



TEXAS
**Department of Family
and Protective Services**

Alternative Response

Resource Guide

Investigations

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INTRODUCTION

Alternative Response (AR) is a different way of engaging with families in certain cases of alleged abuse and neglect. AR allows you to meet the needs of the family while still keeping children safe. Often, the families you serve are struggling to do the best they can. Sometimes these struggles put their children at risk. A helping hand or a supportive ally can make the difference between a family that can keep its children safe and a family that becomes a statistic in the child welfare system. The AR approach works with the family in a collaborative and non-judgmental manner. In AR there is no alleged perpetrator, no disposition, and no entry into the Central Registry.

For all policy related to AR, see [2600](#) Alternative Response

CASES ELIGIBLE FOR ALTERNATIVE RESPONSE

Only certain types of intakes accepted for investigation are eligible for Alternative Response. The AR approach is appropriate for intakes that initially appear to be low to moderate risk cases, not for high risk and immediate response cases.

Once an intake is identified as a P2 with all victim children age 6 or over, it is sent to the screeners for review. If the intake meets additional criteria after going to the Statewide Intake CPI Screener, it is assigned as an AR case. Once the case is sent to an AR unit, the AR supervisor assigns it to you. See [2610](#) Eligibility for Alternative Response.

STAGE PROGRESSION FROM ALTERNATIVE RESPONSE TO TRADITIONAL INVESTIGATIONS

Most cases classified as AR will continue down the AR pathway for the entire life of the case. In very rare instances, an AR case may end up being stage progressed to traditional investigations before it is assigned to you. Before this happens, both your Supervisor and Program Director **must** approve the stage progression.

Also, after meeting with a family on a case initially deemed eligible for AR, you may discover new information that makes the case no longer appropriate for AR. Review policy to determine if it supports the case being progressed to a traditional investigation and staff with your supervisor for approval. See [2631](#) When an AR Case Must be Progressed to

Traditional Investigation and [2632](#) When an AR Case May be Progressed to Traditional Investigation. See [2633](#) Approval for Transferring a Case to Traditional Investigations.

While a case assigned to AR may stage progress to traditional investigation, cases initially assigned to traditional investigations cannot be stage progressed to the AR pathway.

NEW INTAKES ON AN OPEN AR CASE

If an AR case is already open, and CPI receives a new intake on the same family, the intake is routed to the AR supervisor, who based on policy will decide whether to continue the case as AR or stage progress it to traditional investigation.

See [2612](#) New Intakes on an Open Alternative Response Case.

QUESTIONS

What if I have companion cases, and one is Alternative Response and the other is a traditional investigation?

If there are companion cases, and one is sent to Alternative Response and the other sent to a traditional investigation, both cases need to be worked as a traditional investigation, so you would need to stage progress the AR case to a traditional investigation.

What happens if I get assigned a RAPR case?

An intake that alleges *Refusal to Assume Parental Responsibility* is not automatically ineligible for AR. In fact, many times parents are at their wits end, but are able to make great progress when served through an AR approach. You should follow AR protocols to engage the family and seek their participation. However, if the situation appears to be based on the parent's inability to obtain mental health services for the child, you must determine if the child is eligible to be placed in a Residential Treatment Center (RTC) bed funded by the Department of State Health Services (DSHS) and if the parent is willing to do this placement. See [2390](#) Families Who Are Unable to Obtain Mental Health Services for Children with Severe Emotional Disturbance.

What steps do I take with the family when a case is progressed from AR to a traditional investigation?

If you progress a case from AR to a traditional investigation, you meet with the family and have a discussion to let them know what will be different about their case moving forward. You should explain why the stage progression is necessary, that you will remain their caseworker (if appropriate) and that their case will have a disposition and alleged or designated perpetrators of abuse or neglect. Also explain to the family that at the end of the case they have the option to

have their case administratively reviewed if they disagree with the findings in the case. Once the case is stage progressed to a traditional investigation then investigation policy must be followed from that point forward. After progressing the case from AR to a traditional investigation you must complete a new Notifications of Rights form ([form P-201-3010](#)) only if you re-interview the alleged perpetrator or are addressing new concerns after the case has been stage progressed to a traditional investigation.

INITIAL CONTACT WITH THE FAMILY

FIRST CONTACT (TELEPHONE)

Once the case is assigned to you, it's time to prepare to make contact with the family. Once you have reviewed DFPS and criminal history on the family you will consider how this history has impacted the family and could impact your work with the family. Contact is made with the parent/caregiver in the home where there are concerns of abuse/neglect.

Making the initial contact with the family will be done a little differently in Alternative Response. Your first contact with the family is going to be by telephone if the family has a telephone. You must attempt contact with the family by phone within 24 hours of stage progression to AR or within the next business day if the call comes in over a weekend or holiday. If you call the family and do not speak to a parent in the home, you must make other efforts to reach the family. Examples may include:

- Leave a voice mail that introduces yourself and includes the need for the family to contact you by a specific day and time.
- Send the parent a text message with your contact information and brief reason why you need them to contact you. Some families may not have cell service, but they are able to receive text messages.

Early communication will give you and the family more time to prepare for a successful family meeting.

If you have not received a response from the family within 24 hours of attempting to contact them by phone, then you must make your initial contact at the residence to schedule the first face-to-face meeting with the family within the next 24 hours. For more details see [2622 Initial Contacts](#).

If the family doesn't have a phone you will need to conduct an unannounced visit to the home within 24 hours of the case being stage progressed or the next business day if the case was progressed outside regular work hours. Do not wait until day 5 to go out to the home. Your face-to-face contact with the family must occur no later than the 5th day from stage progression and cannot be delayed because you cannot contact the family by phone.

During the initial contact, by phone or in person, you are going to:

- Let the family know who you are.
- Give a brief explanation of AR.
- Provide a general description of the AR process and how it differs from a traditional investigation.
- Ask the parent to set a time to meet with the parent and the rest of the family (within the 120 hour policy time frame).

You want to be respectful and collaborative with the family. You may provide the family with a few dates and times that you are available and ask them if one of those will work for them. Be flexible and work with the family as long as it is within your mandated time frames.

Try to schedule this first face-to-face contact with the entire family. However, sometimes only part of the family is available to meet with you. You want to be flexible and work with that situation, but you must schedule to see all of the children within the initial 120 hour frame and make sure that any safety issues are addressed immediately.

Unannounced visits should be rare but when you make an unannounced visit to a home, the goals are the same as for the initial phone call. Introduce yourself and ask to set up an appointment to meet with the family. If they invite you in that is ideal, but this is likely to be an exception, not the rule.

FIRST FACE-TO-FACE CONTACT

The first face-to-face contact with the family must occur within 120 hours of stage progression. It will generally occur at the home but can occur elsewhere at the family's request as long as the condition of the home is not part of the allegations. As an AR caseworker you should try very hard not to have this visit in your office. This is a place that represents your power and authority, and it may be difficult to engage the family using an Alternative Response family- friendly approach.

Upon the first contact with the family, you will need to notify each parent/legal guardian of his or her rights prior to any interview or discussion of the concerns leading to CPI involvement. Verbally review [Form 3010 Notification of Rights](#) and [A Guide To Alternative Response](#) and have the parent/legal guardian sign form 3010 or mark the box reflecting the refusal to sign. Ensure a copy of the form is left with the parent/legal guardian.

This is your first substantial contact with the family, and it is a very important one. It sets the tone for your relationship with the family. Use the skills you learned in AR training to develop rapport and engage the family. Treat them as the expert on their family, be respectful, and let them know they have an active voice in this case. This is your opportunity to talk to the family about what AR is, why you are there, and how you plan to work with them. As the caseworker, in preparation for a family meeting, you should review the Alternative Response Engagement Guide and make sure you consider variations of solution focused questions that may help you move a family towards their own solutions. Remember, solution focused questions are used

when you start looking for solutions. This does not mean you leave your experience and knowledge as a professional caseworker at the door. Before leaving the home, you still need to address all the allegations in the intake report or other dangers you identify while working with the family. You will continually assess whether or not the case is still appropriate for AR.

Child safety is always your #1 priority before leaving the home and your number one goal in an Alternative Response investigation.

During this initial visit you should:

- Establish rapport with the family.
- Explain AR in more detail and give the family a copy of A Parent's Guide to Alternative Response.
- Ensure the family wants to participate in the Alternative Response case and does not prefer the traditional pathway, or that you haven't discovered any additional information that requires the case to be progressed to a traditional investigation (a move to traditional investigation should only be made if the case meets specific criteria). See [2631](#) When an AR Case Must Be Progressed to Traditional Investigation.
- Share appropriate information about the intake and concerns (allegations) noted in it.
- Provide an opportunity for family members to talk about their family and to ask questions.
- Observe the family's interactions with each other.
- Audio record individual, meaningful contacts with each verbal child. See [2622.3](#) Meaningful Contact.
- Gather sufficient information to complete the initial safety assessment and begin the risk assessment.
- Gather information about household members to facilitate review of all DFPS history, criminal background checks, and determine eligibility for emergency assistance, if not already completed.
- Determine how the family likes to communicate (text, email, telephone, face-to-face, etc.) for future correspondence. Discuss collateral contacts.
- Ensure all immediate dangers have been addressed and the children are safe.
- When making the first face-to-face contact with the family in AR, you must ensure all children are seen within 120 hours from stage progression. This is the same as when making first face-to-face contact with alleged victims within 72 hours from stage progression for a screened Priority 2 traditional investigation. As the case progresses, children must be seen every 30 days after the first face-to-face contact.

In addition, during the first face-to-face contact and every 30 days thereafter, you must conduct an individual, meaningful contact with each verbal child and lives in the home. The purpose of this contact is to allow the child the opportunity to discuss any safety concerns not addressed in

the larger family meeting and check in on any plans that the family made and find out how the child feels about those. The initial meaningful contact must be audio recorded, and subsequent meaningful contacts may need to be audio recorded if they meet certain criteria. See [2623.1 Initial Tasks](#).

WHEN A CHILD WHO IS WITH HIS OR HER FAMILY CANNOT BE LOCATED

It's important to staff with your supervisor throughout the case when a family cannot be contacted or located for an assessment. In an alternative response stage, the caseworker should follow policy in Section [3100](#) When a Child Who is With His or Her Family Cannot be Located to begin the process of trying to locate a family.

QUESTIONS

Can I interview the children separately?

Preferably, you will interview the entire family unit together; however, your experience as a caseworker and case circumstances may lead you to interview the children separately. If you are going to vary from the traditional family interview, it's important to explain your request to the family before interviewing the child alone. This promotes transparency and gives the family a choice.

Remember that each child must be interviewed or observed based upon their age and developmental level within 5 days of the case being stage progressed to AR. Additionally, at the end of the first face-to-face meeting with the family, a meaningful contact with each child three years or older must be made. You must ask permission to speak to each child alone at the conclusion of the family meeting and audio record the discussion. The recording is uploaded into OneCase. See [2622.3 Meaningful Contact](#).

If I interview the child separately or at school with parents' permission, does this mean it becomes a traditional investigation?

No, not necessarily. If you made arrangements with the parents before the interview, and all other criteria are met, this is just a variation in the preferred method of Alternative Response. If interviewing the child at school is absolutely the only way to meet your initial time frames, you should consider with your supervisor why the family is not engaging, to determine if Alternative Response is appropriate.

Interviewing the child without the parent's knowledge could make it harder to work with the parent since it does not usually appear family friendly. Interviewing the child at school is extremely rare and should only be used as a last resort or when the parents or caregivers have given permission.

What if there is an absent parent or a parent who does not live in the home but sees the child? Do I have to notify these parents in AR?

The term "absent parent" means any parent to a child that does not live in the child's home. In

AR there is a distinction between an “absent parent” who doesn’t reside in the child’s home and an “involved parent” who doesn’t reside in the child’s home. “Absent parents” include a parent who has no relationship with the child. “Involved parents” are those that see the children, provide material items for them, pay child support, or have some other type of involvement which creates a relationship with the child.

You must make face-to-face contact with all *involved* parents and provide them the opportunity to participate in the development of any plan created involving their child. An “involved parent” is not required to participate in the family meeting, particularly if there is conflict between the parents. The decision to have an “involved parent” participate in the family meeting is at the discretion of the parent with whom the child primarily resides. Notification of an “involved parent” is not necessary if it would endanger any child in the home, a reporter, or anyone else who participated in the family assessment. It should be clearly documented why the involved parent was not contacted or involved in the case planning. See [2622.4](#) Notifying and Making a Face-to-Face Contact With an Involved Parent.

What if the parents are divorced? How do I interview everyone together?

Although you must contact an involved parent, absent parents and involved parents are not required to participate in the family meeting, particularly if there is conflict between the parents, the parent is a danger to the family or the parent has no relationship with the child. However, if the parent you are working with *wants* to invite the other parent, all the better. The parent is demonstrating that he or she is looking out for the welfare of the children. The best approach is to talk to both parents, get their thoughts, and assess their relationship. Perhaps the second visit could be a joint visit IF it is appropriate to the case.

What if the parents are divorced and the concerns occurred while the children were visiting the other parent, but they don’t live with that parent. Can I do my assessment with the parent the child primary lives with?

The assessment should take place at the home where there are concerns of abuse or neglect. The 24-hour scheduling call should be made to the parent/caregiver who resides in that home. If that cannot be scheduled within 120 hours, all of the children must be seen within that time frame, while continuing to make efforts to schedule an assessment.

What if parent and child are not in the same location within 120 hours, such as one of them visiting relatives in another state or county? What do we do?

During the first phone call, talk to the parent about the 120 hour time frame requirement and determine if the child will return within the time frame for first face-to-face contact. If the child cannot return in the required time frame, explain to the parent that you will request a courtesy interview. Request the courtesy interview of the child within time frames. The case will remain an Alternative Response case. If the child is out of state, contact that states child welfare department and see if they will complete a courtesy interview. The ability to obtain a courtesy interview out of state varies as it is dependent on that states policy.

See [2244.7](#) Accepting Child Interviews Conducted by Others

Does the entire family always have to be interviewed together? What if I have concerns that it is unsafe to interview everyone together such as in a domestic violence situation?

The goal in AR is to meet with the entire family. However, sometimes you need a different approach, such as situations involving domestic violence. Use your experience and knowledge about domestic violence to determine the most appropriate response. For example, if you have a safety concern about interviewing everyone together, you may interview an adult victim separately, just as you would ask to speak to children in the other room if necessary. This can be the approach from the first visit if you feel your concerns justify this action. Do not feel that you must interview the entire family together even if there is domestic violence. You still need to be able to determine what is happening in the family, and these are unique situations that require you to handle them thoughtfully.

In cases where there are two estranged parents, which one gets to make the decision regarding whether the case stays on the AR pathway? For example, the father, who has joint custody and was the reporter, says he wants the case sent to traditional. You said the family gets to make the decision as to which track the case goes down. Do I move it to traditional investigation?

No. When we say the "family" gets to decide, we mean that portion of the family we are assessing. In traditional investigations, you would call this person the alleged perpetrator. In this instance, the mother gets to make the decision, since she is the one being assessed. Reporters cannot "request" a case go down a specific pathway. Screeners make the decision on which pathway the case is assigned to according to protocol. See [2637](#) Parent or Caregiver Request for Reassignment.

What if the family isn't there or cancels the scheduled appointment?

Contacts in Alternative Response are just as important as in a traditional investigation. It is important to explain to the family that they can contact you back regarding a time to meet; however, there must be arrangements within the 120 hour time frame to meet or the case may need to be worked as a traditional investigation.

You can easily give the family a deadline to call back. For example, "I really need to hear back from you by tomorrow, so I can make sure I don't schedule something else - you are important."

If you have made your calls and visited the home, and still have no response, you may need to see the child at school in order to make contact by the 120th hour. You may need to consider working the case as a traditional investigation (and stage progress the case) if the family continues to be uncooperative. If this occurs, staff with your supervisor to determine next steps.

Child safety is your number one priority, and you must be able to see all the children and assess their safety by priority time frames. If this is not possible, you cannot compromise child safety. Staff with your supervisor to develop a plan, request courtesy interviews (if necessary), and

make arrangements to see all children as soon as possible.

What about families who say they can meet but don't call you back or who reschedule their appointments past the 120 hour time frame for first face-to-face contact? We suggest that if you are nearing the end of your time frame, just be frank with the family. If you schedule with them once and they do not show up, call back and let them know you will be coming out tomorrow, and you want to do it at a time convenient for everyone so that the family can have whomever they want present at the initial visit.

Be transparent about your requirements while balancing the desire to give the family some power in the situation. If the family keeps evading you, do as you would in a traditional investigation - try, try again. Go to the school or stop by unannounced. When you finally talk with them, explain why you had to take those steps. The family may not be willing to work with you, or they may be scared, or they may think they are being protective of their children by keeping them away from you.

Boundaries are important! You can see it as "unwilling to engage" or an act of protection. You won't really know until you get to talk to the family, and your priority is making sure kids are safe.

When I visited the home, there was a 4-year-old in the home. AR is only for 6 and above, what do I do?

Statewide Intake CPI Screeners will only send intakes down the AR pathway when there are no known victim children under the age of 6. If the AR caseworker later discovers a child under 6 living in the home, in most instances, the case can stay on the AR track, depending on the allegations and IF the supervisor feels this is appropriate. By itself, in most instances the fact that a younger child is in the home should not prevent the caseworker from continuing the case on the AR track. The exception is if a child under 6 is found to be living in a home and the allegations are physical abuse irrespective of victim status, or any allegations of sexual abuse are discovered, regardless of age. In these instances, the case must be stage progressed to a traditional investigation due to the extreme risk. See [2631](#) When a Case Must be Progressed to Investigation and [2632](#) When a Case May Be Progressed to Investigation.

While at the home assessing the family, I noticed a sibling who appeared to have primary or complex healthcare needs. What should I do in this situation?

Cases are excluded from AR if medical neglect allegations indicate there is a child with a serious medical condition that could cause substantial or immediate harm if the child does not receive prescribed treatment for that condition; however, it is possible that a non-victim sibling in the household may have a primary medical need or complex health condition. If you have questions when assessing any children with primary or complex healthcare needs in an AR household, contact the Regional Nurse for assistance and consider if an ECI, community

health or MHMR referral is appropriate.

What if the family refuses to cooperate?

In rare instances, the family may not want to participate in AR. If you exhaust all options to convince them it's in their best interest to cooperate in AR and they still refuse, that is their choice. You need to explain to them that their only other option is a traditional investigation. Your intervention with the family is NOT optional. Let them know that you will remain as their caseworker, but that an investigation is different from an AR case and you will need to give the case a final disposition. Continue your work as if the case is a traditional investigation (and stage progress the case).

If you are still in the home, immediately assess the safety of the child(ren) as you would during a traditional investigation. If the situation is not dangerous for you, never leave the house until you have ensured the children are safe. If you must leave the house before you have fully assessed safety for some reason, contact your supervisor as soon as possible.

This applies not just during the first face-to-face contact, but any time during the case. Whenever the family refuses to cooperate with the AR process, treat the case as a traditional investigation and follow all related policies and procedures. See [2622.6](#) Family Refuses to Participate.

What about recording interviews and taking pictures?

In AR, you must audio record interviews of a child that are completed without a parent or primary caregiver present. This includes the initial meaningful contact with each child, with the knowledge and consent of the parent.

Physical evidence is very important if any charges should be filed or removal becomes necessary. While you won't need pictures in most AR cases, you need to take pictures if a situation looks like it could result in charges or removal. Photographs are required if there are injuries, allegations of physical abuse or the case is stage progressed to a traditional investigation. The purpose of photos is to protect children now and in the future. Taking pictures is appropriate in cases where there are bruises. If you determine taking photographs is necessary, explain to the family that you need to document the injury as part of the safety assessment. Document this in IMPACT and upload the photos into OneCase. If the parents refuse, the worker should work with the family in a collaborative manner to explain the need to take photographs. If the family continues to refuse, the worker needs to assess the case to determine if there are any safety concerns or risks to the child. If the worker determines there are, the case may need to be stage progressed to a traditional investigation. See [2245.4](#) Audio and Visual Documentation of a Child's Interview and Injuries to the Child

Do I need to call collaterals in an AR case?

Yes. During the first face-to-face visit, explain to the family your responsibility to contact

members of their support system or professional with direct knowledge of the concerns. Discuss with the family who you might contact and explain the information you would like to gather. Let the family suggest and discuss members of their support system to contact. Ultimately, you make the decision on which collateral contacts are necessary to ensure the safety of the children, but you are transparent with the family. When determining who should be contacted, consider people who are a support to the family and whose support plays a role in the safety of the children as well as professionals who have direct knowledge of the any concerns in the case.

What happens if local law enforcement wants to conduct a joint Investigation on an Alternative Response case? Does the case remain in Alternative Response or is it stage progressed to a traditional investigation?

By law, CPI is not required to conduct a joint investigation with law enforcement unless the case is a Priority 1 PHAB or SXAB case. However, CPI strives to maintain a collaborative working relationship with law enforcement and can work with law enforcement on the same case. If this situation arises, follow Alternative Response policy and meet requirements while explaining our policy to law enforcement and working out an agreement that is acceptable for all. You should be transparent when working with families involved in a criminal case by explaining the difference between CPI and law enforcement and their roles in the case.

What if law enforcement wants to have the child interviewed at the Children's Advocacy Center (CAC)? Does the case remain in Alternative Response or is it stage progressed to a traditional investigation?

A law enforcement request to have the child interviewed at the local Child Advocacy Center (CAC) does not automatically mean the case will be stage progressed to a traditional investigation. Law enforcement can request a child be interviewed at the CAC just as CPI has the right to request an interview when appropriate. You and your supervisor need to discuss the allegations and rationale for an interview at the CAC and determine whether the case still meets Alternative Response criteria or should be progressed to a traditional investigation.

ASSESSING SAFETY, RISK AND FAMILY NEEDS

SAFETY ASSESSMENT

Now that you've met with the family, you'll need to complete the initial safety assessment as soon as possible.

The safety assessment is the foundation for working with the family. It tells you what dangers to focus on. You must complete the initial safety assessment in IMPACT within 24 hours of implementing a safety intervention or within 7 days of priority response time frames after you have the first face-to-face contact with the family, whichever occurs first. You must address all dangers including those reported allegations in the intake with the family and document all

your efforts to address the concerns in the case narrative. You need to talk with all members of the family involved to adequately complete your safety assessment.

If you talk to the caregiver (before an opportunity is available to interview the children) and determine a danger exists that requires a safety intervention, then the safety assessment must be completed within 24 hours of the safety intervention being implemented, whether or not the children have been interviewed. Otherwise, the safety assessment is completed within 24 hours of the priority time frame after meeting with the family.

If no dangers are identified you can continue to work an AR case if the following conditions are both true:

- Evidence indicates that the family has experienced dangers (not currently active) in the past; and
- The department can identify services to improve general family functioning and overall protective capacity within the standard AR case time frame. CPI does not allow a case extension for AR cases based *solely* on past dangers. See [2641](#) Criteria for Extension.

SAFETY PLAN

As in traditional investigations, if dangers are identified during your assessment, you must complete a safety plan. If a supervision intervention is needed to address a danger indicator or to prevent removal, completion of a safety plan is required. This plan should be completed immediately, before you leave the home. Safety plans are only to be completed for supervision between parent and child, when a parent moves to a safe environment to remove the child from a danger, or a Parental Child Safety Placement (PCSP) is requested by the family. The family should be able to state back to you what the safety issues are after your conversations.

Document the safety plan using specific actions that the family can easily understand. When possible, use the family's words so they understand the concerns and worries.

A safety plan cannot violate court orders. For example, if one parent has court-ordered visitation with a child, the safety plan cannot require the other parent to deny visitation. However, the caseworker can ask a parent to voluntarily waive or limit his or her own visitation rights for a specified time while the child's safety is being assessed.

If a safety plan is required to ensure child safety, a family agreement plan must be completed with the family. The caseworker must provide a signed copy of Form 2604 Safety Plan to each person who signed it. Upload the document to OneCase. See [2626](#) Alternative Response Family Agreement Plan.

RISK ASSESSMENT

Staff are highly encouraged to begin the risk assessment as soon as possible after meeting with the family. Completing the assessment sooner rather than later provides guidance on what areas to focus on when working with the family during the life of their case. It also can guide

you in creating a family agreement plan with the family. A risk assessment is not required when a case is closed administratively, as unable to locate, or if being transferred to a traditional investigation.

The requirements around completion of the risk assessment and recommendation for ongoing services based on the risk level is the same as those for traditional investigations. If the family has high or very high risk, the case will be recommended to ongoing services unless you can explain how risk factors identified in the case are no longer a concern. This could mean the family has sought community resources or has a support network in place to address the risk concerns.

In AR we have 60 days to work with a family. Therefore, the sooner the risk assessment is completed, and you know the risk level, the sooner you can begin working with the family to ensure supports are in place within the family and the community to meet the exception rationale. Caseworkers should not progress cases to Investigation for the purpose of opening the case to Family Based Safety Services (FBSS) based on risk without attempting to work on mitigating the risk concerns with the family during the 60 days the case is open. See [2624.3](#) Completing the Risk Assessment.

FAMILY AGREEMENT PLAN

Developing a family agreement plan begins as early as the first visit. As soon as issues are identified, it's time to help the family identify worries, needs, strengths, supports, and resources by completing the family agreement plan with them. If there are identified dangers which require a safety plan, you must complete a safety plan and family agreement plan. The family agreement plan will include additional tasks and services the family wants to take to address dangers or risk concerns in the case.

If there are no dangers and a safety plan is not required, a family agreement plan or other family plan can still be completed, depending on risk concerns for children in the home and the family's needs. The plan can include services, tasks, and activities to increase parent or caregiver protectiveness and/or family functioning based on the needs identified by the family.

Whether or not dangers have not been identified, the AR family agreement plan **may** also contain tasks and activities aimed at increasing general family functioning and protective actions that are not linked to a specific concern. The family agreement plan is a great tool that allows the family to address any needs including risk concerns in their home, not just identified dangers.

The primary principle of the family agreement plan is that it is family driven. You want the family to identify what supports they have, what they need, and how they plan on accessing resources. It is your job to act as a facilitator and guide as the family completes the plan. You are allowed to assist the family by physically documenting the family's words on the form, but the plan needs to use the family's words since the family is creating it (with help from you if needed), and they are going to be carrying out the action plans they develop for themselves. If

there are safety issues that the family has missed, you should work with the family to have them express those concerns in their words and develop a suitable plan to address those issues. When the family agreement plan is complete, have all parties who helped create the plan sign it. Provide the family a hardcopy of the plan they just helped to develop. It is a strong reminder of their voice in the process and serves as a reminder of the action steps they need to take to satisfy the goals on their plan.

Remember – you should use the family agreement plan as an engagement tool when following up with families to discuss their progress and make any necessary changes to address the safety and risk concerns in the case.

QUESTIONS

How do we define the “home” for purposes of completing the safety and risk assessments on the household?

Understanding who is a part of the household is important because it is used when considering who all in the family needs to be included when assessing child safety using the safety and risk assessments. The home includes individuals who share a living space AND other relatives or adults who have significant in-home contact with the child. These individuals may or may not reside in the home but for the purposes of the assessments will be included as members of the home and must be assessed for safety and risk. An example might be the significant other of a parent who doesn't live in the home but comes over to the home several days a week. See [2622.2](#) First Face-to-Face Contact.

Are we addressing all danger indicators and risk during the interview with the family?

If you identify dangers, you need to address these during that first visit. That's the only way to ensure the children are safe. You address these through conversation and strategic use of your authority. There may be many risk-related situations that you won't be able to tackle in the first visit, but you must put a safety plan and family agreement plan in place if you identify a danger. The plan may be very short term - a day or two so that you can bring more people to the table to put together a stronger plan. As a caseworker it is your responsibility to ensure you have all the information necessary to leave the home feeling the child is safe, and that includes addressing all safety concerns reported in the initial intake.

Do I need a family agreement plan in every case?

If any dangers are found and a safety plan is put in place, a family agreement plan must be completed. If no dangers are identified but there are risk concerns a family agreement plan can be written with the family. Family agreement plans in AR don't have to be related only to safety issues. If there are items that will help strengthen the family, these can also be added to the plan.

Can I create a family agreement plan during the first face-to-face contact?

You may begin collaborating with the family and supporting them in creating an AR family agreement plan any time during or following the first contact with the family. You will assess the family's progress and need for assistance with the AR family agreement plan during **every** contact with the family.

CASE MANAGEMENT

ONGOING CONTACT REQUIREMENTS

During the life of the AR case, you must maintain regular contact with the family. Remember, we defined family as everyone living in the home as well as those who have significant in-home contact with the child.

- Some form of contact should occur once every fifteen (15) days after the first face-to-face contact to support and encourage continued engagement of the family and recognize their success.
- A face-to-face contact must be made at least once every thirty (30) days with the family including all children in the home.
- Any involved parents.
- All verbal children must have a separate meaningful contact to discuss any safety concerns, the child's well-being, and ideas about safety of case planning.
- Add new info about discovery of info on Family Agreement Plan or Safety Plan

If there is no continued work needed with the family then the case should be closed, and a fifteen-day contact would not be needed. This 15-day contact can occur in whatever form the family chooses (and that you as the caseworker feel is appropriate for the situation), such as phone calls, texts, emails or home visits. Let the family tell you what their preferred method of contact is and use it if appropriate.

To engage, develop rapport, and establish a relationship with the family, you may need contact with the family more frequently than the minimums stated above. Especially in the beginning of the case, when the family is in crisis, you should be having regular contact with the family to get to know them and to begin working on the required case documents. Contact allows the family to get to know you and understand that you are there to be a guide and collaborative partner during this process. You may need less frequent contact as the case progresses and the family works through the safety plan and family agreement plan. Because every family's situation is different, use your experience to determine if more frequent contact is needed to support the family and monitor any safety concerns.

PROVIDING SERVICES TO THE FAMILY

One of the most important aspects of Alternative Response is that you look to families to come up with their own solutions and identify possible resources and supports. These resources could be within the family or outside in their community. By using their natural safety network, you are increasing their protective actions because you are connecting them to people and resources that can assist them in the future if they experience the same types of struggles. When using

existing resources to support the family, you are limiting the amount of purchased services that are funded by CPI. The goal is to use purchased services through CPI sparingly, if at all. Be creative with the family and think outside the box to locate or develop services!

There are three main ways to provide support for a family by providing services.

- You can give any AR family information and referral services, which alerts them to possible resources and supports in the community.
- Case management services are provided when families need a deeper level of collaboration from you. If a family is experiencing a danger and/or significant risk or has experienced a danger at any time in the past (in AR cases, this does not need to be a current danger), they are eligible to receive AR case management services, to help deal with those issues that may cause problems as they move forward. It's also important to identify how current risk is controlled through the use of family supports and community resources, when working on dangers that occurred in the past that create significant risk concerns or affect current parenting.
- Purchased Services are only available to AR families for whom there is a danger, but they should be used sparingly, since AR emphasizes using community-based services to surround the family with supports that remain after CPI closes the case. Any purchased services end when the case closes and should be considered only as a last resort. If you feel Purchased Services are needed for the family to help mitigate the danger, staff with your supervisor about the availability of funds.

Not all families will receive all of the services. Some cases may be closed without needing any of these services. Some may receive one service, others two, and if necessary some will get all three. The family's needs, on a case-by-case basis, determine the level of service provision.

STAGE PROGRESSING CASES FOR ONGOING SERVICES

For various reasons, you may determine an Alternative Response case requires ongoing services. The information provided below will help you understand the process for stage progressing a case from Alternative Response to another stage of service. See [2630](#) Stage Progressing an AR Case to Traditional Investigation

STAGE PROGRESSING AN AR CASE TO FAMILY PRESERVATION (FPR)

If all of the danger or risk concerns have not been resolved due to lack of protective actions or other safety concerns, the case may need to be transferred to longer term services such as FPR. Staff with your supervisor for the best course of action. Any time a family is being referred to FBSS the case must be stage progressed from the AR pathway to the traditional investigation and a disposition put in place before stage progressing to FBSS. You must complete the FBSS

Referral Form, ensure all initial investigative tasks are complete, and determine with your supervisor that the family meets criteria for FBSS before stage progression to FPR can occur. See [2400 Referring a Case from Investigations to Voluntary or Court Ordered Family-Based Safety Services \(FBSS\)](#) regarding requirements for transfer of a case to Family Based Safety Services.

When talking to the family about stage progressing their case to FPR, complete the following activities when appropriate:

- Reiterate the reason for the case becoming an FPR case and answer the family's questions;
- Explain that the safety plan and family agreement plan - if any - are still in effect because all children are not safe;
- Explain that the family will receive a new caseworker and how that process will occur;
- Discuss the FPR program and explain what the family can expect;
- Debrief with the family about their experience and review the origin of CPI involvement;
- Reinforce positive changes made.

TRANSFERRING AN AR CASE TO CVS

Any time a child is removed during an AR case, the case must change from the AR pathway to the traditional investigation pathway so that staff can complete the *Conservatorship Removal* tab and issue a formal disposition. The case should be stage progressed in IMPACT from AR to INV with enough time to enter the placement and medical consent by 7:00 PM on the day following the removal. All existing policy, procedures, and checklists related to removals apply.

When a removal is necessary and transfer to the investigation stage is required the following occurs in IMPACT:

- If a safety assessment is started in the AR stage it must be completed or deleted prior to stage progression to the investigation stage.
- Any contacts entered in the AR stage will be available in the investigation stage but will not be editable.
- All other work that is required can be completed in the investigation stage.

When talking to the family about stage progressing their case to Conservatorship complete the following activities as appropriate:

- Reiterate the reason for removal and answer the family's questions;

- Explain that the safety plan is no longer in effect because the children are no longer living at home (this applies only if all of the children have been removed);
- Discuss whether the family agreement plan remains in effect or needs to be modified, if activities need to occur for reunification;
- Explain that the family will receive a new caseworker and how that process will occur;
- Discuss the CVS program and explain what the family can expect;
- Provide the family with the 'While Your Child is in Care' brochure;
- Debrief with the family about their experience and review the origin of CPI involvement; and
- Reinforce positive changes made.

CHILD DEATH OCCURS IN AN AR CASE

When CPI receives an intake report that a child involved in an open AR case is alleged to have died from abuse or neglect, the new (P1) intake is generally sent to the unit with the open AR case. The supervisor stage progresses the case involving the child death to a traditional investigation, and the case is assigned to a different caseworker than the AR worker. Special Investigations must also be notified and may be assigned as secondary on the case when a child death occurs. The supervisor follows standard DFPS policies and procedures. See [Child Fatality Protocol Guidebook](#).

The caseworker is not allowed to have additional contact with the family after a child death occurs in an open AR case.

If a child death occurs while the Alternative Response case is open, you must complete these tasks:

- Within 24 hours, complete all final documentation in the AR case. The existing AR case is stage progressed to the investigation stage and merged to the traditional investigation case (leaving the traditional investigation case open and the AR case closed).
- Inform the new investigation caseworker of any additional contact with the family or collaterals that are needed so the new caseworker is aware of the issues and may address them.

CASE CLOSURE ACTIVITIES

CASE EXTENSION

In certain situations, you can get a one-time 20-day extension for an AR case, with supervisor approval. You can request the extension any time during the case, but no later than 60 days from the date the case stage progressed to AR.

A case qualifies for an extension only if:

- A safety reassessment was completed within the last 30 days and a danger is present in the child's home; AND
- The caseworker and supervisor agree that the danger will be resolved such that the child will be safe, and the case may be closed within the extension time frame, with no further CPI intervention; AND/OR
- The risk level on the risk assessment for the family is high or very high; AND
- The caseworker and supervisor agree that the risk will be resolved such that the child will be safe, and the case may be closed within the extension time frame, with no further CPI intervention.

These conditions must exist for the extension to be granted. If it doesn't seem likely that you can address the safety threat within the 20 days, don't request the extension. It may be more appropriate to stage progress to FPR or consider removing the child. See [2640](#) Extension.

FINAL CONTACT WITH THE FAMILY

If it's possible to contact the family, you must notify the family that the AR case is being closed, referred to FBSS, stage progressed to the traditional investigation track, or that we are asking for court involvement. You typically notify the family during a face-to-face visit, but the AR caseworker and AR supervisor make the decision about the type of contact to make, based on case circumstances. At a minimum, verbal notification is required, if possible, followed by a notification letter. For most cases, the order of preference for final contact is:

- Home visit
- Face-to-face contact occurring outside of the home; or
- Telephone contact.

If you have engaged the family, closing the case is a critical time. It is important to sit down with the family and debrief with them.

Here are a few activities that should be included in the final contact with the family:

- Explain that the safety plan and family agreement plan - if any - are no longer in effect because all children are safe.
- Debrief with the family about their experience and review the origin of CPI involvement.
- Reinforce positive changes made.
- Discuss possible future issues, and help the family make tentative plans to address them; and
- Discuss how the family can seek help in the future and review any community resources available.

Express your pride in the family's hard work and encourage the family to continue using the supports and resources around them. Review and acknowledge the work they have done and

ask them if they have anything they want to say or any feedback. Leave them feeling empowered and self-confident that they have the skills to be successful as a family.

CASE CLOSURE

Keep case closure in mind from the beginning of your work with the family!

Once you receive the AR case, you immediately begin assessing the family and determining what, if any, additional services or needs the family has, and what role CPI will play.

The case does not have to stay open the full 60 days. After the initial safety assessment and risk assessment are completed, a case in the AR stage may be closed at any time if the AR caseworker and AR supervisor determine that CPI no longer needs to be involved. You can close it immediately if there are no issues the family needs assistance with and risk concerns are low/moderate. You can close it at any time during the case if the dangers and high/very high risks are resolved and any other issues the family has raised are worked out. Before case closure ensure that the case remains open long enough to ensure plans the family put in place are sustainable and working to keep the children safe and reduce future risk. See policy for case closure reasons.

SUPERVISOR SIGN OFF FOR CASE CLOSURE

The AR Supervisor must formally close a case with no extension no later than 70 days from stage progression to AR. If a case extension was granted, the AR Supervisor must formally close a case no later than 90 days from stage progression to AR.

NOTIFICATION LETTERS IN ALTERNATIVE RESPONSE

You must send a notification letter to the family's last known address and to the reporter any time an AR case is closed, or stage progressed. The format and content of the letter varies depending upon the reason for AR case closure, and there are standardized letter templates in IMPACT for each of the closure and transfer scenarios.

APPEALS PROCESS FOR THE FAMILY

There is no formal appeals process for the transfer of an AR case to a traditional investigation or any other stage of service. However, families always have the right to discuss issues with supervisors and PDs. Also, eligible families in the traditional investigation pathway may engage in the Administrative Review of Investigation Findings (ARIF) process at the end of the traditional investigation.

There are also no formal appeals process for families who believe their AR case should remain open even though CPI has made a closure decision. The family may always talk to the supervisor and/or their chain of command if they feel there are safety issues that have not been addressed and if they feel the case should remain open. The AR Caseworker should explain the reason CPI is closing the case as part of the final contact.