



# Clark County Family Services

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## Clark County Department of Family Services Policy

### SUBJECT:

Case Plan Facilitation - Caregivers

Effective Date	Amendment Number	Amendment Effective Date
October 13, 2022	1	December 19, 2024

### SCOPE:

The Clark County Family Services (CCFS) intervention with caregivers and families that requires a Permanency Specialist’s direct service provision.

### SPECIFIC LEGAL and OTHER REFERENCES:

- Case Plan Facilitation- Safety Management Policy and Procedures
- Case Plan Facilitation – Supervision Policy and Procedures
- Clark County Travel Policy
- [DCFS FPO Policy 0201 Intra-State Courtesy Supervision](#)
- Diligent Search Policy and Procedures
- NAC 432B
- NRS 432B
- Protective Capacity Progress Assessment Policy and Procedures
- Permanency Services Case Management: Intervention Manual (on DFSNet)
- SIPS Quick Reference Field Guide (on DFSNet)

### PROGRAMS IMPACTED:

- LifeSet
- Permanency

### SUMMARY OF CHANGES:

Video contacts are no longer allowed for meeting monthly caregiver/parent contacts. Staff must attempt in-person meetings with each caregiver/parent each calendar month.

### DEFINITIONS:

For a list of acronyms and a glossary of terms used throughout CCFS, refer to Acronyms and Glossary located on DFSNet.

### Case Plan Facilitation:

The intervention with caregivers and families that requires a Permanency Specialist’s direct service provision. An interpersonal process facilitated by the Permanency Specialist that begins with, and continues throughout, the implementation of a Case Plan. Case Plan facilitation is focused on 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, during the 90-day periods between each PCPA, as well as case closure (or a change in the child’s permanency goal).

### FORMS, PUBLICATIONS, AND INSTRUCTIONAL DOCUMENTS:

- Community Provider Referral (in UNITY)
- Community Referral Release of Information (in UNITY).

## **POLICY:**

### **I. Case Plan Facilitation**

- A. The primary purpose of Case Plan facilitation is to facilitate a caregiver's progress through the stages of change, resulting in the caregivers taking action to enhance diminished caregiver protective capacity by achieving goals and case outcomes to achieve child safety and permanency.
- B. Permanency Specialists facilitate Case Plans through their direct work with families and by coordinating service providers that ultimately support the achievement of child safety and permanency outcomes.
- C. The Permanency Specialist facilitates the following objectives of Case Plan facilitation:
  - 1. Personally engage with caregivers during all contact opportunities, and as a minimum, during one (1) face-to-face contact per month, unless there are extenuating circumstances, to foster successful changes in caregiver protective capacities.
  - 2. Arrange for change-related services to support the caregiver towards improvement in identified unmet child needs.
  - 3. Maintain a cooperative partnership with family members.
  - 4. Assess motivation and readiness to change.
  - 5. Elicit change talk, purposeful conversations with caregivers related to stages of change, the Clark County Family Services' (CCFS) involvement, Case Plan goals and services.
  - 6. Provide coaching and resources and implement specific change focused treatment services.
  - 7. Make and coordinate referrals for services.
  - 8. Manage the Case Plan.
  - 9. Manage the Safety Plan.
  - 10. Implement routine and consistent service contacts with children.
  - 11. Make monthly contact with treatment or other Case Plan service providers to evaluate the caregiver's responsiveness and progress.
  - 12. Maintain oversight with safety service providers directly or through the Safety Manager on at least a weekly basis to evaluate the sufficiency of the Safety Plan.
  - 13. Facilitate visits between caregivers and their child as an integrated component of Case Plan facilitation when safety is being managed with an out-of-home Safety Plan.
- D. The Permanency Specialist reaches conclusions regarding Case Plan facilitation decisions including, but not limited to:
  - 1. Safety management: How well is the Safety Plan working to control impending danger and do adjustments in the Safety Plan or safety services need to be made before the Protective Capacity Progress Assessment (PCPA)?
  - 2. Child's needs: How well is the Case Plan working as the roadmap to support the caregiver to strengthen caregiver protective capacities and more effectively meet their child's needs and does the Safety Plan need to be adjusted prior to the PCPA?
  - 3. Goal focus: When facilitating the Case Plan, what goals are the focus with the caregiver during caregiver contacts?
  - 4. Case management: Are safety and Case Plan facilitation provided by others being delivered as specified in the Safety Plan and Case Plan?
  - 5. Progress: What changes in the caregiver's behavior, circumstances and/or family conditions are observed during all contacts with respect to the specific reasons for CCFS involvement (e.g., impending danger and caregiver protective capacities)?
  - 6. Stages of change: What is the caregiver's status regarding stages of change; and readiness and motivation to participate and work toward change?
  - 7. Working relationship: What is the quality of the helping and working relationship between the Specialist and caregiver?
- E. The Permanency Specialist facilitates the Case Plan using the following objectives:
  - 1. Identify and respond accordingly to immediate, emergency, and unmet needs the family is experiencing;
  - 2. Understand how the Case Plan is being implemented;
  - 3. Ensure that the Case Plan remains effective for facilitating change;

4. Engage caregivers to become more motivated to be involved and invested in participating in the Case Plan;
5. Seek to understand the caregiver's perspective regarding the effectiveness of the Case Plan, and consider the need for revising the Case Plan, including the modification of the use of treatment services;
6. Engage the caregiver in the continuing assessment of the individual needs of the child and seek the caregiver's input on services for meeting their child's needs;
7. Discuss Case Plan goals and determine what the caregiver is ready, willing, and able to do to enhance cognitive, behavioral, and/or emotional caregiver protective capacities; and
8. Keep the caregiver informed about the status of their case and promote self-determination by empowering the caregiver with choices and input related to Conditions for Return (CFR), Case Plan goals and Case Plan treatment services.

Frank Prado, Director  
Clark County Department of Family Services

December 19, 2024  

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Approved Date



Timothy Burch, Administrator  
 Jill Marano, Assistant Director  
 Judy Tudor, Assistant Director  
 Margaret LeBlanc, Assistant Director  
 Debbie Croshaw, Assistant Director  
 Abigail Frierson, Assistant Director

**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  
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Approved Date



**Timothy Burch, Administrator**  
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**Margaret LeBlanc, Assistant Director**  
**Abigail Frierson, Assistant Director**

**Clark County Department of Family Services**  
 Policy

**SUBJECT:**  
 Case Plan Facilitation- Safety Management

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 safety service provision.

**SPECIFIC LEGAL and OTHER REFERENCES:**  
 Case Plan Facilitation- Caregivers Policy and Procedures  
 Case Plan Facilitation- Children Policy and Procedures  
 Case Plan Facilitation- Supervision Policy and Procedures  
 Confirming Safe Environments Instrument Policy and Procedures  
 Family Court Process Policy and Procedures  
[NAC 432B](#)  
[NRS 432B](#)  
 Placement Stability and Preservation Policy and Procedures  
 Protective Capacity Progress Assessment Policy and Procedures  
 Warrants Policy and Procedures

**PROGRAMS IMPACTED:**  
 LifeSet  
 Permanency

**SUMMARY OF CHANGES:**  
 New Policy/Procedures Document  
 Supersedes:

- Confirming Safe Environments Instrument Policy and Procedure (Effective: 01/05/2022)
  - Procedures III. Monthly Oversight A.1-3.
- In-home Services Policies and Documentation (Effective: 11/19/2008)
  - Section 4260.c. Ongoing Evaluation of Change in Safety/Risk Factors
  - Section 4290. Monitoring During In-home Services
  - Section 4410.d. Safety Planning
  - Section 4610.a. Frequency of Family Visits
  - Section 4810. The Removal Decision-Making Process
  - Section 4820. Minimizing the Effects of Separation and Loss When Entering Substitute Care
  - Section 4830. Gather Information About the Needs of the Child(ren)
  - Section 4860. CFT Meeting
  - Section 4870. Efforts to Achieve Early Reunification
- In-home Services Policies and Procedures (Effective: 11/19/2008)
  - Section 4260.c. Ongoing Evaluation of Change in Safety/Risk Factors
  - Section 4290. Monitoring During In-home Services
  - Section 4410.d. Safety Planning

- Section 4610.a. Frequency of Family Visits
- Section 4810. The Removal Decision-Making Process
- Section 4820. Minimizing the Effects of Separation and Loss When Entering Substitute Care
- Section 4830. Gather Information About the Needs of the Child(ren)
- Section 4860. CFT Meeting
- Section 4870. Efforts to Achieve Early Reunification
- Permanency Services Documentation (Effective: 10/1/2009)
  - Section 5210.c. Engagement With Out-of-Home Caregivers
  - Section 5420.d. Safety Planning
  - Section 5750. Support and Service for Out-of-Home Caregivers
- Permanency Services Policies and Procedures (Effective: 10/1/2009)
  - Section 5210.c. Engagement With Out-of-Home Caregivers
  - Section 5420.d. Safety Planning
  - Section 5750. Support and Service for Out-of-Home Caregivers

**DEFINITIONS:**

For a list of acronyms and a glossary of terms used throughout DFS refer to [Acronyms and Glossary](#) located on [DFSNet](#).

**Case Plan Facilitation Safety Management:**

Responsibilities associated with week-in and week-out safety intervention that occurs while permanency services are being provided. Refers to all that the Permanency Specialist does to ensure that children are safe and Safety Plans are sufficient while Case Plan Facilitation is occurring.

**FORMS, PUBLICATIONS, AND INSTRUCTIONAL (FPI) DOCUMENTS:**

Background Check Office Placement Matrix (Maintained by Background Check Office)  
 Safety Plan (UNITY)

**POLICY:**

I. Safety Management during Case Plan Facilitation

- A. The Department of Family Services (DFS) provides safety oversight to all children receiving permanency services.
- B. The purpose of safety management is to ensure that children are safe using the most reasonable and least intrusive Safety Plan during permanency services, while Case Plan facilitation promotes and supports achievement of Case Plans and case outcomes.
- C. The Permanency Specialist may perform the responsibilities of safety management independently or collaboratively with a Safety Manager.
- D. Safety management during Case Plan facilitation includes:
  - 1. Communication with Safety Managers, Safety Service Providers, caregivers, and others involved in a Safety Plan, about the implementation and effectiveness of the Safety Plan;
  - 2. Oversight of Safety Plans related to participants, safety services, and schedules;
  - 3. Problem solving related to addressing barriers and disruptions to Safety Plans; and
  - 4. Safety planning, which includes revision of existing Safety Plans and continual evaluation of the least intrusive approach necessary to control impending danger.
- E. The objectives of safety management during permanency services are to:
  - 1. Manage the Safety Plan by assessing the sufficiency of the Safety Plan and safety services to control impending danger, and evaluating the caregiver's responsiveness to ensure that safety services are effective as intended;
  - 2. Implement routine and consistent service contacts with children as dictated by the Safety Plan;
  - 3. Involve and communicate with caregivers regarding Safety Plan implementation;

4. Maintain oversight with Safety Service Providers directly, or through the Safety Manager, on at least a regular, consistent basis to evaluate the sufficiency of the Safety Plan, and determine whether adjustments to more or less intrusiveness is warranted;
  5. Routinely communicate with Safety Service Providers and others involved in Safety Plans;
  6. Determine the suitability of Safety Service Providers;
  7. Ensure that Safety Plans are sufficient to control impending danger;
  8. Confirm that Safety Plans are implemented in accordance with how they were planned;
  9. Resolve disruptions and barriers which affect the effectiveness of Safety Plans; and
  10. Seek to reduce the intrusiveness of the Safety Plan, while ensuring children are protected and safe through the intervention selected.
- F. There are eleven (11) safety management decisions that Permanency Specialists evaluate during Case Plan facilitation. The decisions are:
1. Impending danger
  2. Implementation
  3. Objective of Safety Plan
  4. Construction of Safety Plan
  5. Effects of Safety Plan
  6. Participants
  7. Caregiver involvement
  8. Intrusiveness
  9. Conditions for Return (CFR) - development
  10. CFR - status
  11. Oversight

Timothy Burch, Administrator  
Clark County Department of Family Services

January 25, 2022  
\_\_\_\_\_  
Approved Date



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**Clark County Department of Family Services**  
 Policy

**SUBJECT:**  
 Case Plan Facilitation- Supervision

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

**SCOPE:**  
 Consultation between Permanency Specialists and Permanency Supervisors related to practice and decision making while facilitating the Case Plan.

**SPECIFIC LEGAL and OTHER REFERENCES:**  
 Confirming Safe Environments Instrument Policy and Procedures  
 Family Court Process Policy and Procedures  
[NAC 432B](#)  
[NRS 432B](#)  
 Protective Capacity Family Assessment Policy and Procedures  
 Protective Capacity Family Assessment Supervisor Consultation Guide  
 Protective Capacity Progress Assessment Policy and Procedures

**PROGRAMS IMPACTED:**  
 LifeSet  
 Permanency

**SUMMARY OF CHANGES:**  
 New Policy/Procedures Document  
 Supersedes:

- Supervisory Documentation Expectations for In-Home and Out-of-Home Permanency Cases (Effective: 06/19/2015)

**DEFINITIONS:**  
 For a list of acronyms and a glossary of terms used throughout DFS refer to [Acronyms and Glossary](#) located on [DFSNet](#).

**FORMS, PUBLICATIONS, AND INSTRUCTIONAL (FPI) DOCUMENTS:**  
 Protective Capacity Family Assessment Supervisor Consultation Guide (on DFSNet)  
 SIPS Quick Reference Field Guide (on DFSNet)

**POLICY**

- I. Supervisor consultation is critical for helping and supporting Permanency Specialists to engage families, work through the challenges of each stage of the change process and facilitate change.
- II. Supervisor consultation sessions are intended to achieve the following objectives:
  - A. Assist Permanency Specialists in engaging caregivers in the change process.
  - B. Assure Permanency Specialists are diligent in attempting to maintain consistent contact with caregivers on a monthly basis.
  - C. Assist Permanency Specialists in achieving case management responsibilities when collaborating with treatment services providers involved on a Case Plan.
  - D. Assure overall diligence regarding ongoing safety management.

- E. Provide Specialists direction for strategizing, planning, and evaluating case plan facilitation contacts with caregivers.
- III. Supervisory case consultation is held following the finalization of the Case Plan with the following frequency:
  - A. Immediately when there is identified present danger during a contact or if there are concerns with the management of the Safety Plan.
  - B. A minimum of one (1) consultation per case every calendar month.
    - 1. At the beginning of the calendar month, Permanency Supervisors and Specialists establish a written schedule for when Supervisor-Specialist consultations occur (must be at least weekly) on each of a Permanency Specialist's cases during the month.
    - 2. Hold one-to-one meetings in-person, in the Supervisor's office or a meeting room, within their DFS assigned site. Any deviations from this requires Manager approval.
- IV. Specialists and Supervisors collaborate to select specific cases for consultation sessions based on a determination of status:
  - A. Cases that require regular and frequent attention because of unique aspects of the case which could include caregiver readiness to change, needed attempts related to accessing caregivers and engagement, tracking particularly high profile or provocative case issues, ensuring necessary support to caregivers, etc. These cases may include those in which:
    - 1. Reunification is the permanency goal;
    - 2. Caregivers are accessible;
    - 3. Caregivers' whereabouts are known;
    - 4. Caregivers are continuing to meet with Permanency Specialists.
  - B. Cases that require tracking and accountability on at least a monthly basis but may not contain the kind of case dynamics which demand Supervisor consultation related to Permanency Specialist performance dealing with resistance, engagement, facilitating change, etc. These cases may include:
    - 1. Reunification is no longer the permanency goal;
    - 2. Caregivers are no longer involved;
    - 3. Caregivers' whereabouts are unknown;
    - 4. Caregivers are overtly and aggressively avoiding and rejecting DFS involvement;
    - 5. Caregivers are not cooperating with DFS intervention at the advisement of their attorney.

Timothy Burch, Administrator  
Clark County Department of Family Services

June 23, 2020  
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Approved Date