



Administrative Policies and Procedures: 31.18

Subject:	Safety Planning for High Risk Behaviors in Children and Youth in DCS Custody		
Authority:	TCA 37-5-105 (3), TCA 37-5-106		
Standards:	COA: BSM 2.04, 2.05, 2.06		
Application:	To All Department of Children’s Services Employees and Contract Agency Providers		
Policy Statement:			
A Child/Youth Safety Plan shall be developed any time a child or youth’s behavior presents a risk to themselves or others or significantly impairs daily functioning to ensure the child/youth and caregivers have the supports needed to prevent disruption of placement and promote a safe and therapeutic environment. Quality safety planning is essential to ensuring the safety, well-being and permanency of children/youth with high risk behaviors in a home setting (foster or trial home visit).			
Purpose:			
To provide DCS and Contract Agency staff with best practice guidelines for developing and monitoring Child/Youth Safety Plans when child/youth display behaviors that present a risk to themselves or others or significantly impairs daily functioning.			
Procedures:			
A. Child/Youth Safety planning	<ol style="list-style-type: none">1. A Child Safety Plan (CS-1044), as described in the Work Aid for Child/Youth Safety Planning, is completed if a child/youth scores a two (2) or above on the CANS Assessment for Danger to Others, Sexually Reactive or Sexually Aggressive. A safety plan may also be created if there are other behaviors or symptoms the team is aware of that pose a risk to the youth or others.2. The plan development must minimally include parents/caretakers with whom the child/youth resides, Family Service Worker (FSW)/Juvenile Service Worker (JSW), Contract Agency worker (when applicable) and child/youth when appropriate.3. For a child/youth in a Contract Agency placement, the agency worker is responsible for completing CS-1044, Child Safety Plan with the appropriate parties, including the FSW/JSW. In the event that the Contract Agency has a process for documenting child/youth safety planning, that process can be utilized in lieu of the DCS process. That process must include clinical oversight within 2 weeks of the implementation of the plan and at least quarterly thereafter.		

	<p>Note: Contract Agencies may use an equivalent form, provided the content of the form captures the content of CS-1044, Child Safety Plan.</p> <p>4. The Child Safety Plan (CS-1044) is maintained in the child/youth's case file in the documentation section. Copies are provided to all participants who signed the document or who will be directly responsible for ensuring the plan is implemented and followed.</p> <p>5. The FSW/JSW documents in case recordings the key aspects and those who participated in the development of the plan. Contract Agency workers should ensure key aspects and participants are documented in the Monthly Summary.</p>
B. Coordination of care and communicating with other adults responsible for the child	<p>1. If the child/youth has a counselor/therapist, the FSW/JSW or Contract Agency worker shares the results of CS-1044, Child/Youth Safety Plan, at the next appointment and discusses any additional treatment needs of the child/youth.</p> <p>2. Anytime a new adult assumes responsibility for supervision of the child/youth, CS-1044, Child/Youth Safety Plan or aspects of the plan, is shared as deemed appropriate by the child and family team.</p> <p>3. All staff communicating with others regarding safety and risk behaviors of children/youth with an active safety plan in place will:</p> <ol style="list-style-type: none"> Use discretion, only sharing necessary information to ensure the child/youth's safety or safety of others. Adhere to Health Insurance Portability and Accountability Act (HIPAA) and DCS Policy 20.25, Health Information Records and Access, and obtain necessary release of information using CS-0559, Authorization of Release of Information and HIPAA Protected Health Information TO and FROM the Department of Children's Services and Notification of Release, if Protected Health Information (PHI) is shared. When needed, consult with DCS Legal, Education Specialist and/or the Psychologist before sharing information.
C. Monitoring, reviewing and updating the Child/Youth Safety Plan	<p>1. <u>Review of CS-1044, Child/Youth Safety Plan, considers:</u></p> <ol style="list-style-type: none"> Progress the child/youth has made in treatment; Revision to address continued or new behavior concerns; and Reduction of restrictions when appropriate. <p>2. <u>Supervisor review:</u> The plan is reviewed and signed by the Team Leader (TL) and, when applicable, Contract Agency Supervisor within two (2) business days of initiation. Any needed additional action steps will be noted by the supervisor in a supervision case note and followed up on during subsequent case conference as outlined in DCS Policy 4.4, Performance and Case Supervision Practice Guidelines and Criteria.</p> <p>3. <u>High Risk Review:</u></p> <ol style="list-style-type: none"> The High Risk Review Team reviews form CS-1044, Child Safety Plan for all cases that meet High Risk criteria, which includes cases with a CANS

	<p>score of two (2) or above for Danger to Others, Sexually Reactive and Sexually Aggressive behaviors.</p> <p>b) The FSW/JSW or TL and Contract Agency staff, as applicable, participate in the High Risk Review and consult with the High Risk Review Team on the case and CS-1044, Child Safety Plan.</p> <p>Note: For more information on high risk notifications, safety plans and responsibilities refer to the High Risk Protocol.</p> <p>4. Child and Family Team Meeting monitoring:</p> <p>The CS-1044, Child Safety Plan is reviewed and updated by the Child and Family Team as often as necessary, but at least quarterly.</p>
D. Dissolving the Child/Youth Safety Plan	<p>The following may result in dissolution of CS-1044, Child Safety Plan:</p> <ol style="list-style-type: none"> 1. The child/youth's behavior no longer presents a risk to themselves or others, or no longer impairs daily functioning; 2. CANS Assessment scores below two (2) for all of the items in the Child Risk Behaviors section; and in consultation with the following: <ol style="list-style-type: none"> a) Child and Family Team; b) Child/youth's counselor/therapist; (if applicable) and c) High Risk Review team OR regional MSW/an individual with an advanced clinical degree.

Forms:	<p>CS-1044, Child Safety Plan</p> <p>CS-0559, Authorization for Release of Information of HIPAA Protected Health Information TO and FROM the Department of Children's Services and Notification of Release</p>
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Collateral documents:	<p>DCS Policy 4.4, Performance and Case Supervision Practice Guidelines and Criteria</p> <p>DCS Policy 20.25, Health Information Records and Access</p> <p>Work Aid for Child /Youth Safety Planning</p> <p>High Risk Protocol</p>
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Glossary:	
Term	Definition
High Risk Review Team:	<p>Each region has a high risk/well-being team that reviews all youth placed in a resource home setting, that are deemed high risk by their CANS assessment. These teams ensure a safety plan is either already in place or request that one be initiated. The high risk team reviews the submitted safety plans for each of these youth and ensure the safety plan is appropriate for that youth and their placement.</p>