



CDSS

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REASON FOR THIS TRANSMITTAL

- ☐ State Law Change
- ☐ Federal Law or Regulation Change
- ☐ Court Order
- ☐ Clarification Requested by One or More Counties
- ☒ Initiated by CDSS

February 6, 2018

ALL COUNTY LETTER NO. 17-107

TO: ALL COUNTY CHILD WELFARE DIRECTORS
ALL CHILD WELFARE SERVICES PROGRAM MANAGERS
ALL COUNTY CHIEF PROBATION OFFICERS
ALL TITLE IV-E AGREEMENT TRIBES
ALL INDEPENDENT LIVING PROGRAM COORDINATORS

SUBJECT: **ASSESSING CHILD SAFETY AND APPROPRIATE
MONITORING OF SAFETY PLANS**

REFERENCES: ACL NO. [17-27](#); ACL NO. [17-28](#); ACL NO. [17-92](#); CALIFORNIA 2016 CHILD AND FAMILY SERVICES REVIEW ([CFSR](#)) 3RD ROUND; CHILD ABUSE PREVENTION AND TREATMENT ACT (CAPTA) 42 U.S.C. [5106a](#) (b)(2)(B)(iii); INDIAN CHILD WELFARE ACT (ICWA) [25 U.S.C. 21](#); TITLE 25 CODE OF FEDERAL REGULATIONS (C.F.R.) [23.124-23.125](#); MANUAL OF POLICIES AND PROCEDURES (MPP) SECTION [31-002](#) (a)(1), (r)(7), (s)(1), (s)(2); MPP SECTION [31-320](#); MPP SECTION [31-430](#); STRUCTURED DECISION MAKING ([SDM](#))[®] 3.0 POLICY AND PROCEDURES MANUAL; WELFARE AND INSTITUTIONS CODE (WIC) SECTION [11400\(O\)](#)

This letter provides counties with instructions on how to assess for child safety during emergency response investigations and throughout a case. This ACL also provides instructions on how to appropriately monitor safety plans.

In order to meet the existing federal requirements and safety outcome measures, the California Department of Social Services (CDSS) is providing instructions to counties regarding appropriate and consistent utilization of safety assessments, safety plans, and risk assessments when determining if a child may be maintained safely in their home or placement during the course of an investigation. Child safety must continue to be the forefront concern both while investigating a referral as well as during any case

worker visit in an ongoing case, regardless of placement type. Case workers and their supervisors must be informed of and trained on the use of assessment tools and safety planning policies to promote consistent practices necessary to protect the safety of children.

BACKGROUND

During the third round of California's [Child and Family Services Review \(CFSR\)](#) conducted by the federal Department of Health and Human Services' Administration for Children and Families (ACF) in 2016, the state of California was found not to be in substantial conformity with specified safety outcomes required by existing federal law, including whether children are, first and foremost, protected from abuse and neglect, and whether children are safely maintained in their homes whenever possible and appropriate. Areas identified by the ACF as needing improvement specifically included services to protect children in the home and prevent removal or re-entry into foster care, as well as risk and safety assessment and management.

In order to bring California into substantial compliance with existing federal requirements and as part of California's CFSR Program Improvement Plan, CDSS is providing counties with instructions to clarify the statewide requirements for safety and risk assessments performed during emergency response investigations and throughout a case. This letter provides direction to counties on the use and implementation of safety plans to maintain and protect a child in a caregiver's home, including appropriate safety planning criteria and the effective monitoring of safety plans by county case workers.

As all California counties currently utilize the evidence-based SDM[®] tools to conduct standardized child safety and risk assessments, these instructions are consistent with those provided by the [SDM[®] 3.0 Policies and Procedures Manual](#). County adherence to the instructions set forth in this ACL and the SDM[®] Manual is critical to bringing California into substantial compliance with existing federal Safety Outcome requirements and to strengthen the protection and safety of children.

SAFETY ASSESSMENT

Upon determining that an in-person investigation is required for a referral alleging a child is endangered by abuse, neglect, or exploitation, counties shall ensure that timely investigations are conducted and that minimum case worker visits with the child are met in accordance with [MPP Section 31-320](#).

During the initial in-person investigation, case workers must determine whether the child(ren) may remain in the home or current placement or determine whether immediate removal is necessary by conducting a safety assessment, as defined in [MPP Section 31-002 \(s\)\(1\)](#). Case workers must assess for child safety and identify any immediate safety threats prior to leaving any child in the home or placement.

Immediate safety threats refer to specific family or placement situations that are difficult to manage, imminent, and likely to have immediate, severe effects on the child.

To formally document safety assessments and to align with SDM® guidelines, counties shall require case workers to complete the SDM® Safety Assessment tool for all open referrals and open cases within two working days of the initial in-person visit. Completion of the SDM® Safety Assessment tool will assist case workers in determining the appropriate safety interventions for the child and caregivers. When assessing for safety on a new referral of child maltreatment in an open investigation or open case, counties must follow the emergency response guidance provided in [ACL No. 17-27](#).

In situations where the child was removed and placed in a substitute care provider (SCP) setting, which may include approved relatives, non-related extended family members (NREFM), and foster family homes, case workers shall assess for safety of the child in their current placement. Similar to the Safety Assessment tool, utilizing the SDM® SCP Safety Assessment tool will assist case workers in determining which safety intervention is most appropriate for the child and the SCP if an allegation of abuse or neglect by an SCP is received.

Case workers must also assess whether there is reason to know if a child is an Indian child under the Indian Child Welfare Act (ICWA) prior to entering into a safety plan. If there is reason to know the child is an Indian child, the case worker must engage in active efforts pursuant to [MPP Section 31-002\(a\)\(1\)](#), taking into account the prevailing social and cultural standards and way of life of the Indian child's tribe. Case workers shall follow their county's procedures if the worker has reason to believe that the child is, or may be, an Indian child and adapt the assessments and interventions to include ICWA program resources. Collaboration with the tribe is critical for meeting the active efforts requirements of the ICWA in the event a removal becomes necessary. Use of tribal, Indian community service agencies, and/or ICWA program resources can assist the family in being successful at being protective and in meeting their safety plan goals. If, as part of the safety plan, the Indian child is placed in foster care, including relative and NREFM care, the case worker must follow sections [25 C.F.R. 23.124 - 23.125](#) to ensure the plan is voluntary. (See also [WIC Section 11400\(O\)](#) and [MPP Section 31-430](#).)

SAFETY PLAN

A safety plan, as described in [MPP Section 31-002 \(s\)\(2\)](#), shall be used once child safety is assessed, an immediate safety threat has been identified, and the case worker has determined that the caregivers, with the support of a safety network, possess the protective capacity to mitigate the identified safety threats. Use of a safety plan is considered the least restrictive method to keep children in their home or placement; which is in line with the safety outcome requirements of the CFSR. Counties shall ensure that safety plans are not used in lieu of opening cases when caregivers and their

safety network do not possess the protective capacity to mitigate safety threats ([SDM®](#) pg. 48).

Best practice in safety plan development involves convening a Child and Family Team (CFT) meeting to bring together the caregivers and natural supports who may become part of a safety network to help ensure child safety. Safety networks are a critical component of [Safety Organized Practice](#) and necessary in developing safety plans that will ensure child safety. Utilizing a facilitated family meeting structure to develop the safety plan with the caregivers and their network is the best way to ensure the harm and danger/risk to the child are addressed through the plan, and that safety goals are adequate to keep the child safe.

A safety plan differs from a case plan in that a safety plan permits a child to remain in the home or placement during the course of an emergency response investigation by listing specific, immediate action steps that mitigate immediate safety threats. Safety plans must address immediate safety needs of the child and may also include action steps that support the child's and caregiver's needs over time. A case plan seeks to create behavioral change over an extended period of time to reduce risk and further increase the caregiver's capacity to protect the child.

Once a safety plan is created in collaboration between caregivers, case workers, and the caregiver's safety network, all individuals must voluntarily agree in writing, to fulfill their part of the plan's action steps. In situations where caregivers are unable to mitigate the plan's identified safety threats, more intensive Child Welfare Services (CWS) interventions may be required.

As instructed in [ACL No. 17-28](#), case workers shall ensure the timely documentation of safety plans, including the frequency of in-person visits required to monitor the plan appropriately. In cases where ICWA applies, the case worker shall make every effort to include tribal input when creating a safety plan for the Indian child and the caregiver(s).

In open child welfare cases where a new safety threat is identified through case worker visits, safety plans may be used concurrently with a case plan to mitigate new safety threats. Concurrent safety plans should be utilized as needed on a short-term basis to complement the long-term interventions within a case plan. In situations where caregivers are unable to resolve newly identified safety threats, more intensive CWS intervention may be required.

Please refer to the Attachment for a sample Safety Plan. Counties may create their own safety plan templates but are encouraged to use the sample plan to identify key elements to include when developing a safety plan in accordance with the requirements outlined in this ACL.

Safety Plan Minimum Criteria

A safety plan must:

- Clearly state the safety concerns/threats and reasons for creating the plan.
- Specify safety goals that the case worker will monitor to assess whether these goals are being achieved, and therefore whether safety is sufficient to leave the child home or in the placement.
- Specify action steps for all individuals involved, time frames for completing action steps, and the conditions under which they will take place. Action steps:
 - May include community or other services, if any, that a child, caregiver, or other involved individual is referred to in order to mitigate the identified safety concerns/threats.
 - Must include proactive steps designed to prevent putting the child in situations of immediate danger.
 - Must include when the plan will be reviewed and how the plan will be monitored by the case worker.
- Specify the individuals who will be involved, including but not limited to: caregivers, case workers, the caregiver's safety network (which may consist of: family, friends, neighbors, child's tribe, etc.), and the child when feasible.
 - Safety network individuals may assist caregivers directly by being able and willing to care for the child at a moment's notice when caregivers are not being protective, may assist in holding caregivers accountable in completing action steps, may notify the case worker if concerns for the well-being of the child/caregivers arise, etc.
- Specify that all individuals involved understand their role and are able and willing to carry out their responsibilities.
- All individuals involved must sign the plan, and a copy of the plan should be given to the caregiver(s) and their safety network.

SAFETY PLAN MONITORING

Immediate actions combined with appropriate and consistent monitoring of safety plans by case workers are essential components to ensuring safety plan goals are met. Safety plans shall be effectively monitored by case workers using methods that may include, but are not limited to:

- Making announced as well as unannounced visits.
- Maintaining ongoing collaboration with a safety network to discuss any concerns that the caregiver(s) may not be meeting safety goals.
- Actively engaging the caregiver(s) to ensure they are consistently participating throughout the plan process by capturing their voice and integrating their input.
- Revising the plan in accordance with existing or newly identified safety threats and modifying goals and action steps, as necessary.

If the identified safety threats have not been resolved by the end of the investigation, the safety plan must be provided to the ongoing case worker and all remaining interventions will be incorporated into the case plan, as appropriate per SDM[®] guidelines.

Safety Plans Involving Infants Affected by Substance Abuse or a Fetal Alcohol Spectrum Disorder

In cases involving a newborn identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder, a safety plan shall meet the minimum criteria and monitoring provisions of this ACL in order to also satisfy the requirements of a plan of safe care required by the Child Abuse Prevention and Treatment Act ([CAPTA](#)) [42 U.S.C. 5106a \(b\)\(2\)\(B\)\(iii\)](#).

Consistent with the minimum criteria described above, the case worker shall identify and clearly state the safety concern posed by the substance abuse (including both legal and illegal drugs or alcohol), as well as the specific action steps to mitigate the safety threat. In the case of a newborn affected by substance abuse, these action steps must address both the health and safety needs of the newborn and the substance abuse treatment needs of the affected family or caregiver to ensure the safety and well-being of the newborn. Thus, action steps shall include referrals to and delivery of services, as appropriate.

The case worker must appropriately monitor the safety plan to ensure its appropriate implementation so that the safety plan goals are met and the safety threat is mitigated in order for the newborn to remain safely in the home. This monitoring may include both announced and unannounced visits to the home, ongoing collaboration and communication with the family or caregiver's identified safety network, and active engagement with the family or caregiver to ensure their participation and ability to complete each action step and meet the safety plan goals. For further information on the development of plans of safe care, please refer to [ACL No. 17-92](#).

RISK ASSESSMENT

Upon completion of a safety assessment and reaching a conclusion regarding the allegation of maltreatment, case workers shall conduct a risk assessment to determine whether the child may be in danger of future maltreatment, as described in [MPP Section 31-002 \(r\)\(7\)](#). Case workers shall be required to complete the SDM® Risk Assessment tool within 30 days from the initial in-person investigation.

A risk assessment should be completed for all substantiated referrals, inconclusive referrals, new referrals on open investigations/open cases, and prior to the decisions of whether to promote referrals to cases or to close referrals without continuing services. Completing risk assessments for unfounded referrals is at the discretion of counties.

The SDM® Risk Assessment tool assists case workers in identifying caregivers with low, moderate, high or very high probabilities of future allegations of child maltreatment for the next 18 to 24 months. Families classified as having high or very high risk scores have significantly greater rates of subsequent referral and substantiation than families classified as low or moderate risk, and the caregivers are more often involved in serious abuse or neglect incidents.

Risk assessment scores are not actual predictors of future maltreatment. However, the scores are significant in helping identify caregivers who are more likely to be a part of a maltreatment investigation where CWS intervention is not offered. Thus, CDSS highly recommends but does not require counties to offer Voluntary Family Maintenance (VFM) services when risk assessments yield high or very high scores. If caregivers decline VFM services or if they are already receiving services addressing the identified safety/risk threats, case workers may close the referral and must document the reasons for closure.

ONGOING SAFETY AND ASSESSMENTS

Case workers shall continue to assess for child safety throughout the case. Counties must follow the guidelines in [ACL No. 17-28](#) to ensure that the minimum required number of case worker visits with the child and caregivers are met. Assessments of child safety must occur during these visits in accordance with [MPP Section 31-320](#) as the caregivers' protective capacity may change over time. Changes in caregivers' protective capacity may require case workers to adjust the interventions throughout the case plan.

Additional SDM® Assessments

The following SDM® Assessments are used to assist case workers in planning for effective interventions with caregivers:

- Risk Reassessment
 - Assess whether risk has been reduced sufficiently to allow a case to be closed, or whether the risk level remains high and services should continue. This assessment combines items from the original risk assessment with additional items in order to evaluate progress of the case plan. If the risk level is reassessed as low or moderate, the case worker must complete a case closing safety assessment prior to closure to document that there are no unresolved safety threats.
- Reunification Reassessment
 - Assess whether the child in placement who has a reunification goal should: 1) be returned to caregiver(s) from whom the child was removed; 2) be maintained in placement while reunification services continue; or 3) have a permanency alternative implemented and reunification services terminated.

CONCLUSION

The combination of safety assessments, safety plans and risk assessments, if utilized diligently and with appropriate monitoring can help case workers ensure continued safety for children throughout the intake investigation process and case. Counties shall consistently utilize safety and risk assessments to effectively mitigate safety threats to ensure that child safety remains at the forefront of any contact made with children and their caregivers.

For further questions regarding the information in this ACL, please contact the Child Welfare Policy and Program Development Bureau at (916) 651-6160.

Sincerely,

Original Document Signed By:

GREGORY E. ROSE
Deputy Director
Children and Family Services Division

Attachment

Cc: CWDA
CPOC

FAMILY SAFETY PLAN

Family Name: Smith, Sally

Date: 2/6/18

Safety Concern:

Mother relapsed and was using methamphetamine intravenously two to three times a week for about three weeks. When she uses she stays up all night and sleeps during the day and is often unresponsive when Peter or others try to wake her. Mother has a three-year-old son, Peter, that lives in the home with her. No one else lives in the home. Peter is a bit underweight and has not been to the doctor in a year but seems otherwise healthy. He is walking and talking and is developmentally on target.

Harm Statement: No harm as occurred at this time.

Danger Statements:

- Danger Statement 1: Child Welfare, the maternal grandmother and the mother are all worried that Sally will use methamphetamine and leave the drugs or drug paraphernalia lying around and that Peter will get to the drugs or drug paraphernalia and hurt himself on a needle or ingest the drugs and become sick and or die from a drug overdose.
- Danger Statement 2: Child Welfare, the maternal grandmother and the mother are all worried that Sally will use methamphetamine and fall asleep during the day when Peter is awake and walking around and he will not be watched and that he will be seriously injured, walk away from the home, be kidnapped, die or be upset and crying if he found his mother and was unable to wake her.
- Danger Statement 3: Child Welfare, the maternal grandmother and the mother are all worried that Sally will use methamphetamine and not care for Peter by giving him food regularly, cleaning him properly, or taking him to the doctor and that he will become severely underweight, will become sick from being unclean or will become severely hurt or sick and not get proper and needed medical care.

What is working well:

- Sally and Peter's maternal grandmother, Rose, have a close relationship and Sally has recently told Rose that she had relapsed and started using methamphetamine again.
- Rose is also in recovery and has been sober for five years.
- Rose only lives a mile away from Sally and is very close to Peter.
- Sally was sober for one year before this most recent relapse. She finds Narcotics Anonymous (NA) to be very helpful.
- Sally has already started going to two NA meetings a day. Rose watches Peter when Sally is at meetings.
- Sally's longest period of sobriety has been a year.

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- Sally also finds yoga to be very helpful in dealing with cravings and likes the community feeling of her yoga group.

Safety Network: Who will help support the family?

Name & Relationship:	Rose Smith (Maternal Grandmother)	Telephone: (555) 555-5555
Address:	1234 Euclid Drive, Summers, CA 92561	
		Present: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Name & Relationship:	Cynthia Green (Friend)	Telephone: (555) 555-5555
Address:	4567 State Street, Summers, CA 92561	
		Present: <input checked="" type="checkbox"/> Yes (by phone) <input type="checkbox"/> No
Name & Relationship:	Chad Winters (Neighbor)	Telephone: (555) 555-5555
Address:	7891 Jefferson Ave, Summers, CA 92561	
		Present: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Safety Goal 1: Mom will ensure that her child is always in a safe environment.

Action Steps:

1. Mom will ensure that any drugs (prescription or illegal) or drug paraphernalia in any environment including her home is locked in a child proof container that is out of reach of her son.
2. When in any new environment including at home, mom will ensure that items within his reach are not harmful to his safety or health.
3. Case worker will conduct both scheduled and unannounced visits to the home to monitor for a safe environment as necessary.

Safety Goal 2: Mom will ensure that her child is always in the care of a safe and sober adult.

Action Steps: How will this goal be supported?

1. Safe and sober adult:
 - a. Mom will work with her network and child welfare to define the characteristics of a safe and sober adult. (Completed at home visit)
 - b. Mom will identify three to five people who meet this definition, are willing to be contacted by Child Welfare, are willing be in her safety network and care for her child.

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- i. Mom will share with each of these people the Harm and Danger Statements and Safety Goals. (Completed at home visit)
 - ii. Mom will provide the names, numbers and addresses for each of these people to Child Welfare. (Completed at home visit)
2. Mom will work with her sponsor to help identify her triggers that lead to her using drugs and will come up with strategies to cope with these triggers.
3. If mom's triggers become too overwhelming and she feels she is going to use she will initiate the plan for her son to be cared for by a safe and sober adult.
 - a. Dry runs will be done to ensure everything is in place for if and when this happens.
4. Mom will always ensure safe and sober people are around herself and her son.
5. Mom will ensure that she or another safe and sober adult are always actively watching Peter.
6. Case worker will conduct both scheduled and unannounced visits to the home to monitor that a safe and sober adult is caring for Peter as necessary.

Safety Goal 3: Mom will ensure she always provides her son with necessary nutrition, ensures that he sees his pediatrician regularly and that he is regularly bathed.

Action Steps: How will this goal be supported?

1. Mom will take her child to all necessary well-child visits with his pediatrician and will provide case worker with dates of scheduled appointments. If mom's treatment needs overlap with her child's appointments, mom will work with her safety network to find a safe and sober adult to take her son to the appointments.
2. Mom will identify the nutritional needs of her child and will meet those needs by purchasing him the food he needs.
3. Mom will figure out a bathing and clothes washing schedule that meets her son's needs.

Monitoring Schedule:

The safety network has agreed that in the first couple of weeks of Sally's recovery someone should be stopping by the house on a daily basis to check in on her and her son.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Cynthia	Rose	Chad	Cynthia	Rose	Chad	Rose

When they are visiting with the Sally they will check for the following:

- House is free from any drugs or drug paraphernalia.
- Sally is clear headed and awake.

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- Sally is actively watching Peter.
- Peter is clean and in clean clothing. (Reasonably speaking since he is a toddler)
- There is food in the home and Peter is eating regularly.
- Sally has a well-child pediatrician's appointment scheduled, has transportation arranged and is available to take Peter.
- Sally is regularly attending NA.

If there are concerns about any of the above, a safety network member will talk with the mom about the concern and together they will call the social worker.

After two weeks, a Family Team Meeting will be held with the mother and her safety network to determine what next steps need to be.

We have actively participated in the development of this plan and we understand the action steps that we have agreed to complete and the importance of completing them to keep our family safe. The plan will be reviewed consistently by the case worker to monitor the progress of our safety goals. In addition, we understand and agree that the case worker will be checking in with our family regularly, which may involve scheduled as well as unannounced visits, to ensure the safety of our child is maintained on an on-going basis. If this safety plan is not successful, we understand that more intensive interventions may be necessary in order to ensure the safety of our child.

Name:	Relationship to child:	Signature:	Date:
	Social Worker		
	Supervisor		

Supervisor present ☐ yes ☐ no

Date Supervisor reviewed and approved _____