State Policy Template
Mock State Department of Children and Families

OSRI Item	Practice Area	Summary of Policy
1	**Child Maltreatment Report Assignment and Response Timeframes** • Initiation • Face-to-face contact with alleged victims • Use of differential/alternative response	Mock State Central Intake receives alleged reports of child maltreatment 24 hours a day, 7 days a week. All accepted reports are prioritized and assigned for investigation within 2 hours of receipt for either a Priority 1 or Priority 2 Response. Reports assigned for a Priority 1 Response, including those received after business hours, are sent immediately to the county office for response. Reports assigned for a Priority 2 Response received during business hours are sent immediately to the county office for response. Reports assigned for a Priority 2 Response received during nonbusiness hours are sent to the county office for response the next day. Requirements for Initiation: • Priority 1 reports are initiated within 24 hours of assignment of the report to the county office. • Priority 2 reports are initiated within 48 hours of assignment of the report to the county office. • Initiation is defined as face-to-face contact with the alleged child victim(s). Mock State does not use differential/alternative response.
4	**Placement Types** • List of placement types available	Available Placement Types: • Non-licensed relative care home • Licensed relative care home • Licensed foster care home • Licensed shelter care facility (maximum stay–14 days) • Licensed group home • Qualified residential treatment program • Residential treatment center • Hospital • Independent living
5 & 6	**Permanency Goals** • List of permanency goals used by the agency • Use of concurrent planning	Permanency Goals: • Reunification • Permanent guardianship • Permanent guardianship with a fit and willing relative • Adoption • Another planned permanent living arrangement Concurrent planning means establishing a permanency goal in a case plan that uses reasonable efforts to reunify the child with the parent, while, at the same time, establishing another goal for one of the following options: • Adoption when a petition for termination of parental rights has been filed or will be filed

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		• Permanent guardianship of a dependent child • Permanent placement with a fit and willing relative • Placement in another planned permanent living arrangement
14 & 15	**Use of Contracted Case Management**	Mock State does not contract for case management services.
17	**Well-Child Exams** • Physical health • Dental health	**Physical Health:** Within 30 days of entering alternate care, a child will receive a medical examination to assess their health status. Thereafter, a child will receive additional medical examinations or treatment according to a schedule prescribed by the physician or other health care professionals. All examinations and treatment are documented on the child's physical exam form. **Dental Health:** All children in foster care will receive a dental examination when the first tooth erupts or at 12 months of age, whichever occurs first. The initial dental health examination occurs as soon as possible after initial placement, but no later than 90 days after initial placement, and, thereafter, every 6 months or according to a schedule prescribed by a dentist. If the child is under age 3, they can be seen for this by the primary doctor. In these cases, for children under the age of 3, this must be documented on the physical exam form.
17	**Medication Monitoring and/or Management for Physical Health Needs**	The case manager or the resource provider may consent to any routine (standard) medical treatment for a child/youth in Mock State's custody. The case manager consults with Legal Services to assist in obtaining a court order for extraordinary care services. When parental rights are intact, the case manager makes efforts to notify the child's/youth's parent(s) about any medication prescribed/treatment needed as soon as possible and documents those efforts in the case record.
18	**Medication Monitoring/Management for Mental/Behavioral Health Needs**	Pharmaceutical intervention for behavioral health issues should never be the first nor sole intervention for children in Mock State custody. When a case manager is deciding whether to consent to routine or nonroutine treatment, it is important to consider: • Child and family medical history • Age of the child • Child's and parent(s)' expressed preference • Assessment by the health care provider • Whether a consultation with the statewide clinical consultant would be helpful or otherwise required by policy • Plan for safe storage of medications Prior to being prescribed a psychotropic medication, a child/youth must complete a behavioral health assessment, with a DSM-Based diagnosis. The case manager collects information from the prescriber and documents it in the child's case record: • Nature and purpose of recommended treatment • Prescriber's reasons for recommended course of treatment • Diagnosis

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		• Dosages of any medications • Anticipated beneficial effects on the condition expected from medications • Whether recommendation is for "off-label" use; "off-label" means that if a drug has been approved for one use, dosage, or age group, prescribers may choose to use this same drug for other reasons, if they believe it may be helpful. • Possible side effects, including probable clinically significant side effects and risks associated with medications • Required follow-up or monitoring • Availability of alternatives, including generally accepted alternative medications and/or nonpharmacological interventions, if any • Prognosis without intervention, including probable physical and/or behavioral health consequences of not consenting to recommended treatment, including medication Every child prescribed a psychotropic medication for ongoing use (i.e., more than a single dose) will have, documented in the child's case record, monitoring appointments with a prescriber at least every 3 months or more frequently, if indicated by the prescriber. Informed consent decisions are valid for 1 year. Case managers will consult with their supervisors once every 90 days regarding informed consent decisions. These consultations will include, but are not limited to (1) what, if any, adverse effects the child has experienced; (2) whether the symptoms for which the drug was prescribed have been addressed; and (3) frequency of nonpharmacological treatment.
Multiple	**Case Opening**	• For foster care cases, the date of case opening is the date that the agency assumes placement and care responsibility for the child. • If a family was receiving in-home services prior to a child coming into foster care, the date of case opening is the date that the agency opened the voluntary in-home case. • The caseworker documents the date of case opening in the case narrative and in the agency's child welfare information system.
	Case Closure	The case closure date is defined as one of the following: (1) the date the assigned caseworker and all caregivers in the family have agreed the family has achieved all case plan goals, ongoing community supports are in place, and the reassessment of safety indicates there are no longer any active safety threats; and (2) permanency has been achieved for all the children associated with the case management case, and the court has dismissed the child protection case. The caseworker will complete a safety and risk reassessment and review the findings with the caseworker's supervisor. The caseworker determines whether there is an open or pending child protective investigation or whether, within the previous month, a child abuse, neglect, or abandonment report has been received on any child in the family. For court-ordered and voluntary family services cases, if any of these situations apply, the County Office Manager will be required to review and approve the case closure before a voluntary family services

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		case may be closed or a recommendation may be made to the court to close a court-ordered case.
	Unique Case Practices	Services are provided under equal conditions to children and young people. Youth in foster care have the right to be in a safe home environment and to be protected and treated in an equal and nondiscriminatory manner. Caseworkers and supervisors must uphold and protect those rights in any forum or circumstance. Caseworkers and supervisors have the responsibility to ensure that children and youth receive all the necessary services, and all their needs are met, with the professional approach and sensitivity that serves the entire population.