

**ARD In-Home Instrument Instructions**  
**Revised 11/11/10**

**1. How many months should the assigned worker have made face-to-face contact with the child/youth during the review period? (7.001.6 A, B) (7.202.62 F 1, 3, 5 - 9) (Item 19)**

Count the number of months during the review period that the reviewer is looking for monthly face-to-face contacts and select the corresponding answer response.

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- Answer “NA” if child/youth is on the run the entire review period or in juvenile detention the entire review period.

**Intent: Count the number of months the county department personnel should have made contact with the child/youth during the period under review.**

**NOTE: Contact is the same as a visit. Contact shall be made by the county department personnel.**

**NOTE: If contacts by a county internal treatment team are being considered as the required contact with the child/youth, the county internal treatment team records of contact must be available for the review.**

**NOTE: Use reviewer judgment for toddlers and infants, as it may not be appropriate or possible to see them separately from their caregiver(s).**

**VOLUME VII**

**7.202.62 Provision of Ongoing Child Protection Services (CPS) [Rev. eff. 6/1/10]**

**F. Monthly Contact**

The primary purpose for case contacts shall be to assure child safety and well-being and move the case toward achieving identified treatment goals. Documentation in the statewide automated system of at least one monthly contact shall summarize progress toward these goals. In child protection cases in which the children or youth remain in the home and in child protection cases in which the children or youth are placed out of the home, the county department shall have face-to-face and telephone contact with the children or youth and parents and relevant collateral contacts as often as needed (while meeting the minimum expectations below) to reasonably attempt to assure the safety, permanency and well-being of the children.

1. A face-to-face contact with a parent, or the guardian to whom the child or youth shall return, or with a child or youth is defined as an in-person contact for the purpose of observation, conversation, intervention or interview about substantive case issues, such as safety, risk and needs assessment, safety and treatment planning that may help to reduce future risk of abuse and neglect, service agreement development and/or progress.

2. The primary purposes for county department contacts with parents are to assess the parent(s)' ability to provide safety for the child or youth and make progress toward treatment plan goals. When a child protection case remains open with the county department, the county department shall maintain sufficient contact with parents or the guardian with whom the child or youth resides, or to whom the child or youth shall return, to lead to timely resolution of child safety issues and to move the case toward timely resolution of treatment plan goals. Such contact shall occur at least monthly and at least every other month there shall be face-to-face contact. Such contacts shall occur with parents at least until a motion for termination of parental rights is filed, in cases in which the child is not living in the home or in which it is no longer planned that the child will return home.

3. The primary purpose for child or youth contacts is to assure the child's safety and well-being regardless of the reason the case is open with the county department. For in-home cases, the

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county department shall have at least monthly face-to-face contact with children or youth participating as a child in the case.

4. For the frequency of contact for children and youth in out-of-home placement, see Section 7.001.6, B (12 CCR 2509-1).

5. For all other types of contacts, the purpose of the contacts shall be determined by the stage of the case, by the level of safety, risk and needs of the case, and according to whether or not the county department representative is the primary service provider. In cases in which there are individuals and/or someone from another or other agencies who has/have the primary therapeutic relationship with the parent and/or the child or youth, these parties may be designated by the county department to fulfill additional contacts beyond the minimum contacts described above when additional contacts are needed to reasonably assure the safety, permanency and well-being of the child(ren) or youth in the case.

6. All case contacts with parents and child(ren) or youth by the county department shall be recorded in the statewide automated system case file, and shall reflect how the purpose of the visit was accomplished.

7. In exceptional situations, if the minimum case contacts are not able to be provided by the county in any given month, those reasons shall be documented by the county in the case file.

8. If direct contact is impossible due to the child's location, the following information shall be documented in the statewide automated system indicating:

- a. The case circumstances, including why the direct contact is not possible.
- b. How the contact shall occur.
- c. How the county department shall monitor progress.

9. All case contacts by parties designated by the county department, beyond the minimum contacts described above, to provide assessment, treatment and/or monitoring of the parents and children or youth, shall be recorded in the case file. The county department shall have the responsibility to determine that such needed contacts have occurred.

**7.1.6 [7.001.6] Case Contact Requirements [Rev. eff. 6/1/10]**

The primary purposes for case contacts shall be to assure child safety and well-being and move the case toward achieving identified treatment goals regardless of the reason the case is open. For Program Areas 4, 5, and 6, and in cases in which children and youth remain in the home or are placed out of the home, the county department shall have face-to-face and telephone contact with the children and youth, parents, and relevant collateral contacts as often as needed to assure the safety, permanency and well-being of the children (see Section 7.202.62, F).

Case contacts shall be documented in the statewide automated system. Minimum contact requirements are as follows:

**A. Program Areas, 4, 5, and 6 In-Home Services**

The county department shall have at least monthly face-to-face contact with the child or youth. The county department shall have at least monthly face-to-face or telephone contact with the parent, parent surrogate or guardian, with face-to-face contact occurring at least every other month.

**B. Program Areas 4, 5, and 6 Out-of-Home Placement Services Concerning Children and Youth in Colorado**

The primary caseworker, that caseworker's supervisor, or the designated visitation caseworker for each child or youth in out-of-home placement for whom the county department has responsibility shall have face-to-face contact with that child or youth at least once every calendar month.

The "designated visitation caseworker" is an individual assigned responsibility for visiting the child or youth. The visitation caseworker may be a caseworker employed by the county department or another county department; a caseworker or contract caseworker in another state; or, a professional within the state who meets the qualification listed at Section 7.000.6, M through O, and training listed at Section 7.000.61. The name and role of the visitation caseworker assigned responsibility for visiting the child or youth shall be recorded in the assigned screen of the statewide automated data system and shall be updated if there is a change in the visitation caseworker. There shall be only one designated visitation caseworker for a child or youth at any one time.

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C. Program Areas 4, 5, and 6 Out-of-Home Placement Services Out of Colorado Concerning Children and Youth

The primary caseworker, that caseworker's supervisor, or the designated visitation caseworker or that caseworker's supervisor, for each child or youth in out-of-home placement out of Colorado shall have face-to-face contact with that child or youth at least once every calendar month.

For cases governed by the Interstate Compact on the Placement of Children (ICPC), the assigned or contracted caseworker in the state where the child or youth is placed may be the designated visitation caseworker. The Colorado caseworker assigned to the case shall document the designated visitation caseworker's visits in the statewide automated system if there is documentation in the case file from the designated visitation caseworker that describes the date, place and content of the visit with the child or youth for cases governed by ICPC. If there is an out-of-state designated visitation caseworker, that person shall use other means than review of the statewide automated system to assure that he or she has current working knowledge of the case at the time visits are made to the child or youth. A written report on the contact shall be requested by the custodial agency.

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**2. How many months did the assigned worker make face-to-face contact with the child/youth during the review period? (7.001.6 A, B) (7.202.62 F 1, 3, 5 - 9) (Item 19)**

Count the number of months during the review period that you found documentation of monthly face-to-face contacts with the child/youth and select the corresponding answer response.

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- Answer “NA” if child/youth is on the run the entire review period or in juvenile detention the entire review period.

**Intent: Count the number of months the county department personnel did make contact with the child/youth during the period under review.**

**NOTE: Contact is the same as a visit. Contact shall be made by the county department personnel.**

**NOTE: If contacts by a county internal treatment team are being considered as the required contact with the child/youth, the county internal treatment team records of contact must be available for the review.**

**NOTE: Use reviewer judgment for toddlers and infants, as it may not be appropriate or possible to see them separate from their caregiver(s).**

**VOLUME VII**

**7.202.62 Provision of Ongoing Child Protection Services (CPS) [Rev. eff. 6/1/10]**

**F. Monthly Contact**

The primary purpose for case contacts shall be to assure child safety and well-being and move the case toward achieving identified treatment goals. Documentation in the statewide automated system of at least one monthly contact shall summarize progress toward these goals. In child protection cases in which the children or youth remain in the home and in child protection cases in which the children or youth are placed out of the home, the county department shall have face-to-face and telephone contact with the children or youth and parents and relevant collateral contacts as often as needed (while meeting the minimum expectations below) to reasonably attempt to assure the safety, permanency and well-being of the children.

1. A face-to-face contact with a parent, or the guardian to whom the child or youth shall return, or with a child or youth is defined as an in-person contact for the purpose of observation, conversation, intervention or interview about substantive case issues, such as safety, risk and needs assessment, safety and treatment planning that may help to reduce future risk of abuse and neglect, service agreement development and/or progress.

2. The primary purposes for county department contacts with parents are to assess the parent(s)' ability to provide safety for the child or youth and make progress toward treatment plan goals. When a child protection case remains open with the county department, the county department shall maintain sufficient contact with parents or the guardian with whom the child or youth resides, or to whom the child or youth shall return, to lead to timely resolution of child safety issues and to move the case toward timely resolution of treatment plan goals. Such contact shall occur at least monthly and at least every other month there shall be face-to-face contact. Such contacts shall occur with parents at least until a motion for termination of parental rights is filed, in cases in which the child is not living in the home or in which it is no longer planned that the child will return home.

3. The primary purpose for child or youth contacts is to assure the child's safety and well-being regardless of the reason the case is open with the county department. For in-home cases, the

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county department shall have at least monthly face-to-face contact with children or youth participating as a child in the case.

4. For the frequency of contact for children and youth in out-of-home placement, see Section 7.001.6, B (12 CCR 2509-1).

5. For all other types of contacts, the purpose of the contacts shall be determined by the stage of the case, by the level of safety, risk and needs of the case, and according to whether or not the county department representative is the primary service provider. In cases in which there are individuals and/or someone from another or other agencies who has/have the primary therapeutic relationship with the parent and/or the child or youth, these parties may be designated by the county department to fulfill additional contacts beyond the minimum contacts described above when additional contacts are needed to reasonably assure the safety, permanency and well-being of the child(ren) or youth in the case.

6. All case contacts with parents and child(ren) or youth by the county department shall be recorded in the statewide automated system case file, and shall reflect how the purpose of the visit was accomplished.

7. In exceptional situations, if the minimum case contacts are not able to be provided by the county in any given month, those reasons shall be documented by the county in the case file.

8. If direct contact is impossible due to the child's location, the following information shall be documented in the statewide automated system indicating:

- a. The case circumstances, including why the direct contact is not possible.
- b. How the contact shall occur.
- c. How the county department shall monitor progress.

9. All case contacts by parties designated by the county department, beyond the minimum contacts described above, to provide assessment, treatment and/or monitoring of the parents and children or youth, shall be recorded in the case file. The county department shall have the responsibility to determine that such needed contacts have occurred.

**7.1.6 [7.001.6] Case Contact Requirements [Rev. eff. 6/1/10]**

The primary purposes for case contacts shall be to assure child safety and well-being and move the case toward achieving identified treatment goals regardless of the reason the case is open. For Program Areas 4, 5, and 6, and in cases in which children and youth remain in the home or are placed out of the home, the county department shall have face-to-face and telephone contact with the children and youth, parents, and relevant collateral contacts as often as needed to assure the safety, permanency and well-being of the children (see Section 7.202.62, F).

Case contacts shall be documented in the statewide automated system. Minimum contact requirements are as follows:

**A. Program Areas, 4, 5, and 6 In-Home Services**

The county department shall have at least monthly face-to-face contact with the child or youth. The county department shall have at least monthly face-to-face or telephone contact with the parent, parent surrogate or guardian, with face-to-face contact occurring at least every other month.

**B. Program Areas 4, 5, and 6 Out-of-Home Placement Services Concerning Children and Youth in Colorado**

The primary caseworker, that caseworker's supervisor, or the designated visitation caseworker for each child or youth in out-of-home placement for whom the county department has responsibility shall have face-to-face contact with that child or youth at least once every calendar month.

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**3. How many months did the assigned worker make face-to-face contact with the child/youth in his/her place of residence during the review period?**

Count the number of months during the review period that the reviewer found documentation of monthly face-to-face contacts with the child/youth in his/her home (place of residence) and select the corresponding answer response.

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- Answer “NA” if child/youth is on the run the entire review period or in juvenile detention the entire review period.

**Intent: Count the number of months the county department personnel made face-to-face contact with the child/youth in his/her place of residence during the period under review.**

**NOTE: If contacts by a county internal treatment team are being considered as the required contact with the child, the county internal treatment team records of contact must be available for the review.**

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**4. Did the frequency of contact with the caregiver/guardian/kin occur according to Volume 7 requirements? (7.0016 A, B, C) (7.202.62 F 1, 2, 5, 6)**

- Answer “**Yes**” if the minimum Volume VII contact requirements with the caregiver/guardian/kin were met.
  - (Program Area 5 cases- At least monthly contact with the parent, parent surrogate or guardian, with face-to-face contact occurring every other month.)
  - (Program Area 4 cases- Face-to-face contacts with caregiver/guardian/kin are required for PA4 cases at least every other month.)
- Answer “**No**” if the frequency of contact with the caregiver/guardian/kin did not meet Volume 7 requirements.
- “**NA**” should not be used.

**Intent: To determine if the frequency of contact with the caregiver/guardian/kin occurred according to Volume 7 rules.**

**NOTE:** Note in comments if the caseworker documents that attempts were made but the parent(s) were not cooperative.

**NOTE:** Note in comments if failed attempts are documented.

**NOTE:** Face-to-face contacts with caregiver/guardian/kin are required for PA4 cases at least every other month.

**NOTE:** If contacts by a county internal treatment team are being considered as the required contact with the caregiver/guardian/kin, the county internal treatment team records of contact must be available for the review.

**NOTE:** Email correspondence is not an acceptable form of contact, for purposes of answering this question.

**NOTE:** Answer this question **based on who the child/youth’s permanent caregiver is planned to be. For example if the child is placed with a relative through temporary custody, but plans on returning home to the parent, answer this question based on contact with the parent. If the child/youth’s guardian is a relative/kin/guardian, and the child/youth will not be returning to the parent(s), then answer this question based on the relative/kin/guardian. If it is clear that the child youth will be returning to the mother, and not the father (or vice versa), look for contact with the parent to whom the child will be returning to, only. If the it is not clear which parent the child will be returning to, and both parents have a treatment plan, look for monthly contact with both parents. (8/26/10)**

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**7.1.6 [7.001.6] Case Contact Requirements [Rev. eff. 6/1/10]**

The primary purposes for case contacts shall be to assure child safety and well-being and move the case toward achieving identified treatment goals regardless of the reason the case is open. For Program Areas 4, 5, and 6, and in cases in which children and youth remain in the home or are placed out of the home, the county department shall have face-to-face and telephone contact with the children and youth, parents, and relevant collateral contacts as often as needed to assure the safety, permanency and well-being of the children (see Section 7.202.62, F).

Case contacts shall be documented in the statewide automated system. Minimum contact requirements are as follows:

**A. Program Areas, 4, 5, and 6 In-Home Services**

The county department shall have at least monthly face-to-face contact with the child or youth. The county department shall have at least monthly face-to-face or telephone contact with the parent, parent surrogate or guardian, with face-to-face contact occurring at least every other month.

**B. Program Areas 4, 5, and 6 Out-of-Home Placement Services Concerning Children and Youth in Colorado**

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The primary caseworker, that caseworker's supervisor, or the designated visitation caseworker for each child or youth in out-of-home placement for whom the county department has responsibility shall have face-to-face contact with that child or youth at least once every calendar month.

The "designated visitation caseworker" is an individual assigned responsibility for visiting the child or youth. The visitation caseworker may be a caseworker employed by the county department or another county department; a caseworker or contract caseworker in another state; or, a professional within the state who meets the qualification listed at Section 7.000.6, M through O, and training listed at Section 7.000.61.

The name and role of the visitation caseworker assigned responsibility for visiting the child or youth shall be recorded in the assigned screen of the statewide automated data system and shall be updated if there is a change in the visitation caseworker. There shall be only one designated visitation caseworker for a child or youth at any one time.

**7.202.62 Provision of Ongoing Child Protection Services (CPS) [Rev. eff. 6/1/10]**

**F. Monthly Contact**

The primary purpose for case contacts shall be to assure child safety and well-being and move the case toward achieving identified treatment goals. Documentation in the statewide automated system of at least one monthly contact shall summarize progress toward these goals. In child protection cases in which the children or youth remain in the home and in child protection cases in which the children or youth are placed out of the home, the county department shall have face-to-face and telephone contact with the children or youth and parents and relevant collateral contacts as often as needed (while meeting the minimum expectations below) to reasonably attempt to assure the safety, permanency and well-being of the children.

1. A face-to-face contact with a parent, or the guardian to whom the child or youth shall return, or with a child or youth is defined as an in-person contact for the purpose of observation, conversation, intervention or interview about substantive case issues, such as safety, risk and needs assessment, safety and treatment planning that may help to reduce future risk of abuse and neglect, service agreement development and/or progress.

2. The primary purposes for county department contacts with parents are to assess the parent(s)' ability to provide safety for the child or youth and make progress toward treatment plan goals. When a child protection case remains open with the county department, the county department shall maintain sufficient contact with parents or the guardian with whom the child or youth resides, or to whom the child or youth shall return, to lead to timely resolution of child safety issues and to move the case toward timely resolution of treatment plan goals. Such contact shall occur at least monthly and at least every other month there shall be face-to-face contact. Such contacts shall occur with parents at least until a motion for termination of parental rights is filed, in cases in which the child is not living in the home or in which it is no longer planned that the child will return home.

3. The primary purpose for child or youth contacts is to assure the child's safety and well-being regardless of the reason the case is open with the county department. For in-home cases, the county department shall have at least monthly face-to-face contact with children or youth participating as a child in the case.

4. For the frequency of contact for children and youth in out-of-home placement, see Section 7.001.6, B (12 CCR 2509-1).

5. For all other types of contacts, the purpose of the contacts shall be determined by the stage of the case, by the level of safety, risk and needs of the case, and according to whether or not the county department representative is the primary service provider. In cases in which there are individuals and/or someone from another or other agencies who has/have the primary therapeutic relationship with the parent and/or the child or youth, these parties may be designated by the county department to fulfill additional contacts beyond the minimum contacts described above when additional contacts are needed to reasonably assure the safety, permanency and well-being of the child(ren) or youth in the case.

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6. All case contacts with parents and child(ren) or youth by the county department shall be recorded in the statewide automated system case file, and shall reflect how the purpose of the visit was accomplished.
7. In exceptional situations, if the minimum case contacts are not able to be provided by the county in any given month, those reasons shall be documented by the county in the case file.
8. If direct contact is impossible due to the child's location, the following information shall be documented in the statewide automated system indicating:
  - a. The case circumstances, including why the direct contact is not possible.
  - b. How the contact shall occur.
  - c. How the county department shall monitor progress.
9. All case contacts by parties designated by the county department, beyond the minimum contacts described above, to provide assessment, treatment and/or monitoring of the parents and children or youth, shall be recorded in the case file. The county department shall have the responsibility to determine that such needed contacts have occurred.

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**Contact Requirements updated 8/10**

	<b>Child</b>	<b>Parent</b>
<b>In-Home PA - 4, 5 or 6</b>	Monthly FTF	Monthly – Every <b><u>other</u></b> month FTF
<b>OOH PA - 4, 5 or 6 when a <u>motion for TPR</u> has been filed or when the goal is NOT Return Home.</b>	Monthly FTF w/ every other month <b><u>in the facility.</u></b>	<b><u>No</u></b> contact with parent is required.
<b>OOH PA 4 or 6 when goal IS Return Home</b>	Monthly FTF w/ every other month in the facility	Monthly – Does <b><u>not</u></b> have to be FTF.
<b>OOH PA-5 when goal IS Return Home</b>	Monthly FTF w/ every other month <b><u>in the facility.</u></b>	Monthly w/ every <b><u>other</u></b> month FTF

**NOTE:** Answer based on the program area and active permanency goal assigned by the county department, even if the program area and permanency goal appear to be incorrect.

**NOTE:** The primary caseworker, that caseworker’s supervisor, or the designated visitation caseworker for each child or youth in out of home placement for whom the county department has responsibility shall have face to face contact with that child or youth at least once every calendar month.

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**Information provided by the Butler Institute for Families, at the University of Denver, on 2/4/10**

Use this information as a reference for Questions 5, 6, and 7

**ROC Notes Should Cover:**

- **Who, what, where, and how**  
Who did you talk to or who did you see? Include everyone that is present during face-to-face visits. What did you see or hear? What questions did you ask? What information did you obtain that is relevant to the case? Where did you see the family? In the home, in the office, at school, at court? How did you contact the client? By phone or in person? Did they call or did you call?
- **Progress/barriers to success**  
[Worker should document progress family is making on their treatment plan. Have they achieved their objectives? Which ones? If not, what barriers prevent their achievement?]
- **Client behaviors – change**  
How is the client changing? What specific behaviors are changing that may indicate achievement of their objectives? This may include specific documentation of behavior during visits.
- **Change in environment – safety**  
While visiting at the client’s home, document specifics of the home environment. What specifically has changed to make the home a safe environment? For children in foster care, where are they sleeping, who are they sharing a room with, how do they get along with the other children, do they feel safe in their foster home?
- **Client insight regarding prior behavior**  
How does the client now view the behaviors that brought them to the attention of the department? Does the client now see the need for change? Does the client feel that the changes have been for the better?
- **New risks or safety concerns**  
Are there any new safety or risk concerns? Remember that risk and safety must be assessed continually. Sometimes children have a very black and white view of safety, and you will have to ask numerous questions to complete a thorough assessment. What do you like about living here? What don’t you like about living here? What would you like to see changed? What would you want to be sure stays the same? Tell me about mealtimes/school/bedtime. Tell me about a typical day. What haven’t I asked you about that you want to tell me?
- It is important to remember that when you are meeting with parents and children, you are not just “visiting.” You have a purpose and there is specific information you are trying to obtain. It is important to ask and document things pertaining to safety and progress. You should be asking children for descriptions about things such as daily routines, discipline, conversations they are having with parents/foster parents, relationships with sibling/foster siblings, etc. Depending on the family situation, you need to find ways for the child to share information about their situation without asking things like, “Do you feel safe?” or “How are things going?” This information then needs to be documented and used in your case plan decisions.
- The safety of children both at home and in foster care, and documenting this in the case file, is one of the driving factors of new mandates for workers under the Child and Family Service Improvement Act of 2006. Part of this Act mandates that by October 1, 2011, 90% of children in foster care will be visited monthly (once per calendar month) by their caseworkers and that the majority of these visits will take place in the child’s residence. The state is currently working with the Feds to establish benchmarks for this and how it is going to be monitored. So again, documentation to show that these visits are taking place, where they are taking place, and what information is being gathered is critical.

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**5. Was the quality of contacts with the child/youth sufficient to address issues pertaining to the safety, permanency, and well-being of the child and to promote achievement of case goals? (Check all no responses that apply) (7.001.6) (7.202.62 F 1 – 3, 5 – 9)**

- Answer “**Yes**” if there is documentation that **agency personnel** contact with the child/youth focused on issues pertinent to case planning, service delivery, goal attainment, and safety.
- Answer “**No**” if there is no documentation that **agency personnel** contact with the child/youth focused on issues pertinent to case planning, service delivery or goal attainment for each month in which contact was made. For this answer response, if there is more than one contact in the month, the *sum* of contacts in each month must include sufficient content.
- Answer “**No assessment of safety**” if there is insufficient or lack of documentation to indicate that an assessment of safety was conducted by the worker. Answer this question based on each month in which contact was made. For this answer response, if there is more than one contact in the month, at least one of the contacts for each month must include an assessment of safety. **Do not select this response for PA 4 cases.**
- Answer “**NA**” if no contact is made, and add comment.

**Intent: The reviewer is assessing the quality of contacts with the child as it pertains to safety, permanency, and well-being, as the quality of contact promotes achievement of case goals.**

**NOTE: Answer this question based on each month in which contact was made. If there is more than one contact in the month, the *sum* of contacts in each month must include sufficient content and an assessment of safety.**

**NOTE: Consider the child’s/youth’s age, communication ability, and developmental age when reviewing whether the county observed or talked to the child/youth outside the presence of the caregivers.**

**VOLUME VII**

**7.1.6 [7.001.6] Case Contact Requirements [Rev. eff. 6/1/10]**

The primary purposes for case contacts shall be to assure child safety and well-being and move the case toward achieving identified treatment goals regardless of the reason the case is open. For Program Areas 4, 5, and 6, and in cases in which children and youth remain in the home or are placed out of the home, the county department shall have face-to-face and telephone contact with the children and youth, parents, and relevant collateral contacts as often as needed to assure the safety, permanency and well-being of the children (see Section 7.202.62, F).

Case contacts shall be documented in the statewide automated system. Minimum contact requirements are as follows:

**7.202.62 Provision of Ongoing Child Protection Services (CPS) [Rev. eff. 6/1/10]**

**F. Monthly Contact**

The primary purpose for case contacts shall be to assure child safety and well-being and move the case toward achieving identified treatment goals. Documentation in the statewide automated system of at least one monthly contact shall summarize progress toward these goals. In child protection cases in which the children or youth remain in the home and in child protection cases in which the children or youth are placed out of the home, the county department shall have face-to-face and telephone contact with the children or youth and parents and relevant collateral contacts as often as needed (while meeting the minimum expectations below) to reasonably attempt to assure the safety, permanency and well-being of the children.

1. A face-to-face contact with a parent, or the guardian to whom the child or youth shall return, or with a child or youth is defined as an in-person contact for the purpose of observation, conversation, intervention or interview about substantive case issues, such as safety, risk and needs assessment, safety and treatment planning that may help to reduce future risk of abuse and neglect, service agreement development and/or progress.

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2. The primary purposes for county department contacts with parents are to assess the parent(s)' ability to provide safety for the child or youth and make progress toward treatment plan goals. When a child protection case remains open with the county department, the county department shall maintain sufficient contact with parents or the guardian with whom the child or youth resides, or to whom the child or youth shall return, to lead to timely resolution of child safety issues and to move the case toward timely resolution of treatment plan goals. Such contact shall occur at least monthly and at least every other month there shall be face-to-face contact. Such contacts shall occur with parents at least until a motion for termination of parental rights is filed, in cases in which the child is not living in the home or in which it is no longer planned that the child will return home.
3. The primary purpose for child or youth contacts is to assure the child's safety and well-being regardless of the reason the case is open with the county department. For in-home cases, the county department shall have at least monthly face-to-face contact with children or youth participating as a child in the case.
4. For the frequency of contact for children and youth in out-of-home placement, see Section 7.001.6, B (12 CCR 2509-1).
5. For all other types of contacts, the purpose of the contacts shall be determined by the stage of the case, by the level of safety, risk and needs of the case, and according to whether or not the county department representative is the primary service provider. In cases in which there are individuals and/or someone from another or other agencies who has/have the primary therapeutic relationship with the parent and/or the child or youth, these parties may be designated by the county department to fulfill additional contacts beyond the minimum contacts described above when additional contacts are needed to reasonably assure the safety, permanency and well-being of the child(ren) or youth in the case.
6. All case contacts with parents and child(ren) or youth by the county department shall be recorded in the statewide automated system case file, and shall reflect how the purpose of the visit was accomplished.
7. In exceptional situations, if the minimum case contacts are not able to be provided by the county in any given month, those reasons shall be documented by the county in the case file.
8. If direct contact is impossible due to the child's location, the following information shall be documented in the statewide automated system indicating:
  - a. The case circumstances, including why the direct contact is not possible.
  - b. How the contact shall occur.
  - c. How the county department shall monitor progress.
9. All case contacts by parties designated by the county department, beyond the minimum contacts described above, to provide assessment, treatment and/or monitoring of the parents and children or youth, shall be recorded in the case file. The county department shall have the responsibility to determine that such needed contacts have occurred.

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**6. Did the contact with the child/youth include some portion of time during which the child/youth was observed or talked to outside the presence of the caregiver(s)?**

- Answer "Yes" if there is documentation that the agency personnel contact with the child/youth included some portion of time where the child/youth was observed or talked to outside the presence of the caregiver(s). **Use the more than less rule, in order to select this response.**
- Answer "No" if there is no documentation that the caseworker contact with the child included some portion of time where the child/youth was observed or talked to outside the presence of the caregiver(s). This is based on age, communication ability, and developmental age. Dependent on case-specific circumstances, time alone with the child may be warranted to assure safety.
- Answer "NA" for children who are not age-appropriate or developmentally appropriate to see alone and/or away from their caregiver(s). For example, infants, children with developmental disabilities, nonverbal children, etc. Also answer "NA" if no contact is made, and add comment.

**Intent: The reviewer is assessing the documentation that includes some discussion that the caseworker's contact with the child/youth includes some portion of time during which the child/youth was observed or talked to outside the presence of the caregiver.**

**NOTE: This is based on age, communication ability, and developmental age.**

**NOTE: Dependent upon case-specific circumstances, time alone with the child may be warranted to assure safety.**

**NOTE: Answer this based on "more than less."**

**NOTE: Answer this question based on the contact that IS made. If no contact is made, answer "NA."  
(10/13/10 3-day)**

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**7. Was the quality of contacts with the mother/guardian/kin sufficient to address issues pertaining to the safety, permanency, and well-being of the child/youth and to promote achievement of case goals? (7.001.6) (7.202.62 F 1 – 3, 5 – 9)**

- Answer “Yes” if there is documentation that the agency personnel contact with the mother/guardian/kin focused on issues pertinent to case planning, service delivery, goal attainment, and safety.
- Answer “No” if there is no documentation that agency personnel contact with the mother/guardian/kin focused on issues pertinent to case planning, service delivery or goal attainment. For this answer response, if there is more than one contact in the month, the *sum* of contacts in each month needs to include sufficient content.
- Answer “NA” if the mother/guardian/kin parental rights have been terminated, her whereabouts are unknown, if she is deceased and there is no substitute legal guardian, if there is a judicial determination that the mother’s involvement is contrary to the child’s/youth’s safety or best interests, if the Court has ordered that no appropriate treatment plan can be developed for the mother, or if the Court has relieved or dismissed the mother from her treatment plan. **Also answer “NA” if no contact is made, and add a comment.**

**Intent: The reviewer is assessing the quality of contacts with the mother as it pertains to safety, permanency, and wellbeing and if the quality of contact promotes achievement of case goals.**

**NOTE:** Face-to-face contacts with mother/guardian/kin are required for PA4 cases at least every other month.

**NOTE:** Answer this question based on the contact that IS made. If no contact is made, answer “NA.”

**NOTE:** Answer this question based on who the child/youth’s permanent caregiver is planned to be. For example if the child is placed with a relative through temporary custody, but plans on returning home to the parent, answer this question based on contact with the parent. If the child/youth’s guardian is a relative/kin/guardian, and the child/youth will not be returning to the parent(s), then answer this question based on the relative/kin/guardian. If it is clear that the child youth will be returning to the mother, and not the father (or vice versa), look for contact with the parent to whom the child will be returning to, only. If the it is not clear which parent the child will be returning to, and both parents have a treatment plan, look for monthly contact with both parents. (8/26/10)

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**7.1.6 [7.001.6] Case Contact Requirements [Rev. eff. 6/1/10]**

The primary purposes for case contacts shall be to assure child safety and well-being and move the case toward achieving identified treatment goals regardless of the reason the case is open. For Program Areas 4, 5, and 6, and in cases in which children and youth remain in the home or are placed out of the home, the county department shall have face-to-face and telephone contact with the children and youth, parents, and relevant collateral contacts as often as needed to assure the safety, permanency and well-being of the children (see Section 7.202.62, F).

Case contacts shall be documented in the statewide automated system. Minimum contact requirements are as follows:

**7.202.62 Provision of Ongoing Child Protection Services (CPS) [Rev. eff. 6/1/10]**

**F. Monthly Contact**

The primary purpose for case contacts shall be to assure child safety and well-being and move the case toward achieving identified treatment goals. Documentation in the statewide automated system of at least one monthly contact shall summarize progress toward these goals. In child protection cases in which the children or youth remain in the home and in child protection cases in which the children or youth are placed

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out of the home, the county department shall have face-to-face and telephone contact with the children or youth and parents and relevant collateral contacts as often as needed (while meeting the minimum expectations below) to reasonably attempt to assure the safety, permanency and well-being of the children.

1. A face-to-face contact with a parent, or the guardian to whom the child or youth shall return, or with a child or youth is defined as an in-person contact for the purpose of observation, conversation, intervention or interview about substantive case issues, such as safety, risk and needs assessment, safety and treatment planning that may help to reduce future risk of abuse and neglect, service agreement development and/or progress.
2. The primary purposes for county department contacts with parents are to assess the parent(s)' ability to provide safety for the child or youth and make progress toward treatment plan goals. When a child protection case remains open with the county department, the county department shall maintain sufficient contact with parents or the guardian with whom the child or youth resides, or to whom the child or youth shall return, to lead to timely resolution of child safety issues and to move the case toward timely resolution of treatment plan goals. Such contact shall occur at least monthly and at least every other month there shall be face-to-face contact. Such contacts shall occur with parents at least until a motion for termination of parental rights is filed, in cases in which the child is not living in the home or in which it is no longer planned that the child will return home.
3. The primary purpose for child or youth contacts is to assure the child's safety and well-being regardless of the reason the case is open with the county department. For in-home cases, the county department shall have at least monthly face-to-face contact with children or youth participating as a child in the case.
4. For the frequency of contact for children and youth in out-of-home placement, see Section 7.001.6, B (12 CCR 2509-1).
5. For all other types of contacts, the purpose of the contacts shall be determined by the stage of the case, by the level of safety, risk and needs of the case, and according to whether or not the county department representative is the primary service provider. In cases in which there are individuals and/or someone from another or other agencies who has/have the primary therapeutic relationship with the parent and/or the child or youth, these parties may be designated by the county department to fulfill additional contacts beyond the minimum contacts described above when additional contacts are needed to reasonably assure the safety, permanency and well-being of the child(ren) or youth in the case.
6. All case contacts with parents and child(ren) or youth by the county department shall be recorded in the statewide automated system case file, and shall reflect how the purpose of the visit was accomplished.
7. In exceptional situations, if the minimum case contacts are not able to be provided by the county in any given month, those reasons shall be documented by the county in the case file.
8. If direct contact is impossible due to the child's location, the following information shall be documented in the statewide automated system indicating:
  - a. The case circumstances, including why the direct contact is not possible.
  - b. How the contact shall occur.
  - c. How the county department shall monitor progress.
9. All case contacts by parties designated by the county department, beyond the minimum contacts described above, to provide assessment, treatment and/or monitoring of the parents and children or youth, shall be recorded in the case file. The county department shall have the responsibility to determine that such needed contacts have occurred.

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**8. Was the quality of contacts with the father/guardian/kin sufficient to address issues pertaining to the safety, permanency, and well-being of the child/youth and to promote achievement of case goals? (7.001.6) (7.202.62 F 1 – 3, 5 – 9)**

- Answer “**Yes**” if there is documentation that agency personnel contact with the father/guardian/kin focused on issues pertinent to case planning, service delivery, goal attainment, and safety.
- Answer “**No**” if there is no documentation that agency personnel contact with the father/guardian/kin focused on issues pertinent to case planning, service delivery or goal attainment, and safety. For this answer response, if there is more than one contact in the month, the *sum* of contacts in each month needs to include sufficient content.
- Answer “**NA**” if the father/guardian/kin parental rights have been terminated, his whereabouts are unknown, if he is deceased and there is no substitute legal guardian, if there is a judicial determination that the father’s involvement is contrary to the child’s/youth's safety or best interests, if the Court has ordered that no appropriate treatment plan can be developed for the father, or if the Court has relieved or dismissed the father from her treatment plan. **Also answer “NA” if no contact is made, and add a comment.**

**Intent: The reviewer is assessing the quality of contacts with the father as it pertains to safety, permanency, and wellbeing and if the quality of contact promotes achievement of case goals.**

**NOTE: Face-to-face contacts with father/guardian/kin are required for PA4 cases at least every other month.**

**NOTE: Answer this question based on the contact that IS made. If no contact is made, answer “NA.”**

**NOTE: Answer this question based on who the child/youth’s permanent caregiver is planned to be. For example if the child is placed with a relative through temporary custody, but plans on returning home to the parent, answer this question based on contact with the parent. If the child/youth’s guardian is a relative/kin/guardian, and the child/youth will not be returning to the parent(s), then answer this question based on the relative/kin/guardian. If it is clear that the child youth will be returning to the mother, and not the father (or vice versa), look for contact with the parent to whom the child will be returning to, only. If the it is not clear which parent the child will be returning to, and both parents have a treatment plan, look for monthly contact with both parents. (8/26/10)**

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**7.1.6 [7.001.6] Case Contact Requirements [Rev. eff. 6/1/10]**

The primary purposes for case contacts shall be to assure child safety and well-being and move the case toward achieving identified treatment goals regardless of the reason the case is open. For Program Areas 4, 5, and 6, and in cases in which children and youth remain in the home or are placed out of the home, the county department shall have face-to-face and telephone contact with the children and youth, parents, and relevant collateral contacts as often as needed to assure the safety, permanency and well-being of the children (see Section 7.202.62, F).

Case contacts shall be documented in the statewide automated system. Minimum contact requirements are as follows:

**7.202.62 Provision of Ongoing Child Protection Services (CPS) [Rev. eff. 6/1/10]**

**F. Monthly Contact**

The primary purpose for case contacts shall be to assure child safety and well-being and move the case toward achieving identified treatment goals. Documentation in the statewide automated system of at least one monthly contact shall summarize progress toward these goals. In child protection cases in which the children or youth remain in the home and in child protection cases in which the children or youth are placed out of the home, the county department shall have face-to-face and telephone contact with the children or youth and parents and relevant collateral contacts as often as needed (while meeting the minimum expectations below) to reasonably attempt to assure the safety, permanency and well-being of the children.

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1. A face-to-face contact with a parent, or the guardian to whom the child or youth shall return, or with a child or youth is defined as an in-person contact for the purpose of observation, conversation, intervention or interview about substantive case issues, such as safety, risk and needs assessment, safety and treatment planning that may help to reduce future risk of abuse and neglect, service agreement development and/or progress.
2. The primary purposes for county department contacts with parents are to assess the parent(s)' ability to provide safety for the child or youth and make progress toward treatment plan goals. When a child protection case remains open with the county department, the county department shall maintain sufficient contact with parents or the guardian with whom the child or youth resides, or to whom the child or youth shall return, to lead to timely resolution of child safety issues and to move the case toward timely resolution of treatment plan goals. Such contact shall occur at least monthly and at least every other month there shall be face-to-face contact. Such contacts shall occur with parents at least until a motion for termination of parental rights is filed, in cases in which the child is not living in the home or in which it is no longer planned that the child will return home.
3. The primary purpose for child or youth contacts is to assure the child's safety and well-being regardless of the reason the case is open with the county department. For in-home cases, the county department shall have at least monthly face-to-face contact with children or youth participating as a child in the case.
4. For the frequency of contact for children and youth in out-of-home placement, see Section 7.001.6, B (12 CCR 2509-1).
5. For all other types of contacts, the purpose of the contacts shall be determined by the stage of the case, by the level of safety, risk and needs of the case, and according to whether or not the county department representative is the primary service provider. In cases in which there are individuals and/or someone from another or other agencies who has/have the primary therapeutic relationship with the parent and/or the child or youth, these parties may be designated by the county department to fulfill additional contacts beyond the minimum contacts described above when additional contacts are needed to reasonably assure the safety, permanency and well-being of the child(ren) or youth in the case.
6. All case contacts with parents and child(ren) or youth by the county department shall be recorded in the statewide automated system case file, and shall reflect how the purpose of the visit was accomplished.
7. In exceptional situations, if the minimum case contacts are not able to be provided by the county in any given month, those reasons shall be documented by the county in the case file.
8. If direct contact is impossible due to the child's location, the following information shall be documented in the statewide automated system indicating:
  - a. The case circumstances, including why the direct contact is not possible.
  - b. How the contact shall occur.
  - c. How the county department shall monitor progress.
9. All case contacts by parties designated by the county department, beyond the minimum contacts described above, to provide assessment, treatment and/or monitoring of the parents and children or youth, shall be recorded in the case file. The county department shall have the responsibility to determine that such needed contacts have occurred.

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**10. Was the child/youth engaged in case planning during the review period? (CRS 19-3-209) (7.200.1 F) (7.301.22) (Item 18) (Item 25)**

- Answer “**Yes**” if there is documentation to indicate that the child/youth has provided input and has been involved in case planning.
- Answer “**No**” if there is no documentation to indicate that the child/youth has provided input and has been involved in case planning.
- Answer “**No, efforts made but refused**” if there is documentation to indicate the child/youth has been given the opportunity to provide input and be involved in case planning *but has refused*.
- Answer “**NA**” if the child/youth is not age-appropriate to be involved in case planning (less than 12 years old), or if the child/youth has a disability that suggests that participating in case planning activities is not appropriate, or if the child/youth is on the run for the entire review period.

**Intent: To determine if the child was engaged in case planning.**

**NOTE:** A signature on the FSP is not sufficient as evidence of efforts to involve the child/youth in case planning. However, a signature with a checkmark in the “Participated in Development” box is sufficient.

**NOTE:** Compliance with the treatment plan does not necessarily imply involvement in case planning.

**NOTE:** Answer this question for children who are least greater than or equal to twelve years old and are developmentally and emotionally appropriate for involvement in case planning.

**NOTE:** Answer this question based on ongoing case planning during the review period.

**NOTE:** If you answer “NO” or “No, efforts made but refused,” question 11 is “NA.”

**COLORADO CHILDREN’S CODE**

**19-3-209. Individual case plan - required.**

An individual case plan, developed with the input or participation of the family, is required to be in place for all abused and neglected children and the families of such children in each case which is opened for the provision of services beyond the investigation of the report of child abuse or neglect, regardless of whether the child or children involved are placed out of the home or under court supervision.

**VOLUME VII**

**7.200.1 CHILD WELFARE SERVICES**

Child Welfare Services constitutes a specialized set of services that are intended to strengthen the ability of families to protect and care for their own children, minimize harm to children and youth, and ensure permanency planning. The goal shall be to support the intactness of families, when appropriate, through the provision of services aimed at stabilizing the family situation and strengthening the parents/guardians in fulfilling their parental responsibilities to their children. Intervention shall be guided by respect for the family's integrity, knowledge of the legal base for action, and sound social work practice.

The following principles shall underlie the provision of Child Welfare Services:

- F. Case planning shall involve the parents so that relevant services can be provided to permit timely rehabilitation and reunification.

**7.301.22 Family Service Plan Participants [Rev. eff. 12/1/99]**

The county shall assure that the following parties participate in the development of the Family Services Plan:

- Caseworker
- Parent(s) or legal guardians
- Child
- Immediate and extended family members as appropriate to the family and child's service needs
- Service providers, including kin caregivers and other out-of-home caregivers.

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All parties shall sign the plan and the caseworker's supervisor shall approve and sign the plan. The caseworker shall provide all parties with a copy of the signed plan. The reasons for any absence of signatures shall be documented on the plan. If the caseworker is unable to involve both parents, child, or provider, the efforts to do so and the reasons for the inability to do so shall be documented on the plan.

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**12. Was the mother/guardian/kin engaged in case planning during the review period? (CRS 19-3-209) (7.200.1 F) (7.301.22) (Item 18) (Item 25)**

- Answer “**Yes**” if there is documentation to indicate that the mother/guardian/kin has provided input and has been involved in case planning.
- Answer “**No**” if there is no documentation to indicate that the mother/guardian/kin has provided input and has been involved in case planning.
- Answer “**No, efforts made but refused**” if there is documentation to indicate the mother/guardian/kin has been given the opportunity to provide input and be involved in case planning *but has refused*.
- Answer “**NA**” if the mother/guardian/kin is not part of the household and is not being considered as a placement option or a caretaker who will return to the household. For example, the mother may be out of the household at the current time but still needs to be involved in case planning if she will be returning to the household or is being considered as a placement option. Also answer “**NA**” if the mother/guardian/kin parental rights have been terminated, her whereabouts are unknown, if she is deceased and there is no substitute legal guardian, if there is a judicial determination that the mother’s involvement is contrary to the child’s/youth’s safety or best interests, if the Court has ordered that no appropriate treatment plan can be developed for the mother, or if the Court has relieved or dismissed the mother from her treatment plan.

**Intent: To determine if the mother was engaged in case planning.**

**NOTE:** A signature on the FSP is not sufficient as evidence of efforts to involve the child/youth in case planning. However, a signature with a checkmark in the “Participated in Development” box is sufficient.

**NOTE:** Compliance with the treatment plan does not necessarily imply involvement in case planning.

**NOTE:** Answer this question based on ongoing case planning during the review period.

**NOTE:** If you answer “NO” or “No, efforts made but refused,” question 13 is “NA.”

**COLORADO CHILDREN’S CODE**

**19-3-209. Individual case plan - required.**

An individual case plan, developed with the input or participation of the family, is required to be in place for all abused and neglected children and the families of such children in each case which is opened for the provision of services beyond the investigation of the report of child abuse or neglect, regardless of whether the child or children involved are placed out of the home or under court supervision.

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**7.200.1 CHILD WELFARE SERVICES**

Child Welfare Services constitutes a specialized set of services that are intended to strengthen the ability of families to protect and care for their own children, minimize harm to children and youth, and ensure permanency planning. The goal shall be to support the intactness of families, when appropriate, through the provision of services aimed at stabilizing the family situation and strengthening the parents/guardians in fulfilling their parental responsibilities to their children. Intervention shall be guided by respect for the family's integrity, knowledge of the legal base for action, and sound social work practice.

The following principles shall underlie the provision of Child Welfare Services:

- F. Case planning shall involve the parents so that relevant services can be provided to permit timely rehabilitation and reunification.

**7.301.22 Family Service Plan Participants [Rev. eff. 12/1/99]**

The county shall assure that the following parties participate in the development of the Family Services Plan:

- Caseworker

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- Parent(s) or legal guardians
- Child
- Immediate and extended family members as appropriate to the family and child's service needs
- Service providers, including kin caregivers and other out-of-home caregivers.

All parties shall sign the plan and the caseworker's supervisor shall approve and sign the plan. The caseworker shall provide all parties with a copy of the signed plan. The reasons for any absence of signatures shall be documented on the plan. If the caseworker is unable to involve both parents, child, or provider, the efforts to do so and the reasons for the inability to do so shall be documented on the plan.

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**14. Was the father/guardian/kin engaged in case planning during the review period? (CRS 19-3-209) (7.200.1 F) (7.301.22) (Item 18) (Item 25)**

- Answer “**Yes**” if there is documentation to indicate that the father/guardian/kin has provided input and has been involved in case planning.
- Answer “**No**” if there is no documentation to indicate that the father/guardian/kin has provided input and has been involved in case planning.
- Answer “**No, efforts made but refused**” if there is documentation to indicate the father/guardian/kin has been given the opportunity to provide input and be involved in case planning *but has refused*.
- Answer “**NA**” if the father/guardian/kin is not part of the household and is not being considered as a placement option or a caretaker who will return to the household. For example, the father may be out of the household at the current time but still needs to be involved in case planning if he will be returning to the household or is being considered as a placement option. Also answer “**NA**” if the father/guardian/kin parental rights have been terminated, his whereabouts are unknown, if he is deceased and there is no substitute legal guardian, if there is a judicial determination that the father’s involvement is contrary to the child’s/youth’s safety or best interests, if the Court has ordered that no appropriate treatment plan can be developed for the father, or if the Court has relieved or dismissed the father from his treatment plan.

**Intent: To determine if the father was engaged in case planning.**

**NOTE:** A signature on the FSP is not sufficient as evidence of efforts to involve the child/youth in case planning. However, a signature with a checkmark in the “Participated in Development” box is sufficient.

**NOTE:** Compliance with the treatment plan does not necessarily imply involvement in case planning.

**NOTE:** Answer this question based on ongoing case planning during the review period.

**NOTE:** If you answer “NO” or “No, efforts made but refused,” question 15 is “NA.”

**COLORADO CHILDREN’S CODE**

**19-3-209. Individual case plan - required.**

An individual case plan, developed with the input or participation of the family, is required to be in place for all abused and neglected children and the families of such children in each case which is opened for the provision of services beyond the investigation of the report of child abuse or neglect, regardless of whether the child or children involved are placed out of the home or under court supervision.

**VOLUME VII**

**7.200.1 CHILD WELFARE SERVICES**

Child Welfare Services constitutes a specialized set of services that are intended to strengthen the ability of families to protect and care for their own children, minimize harm to children and youth, and ensure permanency planning. The goal shall be to support the intactness of families, when appropriate, through the provision of services aimed at stabilizing the family situation and strengthening the parents/guardians in fulfilling their parental responsibilities to their children. Intervention shall be guided by respect for the family's integrity, knowledge of the legal base for action, and sound social work practice.

The following principles shall underlie the provision of Child Welfare Services:

- F. Case planning shall involve the parents so that relevant services can be provided to permit timely rehabilitation and reunification.

**7.301.22 Family Service Plan Participants [Rev. eff. 12/1/99]**

The county shall assure that the following parties participate in the development of the Family Services Plan:

- Caseworker

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- Parent(s) or legal guardians
- Child
- Immediate and extended family members as appropriate to the family and child's service needs
- Service providers, including kin caregivers and other out-of-home caregivers.

All parties shall sign the plan and the caseworker's supervisor shall approve and sign the plan. The caseworker shall provide all parties with a copy of the signed plan. The reasons for any absence of signatures shall be documented on the plan. If the caseworker is unable to involve both parents, child, or provider, the efforts to do so and the reasons for the inability to do so shall be documented on the plan.

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**16. Does the Family Services Plan treatment plan document services that are directed at the areas of need identified through assessment? (7.301.23 A-C)(Item 17)**

- Answer “**Yes**” if the treatment plan tasks and objectives reflect services directed at the areas of need identified through assessment. For the purpose of this question, answer based on ongoing assessment, either formal or informal.
- Answer “**No**” if the treatment plan does not reflect services directed at the areas of need identified through assessment, does not address current treatment issues, and/or does not address the services that *are* being offered.
- Answer “**No treatment plan developed**” if a treatment plan (FSP Part 3A) has not been developed at all.
- Answer “**No, all task time frames expired**” if the treatment plan (FSP Part 3A) is in the case record (Trails) but *all* of the task time frames have expired. Updates on the FSP Part 5A and/or FSP Part 3A are sufficient to update the treatment plan (FSP Part 3A).
- “**NA**” should not be used.

**Intent: Is the FSP Part 3A needs-driven, based on the identified needs of the child/family?**

**NOTE:** This is a child-specific question.

**NOTE:** Answer this question based on ongoing assessment, either formal or informal.

**NOTE:** This question applies to completeness of the treatment plan. This is an all or nothing question, meaning that all of the identified needs, pertaining to the safety of the child, must be identified on the treatment plan.

**NOTE:** Updates on the FSP Part 5A or FSP Part 3A in Trails are sufficient to update the treatment plan (FSP Part 3A).

**NOTE:** Services can be completed, but this must be documented on the FSP Part 3A or FSP Part 5A.

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**7.301.23 Family Service Plan Documentation**

The Family Services Plan shall document

- A. That services to be provided are directed at the areas of need identified in the assessment. Outcomes to be achieved as a result of the services provided will be described in terms of specific, measurable, agreed upon, realistic, time-limited objectives and action steps to be accomplished by the parents, child, service providers and county staff.
- B. That services to be provided are designed to assure that the child receives safe and proper care.
- C. That services to be provided are culturally and ethnically appropriate. Appropriate cultural or ethnic considerations should include, but are not limited to, consideration of the child's family, community, neighborhood, faith or religious beliefs, school activities, friends, and the child's and family's primary language.

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**17. Were all required parties addressed in the treatment plan? (Check all No responses that apply) (7.301.2) (7.301.22) Item 18**

- Answer “**YES**” if all required parties were addressed in the treatment plan.
- Answer “**NO, mother/guardian/kin**” if the mother does not have components on the treatment plan and should have components on the treatment plan. Mother is defined as the mother/guardian/kin.
- Answer “**NO, father/guardian/kin**” if the father does not have components on the treatment plan and should have components on the treatment plan. Father is defined as the father/guardian/kin.
- Answer “**NO, child/youth**” if the child/youth does not have components on the treatment plan and should have components on the treatment plan.
- Answer “**NO, county**” if the county does not have components on the treatment plan.
- Answer “**NO, all task frames expired**” if the treatment plan (FSP Part 3A) is in the case record (Trails) but all of the task time frames have expired. Updates on the FSP Part 5A and/or FSP Part 3A are sufficient to update the treatment plan (FSP Part 3A).
- Answer “**NO, some task frames expired**” if the treatment plan (FSP Part 3A) is in the case record (Trails) but some (not all) of the task time frames have expired. Updates on the FSP Part 5A and/or FSP Part 3A are sufficient to update the treatment plan (FSP Part 3A).
- Answer “**No treatment plan developed**” if there is no FSP developed for the case.
- Answer “**No, other**” if there is another person that should have a treatment plan developed but does not. This may include a special respondent or intervener.
- Answer “**NA**” should not be used.

**Intent: The reviewer shall determine if all parties needing a treatment plan, have a treatment plan in Trails.**

**VOLUME VII**

**7.301.2 Family Services Plan Requirements [Rev. eff. 9/1/07]**

The county department shall complete the Family Services Plan document for each child receiving services to assure that the child's needs for safety, permanency, and well-being are met. The Family Services Plan shall incorporate the following principles:

- A. A child's safety is paramount;
- B. Children belong in families;
- C. Families need the support of communities; and,
- D. Community partners are key to achieving strong outcomes for children and families.

**7.301.22 Family Service Plan Participants**

The county shall assure that the following parties participate in the development of the Family Services Plan:

- o Caseworker
- o Parent(s) or legal guardians
- o Child
- o Immediate and extended family members as appropriate to the family and child's service needs
- o Service providers, including kin caregivers and other out-of-home caregivers.

All parties shall sign the plan and the caseworker's supervisor shall approve and sign the plan. The caseworker shall provide all parties with a copy of the signed plan. The reasons for any absence of signatures shall be documented on the plan. If the caseworker is unable to involve both parents, child or provider, the efforts to do so and the reasons for the inability to do so shall be documented on the plan.

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**18. Does the Family Services Plan treatment plan include objectives and action steps that document clear expectations in order to achieve the permanency goal?  
(Check all no responses that apply) (7.301.23 A-C)**

- Answer “**Yes**” if the Family Services Plan treatment plan (objectives, action steps, and measurements of success) includes documentation of clear expectations of the client that are specific, measurable, realistic, and time-limited.
- Answer “**No, specific**” if the treatment plan does not include documentation of expectations of the client(s) that are specific (i.e. *what* needs to occur). Also select this answer option if the objectives and action steps in the treatment plan do not line up with the permanency goal (or vice versa). For example, the permanency goal is return home but there are no action steps toward reunification, therefore not specifying *what* needs to be done to achieve the goal.
- Answer “**No, measurable**” if the treatment plan does not include documentation of expectations of the client(s) that are measurable (i.e. *how we will know* that it has occurred).
- Answer “**No, realistic**” if the treatment plan does not include documentation of expectations of the client(s) that are realistic (i.e. *feasibility* that it can occur).
- Answer “**No, time-limited**” if the treatment plan does not include documentation of expectations of the client(s) that are time-limited (i.e. *when* it needs to occur).
- Answer “**No treatment plan developed**” if a treatment plan (FSP Part 3A) has not been developed. *If this answer response is selected, no other answer response can be selected.*
- Answer “**No, all task time frames expired**” if the treatment plan (FSP Part 3A) is in the case record (Trails) but all of the task time frames have expired. Updates on the FSP Part 5A and/or FSP Part 3A are sufficient to update the treatment plan (FSP Part 3A). *If this answer response is selected, no other answer response can be selected.*
- “**NA**” should not be used.

**NOTE:** Answer this question based on the FSP treatment plan that is entered in TRAILS.

**NOTE:** Answer this question based on what is IN the treatment plan, not on treatment and/or services that have been identified as being needed but are not in the plan.

**NOTE:** Treatment plan(s) should be developed for all adults living in the household with caretaker responsibility.

**NOTE:** Answer this question based on reviewer judgment regarding ability to identify what things will look like in order to close the case (i.e. *what* needs to occur, *how we will know* it has occurred, *feasibility* that it can occur, *when* it needs to occur).

**NOTE:** For any “No” responses, please explain in comments and identify for whom the requirement was insufficient or missing.

**NOTE:** It is acceptable for time frames to be expired for particular objectives and/or action steps if those objectives and/or actions steps have been documented as completed.

**NOTE:** An objective should not include a service but should focus on the outcome(s) from the service. An objective should be a description of behavioral changes that need to occur in order to achieve the permanency goal. However, when answering this question, an objective does not necessarily have to be documented under “Objectives.” Objectives can be documented anywhere in the FSP Part 3A, as long as appropriate objectives are documented somewhere in the treatment plan.

**NOTE:** If a specific “No” response is not selected, it is implied that the answer for that particular element is “Yes.” However, this is an all or none question; the reviewer may not answer “Yes” and “No.”

**NOTE:** Objectives and action steps are required for parent(s) and child(ren), although for in-home cases children’s needs may be addressed through parents’ objectives and action steps.

**Intent:** Do the clients know what they need to do to get out of the system?

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**7.301.23 Family Service Plan Documentation**

The Family Services Plan shall document

- A. That services to be provided are directed at the areas of need identified in the assessment. Outcomes to be achieved as a result of the services provided will be described in terms of specific, measurable, agreed upon, realistic, time-limited objectives and action steps to be accomplished by the parents, child, service providers and county staff.
- B. That services to be provided are designed to assure that the child receives safe and proper care.
- C. That services to be provided are culturally and ethnically appropriate. Appropriate cultural or ethnic considerations should include, but are not limited to, consideration of the child's family, community, neighborhood, faith or religious beliefs, school activities, friends, and the child's and family's primary language.

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**19. How is progress on the Family Services Plan treatment plan monitored? (Check all responses that apply) (7.001.6) (7.002.1 B, E) (7.202.62 F 2, 5, 9) (7.301.3 A-E) (7.303.18)**

- Answer “**Reports from treatment and service providers**” if monitoring of the treatment plan is documented in progress reports from providers available in the case record.
- Answer “**FF contacts with child/youth**” if documentation of FF contacts with the child/youth contains information related to progress on treatment and/or permanency goals. Use the more than less rule, in order to select this response.
- Answer “**FF with parent(s)/caregiver(s)**” if documentation of FF contacts with the parents contains information related to progress on treatment and/or permanency goals. Use the more than less rule, in order to select this response.
- Answer “**Telephone contact with child/youth**” if documentation of telephone calls with the child/youth contains information related to progress on treatment and/or permanency goals. Consider the child’s chronological age, developmental age, and communication ability regarding the feasibility/appropriateness of telephone discussions to address progress and/or permanency.
- Answer “**Telephone contact with parent(s)/caregiver(s)**” if documentation of telephone calls with the parents contains information related to progress on treatment and/or permanency goals.
- Answer “**Contact with collaterals/providers**” if record of contact notes with other collaterals/providers include information relevant to monitoring progress on treatment plan goals. This answer response *excludes* ROC notes documenting FF contacts with child/youth and FF contacts with parent(s)/caregiver(s).
- Answer “**Court reports**” if information relevant to monitoring progress on the treatment plan tasks are documented in Court reports.
- Answer “**Formalized family meeting**” if progress on treatment plan tasks is documented as being addressed during a TDM, family group conference, and/or other formal family meeting.
- Answer “**90-day reviews (FSP Part 5A)/supervision**” if progress on treatment plan tasks is documented in 90 day reviews/supervision notes.
- Answer “**NCFAS**” if progress on treatment plan tasks is documented in a NCFAS re-assessment.
- Answer “**Risk Re-assessment**” if progress on treatment plan tasks is documented in risk re-assessment.
- Answer “**Safety Assessment**” if progress on treatment plan tasks is documented in the Safety Assessment.
- Answer “**Unable to determine**” if through documentation it is unclear if progress is being monitored.
- Answer “**Progress is not being monitored**” if the reviewer is unable to locate documentation that progress is being monitored.
- Answer “**No treatment plan developed**” if a treatment plan (FSP Part 3A) has not been developed at all. *If this answer response is selected, no other answer response can be selected.*
- Answer “**No, all task time frames expired**” if the treatment plan (FSP Part 3A) is in the case record **in Trails** but *all* of the task time frames have expired. Updates on the FSP Part 5A and/or FSP Part 3A are sufficient to update the treatment plan (FSP Part 3A). *If this answer response is selected, no other response can be selected.*
- Answer “**Other**” if progress on treatment plan tasks is documented in a location other than those listed above. Please document the location in the “Comments” section.
- Answer “**NA**” if there is not yet a treatment plan and one is not yet due.

**NOTE:** Answer this question based on the FSP treatment plan that is entered in TRAILS. Other information in Trails may be used to answer this question (i.e. ROC notes, FSP Part 5A’s, etc.).

**NOTE:** Answer this question based on documentation of progress and/or lack of progress.

**NOTE:** This is a case level question, as the needs of the child/youth may be met through services provided to parents, siblings, etc.

**NOTE:** If the child/family is not yet engaged in a specific service, do not consider that service when answering this question.

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**Intent: To identify all the ways in which the county is monitoring progress on the treatment plan. What sources of information is the county using to determine the family's progress?**

**VOLUME VII**

**7.001.6 CASE CONTACT REQUIREMENTS**

The primary purpose for case contacts shall be to assure child safety and well-being and move the case toward achieving identified treatment goals regardless of the reason the case is open. In child protection cases in which the children remain in the home and in child protection cases in which the children are placed out of the home, the county department shall have face-to-face and telephone contact with the children and parents and relevant collateral contacts as often as needed to reasonably attempt to assure the safety, permanency and well-being of the children (see Section 7.202.62, D.)

**7.002 DOCUMENTATION IN CASE RECORDS**

**7.002.1 CASE RECORDING**

B. A written narrative summary of case activity shall include, but is not limited to, the following (a court report containing the same information will suffice):

1. Ongoing assessment of individual and/or family functioning.
2. Assessment of progress toward objectives and goals.
3. Chronology of significant events including dates of occurrence.
4. Method of intervention/treatment and impressions of effectiveness.
5. Changes and/or refinements of case plan.
6. Type and extent of court involvement.
7. Other significant individuals or agencies involved.

E. Evaluation and reassessments pertaining to each service period shall be conducted which reflect case movement toward the long-term goal.

**7.202.62 Provision of Ongoing Child Protection Services (CPS) [Eff. 1/1/09]**

F. Monthly Contact [*Eff. 1/1/09*]

The primary purpose for case contacts shall be to assure child safety and well-being and move the case toward achieving identified treatment goals. Documentation in the automated case management system of at least one monthly contact shall summarize progress toward these goals. In child protection cases in which the children remain in the home and in child protection cases in which the children are placed out of the home, the county department shall have face-to-face and telephone contact with the children and parents and relevant collateral contacts as often as needed (while meeting the minimum expectations below) to reasonably attempt to assure the safety, permanency and well-being of the children. [*Eff. 1/1/09*]

2. The primary purposes for county department contacts with parents are to assess the parent(s)' ability to provide safety for the child and make progress toward treatment plan goals. When a child protection case remains open with the county department, the county department shall maintain sufficient contact with parents or the guardian with whom the child resides, or to whom the child shall return, to lead to timely resolution of child safety issues and to move the case toward timely resolution of treatment plan goals. Such contact shall occur at least monthly and at least every other month there shall be face-to-face contact. Such contacts shall occur with parents at least until a motion for termination of parental rights is filed, in cases in which the child is not living in the home or in which it is no longer planned that the child will return home.

5. For all other types of contacts, the purpose of the contacts shall be determined by the stage of the case, by the level of safety, risk and needs of the case, and according to whether or not the county department representative is the primary service provider. In cases in which there are individuals and/or someone from another or other agencies who has/have the primary therapeutic relationship with the parent and/or the child, these parties may be designated by the county department to fulfill additional contacts beyond the minimum contacts described above when additional contacts are needed to reasonably assure the safety, permanency and well-being of the child/ren in the case.

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9. All case contacts by parties designated by the county department, beyond the minimum contacts described above, to provide assessment, treatment and/or monitoring of the parents and children, shall be recorded in the case file. The county department shall have the responsibility to determine that such needed contacts have occurred.

**7.301.3 FAMILY SERVICES PLAN REVIEW AND UPDATES**

A continuing reassessment and documentation of the Family Services Plan in relationship to progress to goals shall be done. If a significant change in client service needs occurs, a redetermination of eligibility and/or a reassessment of services shall occur and the Family Services Plan shall be amended, if applicable.

A. The Family Services Plan shall be reassessed prior to termination of the plan.

B. The reassessment should be performed jointly with the client and in situations where joint evaluation cannot occur, the reasons shall be documented in the case record.

D. The results of the review shall be documented in the case record.

E. The Family Services Plan shall be reviewed in conference with the caseworker and supervisor every 90 calendar days. The six month Administrative Review of children in out-of-home placement may substitute for a 90 days review.

The conference shall address:

1. Appropriateness of the services being provided to the child, parent(s) and foster parent(s), if applicable;
2. If applicable, appropriateness of the child's placement and how it meets the child's needs;
3. That the child's safety is protected in the placement;
4. The child, the parents, and other appropriate family members are receiving the specific services mandated by the Family Services Plan and are progressing toward the specific objectives identified in the plan;
5. Identification of barriers hindering the progress;
6. Appropriateness of existing timetables;
7. Whether additional or different services are needed and how they will be provided;
8. Appropriateness of the child's permanency goal:
  - a. Appropriateness of efforts to finalize a permanent plan;
  - b. Appropriateness of efforts to finalize a permanent placement.
9. In those cases in which there are multiple service providers, whether the provision of services is coordinated to assure the timely delivery of mandated services.

**7.303 CORE SERVICES PROGRAM**

**7.303.18 Performance Indicators**

Core Services Program success shall be measured by the degree to which the following performance indicators identified in the Family Services Plan are achieved by clients.

The county department shall identify the degree to which the client met the treatment goals by entering the appropriate service leave reason on the Department's automated reporting system when closing the service on the Department's automated reporting system.

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**20. During the review period, for areas on the Family Services Plan treatment plan where progress has not been made, what barriers have delayed progress? (Check all responses that apply)**

- Answer “**No treatment plan developed**” if a Family Services Plan treatment plan (FSP Part 3A) has not been developed. *If this answer response is selected, no other answer response can be selected.*
- Answer “**No, all task time frames expired**” if the treatment plan (FSP Part 3A) is in the case record **in Trails** but *all* of the task time frames have expired. Updates on the FSP Part 5A and/or FSP Part 3A are sufficient to update the treatment plan (FSP Part 3A). *If this answer response is selected, no other answer response can be selected.*
- Answer “**No available services**” if services to address the Family Services Plan tasks are not available where the family resides during the review period.
- Answer “**No sufficient services**” if services to meet the family’s level of need (i.e. level of intensity or frequency) are not available to the family during the review period. This includes casework services.
- Answer “**Waiting lists**” if services to address the Family Services Plan tasks are not available to the family during the review period due to waitlist issues.
- Answer “**Cost**” if services to address the Family Services Plan tasks are not available to the family during the review period due to the family’s financial issues. Examples of cost barriers include domestic violence treatment, client co-pays and/or deductibles, client pre-existing bills with a service provider, client additional charges due to no-showing to appointments.
- Answer “**Budget issues**” if services to address the Family Services Plan tasks are not available to the family during the review period due to agency budget constraints.
- Answer “**Medicaid**” if Medicaid issues prevent access to services to address the Family Services Plan.
- Answer “**Court/legal barriers**” if any issues related to the Court (i.e. delay in hearings, Court Orders) are the cause of lack of progress toward the family services plan.
- Answer “**Parent/guardian refused services**” if the parent(s)/guardian(s) do not follow through with services to address the Family Services Plan. This includes not scheduling appointments, failing to show to scheduled appointments for services, or whereabouts unknown, etc.
- Answer “**Child/youth refused services**” if the child/youth does not follow through with services to address the Family Services Plan. This includes failing to show to scheduled appointments for services, whereabouts unknown, etc.
- Answer “**Parent/guardian not integrating**” if the parent(s)/guardian(s) are participating in treatment services but are not making progress, due to his/her lack of integration of the concepts and/or skills into their functioning.
- Answer “**Child/youth not integrating**” if the child/youth is participating in treatment services but is not making progress, due to their lack of integration of the concepts and/or skills into their functioning.
- Answer “**Receiving services but not documented**” if the case file indicates that the family is receiving services but the county does not have documentation of progress/lack of progress. For example, if the family is using a private provider and has not signed a release of information to provide the county with updates on progress.
- Answer “**Cultural/ethnic barriers**” if culturally/ethnically appropriate or culturally/ethnically sensitive services are not available to address the family services plan tasks. Per Volume 7.301.23 C, “appropriate cultural or ethnic considerations should include, but are not limited to...(the child’s/family’s)...community, neighborhood, faith or religious beliefs, school activities, friends...and primary language.”
- Answer “**Caseworker turnover**” if multiple caseworkers have been assigned to the case during the review period, negatively affecting the family’s progress on the Family Services Plan.
- Answer “**Referral by county agency**” if the Department did not complete a referral for services to address the primary treatment issues on the Family Services Plan, or if a referral was made but not timely.
- Answer “**Transportation**” if transportation barriers prevent the family from progressing on Family Services Plan tasks.
- Answer “**Other**” if progress is not being made for a reason not otherwise specified in the instructions. This may include relapse or a new referral on same issue(s). Please document the reason in the “Comments” section. Select this answer response if a sibling’s lack of progress is a barrier and affects progress for the child under review.

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- Answer “**Provider issues**” if the provider is a barrier to progress on the Family Services Plan. This response also includes provider turnover.
- Answer “**Unable to determine**” if the documentation in the case file does not indicate reasons why progress on the Family Services Plan is not being made.
- Answer “**NA**” if progress on all areas of the Family Services Plan is documented as occurring.

**Intent: What are the barriers that have delayed progress?**

**NOTE: For all barrier responses, explain in comments. Specifically, note for which area(s) of the treatment plan progress is delayed.**

**NOTE: This is a child-specific question.**

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**21. During the review period, have the Family Services Plan and/or services been amended to address barriers? (Check all No responses that apply, including Other)**

- Answer “**Yes**” if the FSP (tasks and/or permanency goal) and/or services have been amended based on the barriers identified in the question above.
- Answer “**No, Family Services Plan**” if treatment plan barriers have been identified and the *Family Services Plan* has not been amended appropriately to address those barriers.
- Answer “**No, services**” if treatment plan barriers have been identified and the *services* have not been amended appropriately to address those barriers (i.e. mental health therapy continues to be appropriate, but a change in treatment provider is needed).
- Answer “**Other (describe in comments)**” if the family services plan needs to be amended but has not yet been amended, due to procedural or other issues. For example, progress is not being made, but the county will not amend the treatment plan until changes are approved by the court. Also select this answer response if answer "Unable to determine" on question 19.
- Answer “**No treatment plan developed**” if a Family Services Plan treatment plan (FSP Part 3A) has not been developed at all. *If this answer response is selected, no other answer response can be selected.*
- Answer “**No, all task time frames expired**” if the treatment plan (FSP Part 3A) is in the case record **in Trails** but *all* of the task time frames have expired. Updates on the FSP Part 5A and/or FSP Part 3A are sufficient to update the treatment plan (FSP Part 3A). *If this answer response is selected, no other answer response can be selected.*
- Answer “**NA**” if progress on the family services plan is documented as occurring, appropriate services are being provided and circumstances beyond the family’s control resulted in a lack of progress, or the plan did not need to be amended.
- Also answer “**NA**” if nothing could have been done to address the barriers (i.e. the parents continue to relapse, although the substance abuse treatment and provider remain appropriate).

**Intent: What has been done to mitigate the barriers?**

**NOTE:** Answer this question based on barriers identified in question 20.

**NOTE:** The answer to this question will be “NA” if question 20 is answered “NA” or “Unable to determine.”

**NOTE:** Progress is measured based on mitigating the circumstances that caused the case to be open.

**NOTE:** The treatment plan should be amended based on progress/lack of progress.

**NOTE:** Amendments are not only needed on the FSP 3A but can be anywhere in the FSP (i.e. FSP 5A).

### **7.301.3 FAMILY SERVICES PLAN REVIEW AND UPDATES**

A continuing reassessment and documentation of the Family Services Plan in relationship to progress to goals shall be done. If a significant change in client service needs occurs, a redetermination of eligibility and/or a reassessment of services shall occur and the Family Services Plan shall be amended, if applicable.

- A. The Family Services Plan shall be reassessed prior to termination of the plan.
- B. The reassessment should be performed jointly with the client and in situations where joint evaluation cannot occur, the reasons shall be documented in the case record.
- D. The results of the review shall be documented in the case record.
- E. The Family Services Plan shall be reviewed in conference with the caseworker and supervisor every 90 calendar days. The six month Administrative Review of children in out-of-home placement may substitute for a 90 days review. The conference shall address:
  1. Appropriateness of the services being provided to the child, parent(s) and foster parent(s), if applicable;
  2. If applicable, appropriateness of the child's placement and how it meets the child's needs;
  3. That the child's safety is protected in the placement;

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4. The child, the parents, and other appropriate family members are receiving the specific services mandated by the Family Services Plan and are progressing toward the specific objectives identified in the plan;
5. Identification of barriers hindering the progress;
6. Appropriateness of existing timetables;
7. Whether additional or different services are needed and how they will be provided;
8. Appropriateness of the child's permanency goal:
  - a. Appropriateness of efforts to finalize a permanent plan;
  - b. Appropriateness of efforts to finalize a permanent placement.
9. In those cases in which there are multiple service providers, whether the provision of services is coordinated to assure the timely delivery of mandated services.

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**22. Does the most recent 90-day review/Court report in Trails meet the Volume 7 requirements? (Check all no responses that apply) (7.301.3 E)**

- Answer “**Yes**” if a 90-day was required and held, and met the requirements outlined in Volume 7 (7.301.3).
- Answer “**No current 90-day review**” if a 90-day review was due during the review period and was not held. *If this answer response is selected, do not select any other answer response.*
- Answer “**No, child/youth services appropriateness**” if the appropriateness of services to the child/youth is not documented in the 90-day review.
- Answer “**No, parent(s)/guardian(s) services appropriateness**” if the appropriateness of services to the parent(s)/guardian(s) is not addressed in the 90-day review.
- Answer “**No, child’s/youth’s safety**” if the child’s/youth’s safety is not addressed in the 90-day review.
- Answer “**No, parent services and progress**” if the 90-day review does not address whether the parents are receiving the specific services mandated by the Family Services Plan and are progressing toward the specific objectives identified in the plan.
- Answer “**No, child/youth services and progress**” if the 90-day review does not address whether the child/youth is receiving the specific services mandated by the Family Services Plan and is progressing toward the specific objectives identified in the plan.
- Answer “**No, caregiver/kin provider services and progress**” if the 90-day review does not address whether the caregiver/kin provider is receiving the specific services mandated by the Family Services Plan and is progressing toward the specific objectives identified in the plan.
- Answer “**No, barriers to progress**” if the 90-day review does not address identification of barriers hindering progress.
- Answer “**No, permanency goal date**” if the 90-day review does not address the appropriateness of the timetable for the permanency goal.
- Answer “**No, task timeframes**” if the 90-day review does not address the appropriateness of task timeframes for the parents/guardians, child/youth, service provider(s), and county staff to accomplish the objectives and action steps in the Family Services Plan.
- Answer “**No, need for additional or different services and how they will be provided**” if the 90-day review does not address whether there is a need for additional or different services and how they will be provided.
- Answer “**No, permanency goal**” if the 90-day review does not address the permanency goal and its appropriateness.
- Answer “**No, timely provision of services**” if in cases in which there are multiple service providers, the 90-day review does not address whether the provision of services is coordinated to assure the timely delivery of mandated services.
- Answer “**No approval**” if there is no supervisor approval on the 90-day review via the Trails approval button.
- “**NA**” should not be used.

**Intent: The 90 day review/Court report must meet the Volume 7 requirements to assure that progress is being made and the supervisor is training and assisting the caseworker with managing their case.**

**NOTE:** Answer based on the most recent, current 90-day review. For this question, “current” refers to a 90-day review within the last 90 days, or within the last three calendar months if the 90-day review is due in the current month and is not yet completed.

**NOTE:** The initial 90-day review is due 90 days from the case open date.

**NOTE:** Checkboxes on the FSP Part 5A are sufficient to address the above requirements, given there is no information to the contrary. For example, if the box indicating that the permanency goal and time frames are appropriate is checked, and there is no documentation to indicate that they are inaccurate, no other documentation is needed in order to meet this requirement.

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**7.301.3 FAMILY SERVICES PLAN AND REVIEW AND UPDATES**

E. The Family Services Plan shall be reviewed in conference with the caseworker and supervisor every 90-calendar days. The six-month Administrative Review of children in out-of-home placement may substitute for a 90 days review.

The conference shall address:

1. Appropriateness of the services being provided to the child, parent(s) and foster parent(s), if applicable;
2. If applicable, appropriateness of the child's placement and how it meets the child's needs;
3. That the child's safety is protected in the placement;
4. The child, the parents, and other appropriate family members are receiving the specific services mandated by the Family Services Plan and are progressing toward the specific objectives identified in the plan;
5. Identification of barriers hindering the progress;
6. Appropriateness of existing timetables;
7. Whether additional or different services are needed and how they will be provided;
8. Appropriateness of the child's permanency goal:
  - a. Appropriateness of efforts to finalize a permanent plan;
  - b. Appropriateness of efforts to finalize a permanent placement.
9. In those cases in which there are multiple service providers, whether the provision of services is coordinated to assure the timely delivery of mandated services.

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**23. During the review period, has the child/family *received* the services that have been identified as being needed through *ongoing assessment*? (Check all no responses that apply) (7.301.1 B-I) (7.301.23 A-C) (7.303.12) (Item 17)**

- Answer “**Yes**” if the services the child/family is *receiving* address the needs identified through ongoing assessment, including both formal and informal assessment.
- Answer “**No referral made**” if the child/family is not receiving the services identified through ongoing assessment, because a referral to the service(s) has not been made.
- Answer “**No available services**” if the child/family is not receiving the services identified through ongoing assessment, due to lack of availability of services.
- Answer “**No sufficient services**” if the child/family is not receiving needed services identified through ongoing assessment, due to lack of sufficient services to meet the child/family’s need (i.e. level of intensity or frequency).
- Answer “**No, waiting lists**” if the child/family has been referred for services that were identified as being needed through ongoing assessment but is not receiving those services due to wait list issues.
- Answer “**No, cost**” if the child/family is not receiving needed services identified through ongoing assessment, due to the family’s financial issues or due to documented county financial constraints. For example, this could apply in substance abuse cases or domestic violence cases, in which parents report they are unable to pay for UA’s or treatment.
- Answer “**No, budget issues**” if services to address the Family Services Plan tasks are not available to the family during the review period due to agency budget constraints.
- Answer “**No, Medicaid**” if Medicaid issues are posing a barrier to the child/family receiving needed services identified through ongoing assessment.
- Answer “**No, parent/guardian refused services**” if the parent/guardian is not receiving needed services identified through ongoing assessment (although there is documentation that services have been offered), due to the parents’ refusal and/or lack of follow through with services. This includes not scheduling appointments, failing to show to scheduled appointments, or whereabouts unknown.
- Answer “**No, child/youth refused services**” if the child/youth is not receiving needed services identified through ongoing assessment (although there is documentation that services have been offered), due to the youth’s refusal and/or lack of follow through with services. This includes not scheduling appointments, failing to show to scheduled appointments, or whereabouts unknown.
- Answer “**No, cultural/ethnic barriers**” if there is documentation to indicate that the reason that the child/family is not receiving services that were identified as being needed through ongoing assessment is due to lack of culturally/ethnically appropriate services. For example, lack of interpreter services, or lack of local services for a Native American child or family.
- Answer “**No, caseworker turnover**” if the child/family is not receiving services identified as being needed through ongoing assessment due to caseworker changes. This may include documentation and/or reviewer judgment.
- Answer “**No, transportation**” if the child/family is not receiving services identified as being needed through ongoing assessment due to lack of transportation by the family or child to access the needed services.
- Answer “**No, provider issues**” if there is documentation that the child/family is not receiving services identified as being needed through ongoing assessment due to provider issues, such as a change in therapists, cancellations by therapists, etc.
- Answer “**Unable to determine**” if the reviewer is unable to determine why the child/family is not receiving services identified as being needed through ongoing assessment.
- Answer “**No, other**” if the child/family is not receiving services identified as being needed through ongoing assessment for any reason other than those listed above.
- “**NA**” should not be used.

**Intent: The reviewer will determine if the child and family (case question) is receiving the services that have been identified as being needed through the caseworker’s ongoing assessment.**

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**NOTE: Services that are not currently therapeutically appropriate are not to be considered when answering this question.**

**NOTE: Answer this question based on reviewer judgment, given the case circumstances.**

**NOTE: This is a case-level question, rather than child-specific.**

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**7.301.1 ASSESSMENT [Rev. eff. 8/1/08; permanent eff.10/1/08]**

B. Safety assessment, risk assessment, and needs assessment are ongoing processes throughout the life of the case. Safety, risk and needs assessments, as defined in this manual, shall be completed for each Program Area 5 case accepted by the county department and shall be the basis for case planning. Each of these assessments shall be entered into the automated case management system in accordance with the timeframes referenced in Section 7.301.1, A, 1-3. The reunification domains in the NCFAS-R shall be completed in hardcopy until these domains are available in the automated case management system.

1. The family, including relatives with caretaking responsibilities for children in the household, shall be involved in all phases of assessment and case planning.

2. Assessment tools or resources available through community agencies shall be incorporated in the assessment, based on the culture, ethnicity and other needs of the family.

3. As a result of this assessment/evaluation, the caseworker and family shall identify the family's current safety, risk and needs, to include level of functioning, areas of strengths and weaknesses, specific problems to be addressed, and changes that must occur to remedy the problems that brought the family to the agency.

The following information shall be included in the assessment documented in the Family Services Plan:

a. Reason for intervention and/or conditions giving rise to the abuse/ neglect or the parent/child conflict, and effects on the child(ren), family, or community.

b. Safety needs of the child(ren), family, and/or community.

c. Family's perception of the problem, including its understanding of why Child Welfare is involved, and the family's view of what needs to change.

d. Family strengths.

e. Family social support system.

f. Child(ren)'s history, including children's role(s) in family, age(s), emotional, physical, social, developmental history and milestones.

g. Family environment and overall functioning, including physical environment of the housing/neighborhood, family composition, stability, stresses, parenting skills, discipline methods and relationships.

h. Education and employment of child(ren)/youth(s) and/or parent(s)/other relevant family members.

i. Culture/religion/ethnicity and how these affect the needs of the child(ren).

j. History of abuse/neglect and domestic violence.

k. Medical/mental health needs and history of treatment of child(ren) and parent(s), including medications, hospitalizations/placements, immunizations and current functioning.

l. Substance abuse history by any family member.

m. History of court involvement with child(ren) and/or parent(s).

n. Additional information, including plans for obtaining any further evaluations needed.

C. The North Carolina Family Assessment Scale (NCFAS)/North Carolina Family Assessment Scale - Reunification (NCFAS-R) shall constitute the needs assessment, which is one of the Colorado Assessment Continuum instruments. The purposes of the NCFAS/NCFAS-R are:

1. To assist with effective Family Services planning by identifying the most needed types of services based on the assessed needs.

2. To measure where change in child and family functioning has occurred as a result of services delivered.

3. To measure to the child welfare outcomes of safety, permanency, and well-being.

D. The first five domains of the NCFAS-R (the NCFAS) shall be completed and entered into the automated case management system for all Program Area 5 cases accepted by the county department for ongoing services for which the permanency goal is reunification or maintenance of the child in his/her own home and where the department or its agent is working with the family system. It shall be optional for Program Area 4 and 6 cases.

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- E. The sixth and seventh domains of the NCFAS-R shall be used to assist with predicting when reunification will be successful in cases that involve out-of-home placement and shall be completed and entered into the automated case management system, when available, for all program area cases that involve out-of-home placement.
- F. The NCFAS/NCFAS-R will be used at least twice during the lifetime of the case and shall be completed by the caseworker providing direct services who best knows the family. It shall be completed:
  - 1. When a decision has been made that services will continue beyond the investigation/assessment. It shall be completed within 60 calendar days of the date the investigation/assessment was assigned, by the caseworker or the department's agent responsible for developing the family's case plan and serve as a basis for the Family Services Plan.
  - 2. In the case management phase, as a part of the decision-making process at the point at which the case is to be closed.
- G. The areas rated as the highest strengths shall be considered in developing the Family Service Plan.
- H. Those factors rated as -2 or -3, the factors reflecting the greatest needs on the NCFAS/NCFAS-R at the time of the first assessment shall be considered for incorporating into the objectives and action steps identified in the Family Services Plan.

The same worker shall complete the initial and final NCFAS/NCFAS-R if possible. If this is not possible, and multiple workers have completed the NCFAS/NCFAS-R, a staffing shall occur between all relevant workers to discuss the ratings if possible.

**7.301.23 Family Service Plan Documentation**

The Family Services Plan shall document;

- A. That services to be provided are directed at the areas of need identified in the assessment. Outcomes to be achieved as a result of the services provided will be described in terms of specific, measurable, agreed upon, realistic, time-limited objectives and action steps to be accomplished by the parents, child, service providers and county staff.
- B. That services to be provided are designed to assure that the child receives safe and proper care.
- C. That services to be provided are culturally and ethnically appropriate. Appropriate cultural or ethnic considerations should include, but are not limited to consideration of the child's family, community, neighborhood, faith or religious beliefs, school activities, friends, and the child's and family's primary language.

**7.303.12 Access**

County departments must make all of the Core services, except for county designed services, available to any client who meets the criteria for the service as documented in the Family Services Plan.

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**24. Why is this case open at the time of the review?**

- Answer **“Family working on treatment plan”** if the case remains open due to the child’s/family’s continued work on the treatment plan, although they have not yet successfully completed the plan and/or treatment services.
- Answer **“Family not working on treatment plan”** if the case remains open and the family is not engaged in the treatment plan, is not making progress toward treatment plan goals, and/or the department has not mitigated any barriers preventing progress. Please explain in comments. Note: If barriers “Parent/guardian refused services” and/or “Child/youth refused services” are identified in question 20, this response should likely be selected.
- Answer **“Payment of services”** if the county has documented that the *only* reason the case remains open is to provide payment of services. (As a note, a case does not have to remain open in Trails in order to continue to provide payment of services). Selecting this answer response implies that the family has successfully completed the treatment plan and this is the **ONLY** reason that the case remains open.
- Answer **“Court-Ordered”** if the *only* reason the case is open is because the court will not allow the department to close the case at this time. Selecting this answer response implies that the family has successfully completed the treatment plan and this is the **ONLY** reason that the case remains open.
- Answer **“Voluntary services”** if the case is open *only* because the department is providing voluntary services. Selecting this answer response implies that the family has successfully completed the treatment plan and this is the **ONLY** reason that the case remains open.
- Answer **“County-specific”** if the case is open *only* because of county-specific reasons/policies, although it appears that services have been successful (i.e. for auditing purposes, for continued support to the family not specified in the treatment plan). Please explain in comments. Selecting this answer response implies that the family has successfully completed the treatment plan and this is the **ONLY** reason that the case remains open.
- Answer **“Other”** if the case remains open for reasons other than those listed above. Please explain in comments.
- Answer **“Unable to determine”** if unable to locate documentation to support the case remaining open. Please explain in comments.
- Answer **“NA”** if the case is no longer open.

**Intent: The reviewer will document, using the reviewers knowledge of the case and reviewer judgment, why the case is open at the time of the review.**

**NOTE: Select one answer response only.**

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**25. If a new safety concern was received regarding this child/youth, were the safety needs of the child/youth adequately addressed during the review period?**

**(Check all “NO” responses that apply)**

(7.200.6) (7.200.61) (7.202.52 A-L) (Item 4)

- Answer “**Yes**” if there was a new safety concern/allegation and the county adequately addressed the safety needs identified in the allegation. This may include conducting a risk assessment, developing a safety plan, revising the FSP, moving the child or revising the visitation plan, etc. Reviewers must determine whether the agency provided or arranged for services that targeted the identified risks with the goal of reducing them.
- Answer “**No court intervention**” if court intervention would have provided for safety for the child but was not done.
- Answer “**No assessment/investigation**” if an assessment/investigation was not done but was warranted based on the safety concern.
- Answer “**No change in treatment plan**” if a change in the treatment plan was needed to provide safety for the child but the county did not complete the changes to the plan.
- Answer “**No referral to law enforcement**” if a referral to Law Enforcement was needed but was not completed.
- Answer “**No, other**” if another response was needed to provide safety for the child, but is not listed in these answer options. Provide additional information in the Comments section.
- Answer “**No Safety Plan**” if a safety plan was needed to keep the child safe but was not completed.
- Answer “**No crisis intervention (MH/hospital/detention, etc)**” if one of these options was needed in order to adequately address the child’s safety needs but was not done.
- Answer “**No, not addressed**” if a new safety concern was identified and was not addressed by the county/caseworker.
- Answer “**NA**” if there was/were no additional safety concern/allegation(s) during the review period or if the allegation is made during the face-to-face review. Answer “**NA**” if this is a Change of Venue case where the previous county received the new abuse or neglect allegation and the previous county completed the assessment/investigation, or if the child/youth is on the run for the entire review period.

**Intent: The child’s safety needs were appropriately addressed during the period under review.**

**NOTE: This information may be found on an Institutional Abuse Report.**

**NOTE: There only needs to be an allegation (not a formal referral) in order to answer this question. This could be a ROC note.**

**NOTE: If there should have been a referral but it was not done, address this in your narrative findings.**

**Is/was the child safe?**

**Was there a thorough assessment of safety and risk factors?**

**Was there adequate documentation to determine the thoroughness of investigations and assessments?**

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**7.200.61 Documentation of Referrals**

All reports that meet the definition of a referral shall be entered into the State automated system (TRAILS). Any time a case is opened, it shall come through the referral or assessment process in TRAILS with the exception of Interstate Compact on the Placement of Children (ICPC), out of state subsidized adoption, and Division of Youth Corrections (DYC) Medicaid-only.