



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.

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December 19, 2024

Approved Date