DSCYF Department of Services for Children, Youth & Their Families | FAMILY SERVICES

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POLICY 420 – PREVENTION PLANNING ELIGIBILITY

A. POLICY

The Division is committed to preventing foster care entry whenever possible and will provide prevention services to families, when children are determined to be candidates for entering foster care, to promote stability and mitigate risks.

DEFINITIONS

Candidate **-** A candidate for foster care is a child who is at imminent risk of placement in foster care absent the effect of the services included in the child-specific prevention plan.

Child/Youth - A person under the age of 18 years old.

Evidence-Based Program (EBP) - Meets rigorous evaluation standards and demonstrates effectiveness in achieving its intended outcomes. Programs, services, and supports that meet these criteria are typically rated as "well-supported," "supported," or "promising" depending on the strength of evidence available and how well the outcomes align with the goals of Title IV-E.

Family – Family includes biological family, adoptive family, or kinship caregivers (both relative and non-relative).

Family Team - The family team is comprised of caregivers, formal and informal supports, and youth, when appropriate.

Imminent Risk - Refers to the likelihood that a child will suffer significant harm in the near future and is at risk of entry into state custody absent appropriate interventions, services, and/or supports, requiring that a family service plan is put into place within eight weeks from identification of imminent risk in a Family Assessment and Intervention Response (FAIR) case or initiation of an active DFS or contracted treatment case.

Kin- A relative or an individual with whom the child has an emotionally significant relationship (fictive kin).

B. PROCEDURES

1. The child(ren) and family meet prevention plan candidacy requirements when:
    a. at least one child in the household meets candidacy conditions,
    b. there is an approved prevention plan, and
    c. an approved prevention program is selected.

2. To be considered a candidate for prevention planning the child/youth must meet one of the following conditions that make a child at imminent risk of foster care entry or re-entry:
   a) Is not under the placement and care (custody) of DFS but is temporarily living with a family member to support safety as arranged by the family; or
   b) Has not been removed from their home and placed in foster care; or
   c) Has returned home on a trial reunification; or
   d) Has returned from a foster care placement and is residing with their parent or a non-paid kinship relative caregiver; or
   e) Has been adopted or is in a legal guardianship arrangement that is at risk of disruption; or
   f) Has been abused or neglected or has been identified as unsafe and, without intervention, is likely to be removed; or
   g) Parents are deceased or incarcerated; or
   h) Is a substance exposed infant referred to the division for a plan of safe care; or
   i) Suffers a serious emotional, behavioral or mental disturbance and without intervention will be unable to reside in their home; or
   j) Has committed a prosecutable offense in which the state has filed, or is considering filing, a juvenile petition and the planned out-of-home living arrangement is a foster care setting; or
   k) Is a runaway or homeless youth; or
   l) Is, or will be born to, a youth residing in foster care.

3. Prevention planning will occur in an active state or contracted Treatment or FAIR case and will utilize the existing SDM assessment and planning tools. A review of risks and needs identified in Safety Organized Practice (SOP) and Structured Decision Making (SDM) tools, assessment information provided by other agencies, and information provided by the family will be utilized to develop the prevention plan.

4. Children and families may already be involved with an EBP through involvement with another department or partner agency. If that service can address the factors creating risk of entry into foster care and the family would like to continue with the current service, it will be used to support case planning efforts and address risks. DFS will work collaboratively with the provider and our partner agencies to ensure the needs of the child and family are being met through this service. Children and families that choose to leverage current services to address needs will not meet candidacy requirements for a prevention plan.

5. If a family is not already engaged in a service or support that can address needs and risk factors for entry into foster care, the assigned DFS, or contracted, caseworker will discuss available service options with the family. Priority will be placed on connecting families with evidence-based programs, services, and supports likely to mitigate factors elevating risk of entry into foster care.

6. Families with needs that cannot be best met through the approved EBP options will be offered alternative services and supports tailored to their needs with a goal of stabilizing the family and preventing negative outcomes, including foster care entry. This may include programs and services provided by contracted providers, state agency partners, community-based organizations, etc. It may also include assistance with concrete

supports and other needs that address caregiver well-being, employment, income, and housing needs.

7. Family functioning and prevention plan eligibility are dynamic factors that may shift through the life of a family's involvement with DFS and our providers. To promote continuity and stability, the assigned DFS, or contracted, caseworker will maintain relationships with families and regularly explore eligibility and suitability of prevention planning and service delivery. The referral process will include consideration of prevention planning candidacy to regularly check candidacy status. The prevention plan and candidate eligibility will be reviewed quarterly.

8. Prevention plans are limited to 12-month periods at a time. After 12 months, or if new circumstances require redetermination, the assigned caseworker will utilize SDM tools to reassess and establish a new prevention plan if eligible.

9. DFS maintains responsibility for certifying candidacy eligibility and monitoring prevention plan activities for all case types, including DFS managed and contracted FAIR, treatment, permanency.

C. FOCUS

1. The Prevention Plan will be documented, maintained, and reviewed in FOCUS when the child(ren) and service(s) meet candidacy and prevention plan eligibility.

2. Candidacy eligibility certification and prevention plan activity monitoring will be done using referral and case planning functionality within the FOCUS case management system. Contracted provider caseworkers will access FOCUS directly or via the provider portal to complete required documentation.

3. Caseworkers and supervisors will determine candidates are eligible for Prevention Planning using Safety Organized Practice (SOP) and Structured Decision Making (SDM) tools. The family and child strengths and needs will be identified from the Child Strengths and Needs Guide (CSNG) and Family Strengths and Needs Guide (FSNG), supporting creation of the Prevention Plan within the Family Service Plan (FSP). All plans are created and documented in FOCUS following the completion of the assessments, and plans are created with the family and child as part of the regular case planning activities to determine the most appropriate and effective services to support their identified needs. All worker and supervisor decisions, including referrals to evidence-based programs, will be documented and dated in FOCUS. Redeterminations will be triggered automatically for the worker to complete with the family and child every six months as required for the FSP Review in accordance with the SDM policy manual.

D. FORMS

All forms are located on the DFS policy website: **https://kids.delaware.gov/policies/dfs-policies**

The Prevention Planning Eligibility Decision Tree will be used to identify eligible candidates.