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Clark County Department of Family Services
 Policy

SUBJECT:

Case Plan Facilitation- Children

Effective Date	Amendment Number	Amendment Effective Date
October 13, 2022	N/A	N/A

SCOPE:

The DFS intervention with caregivers and families that requires Permanency Specialist direct service provision.

SPECIFIC LEGAL and OTHER REFERENCES:

- Body Checks Required in Permanency Services Instructional Memorandum
- Case Plan Facilitation- Caregivers Policy and Procedures
- Case Plan Facilitation- Safety Management Policy and Procedures
- Case Plan Facilitation- Supervision Policy and Procedures
- Child Contacts – Assisting Assigned Specialist Practice Guidance
- Children’s Mental Health Acute Care Policy and Procedures
- Children in Residential Treatment Policy and Procedures
- [Clark County School District \(CCSD\) Child Find Program](#)
- [Clark County School District Early Childhood Department](#)
- Comprehensive Addiction and Recovery Act (CARA) of 2016 (P.L. 114-198)
- Confirming Safe Environments Instrument Policy and Procedure
- [DCFS Policy 0205 Case Worker Contact](#)
- [DCFS Policy 0209 Psychiatric Care and Treatment](#)
- [DCFS Policy 0502 Developmental Assessments and Services](#)
- [DCFS Policy 0519 CARA Plan of Care](#)
- Effective Communication Common Policy Element
- Family Clinical Services- Mental Health Assessments and Referrals Policy and Procedures
- Institutional Investigations and Licensing Complaints Policy and Procedures
- [NAC 432B](#)
- [Nevada DCFS Monthly Federal Caseworker Contact Compliance Guide- FPO 0205A](#)
- [NRS 432B](#)
- Protective Capacity Progress Assessment (PCPA) Policy and Procedures
- Psychotropic Medication Process Common Policy Element

PROGRAMS IMPACTED:

- LifeSet
- Permanency

SUMMARY OF CHANGES:

New Policy/Procedures Document
 Supersedes:

- Confirming Safe Environments Instrument Policy and Procedure (Effective: 01/05/2022)
 - Procedures I. In-Person Contact
 - Procedures III. Monthly Oversight A.1-3.
- In-home Services Policies and Documentation (Effective: 11/19/2009)

As with all policies and procedures, compliance is mandatory.

- Section 4210.a. Engagement With the Family
- Section 4210.b. Engagement With the Children
- Section 4250. Effective Communication
- Section 4620. Direct Services to Children
- Section 4620.a. In-home Services Contact With Involved Children
- Section 4620.b. Observation of the Bodies of Children in Families Receiving In-Home Services
- Section 4620.e.(i). Routine Medical Care
- Section 4620.e.(ii). Major Medical Treatment, Including Surgery and Admission to a Hospital
- Section 4620.e.(iii). Life-Threatening Procedure and Do-Not-Resuscitate Orders
- Section 4620.e.(iv). Admission to Mental Health Facilities
- Section 4620.e.(v). Other Psychiatric/Psychological Care
- Section 4620.e.(xi). Educational Consents
- Section 4650.d. Monitoring Medical Services
- Section 4650.e. Monitoring Educational Services
- In-home Services Policies and Procedures (Effective: 11/19/2008)
 - Section 4210.a. Engagement With the Family
 - Section 4210.b. Engagement With the Children
 - Section 4250. Effective Communication
 - Section 4620. Direct Services to Children
 - Section 4620.a. In-home Services Contact With Involved Children
 - Section 4620.b. Observation of the Bodies of Children in Families Receiving In-Home Services
 - Section 4620.e.(i). Routine Medical Care
 - Section 4620.e.(ii). Major Medical Treatment, Including Surgery and Admission to a Hospital
 - Section 4620.e.(iii). Life-Threatening Procedure and Do-Not-Resuscitate Orders
 - Section 4620.e.(iv). Admission to Mental Health Facilities
 - Section 4620.e.(v). Other Psychiatric/Psychological Care
 - Section 4620.e.(xi). Educational Consents
 - Section 4650.d. Monitoring Medical Services
 - Section 4650.e. Monitoring Educational Services
- Permanency Services Documentation (Effective: 10/1/2009)
 - Section 5210.b. Engagement with the Children
 - Section 5250. Effective Communication
 - Section 5440.g. (i) Assessment of Physical Health
 - Section 5440.g. (ii) Assessment of the Mental Health of Children in Out-of-Home Care
 - Section 5440.g. (iii) Assessing Behavioral Issues Affecting Children in Out-of-Home Care
 - Section 5440.g. (iv) Assessing the School Performance of Children in Out-of-Home Care
 - Section 5440.g. (v) Assessing the Psychosocial Development of Children in Out-of-Home Care
 - Section 5440.g. (x) Information From Special Evaluations of Children
 - Section 5710. Direct Services to Children Placed in Out-of-Home Care
 - Section 5730.b. Services to Children Living With Parent(s)/Caregiver(s) Receiving Permanency Services
 - Section 5730.c. Documentation of Services to Children Living With Parent(s)/Caregiver(s) Receiving Permanency Services
 - Section 5760.b. Linking Children in Out-of-Home Care to Collateral Services
 - Section 5760.e. Monitoring Collateral Services to Children in Out-of-Home Care
 - Section 51210. Routine Medical Care
 - Section 51220. Major Medical Treatment, Including Surgery and Admission to a Hospital
 - Section 51230. Life-Threatening Procedure and Do-Not Resuscitate Orders
 - Section 51240. Admission to Mental Health Facilities
 - Section 51250. Other Psychiatric/Psychological Care
 - Section 512110. Educational Consents
- Permanency Services Policies and Procedures (Effective: 10/1/2009)
 - Section 5210.b. Engagement with the Children
 - Section 5250. Effective Communication

- Section 5440.g. (i) Assessment of Physical Health
- Section 5440.g. (ii) Assessment of the Mental Health of Children in Out-of-Home Care
- Section 5440.g. (iii) Assessing Behavioral Issues Affecting Children in Out-of-Home Care
- Section 5440.g. (iv) Assessing the School Performance of Children in Out-of-Home Care
- Section 5440.g. (v) Assessing the Psychosocial Development of Children in Out-of-Home Care
- Section 5440.g. (x) Information From Special Evaluations of Children
- Section 5710. Direct Services to Children Placed in Out-of-Home Care
- Section 5730.b. Services to Children Living With Parent(s)/Caregiver(s) Receiving Permanency Services
- Section 5730.c. Documentation of Services to Children Living With Parent(s)/Caregiver(s) Receiving Permanency Services
- Section 5760.b. Linking Children in Out-of-Home Care to Collateral Services
- Section 5760.e. Monitoring Collateral Services to Children in Out-of-Home Care
- Section 51210. Routine Medical Care
- Section 51220. Major Medical Treatment, Including Surgery and Admission to a Hospital
- Section 51230. Life-Threatening Procedure and Do-Not Resuscitate Orders
- Section 51240. Admission to Mental Health Facilities
- Section 51250. Other Psychiatric/Psychological Care
- Section 512110. Educational Consents
- Temporary Changes to Child and Caregiver Contacts Management Directive (Effective: 05/2/2022)

DEFINITIONS:

For a list of acronyms and a glossary of terms used throughout DFS refer to [Acronyms and Glossary](#) located on [DFSNet](#). The following definitions were changed or added during this P&P development or provide additional context:

Case Plan Facilitation:

The intervention with caregivers and families that requires Permanency Specialist direct service provision. An interpersonal process facilitated by the Permanency Specialist that begins with, and continues throughout, the implementation of the Case Plan. Case Plan Facilitation is concerned with enhancing Caregiver Protective Capacities to achieve child safety and permanency. The Permanency Specialist employs Case Plan Facilitation as the primary intervention method between implementation of the Case Plan and the first PCPA, and for the 90-day periods between each PCPA and case closure (or a change in the child's permanency goal).

FORMS, PUBLICATIONS, AND INSTRUCTIONAL (FPI) DOCUMENTS:

[FPO 0205A UNITY Cheatsheet Handout](#)

[FPO 0205B Monthly Federal Casework Compliance Guide](#)

Daily Medication Log (FPI Library)

Letter of Medical Necessity Regarding Treatment (FPI Library)

POLICY:

- I. The Department of Family Services (DFS) provides oversight to each child receiving permanency services.
- II. In addition to interventions designed to ensure safety and timely permanency, direct services to each child in DFS care focuses on child well-being. Well-being services address issues including, but not limited to:
 - A. Physical health
 - B. Mental health
 - C. Psychosocial development
 - D. Education
 - E. For each child fourteen (14) years of age and older, preparation for self-sufficiency
- III. From the child's perspective, the Permanency Specialist is the lifeline keeping the child connected with their family and to services necessary for safety and well-being. The relationship between the Permanency Specialist and the child is a key component of permanency services. The Permanency Specialist engages children in a relationship that:

As with all policies and procedures, compliance is mandatory.

- A. Demonstrates the commitment to the child's safety and well-being and to enhancing the child's sense of emotional security.
- B. Establishes the child's trust so that the child feels free to honestly discuss their situation.
- C. Promotes positive child behavior.
- IV. To establish and maintain the appropriate relationship with each child in DFS care and to ensure their safety, the Permanency Specialist spends sufficient time with each child so that the Permanency Specialist and child know each other.
- V. The Permanency Specialist is available to the child and is responsive to issues that are important to each child in DFS care. The Permanency Specialist has regular and frequent in-person contact with each child in DFS care in order to detect threats to safety in the child's living arrangements and assess child well-being (e.g. routine, behavior, emotional, psychological well-being such as missing school, isolating from friends, using substances, sneaking out, etc).
- VI. Direct services provided by DFS is the core of permanency services. A child in DFS care may require collateral services to address their individual well-being needs (e.g., psychosocial development, physical and mental health, behavior, education).
- VII. Connecting a child to collateral services involves more than simply making a referral. In order for the services to be focused on the issues presented by the individual child, DFS takes an active role in ensuring that the service provider has sufficient information about the child's circumstances (e.g. psychosocial development, triggers, coping strategies, strengths and weakness) and the issue requiring service.

Timothy Burch, Administrator
Clark County Department of Family Services

October 26, 2021

Approved Date