

IMMEDIATE SAFETY INTERVENTION PLAN, CD-263

PURPOSE:

The Immediate Safety Intervention Plan (CD-263) is to be used by Children's Division staff to clearly document any safety interventions necessary to mitigate identified safety threats to a child, utilizing the Framework for Safety Model during routine hotline and case work with families. An Immediate Safety Intervention Plan (CD-263) is a voluntary, time limited agreement between the Children's Division, a child's parent(s) and/or legal guardian(s), and any other third parties to protect a child from one or more identified immediate threats to the child's safety, health, and welfare in the short term. The purpose of the Immediate Safety Intervention Plan (CD-263) is to establish and document in writing a plan to keep a child safe with the goal of preventing or eliminating the need for the child to be involuntarily removed from the child's home and/or brought under the authority of a juvenile or family court pursuant to chapter 211 RSMo.

Primary components of the Framework for Safety Model include the evaluation of caregiver protective capacities, child vulnerabilities, and existing safety threats to the child(ren). The Immediate Safety Intervention Plan (CD-263) is to be developed alongside the family while expanding on existing strengths and support networks within the family.

When developing an Immediate Safety Intervention Plan (CD-263) that involves either a parent/legal guardian who is an alleged perpetrator or a child leaving the home, staff must exercise extreme caution to balance the safety of children while respecting the parent/ legal guardians' constitutional rights. Parents and children have a well-established constitutional right to live together without governmental interference. The right is an essential liberty interest protected by the Fourteenth Amendment's guarantee that parents and children will not be separated by the state without due process of law, except in an emergency. Therefore, a decision to develop a CD-263 without involving the court must be made with careful consideration.

If staff believe a child is in imminent danger or cannot be safely maintained in the care of their parent/legal guardian, a referral to the juvenile officer should be made by submitting a CD-235 when it is unlikely that the threat of danger will be eliminated in a reasonable timeframe. It may be necessary to develop an Immediate Safety Intervention Plan (CD-263) placing the child outside the home while waiting for the court process to occur or through a Temporary Alternative Placement Agreement (CD-295).

INSTRUCTIONS FOR COMPLETION:

Pursuant to 13 CSR 35-30.020, each Immediate Safety Intervention Plan (CD-263) will be reduced to writing and signed by the parties to the plan. It will:

- Identify the danger or immediate safety threat(s) to the child;
- Identify the services that the Children's Division may offer to address the identified safety threat(s) to the child;
- Identify the specific actions that the child's parent/legal guardian will take to address the identified safety threat(s) to the child, and specify the time frames during which those actions will be completed;
- Identify any other people or agencies that are willing and available to support the child and the parent/legal guardian in the implementation of the Immediate Safety Intervention Plan (CD-263), and identify what actions they may take to implement the plan;

- Include a statement that the parent/legal guardian agree to the Immediate Safety Intervention Plan (CD-263), that they will participate in good faith with the services offered by the Children’s Division, that they will cooperate with the Children’s Division and that that they will implement the requirements of the Immediate Safety Intervention Plan (CD-263);
- Specify the date on which the Immediate Safety Intervention Plan (CD-263) will terminate;
- Contain any other provisions that the parties may deem appropriate; and
- Include a plan for monitoring the effectiveness of the Immediate Safety Intervention Plan (CD-263).

The Immediate Safety Intervention Plan (CD-263) must be completed at any point during Children’s Division’s casework with families in which there are immediate threats to child safety. The CD-263 is not to be used as a questionnaire, but rather as a tool to developing an agreed upon plan along with the family and their support network in order to mitigate any immediate safety threats.

The CD-263 should be seen as a flexible agreement dependent on the effectiveness in controlling the safety threat(s) to the child. They should be evaluated, readjusted, or modified as needed.

What immediate safety threat(s) to the child(ren) exists?

A safety threat is defined as a behavior, emotion, motive, perception, or capacity of a person who has access to the child that is out of control, imminent, and likely to have severe effects on a vulnerable child. When identifying safety threat(s), they need to be child specific. Safety threats to a child are evident when a child is vulnerable to the particular situation and the parent/legal guardian does not have protective capacities to resolve the threat.

Staff should document what safety threat was identified from the SDM Safety Assessment on the CD-263.

Example: A report is received regarding a parent that was unresponsive from a drug overdose. A three-year-old child was found in the home when first responders arrived on the scene. The safety threat would be a parent’s substance use impairs their inability to supervise, protect, or create a safe environment for the child and the child is likely to be harmed without intervention. This would be identified as Safety Threat 5.

What are the child’s vulnerabilities to the safety threat(s) and what are the concerns with the parent(s)/caretaker(s)’s protective capacities?

Vulnerabilities of a child are a significant factor in evaluating safety and imminency of the identified safety threat(s). Child vulnerabilities are the degree to which a child is susceptible to threats to his or her safety and the degree in which a child is capable of protecting him/herself against those threats. Things that contribute to child vulnerabilities are age, developmental level and mental capacities, physical disabilities and illness, behaviors, ability to communicate, isolation/visibility, ability to meet basic needs, access to perpetrator(s), and child relationship to perpetrator(s).

Example: With the above safety threat example in mind, there would be a great difference in the vulnerabilities of an infant and those of a sixteen year old. An infant would not have the ability to provide for their own basic needs if their parent was under the influence of methamphetamines, as an infant is entirely dependent on others for their care. On the other hand, a sixteen year old would potentially have the ability to protect themselves, as long as the

teenager was of typical development, and/or would likely have the ability to access a safety network resource if their parent was under the influence of a mind altering substance.

The protective capacities of a parent/legal guardian are another vital element to consider when evaluating safety. Caregiver protective capacities are personal, behavioral, cognitive, and emotional characteristics that are directly associated with child protection. There are several things that can impact the protective capacities of a parent/legal guardian, including mental capabilities, physical health, access to resources, relationship to perpetrator(s), behavioral history, age, and substance misuse.

Example: If a parent/legal guardian was verified to be using methamphetamines while parenting their infant, their protective capacities are negatively impacted as they would not have the cognitive or behavioral ability to readily provide for the basic needs of their infant while under the influence.

What actions have the parent/legal guardian taken in the past to keep the child safe when the safety threat(s) have occurred? What supports have been utilized in the past (or presently) to keep the child safe?

By exploring previous safety threat(s) and what the parent/legal guardian did in the past to keep the child safe, strengths within the family are identified. Similarly, once past and/or present supports to keep the child safe are explored, possible support networks (either formal or informal supports) are identified that can assist with the current Immediate Safety Intervention Plan (CD-263). By expanding on strengths within the parental protective capacities and identifying natural supports within each family, staff are more easily able to assist the family in developing realistic plans that are specific to their family, making follow through more likely. It also allows the parent/legal guardian an opportunity to feel actively involved in the plans for their family, instead of being directed of what to do from an outside agency.

To address the ongoing safety threat(s), we will implement the following plan:

When developing the Immediate Safety Intervention Plan (CD-263), staff should take into account all of the above elements, including the immediacy of the safety threat(s), child vulnerabilities, parent/legal guardian's protective capacities, and actions/supports that have been successful in keeping the child safe in the past. The plan should be individually specific, behaviorally specific, realistic, and time limited.

When developing an Immediate Safety Intervention Plan (CD-263), the Children's Division may consider the following factors and considerations:

- Utilize the family's own resources first by focusing on existing strengths within the family and their network;
- Utilize the least intrusive interventions that will control or manage the safety threat(s);
- Involve the alleged perpetrator to the extent possible and appropriate without compromising the safety of the child. The nature of their relationship to the child and family should be taken into consideration in deciding if and how the alleged perpetrator involvement will happen;
- Assess the reliability of sources or providers of the action or supports. (Informal: friend, relative, neighbor or Formal: school, agency, assistance programs...do they know they are included in the plan?);
- Develop interventions to accommodate time elements (for example, weekends and holidays may require different actions than daytime hours during the week, etc.);

- Develop overlapping interventions to accommodate scheduling or to address times when the safety concern is active;
- Take into consideration the tradeoffs the family may have to make in order to implement the Immediate Safety Intervention Plan (CD-263);
- Be conscious to not create further trauma to the family; and
- Meet the following criteria:
 - Immediately available – can be deployed right now and in sufficient way;
 - Action oriented – steps/agreements that are active and focused with respect to safety concerns; not change, service, or treatment reliant;
 - Flexible access – safety resources that are located in acceptable proximity and can be called upon for immediate response;
 - Have immediate impact – actions or resources that do what they are supposed to do as they are delivered and achieve the objective...keep children safe; and
 - No promissory commitments – Safety Interventions will never rely on parental promises to stop the threatening behavior; for example, “I will stop drinking” or “I will always supervise the child”. Safety interventions should provide an alternative action or a third party to assist in controlling the actualization of the danger statement

How will this Immediate Safety Intervention Plan be monitored?

It must be clear to everyone involved in the safety intervention what their responsibilities are in relation to the intervention, what the plan for monitoring is, and that monitoring includes a focus on:

- Successful use of the plan/intervention;
- Effectiveness of the Immediate Safety Intervention Plan (CD-263) and the need for adjustment and modifications;
- Ongoing assessment of the identified safety threats;
- The emergence of new threats or escalating threats; and
- Conditions are either resolved or no longer meet the safety threshold criteria.

In developing a plan for monitoring an Immediate Safety Intervention Plan (CD-263), the worker must consider the following:

- As long as conditions are unsafe, safety interventions must be in place;
- When there is no longer a safety threat, the need for an Immediate Safety Intervention Plan (CD-263) is resolved; and
- Immediate Safety Intervention Plans (CD-263) must be monitored and may need to be adjusted or modified to assure the interventions are effectively controlling the threat of danger.

The plan for monitoring the Immediate Safety Intervention Plan must include:

- Who will be used to monitor the plan?;
- Date/time of initial follow up? Initial follow up should be within a day or two. Staff should consider whether there is a need to complete any follow up during non-business hours. Staff, in conjunction with their supervisor, should develop a plan to follow up with the family if it is necessary during non-business hours. Announced and unannounced home visits by the worker or trusted safety network member may be necessary to ensure the Immediate Safety Intervention Plan (CD-263) is being adhered to;
- Frequency of monitoring action. Pursuant to 13 CSR 35-30.020, every CD-263 **will automatically terminate** without further notice ten (10) days after the date the last party signs the agreement.

How often staff need to take some sort of action, such as phone contact with the parties, home visits, etc., should be determined according to the situation. However, staff must take some sort of action within the ten (10) days to monitor the Immediate Safety Intervention Plan (CD-263);

- Monitoring Action – Direct contact with the parent/legal guardian, protective resource or child by the worker or a safety network member. If the worker is not the one monitoring the plan directly, the worker should be updated by the safety network member according to the specified plan; and
- An explanation of how and how frequently any safety network member will assist in monitoring the Immediate Safety Intervention Plan and how they will communicate to the Children’s Division;

Monitoring includes:

- Verification of implementation;
- Effectiveness of intervention;
- Credibility, availability, and accessibility of the safety network;
- Flexibility of safety interventions to adjust for control of the safety threat;
- Understanding from the participants that plans must be modified if the Immediate Safety Intervention Plan (CD-263) is no longer effective in controlling the safety threat; and
- Understanding that the Immediate Safety Intervention Plan (CD-263) is short term.

Safety Re-Assessment Date

Children’s Division staff must carefully monitor all active Immediate Safety Intervention Plans (CD-263) and these cases must be given high priority, especially when the child is particularly vulnerable or there are concerns related to the parents’ ability and/or willingness to abide by the Immediate Safety Intervention Plan (CD-263). Staff must ensure there is a plan in place to ensure the developed Immediate Safety Intervention Plan (CD-263) is being monitored regularly. It is ultimately the responsibility of Children’s Division to monitor the Immediate Safety Intervention Plan (CD-263) and CD should therefore inform the family as to how they plan to monitor the follow through of the plan. While other supports to the family could be utilized in the monitoring, ultimately the responsibility lies upon Children’s Division.

Pursuant to 13 CSR 35-30.020, every CD-263 **will automatically terminate** without further notice ten (10) days after the date the last party signs the agreement if the CD-263 is not extended. How often staff need to take some sort of action, such as phone contact with the parties, home visits, etc. to monitor the CD-263, should be determined according to the situation. However, staff must take some sort of action within the ten (10) days to monitor the Immediate Safety Intervention Plan (CD-263).

Supervisors must staff cases with an open CD-263 at the time safety is re-assessed at the end of each ten (10) day period to determine the most appropriate next steps with consideration being given to holding a Team Decision Making (TDM) meeting, developing a TAPA, and/or opening a Family Centered Services (FCS) case. A referral to the juvenile officer should be made by submitting a CD-235 if there is no real likelihood the threat of danger can be mitigated within a reasonable time period.

Pursuant to 13 CSR 35-30.020, **under no circumstances** may a Child Abuse/Neglect (CA/N) report be closed with an open CD-263 unless the case has been referred to ongoing case management. Staff must continue to monitor the CD-263 as described above until the safety threat(s) requiring the CD-263 is eliminated.

The Children's Division should not terminate its involvement with the family until the non-residential parent can establish or modify custody or obtains an order of child protection as long as there is a need for a CD-263 due to an immediate safety threat(s) to the child. For orders of child protection, staff should ensure a permanent, not just a temporary, order has been granted prior to case closure.

Example: A parent has neglected their child and is not currently an appropriate caregiver due to their active drug use. The child is placed with the non-residential parent through an Immediate Safety Intervention Plan (CD-263) while the parent addresses their drug use. A power of attorney may be necessary for the non-residential parent to obtain medical care for the child while the parent is in inpatient treatment because paternity has not been established. However, the CD-263 continues to be necessary while the Children's Division works with the parent to address the safety threat related to the substance use concerns. Therefore the child abuse/neglect report may not be closed without either a referral being made to the juvenile office and/or a Family Centered Services (FCS) case being opened, dependent on the case specific circumstances.

If the safety threat(s) that caused the child to be voluntarily placed with a non-residential parent cannot be eliminated prior to the CA/N report conclusion timeframe, staff should consider developing a TAPA and/or making a referral to the juvenile officer by submitting a CD-235. If there is a need to extend the CD-263 because the safety threat(s) that caused the child to be voluntarily placed with a non-residential parent has not been eliminated, staff should also consider opening a Family Centered Services (FCS) case prior to the conclusion of the CA/N report to monitor the family's progress and implement any safety-related services necessary to eliminate the immediate safety threat.

Pursuant to 13 CSR 35-30.020, Immediate Safety Intervention Plans are voluntary. Any party to the CD-263 may terminate their participation in the Immediate Safety Intervention Plan at any time with reasonable notice to the other participants. Any party wishing to terminate their participation shall notify the Children's Division, preferably in writing. If a family refuses to participate in the CD-263, it may be necessary to make a referral to the Juvenile Court by submitting a CD-235 if safety of the child cannot be assured.

The Children's Division retains the authority to refer the case to the juvenile officer with a recommendation for further action while an Immediate Safety Intervention Plan (CD-263) is in place. If at any time during the Immediate Safety Intervention Plan (CD-263) it is determined the goals are not being accomplished within the time period specified, and the safety, best interest, and welfare of the child of the child cannot be assured if returned home, staff should refer the family to the juvenile officer.

Staff must clearly document in the case record when the CD-263 is terminated and the rationale for determining the child to be safe.

What safety-related resources/support services are currently in place or still need to be referred to assist with the behavioral changes needed to resolve the threat(s) of safety to the child? What services will the Children's Division offer to the family? What supports have been utilized in the past that can be utilized during the Immediate Safety Intervention Plan to eliminate the safety threat(s)?

This section of the CD-263 is separated from the actual plan for safety, as an Immediate Safety Intervention Plan should not be reliant on services to make immediate behavioral change.

In this section of the Immediate Safety Intervention Plan (CD-263), staff shall identify all safety-related services, service providers, and specific resources being offered to any and all parties involved in the CD-

263, as well as what safety-related services and supports the family still needs to be connected with in an effort to prevent the removal of the child. These can be direct services provided by the Children's Division as well as any other services from community agencies that have been offered to the family to assist with the success of the Immediate Safety Intervention Plan (CD-263) and to reduce the risk of future CA/N. Safety-related services are appropriate services that are provided to or arranged for the family with the goal of ensuring child safety. For example, if there are safety concerns related to the parent's ability to manage child-specific needs, Intensive In-Home Services (IIS) can be an appropriate safety-related services.

Staff should be sure to include timeframes for each service/resource and how the implementation of such service(s)/resource(s) will assist with the successful termination of the CD-263.

When staff determine safety-related services are needed during a CA/N report staff should clearly articulate and document the safety concern to include areas of need such as, but not limited to: basic needs, living conditions, the family's support system, health, mental health, educational concerns, and help address the needs through community resources and/or the family's safety network.

What steps should the family and/or safety network members take in the event this Immediate Safety Intervention Plan is violated? Provide the name(s) and contact information for all members of the family support network as well as all individuals who must be immediately notified if this Immediate Safety Intervention Plan is violated or there are concerns for the safety of the child(ren) involved in this plan:

The Immediate Safety Intervention Plan (CD-263) must include an action step(s) for notification if the plan is violated or concerns arise regarding the safety of the child. This action step(s) should be developed so that all those involved in the Immediate Safety Intervention Plan (including formal/informal family supports, collaborative team members, service providers, etc.) will know what to do in the event the plan is violated. This should include contact information for all those who must be immediately notified if the plan is violated or concerns arise regarding the safety of the child.

Once the CD-263 is developed, the worker should make sure the family and any safety network members actively involved in the plan have a copy. The worker can take a picture of the plan for the record and provide the family with the paper copy. A copy must be retained and uploaded to OnBase.

The parent/legal guardian shall cooperate in good faith with the Children's Division to implement the Immediate Safety Intervention plan:

Prior to members involved in the Immediate Safety Intervention Plan (CD-263) signing the document, it is the responsibility of Children's Division staff to ensure all signing members read and understand their responsibility, including the following:

- Making the child available to meet with the Children's Division or its contractors/representatives in the State of Missouri in person, virtually, or by other means of communication upon request to enable the Children's Division to ensure the Immediate Safety Intervention Plan (CD-263) is being implemented and the child is safe and well cared for throughout the duration of the plan;
- Allowing the Children's Division or its contractors/representatives to inspect the home at reasonable times (announced and unannounced) to ensure the Immediate Safety Intervention Plan (CD-263) is being implemented;
- Executing any consents and/or authorizations to release information to the Children's Division and/or to or from third parties the Children's Division determines necessary to obtain information to develop and/or monitor the implementation of the Immediate Safety

Intervention Plan (CD-263). This includes, but is not limited to: health care providers, schools, and other professionals providing services to the child or other parties;

- Keeping the Children’s Division informed of the parent/legal guardian’s current residence address, mailing address, telephone number, email address, and any other contact information, as well as changes in the residence and contact information for the child; and
- Promptly notify the Children’s Division of any change in circumstances that may impact the care of the child and/or the implementation of the Immediate Safety Intervention Plan (CD-263).