relative or not.
669
- 670 F. Documentation as to why the child is at serious risk of removal is required at the
671 beginning of the case. A determination of serious risk of removal can be made at
672 any time during the case but must be re-determined at least every six months.

- 673
674 G. Areas to consider and include in documenting serious risk of removal include:
675 1. The child's vulnerabilities, the parent's protective capacities, and the
676 threats of harm.
677 2. If there is a safety plan in place to allow the child to remain in the home.
678 3. If non-compliance on the part of the child or the parent will result in the
679 court ordering the child into out-of-home care. Complete the following
680 Federal documentation requirements for a child who is at serious risk of
681 removal from the home:
682 a. Document in the SAFE In-Home Services case open wizard that the
683 child is at serious risk of removal and briefly explain the reason for
684 risk of removal. Information included should reflect the threats of
685 harm, the child's vulnerabilities, and the parents' protective capacity.
686 This entry in SAFE will result in required language in the printed
687 version of the Child and Family Assessment Plan stating, "This child
688 is at serious risk of removal from home. It is expected that this child
689 will remain safely at home as services in this plan are carried out. If
690 services are not effective, the plan for this child is out-of-home
691 care." This entry can be updated at any time.
692 b. If an In-Home Services case is open longer than six months, re-
693 determine at least every six months if the child continues to be at
694 serious risk of removal. Document this in SAFE each time the Child
695 and Family Plan is updated.
696

697 **107 Planning**

698
699 Major objectives:

700 A Child and Family Plan shall be developed for each family receiving In-Home Services.
701 The plan will be developed by the Child and Family Team. The Child and Family Plan is
702 tracked and adapted throughout the case.
703

704 **107.1 The Child And Family Plan**

705
706 Practice Guidelines

707 A. Initial Child and Family Plan:

708 The Child and Family Plan will be completed within the first 45 days of case
709 opening for PSS and PSC cases and within 20 days for PFP cases. The Child and
710 Family Plan will be complete when the caseworker, supervisor, and Child and
711 Family Team have agreed to the plan and it is finalized in SAFE. Signatures will be
712 obtained as soon as possible after the plan is finalized in SAFE, but no longer than
713 30 days. If a family member refuses to sign the plan, the caseworker will
714 document on the plan the family member's refusal.
715

716 B. Parent and child involvement in the development of the Child and Family Plan.

717 Parent contacts, UFACET assessment information, and Child and Family Team
718 Meetings, assist in the development of the plan. Child and Family Team Meetings
719 or private interviews between the child(ren) and the caseworker or other team
720 members also provide opportunities for the child(ren) to contribute to the Child
721 and Family Plan.

722 1. All parents will have the opportunity to participate in the development of
723 the Child and Family Plan.

724 2. For the purpose of planning, parent is defined as:

725 a. The legally recognized birth mother regardless of physical custody
726 or current level of involvement in the child's life.

727 b. The legally recognized father regardless of physical custody.

728 c. The legally recognized adoptive mother and/or father.

729 d. The legally recognized guardian.

730 e. The caregiver with whom the child was living with at the time Child
731 and Family Services became involved AND with whom child may
732 remain or be reunited. This may include relative caregivers and non-
733 relative caregivers.

734 f. A stepparent who is living in the home where the child is residing or
735 will reside.

- 736 g. The substitute caregiver(s) that has been identified as the person(s)
737 who will be imminently providing enduring permanency for the
738 child.
- 739 3. Exceptions for non-custodial parental involvement include:
740 a. The parent is deceased.
741 b. Parental rights are terminated.
742 c. Non-custodial parent's active or passive refusal to participate.
743 (1) Active Refusal: Non-custodial parent expresses verbally or in
744 writing that they are not interested in participating in the
745 development of the plan. In this case, the caseworker must
746 verify with the parent that they still decline participation
747 before every new plan is finalized.
748 (2) Passive Refusal: Non-custodial parent indicates a passive
749 refusal to participate in the plan development through their
750 actions or inactions, such as failing to keep appointments or
751 returning messages. In this case, the caseworker must make
752 at least two attempts to contact the parent face-to-face, by
753 phone or correspondence every time a new plan is developed
754 to provide them opportunity to participate in the
755 development of the plan.
- 756 d. The parents' whereabouts are unknown despite concerted efforts to
757 locate them. Concerted efforts means two monthly attempts at
758 locating the parent using one of the following:
759 (1) Interviews with family team members.
760 (2) Interviews with extended family.
761 (3) Interviews with the child.
762 (4) Checking allied agency records (Department of Workforce
763 Services, Office of Recovery Services, law enforcement, etc.).
764 (5) On-line person locator searches.
765 (6) Other sources not listed here that the caseworker or the
766 team becomes aware of.
- 767 e. Parental involvement in the planning process is detrimental to the
768 safety or best interest of the child and is supported by court order
769 or the child's therapist.
- 770 4. All children listed on the plan who are developmentally appropriate will
771 have the opportunity to participate in the development of the plan to the
772 degree that they are capable of contributing to the plan.
773 a. As a general guideline, children who are elementary school aged,
774 five years old and older, are regarded as being capable of
775 contributing to the plan to some extent unless otherwise unable.

793 **108 Intervening**

794 Major objectives:

795 In-Home Services shall be provided to the family based on the needs of the child and
 796 family as determined by the needs assessment, and not limited to the services that are
 797 immediately available. The intensity of the In-Home Services will match the needs of
 798 the family.
 799

800
 801 **108.1 Purposeful Visiting With Children, Parents, And Other**
 802 **Applicable Caregivers**

803 Practice Guidelines

804 Regular and purposeful visiting with the family enables the caseworker to assess how
 805 well the parents and other caregivers are meeting the children's needs for safety,
 806 permanency, and well-being, as well as the family's progress towards case goal
 807 achievement. The caseworker will visit with the children, parents, and applicable
 808 caregivers in accordance with the SDM contact standards.
 809
 810

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
Very High	Four face-to-face per month with caregiver and child	Two 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.
---------------------	---

- 811
 812
 813
 814
 815
 816
 817
 818
 819
 820
 821
 822
 823
 824
 825
 826
 827
 828
 829
 830
 831
 832
 833
 834
 835
 836
 837
 838
 839
 840
 841
 842
 843
- A. The caseworker will have regular contact with the parents to ensure the safety, permanency, and well-being of the children and to promote achievement of case goals.
 - 1. The contacts will occur at least monthly and are required for all parents who are included in the Child and Family Plan.
 - 2. For the purpose of caseworker contact, parent is defined as:
 - a. The legally recognized birth mother.
 - b. The legally recognized birth father.
 - c. The legally recognized adoptive mother and/or father.
 - d. The legally recognized guardian.
 - e. Legally recognized step-parent.
 - 3. Contact is defined as a face-to-face meeting between the parent and caseworker and must include the following elements:
 - a. Frequency - caseworkers must complete a face-to-face home visit a minimum of once per month. SDM risk level sets minimum contact standards.
 - b. Location - the environment of the location of the visits must be conducive to open and honest conversation.
 - c. Duration - the length of the visit must be of sufficient duration to address key issues.
 - d. Quality discussion - the content of the interview should focus on issues pertinent to case planning, service delivery, and goal achievement.
 - e. When the parent resides out of the county, face-to-face contact may be replaced by other means of contact such as by phone or correspondence.
 - 4. Exceptions for caseworker contact with parent:
 - a. If a parent is not included in the Child and Family Plan, such as a parent who does not live in the same household as the children receiving services and who was not part of the CPS investigation that brought the family to the attention of Child and Family Services, then monthly contacts are not required. (Note: CPS

- 844 Practice Guidelines require all parents to be notified of the
845 investigation. A non-custodial parent who was not the object of the
846 investigation should be offered the opportunity to provide input
847 into the plan. But if they do not voice an interest in being included
848 in the services, then they typically would not have any objectives in
849 plan. In that case, monthly visits with that parent are not required.)
- 850 b. A non-custodial parent whose involvement in the planning process
851 is detrimental to the safety or best interest of the child (as is
852 supported by court order) would typically not be included in the
853 Child and Family Plan and therefore is exempt from monthly
854 caseworker contact.
- 855 c. A parent whose rights have been terminated.
- 856 d. A parent whose whereabouts are unknown.
- 857 e. A parent who is deceased.
- 858 f. When a non-custodial parent, who has one or more objectives on
859 the Child and Family Plan, refuses to meet with the caseworker, the
860 caseworker will make at least two monthly attempts to contact the
861 non-custodial parent face-to-face, by phone or correspondence to
862 set up an appointment. If the non-custodial parent fails to return
863 messages or refuses to meet with the caseworker, the caseworker
864 has met the minimum requirement for the monthly contact. The
865 caseworker will document the dates and efforts to involve the non-
866 custodial parent, methods of interaction between the caseworker
867 and the non-custodial parent, and the non-custodial parent's
868 expressed desire.
- 869
- 870 B. Caseworker contact with the child: The caseworker will visit with each child client
871 involved in the case. Visit is defined as a face-to-face meeting between the child
872 and caseworker and must include the following elements:
- 873 1. Frequency - visits must occur as frequently as the conditions of the case
874 require based on current SDM level, minimum of once a month.
- 875 2. Location - the environment of the location of the visits must be conducive
876 to open and honest conversation. The visit with the child may take place
877 during home visits. If the child is not present during the home visit, the
878 caseworker may choose to meet with the child at a different location (the
879 child's school, the caseworker's office, etc.).
- 880 3. Private conversation - the interview between the caseworker and child
881 must be conducted away from the parent or substitute caregiver unless the
882 child refuses or exhibits anxiety. Siblings may be interviewed together or
883 separately depending on the comfort level of the children or if there are
884 safety considerations.

-
- 885 a. A private conversation is not required when the child is nonverbal
886 or unable to communicate. The caseworker will document that the
887 child is nonverbal and instead report observations regarding the
888 child's appearance pertaining to physical well-being.
- 889 4. Duration - the length of the visit must be of sufficient duration to address
890 key issues.
- 891 5. Quality discussion - the content of the interview should focus on issues
892 pertinent to safety (including threats of harm, child vulnerabilities, and
893 protective capacities of the caregiver), permanency, and well-being, as well
894 as promote the achievement of case goals.
- 895
- 896 C. Home Visits: The caseworker will check on the residence where the child is living
897 and observe and document the general conditions pertaining to threats of harm,
898 child vulnerabilities, and protective capacities of the caregivers. The caseworker
899 will not enter a home for the purpose of a visit without a caregiver present, unless
900 the child's caregiver has granted permission. This approval should be documented.
- 901 1. The caseworker may enter the family's home in an emergency without a
902 caregiver's permission.
- 903
- 904 D. At a minimum, the caseworker will conduct one monthly face-to-face contact
905 with a kinship or other substitute caregiver with whom the child is living, as
906 applicable. The caseworker will assess with the kinship caregiver the safety
907 (including threats of harm, child vulnerabilities, and protective capacities of the
908 caregiver), permanency, and well-being needs of the child and the kinship
909 caregiver's needs as it pertains to the child's needs.
- 910

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. [§62A-4a-105](#). 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:

- 952 a. Home visits.
953 b. Child and Family Team Meetings.
954 c. Service provider contacts.
955 d. Other client contacts.
- 956 3. Caseworkers will intentionally use themselves and their own interaction
957 with families as an opportunity to model and build protective factors. For
958 example:
- 959 a. **Resilience:** Validating and encouraging positive parenting and self-
960 care.
961 b. **Social Connections:** Being open and encouraging of the
962 participation of family's informal network in activities. Modeling
963 positive social interaction for families.
964 c. **Knowledge of Parenting and Child Development:** Providing just in
965 time parenting and child development information when issues
966 come up. Modeling effective nurturing in their interaction with
967 children.
968 d. **Concrete Supports in Times of Need:** Ensuring that they are not
969 just referring families to services but helping them build the skills
970 and confidence to advocate for themselves and pursue the supports
971 they need.
972 e. **Children's Social Emotional Competence:** Caseworkers will stay a
973 tuned to signs of trauma and its impact on children and ensure that
974 children receive supports to address trauma. Caseworkers will
975 model nurturing and supportive interaction with children.
- 976 4. Strengthening Families is grounded in a strength-based approach to
977 families. Caseworkers will identify strengths targeted at specific protective
978 factors.
979

980 TEAMING

- 981 1. Caseworkers will ensure that the protective factors are included in the
982 subject of teaming conversations.
983 2. When deciding who to invite to participate in the teaming process
984 caseworkers will include members of the family's social network and other
985 team members that can be assets in building the family protective factors.
986

987 ASSESSING

- 988 1. Caseworkers will conduct the UFACET with families. The UFACET will be
989 used to track the absence or presence of protective factors in relation to
990 the family's identified needs.
991 2. Caseworkers will separately share protective factors scores with families
992 and use the information to plan for:

- 993 a. How the existing protective factors the family has in place can be
994 used as assets to address the issues that brought the family to the
995 child welfare system.
996 b. Protective factors that the family would like to build in order to
997 reduce stress and volatility in their lives.
998

999 **PLANNING**

- 1000 1. Caseworkers will include specific activities to build protective factors in the
1001 overall case plan.
1002

1003 **INTERVENING**

- 1004 1. Caseworkers will coordinate with the parents' service providers regarding
1005 opportunities and efforts to enhance parent protective factors.
1006 2. Identify strategies to support the building of parental protective factors in
1007 ways that will safely reduce the need for Child and Family Services in the
1008 future.
1009 a. Caseworkers may use the tools in the HomeWorks binder/Google
1010 site to engage parents on individual protective factors.
1011 3. Caseworkers will document efforts to build and strengthen family
1012 protective factors. Documentation may include, but is not limited to:
1013 a. Activity logs.
1014 b. UFACET.
1015 c. Child and Family Team Meeting minutes.
1016 d. Court reports.
1017 e. Child and Family Plans.
1018

1019 **108.3 Wrap-Around Services**

1020 Practice Guidelines

1021 Wrap-around services are community-based services provided to the child and family
1022 that assist in maintaining the children in the family home. Child and Family Services
1023 caseworkers will identify and connect the family with available wrap-around services.
1024 [See: The specifics for wrap-around services detailed in the General Major Objectives
1025 [Section 700.](#)]
1026

1027 **108.4 Flexible Funds (PPDF)**

1028 Practice Guidelines

1029 Flexible funds may be available to address specific and identifiable needs that promote
1030 well-being and stability within the family. [See: Flexible Funds in the General Major
1031 Objectives [Section 700.](#)]
1032
1033

1034

1035 **108.5 After-Hours Emergency Response**

1036

1037 Practice Guidelines

1038 An on-call Child and Family Services caseworker will be available to assist the family with
1039 after-hours emergencies. Region directors and supervisors will make appropriate
1040 staffing assignments to provide after-hours emergency services.

1041

1042 **108.6 CPS Investigations For Children Receiving In-Home Services**

1043

1044 [See: CPS Major Objectives [Section 202.2](#), CPS Investigation of a Case Receiving
1045 Services from Child and Family Services.]

1046

1047 **108.7 Removal Of A Child From A Home Receiving In-Home Services**

1048

1049 [See: Out-of-Home Services [Section 301.01](#), Opening a Foster Care Case.]

1050

1051 Practice Guidelines

1052 A. If there are new allegations during an In-Home Services case then CPS
1053 investigates and completes the removal if necessary.

1054

1055 B. If the child cannot remain safely at home due to the circumstances which
1056 brought the family into services, the removal is completed by the on-going
1057 caseworker.

1058

1059 **109 In-Home Services Records**

1060 Major objectives:

1061 The In-Home Services caseworker will adequately document cases.
1062

1063
1064 Practice Guidelines

1065 A. Activity Logs:

1066 1. Home visit documentation.

1067 a. Contact with child and family:

1068 (1) Document each child by name: include where the visit takes
1069 place, details of the private conversation with each child
1070 regarding safety and progress towards goals.

1071 (2) Document contact with each parent: including where the
1072 contact takes place, discussion of progress towards goals
1073 such as Protective Factors achievements.

1074 2. Child and Family Team/collateral contact documentation including but not
1075 limited to person, location, and content of the conversation.
1076

1077 B. Collateral reports (e.g., educational assessments, mental health assessments,
1078 medical reports, police reports).
1079

1080 C. UFACETs and SDM assessments. And conclusions drawn from formal and
1081 informal assessments.
1082

1083 D. Child and Family Team Meeting attendance and minutes.
1084

1085 E. Child and Family Plan, including progress updates and summary at least quarterly
1086 and at transition.
1087

1088 F. Court report (if court ordered).

1089 1. Court reports will include: demonstrable progress since the last court
1090 hearing, any changes in safety or risk since last hearing and what if
1091 anything Child and Family Services is doing in response to the change in
1092 safety and risk.
1093