CHIPS
Tailored Dispositional Orders

Department of Children & Families
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Tailored Dispositional Orders

Agenda

9:00 AM	Introductions
9:30 AM	Child Safety Decision-Making
10:30 AM	Break
10:40 AM	Tailored Conditions for Return and SMART Goals
12:00 PM	Lunch
12:20 PM	Facilitated Discussion
2:00 PM	End

Continuing Education Credits

Judicial Officers
- A Certificate of Attendance will be distributed to the judges.

Social Workers
- Enter your credits into WCWPDS as an external training (see handout)

Attorneys
- CCIP will apply for CLE, GAL minor, and GAL family credits.

Getting to Know Your County

- What types of cases do you typically see for children in out of home care?
- At what stage is the case transferred from IA to ongoing?
- Who drafts proposed Conditions for Return? If Ongoing staff drafts conditions, does IA help draft or suggest Conditions for Return?
- In cases involving an Indian child, how is the tribe's input incorporated?
- How are the services and conditions for return different in cases where WICWA applies? How are active efforts incorporated?

Getting to Know Your County

- Are attorneys appointed for parents in CHIPS cases?
- Do you have pre-trial conferences?
- When are the proposed conditions for return shared with the parents?
- Do you have Permanency Panel reviews or are all Permanency Hearings heard in court?
- Do you have any CHIPS families involved in treatment court?

Where did the Tailored Dispositional Orders Project come from?

Youth Justice Pilot

DCF started a Judicial Workgroup in 2017 that focused on Tailored and Effective Youth Justice Court Orders. It was piloted in Monroe and Rock counties

CHIPS Pilot

The Program Improvement Plan (PIP) involved the Tailored Dispositional Orders Project for CHIPS conditions. It was piloted in three counties - Barron, Manitowoc, and Waukesha

Tailored Dispositional Orders Project

DCF and CCIP jointly are expanding the Tailored Dispositional Orders Project statewide and allowing counties to choose to work on CHIPS and/or Youth Justice conditions

Research on Tailored Conditions

- Conditions should be specific, enforceable, and clearly understood to be the most effective
- When there are a large number of conditions, they become meaningless, unsuitable, overwhelming, and less likely to be enforced
- Success requires a multi-disciplinary buy-in; drafting conditions should be a collaborative process with all stakeholders
- Stay focused on the essentials and priorities!

(https://dcf.wisconsin.gov/files/cwportal/yj/pdf/yj-effective-co.pdf)

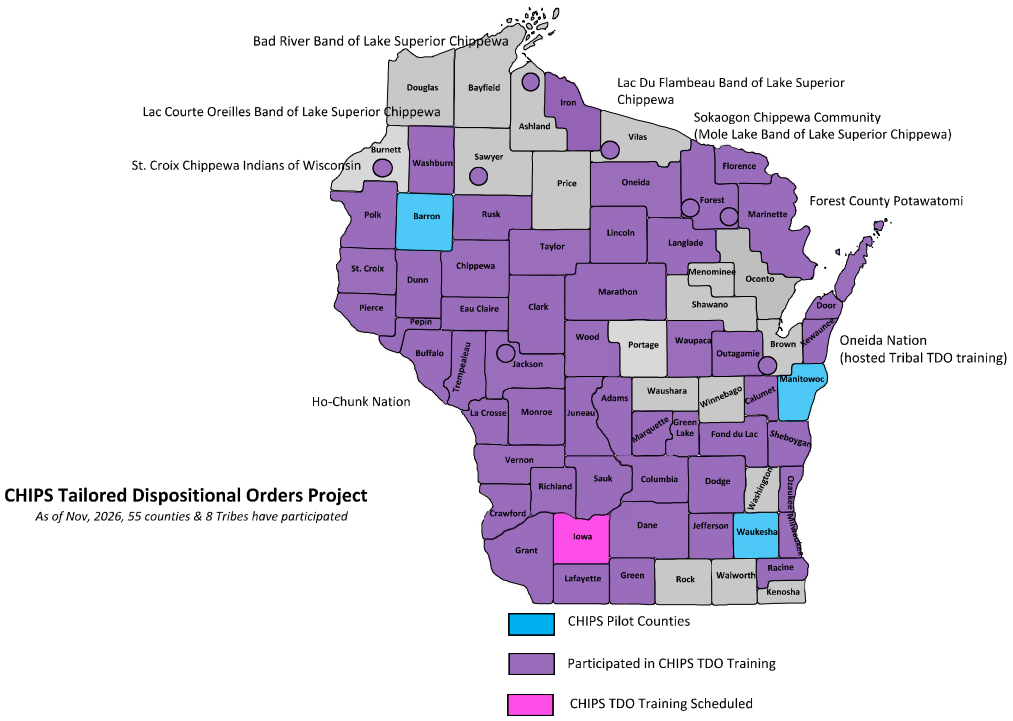
Tailoring Youth Justice Conditions

- The National Council of Juvenile and Family Court Judges (NCJFCJ) issued a 2017 resolution regarding tailoring Youth Justice conditions.
  - "Too many juvenile courts and juvenile probation departments impose conditions of probation that are not individualized, have too many requirements, and lead to unnecessary detention or incarceration for technical violations."

- Overly broad and unclear orders that are not tailored to the strengths, interests, and challenges of an individual youth can result in significant numbers failing on probation, ultimately leading to costly and unnecessary out-of-home placement. (The Gault Center / National Juvenile Defender Center, 2016).

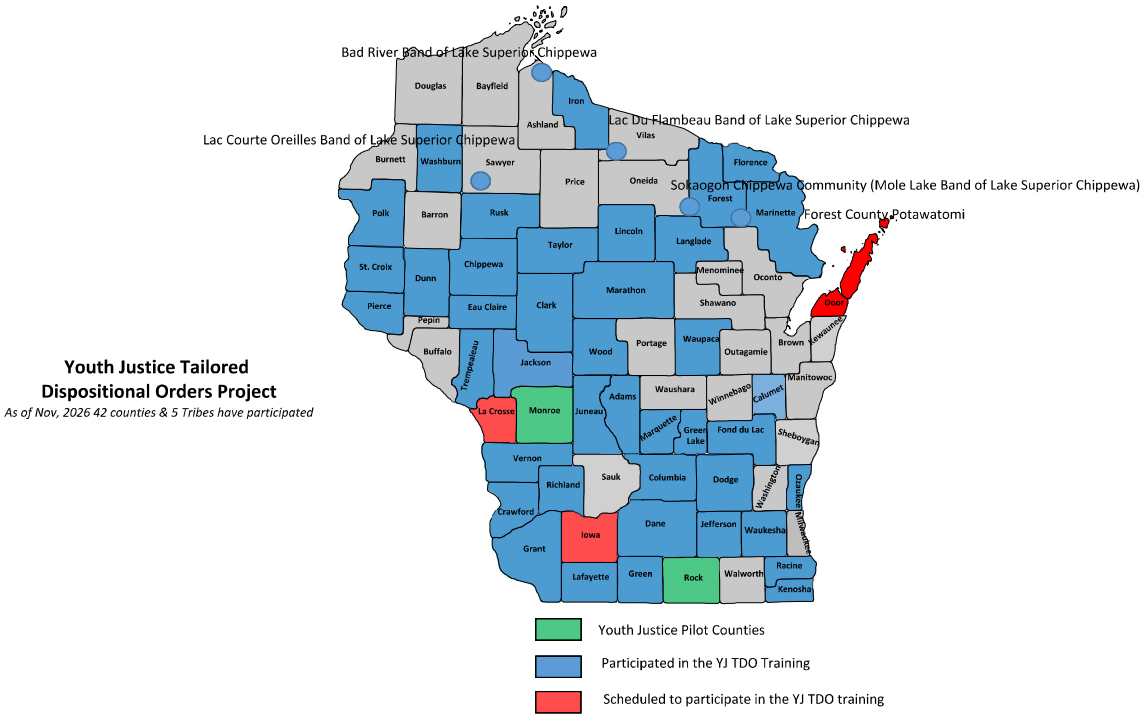
GOALS OF THE PROJECT

1. Tailor the conditions to meet the needs of the individual parent/youth
2. Increase parent/youth participation and engagement
3. **CHIPS**: Reduce the number of cases and improve time to reunification
4. **Youth Justice**: Restructure conditions to include positive language and incentives



CHIPS Tailored Dispositional Orders Project

As of Nov, 2026, 55 counties & 8 Tribes have participated



Youth Justice Tailored Dispositional Orders Project

As of Nov, 2026 42 counties & 5 Tribes have participated

CCIP and DCF reviewed Conditions for Return from over 25 counties to understand Wisconsin's current landscape and found:

1. Most counties have a standardized list of conditions that are boilerplate.
2. Most conditions are service-orientated and not behaviorally focused.
3. Conditions are written in a checklist format.
4. Conditions were either a lengthy paragraph or split up into many bullet points under each condition.

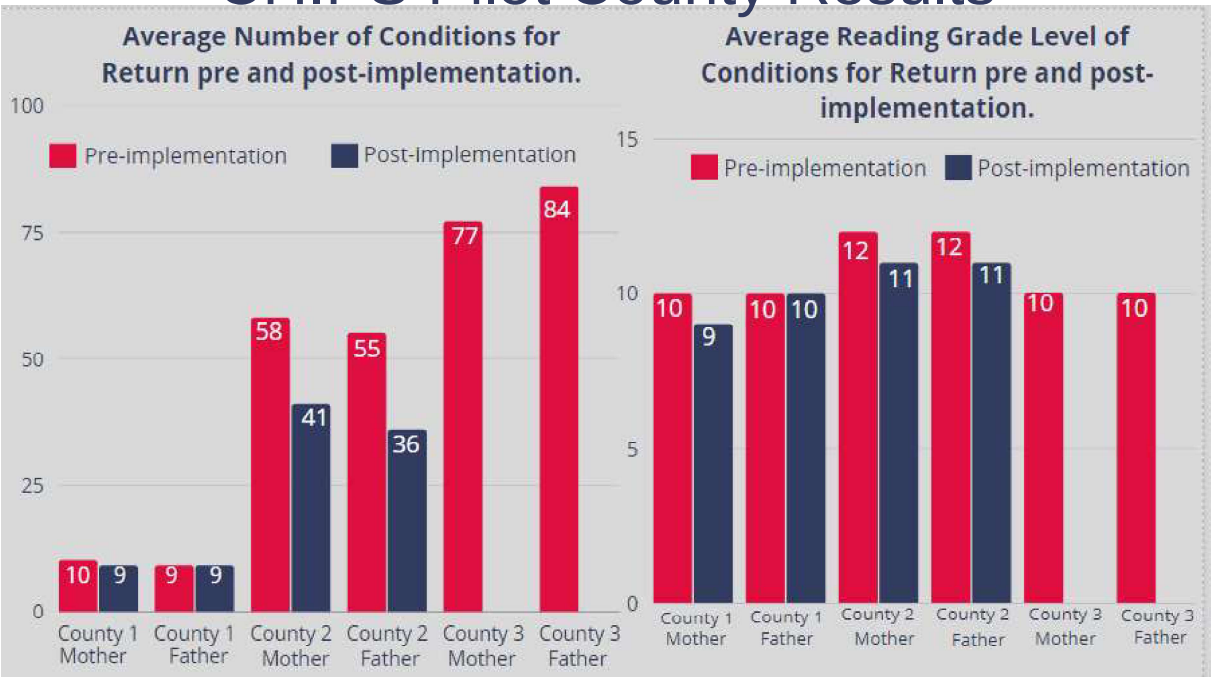
BULLET POINTS: EXAMPLES OR MORE CONDITIONS?

- Recently, a Court looked at the conditions in a CHIPS case which were organized by:
  - three "broad categories of conditions," followed by
  - "This condition includes but is not limited to" underneath used
  - several bullet points
  - The court found the bullets to be additional conditions - not examples.

Waupaca County Department of Health and Human Services v. J.L.C., Slip Copy, ¶16 (2026)

- "It strains credulity to suggest that, for example, the instruction to "[t]ake any medications that your treating doctor or psychiatrist tells you to" or to "[p]articipate in parenting education with the assigned parent aid" were merely "examples" rather than specific conditions that the County was expecting the parents to meet before they could resume visitation with C.M.C." *Id.* at 18.

CHIPS Pilot County Results



CHIPS Conditions



Conditions for Return

What parents must do or change to have their child returned to the home

Conditions of Supervision

What general rules a parent must follow during a Dispositional Order

CONNECT SAFETY TO THE CONDITIONS FOR RETURN IN CHIPS CASES

DANGER THREATS

Danger threats that are identified within the 60 day Initial Assessment and should be written into a Condition for Return

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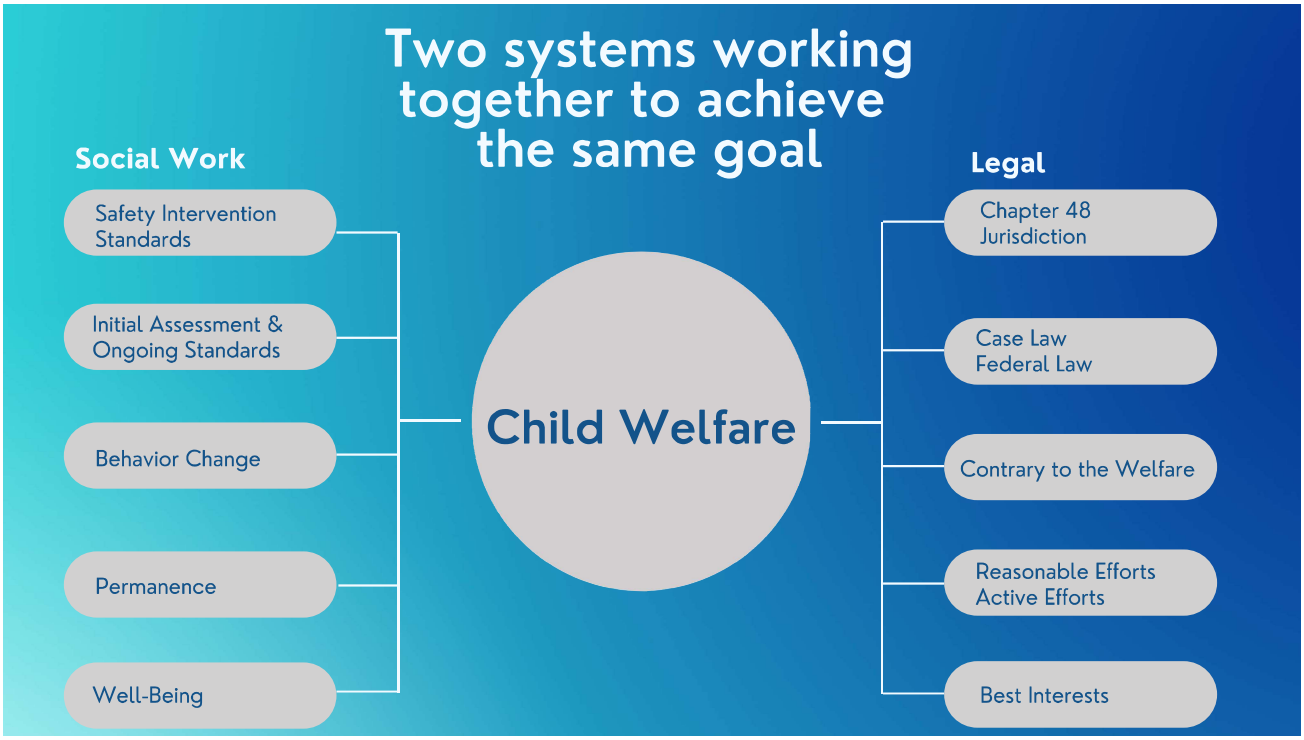
CONDITIONS FOR RETURN

Conditions for Return should be behavioral changes that must occur for the child to be safely returned to the home



HOW IS CHILD SAFETY ASSESSED TO DETERMINE IF THERE IS AN UNSAFE CHILD?

PRESENT / IMPENDING DANGER

Danger that is either occurring or will occur in the near future.

VULNERABLE CHILD

A child is vulnerable when they lack the capacity to self-protect.

DIMINISHED PARENTAL PROTECTIVE CAPACITIES

How does the parent think, act, and feel towards the child?

Basic Safety Equation

PRESENT DANGER
Benchcard B1

OR

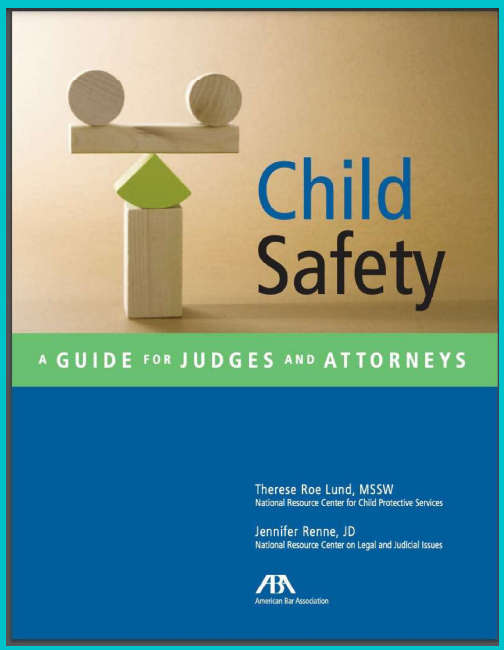
IMPENDING DANGER
Benchcard B2

\+ **VULNERABLE CHILD**
Benchcard C

− **DIMINISHED PARENTAL PROTECTIVE CAPACITIES**
Benchcard D

= **UNSAFE CHILD**

These sections are now on one form: the TPC Request & Supplement JC-1608



The American Bar Association created Child Safety Decision-Making benchcards to educate our judicial and legal partners about safety.



BENCHCARD B2

Impending Danger Threats

A foreseeable state of danger in which a family behavior, attitude, motive, emotion or situation that can be anticipated to have severe effects on a child at any time in the near future and requires safety intervention.

- Specific and Observable
- Imminent
- Out-of-control
- Severe consequences

- No adult in the home will perform parental duties and responsibilities.
- One or both parents/caregivers are violent.
- One or both parents'/caregivers' behavior is dangerously impulsive or they will not/cannot control their behavior.
- One or both parents/caregivers have extremely negative perceptions of the child.
- Family does not have or use resources necessary to assure the child's basic needs.
- One or both parents/caregivers fear they will maltreat the child and/or request placement.
- One or both parents/caregivers lack parenting knowledge, skills or motivation necessary to assure the child's basic needs are met.
- One or both parents/caregivers intend(ed) to seriously hurt the child.
- The child has exceptional needs, which the parents/caregivers cannot or will not meet.
- Living arrangements seriously endanger the child's health.
- The child is profoundly fearful of the home situation or people within the home.

Present Danger

An immediate, significant, and clearly observable family condition that is occurring or in process of occurring at the point of contact with a family and will likely result in severe harm to a child.

23 CPS EMERGENCIES

BENCHCARD B1

First responder judgment
Assessed on the scene
Limited face value information

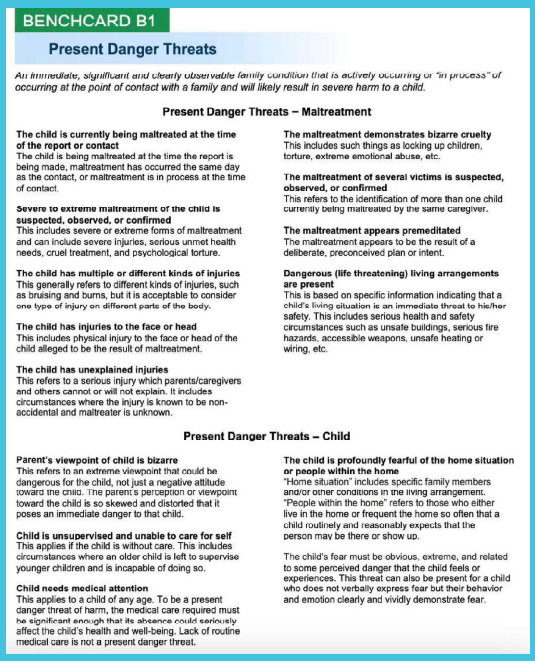


CPS RESPONSE

Protective Plan - an immediate, short-term action that protects a child from present danger threats in order to gather more information to determine if impending danger threats exist.

Temporary Physical Custody (TPC) - child is taken into custody and a hearing is held within 48 hours.

Present Danger - Benchcard B1



BENCHCARD B1

Present Danger Threats

An immediate, significant and clearly observable family condition that is actively occurring or "in process" of occurring at the point of contact with a family and will likely result in severe harm to a child.

Present Danger Threats – Maltreatment

The child is currently being maltreated at the time of the report or contact
The child is being maltreated at the time the report is being made, maltreatment has occurred the same day as the contact, or maltreatment is in process at the time of contact.

Severe to extreme maltreatment of the child is suspected, observed, or confirmed
This includes severe or extreme forms of maltreatment and can include severe injuries, serious unmet health needs, cruel treatment, and psychological torture.

The child has multiple or different kinds of injuries
This generally refers to different kinds of injuries, such as bruising and burns, but it is acceptable to consider one type of injury on different parts of the body.

The child has injuries to the face or head
This includes physical injury to the face or head of the child alleged to be the result of maltreatment.

The child has unexplained injuries
This refers to a serious injury which parents/caregivers and others cannot or will not explain. It includes circumstances where the injury is known to be non-accidental and maltreater is unknown.

The maltreatment demonstrates bizarre cruelty
This includes such things as locking up children, torture, extreme emotional abuse, etc.

The maltreatment of several victims is suspected, observed, or confirmed
This refers to the identification of more than one child currently being maltreated by the same caregiver.

The maltreatment appears premeditated
The maltreatment appears to be the result of a deliberate, preconceived plan or intent.

Dangerous (life threatening) living arrangements are present
This is based on specific information indicating that a child's living situation is an immediate threat to his/her safety. This includes serious health and safety circumstances such as unsafe buildings, serious fire hazards, accessible weapons, unsafe heating or wiring, etc.

Present Danger Threats – Child

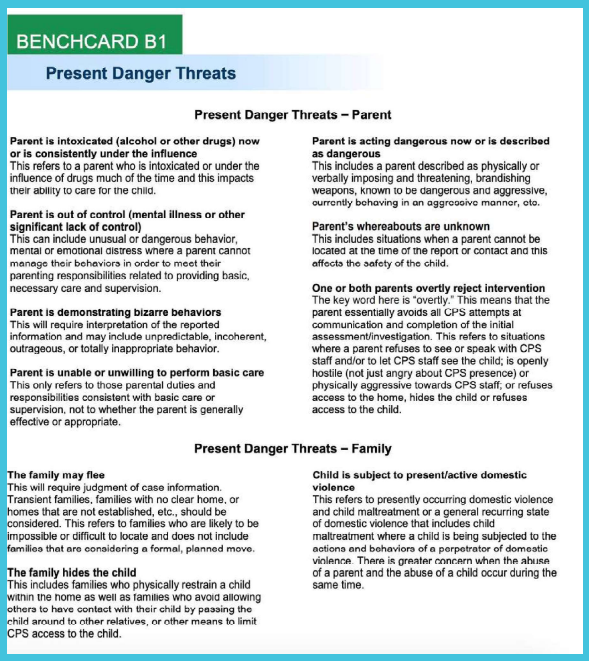
Parent's viewpoint of child is bizarre
This refers to an extreme viewpoint that could be dangerous for the child, not just a negative attitude toward the child. The parent's perception or viewpoint toward the child is so skewed and distorted that it poses an immediate danger to that child.

Child is unsupervised and unable to care for self
This applies if the child is without care. This includes circumstances where an older child is left to supervise younger children and is incapable of doing so.

Child needs medical attention
This applies to a child of any age. To be a present danger threat of harm, the medical care required must be significant enough that its absence could seriously affect the child's health and well-being. Lack of routine medical care is not a present danger threat.

The child is profoundly fearful of the home situation or people within the home
"Home situation" includes specific family members and/or other conditions in the living arrangement. "People within the home" refers to those who either live in the home or frequent the home so often that a child routinely and reasonably expects that the person may be there or show up.

The child's fear must be obvious, extreme, and related to some perceived danger that the child feels or experiences. This threat can also be present for a child who does not verbally express fear but their behavior and emotion clearly and vividly demonstrate fear.



BENCHCARD B1

Present Danger Threats

Present Danger Threats – Parent

Parent is intoxicated (alcohol or other drugs) now or is consistently under the influence
This refers to a parent who is intoxicated or under the influence of drugs much of the time and this impacts their ability to care for the child.

Parent is out of control (mental illness or other significant lack of control)
This can include unusual or dangerous behavior, mental or emotional distress where a parent cannot manage their behaviors in order to meet their parenting responsibilities related to providing basic, necessary care and supervision.

Parent is demonstrating bizarre behaviors
This will require interpretation of the reported information and may include unpredictable, incoherent, outrageous, or totally inappropriate behavior.

Parent is unable or unwilling to perform basic care
This only refers to those parental duties and responsibilities consistent with basic care or supervision, not to whether the parent is generally effective or appropriate.

Parent is acting dangerous now or is described as dangerous
This includes a parent described as physically or verbally imposing and threatening, brandishing weapons, known to be dangerous and aggressive, currently behaving in an aggressive manner, etc.

Parent's whereabouts are unknown
This includes situations when a parent cannot be located at the time of the report or contact and this affects the safety of the child.

One or both parents overtly reject intervention
The key word here is "overtly." This means that the parent essentially avoids all CPS attempts at communication and completion of the initial assessment/investigation. This refers to situations where a parent refuses to see or speak with CPS staff and/or to let CPS staff see the child; is openly hostile (not just angry about CPS presence) or physically aggressive towards CPS staff; or refuses access to the home, hides the child or refuses access to the child.

Present Danger Threats – Family

The family may flee
This will require judgment of case information. Transient families, families with no clear home, or homes that are not established, etc., should be considered. This refers to families who are likely to be impossible or difficult to locate and does not include families that are considering a formal, planned move.

The family hides the child
This includes families who physically restrain a child within the home as well as families who avoid allowing others to have contact with their child by passing the child around to other relatives, or other means to limit CPS access to the child.

Child is subject to present/active domestic violence
This refers to presently occurring domestic violence and child maltreatment or a general recurring state of domestic violence that includes child maltreatment where a child is being subjected to the actions and behaviors of a perpetrator of domestic violence. There is greater concern when the abuse of a parent and the abuse of a child occur during the same time.

Impending Danger

Foreseeable state of danger in which family behaviors, attitudes, motives, emotions and/or situations pose a threat which may not be currently active, but can be anticipated to have severe effects on a child at any time in the near future.



BENCHCARD B2

Impending Danger Threats

A foreseeable state of danger in which a family behavior, attitude, motive, emotion or situation that can be anticipated to have severe effects on a child at any time in the near future and requires safety intervention.

- Specific and Observable
- Imminent
- Out-of-control
- Severe consequences

- No adult in the home will perform parental duties and responsibilities.
- One or both parents/caregivers are violent.
- One or both parents'/caregivers' behavior is dangerously impulsive or they will not/cannot control their behavior.
- One or both parents/caregivers have extremely negative perceptions of the child.
- Family does not have or use resources necessary to assure the child's basic needs.
- One or both parents/caregivers fear they will maltreat the child and/or request placement.
- One or both parents/caregivers lack parenting knowledge, skills or motivation necessary to assure the child's basic needs are met.
- One or both parents/caregivers intend(ed) to seriously hurt the child.
- The child has exceptional needs, which the parents/caregivers cannot or will not meet.
- Living arrangements seriously endanger the child's health.
- The child is profoundly fearful of the home situation or people within the home.

11 IMPENDING DANGER THREATS

BENCHCARD B2

Assessed after 60 day Initial Assessment and throughout the case

CPS Response

Safety Plan - a written arrangement between parents/caregivers and CPS regarding how impending danger threats will be managed. It is active as long as impending danger threats exist and parent/caregiver's protective capacities are insufficient to ensure the child is safe.

Out of Home Care - child remains in out of home care until child can be safely returned to the home.

IMPENDING DANGER ASSESSMENT

CPS will identify what the impending danger threats are so that everyone involved in the case knows what is dangerous to the child, what to shield the child from, the specific diminished parental protective capacities that need to be increased so that the children can be safely returned home.

FEEDS THE PLAN TO WORK WITH THE FAMILY

INFORMS DRAFTING THE CONDITIONS FOR RETURN

CONDITIONS FOR RETURN SHOULD NOT REQUIRE PARENTS TO COMPLETE SERVICES THAT DO NOT DIRECTLY RELATE TO A THREAT TO THE CHILD'S SAFETY

IMPENDING DANGER - OVOIS

OBSERVABLE CONDITION

VULNERABLE CHILD

OUT OF CONTROL / INSUFFICIENT PARENTAL PROTECTIVE CAPACITIES

IMMINENT

SEVERE HARM

UNSAFE CHILD

ASSESSING CHILD SAFETY

1 **PRESENT OR IMPENDING DANGER**

2 **VULNERABLE CHILD CHARACTERISTICS**
***Benchcard C**

- Age (0-6 always vulnerable)
- Powerless
- Provoking Behaviors
- Mental Disability
- Illness
- Non-assertive
- Physical Disability
- Defenseless
- Invisible

ASSESSING CHILD SAFETY

1. **PRESENT OR IMPENDING DANGER**
2. **VULNERABLE CHILD**
3. **DIMINISHED PARENTAL PROTECTIVE CAPACITIES *BENCHCARD D**
   - Cognitive - How the parent/caregiver thinks in relation to the child's safety.
   - Behavioral - How the parent/caregiver acts in relation to the child's safety.
   - Emotional - How the parent/caregiver feels in relation to the child's safety.

Basic Safety Equation

PRESENT DANGER (Benchcard B1) **OR** **IMPENDING DANGER** (Benchcard B2)

\+ **VULNERABLE CHILD** (Benchcard C)

− **DIMINISHED PARENTAL PROTECTIVE CAPACITIES** (Benchcard D)

= **UNSAFE CHILD**

These sections are now on one form: the TPC Request & Supplement JC-1608

CONNECT SAFETY TO THE CONDITIONS FOR RETURN IN CHIPS CASES

DANGER THREATS

Danger threats that are identified within the 60 day Initial Assessment and should be written into a Condition for Return

CONDITIONS FOR RETURN

Conditions for Return should be behavioral changes that must occur for the child to be safely returned to the home

What are SMART Goals?

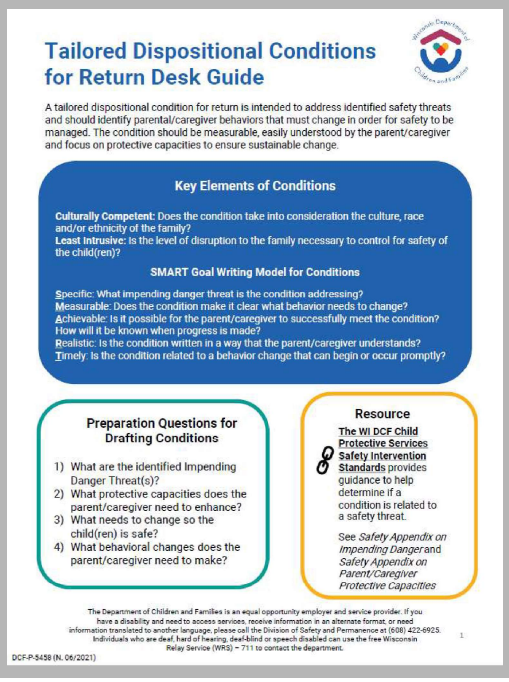
SMART goals are strategically designed to give any project structure, support, and to set out more clearly what you want to achieve and by when. With SMART goals, you get to track your progress and stay motivated.



Be SMART!

SPECIFIC	The condition is specifically related to an identified Impending Danger Threat.
MEASURABLE	The condition is clear about what behavior needs to change.
ACHIEVABLE	It is clear how progress will be made and how it is evaluated and success is determined.
REALISTIC	The condition is understood by the parent/caregiver, it is least intrusive and culturally competent.
TIMELY	The condition is workable, there are no barriers, and the parent/caregiver can begin to work on the condition promptly.

DCF Desk Guide & Issue Brief



Tailored Dispositional Conditions for Return Desk Guide

A tailored dispositional condition for return is intended to address identified safety threats and should identify parental/caregiver behaviors that must change in order for safety to be managed. The condition should be measurable, easily understood by the parent/caregiver and focus on protective capacities to ensure sustainable change.

Key Elements of Conditions

Culturally Competent: Does the condition take into consideration the culture, race and/or ethnicity of the family?
Least Intrusive: is the level of disruption to the family necessary to control for safety of the child(ren)?

SMART Goal Writing Model for Conditions

Specific: What impending danger threat is the condition addressing?
Measurable: Does the condition make it clear what behavior needs to change?
Achievable: Is it possible for the parent/caregiver to successfully meet the condition? How will it be known when progress is made?
Realistic: Is the condition written in a way that the parent/caregiver understands?
Timely: Is the condition related to a behavior change that can begin or occur promptly?

Preparation Questions for Drafting Conditions

1) What are the identified Impending Danger Threat(s)?
2) What protective capacities does the parent/caregiver need to enhance?
3) What needs to change so the child(ren) is safe?
4) What behavioral changes does the parent/caregiver need to make?

Resource

The WI DCF Child Protective Services Safety Intervention Standards provides guidance to help determine if a condition is related to a safety threat.

See *Safety Appendix on Impending Danger* and *Safety Appendix on Parent/Caregiver Protective Capacities*

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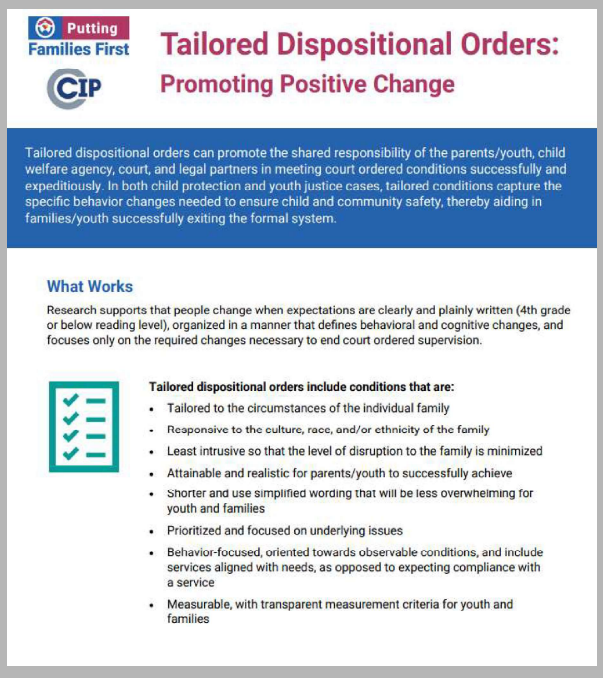
DCF-P-5458 (N, 06/2021)



Putting Families First

CIP

Tailored Dispositional Orders:
Promoting Positive Change

Tailored dispositional orders can promote the shared responsibility of the parents/youth, child welfare agency, court, and legal partners in meeting court ordered conditions successfully and expeditiously. In both child protection and youth justice cases, tailored conditions capture the specific behavior changes needed to ensure child and community safety, thereby aiding in families/youth successfully exiting the formal system.

What Works

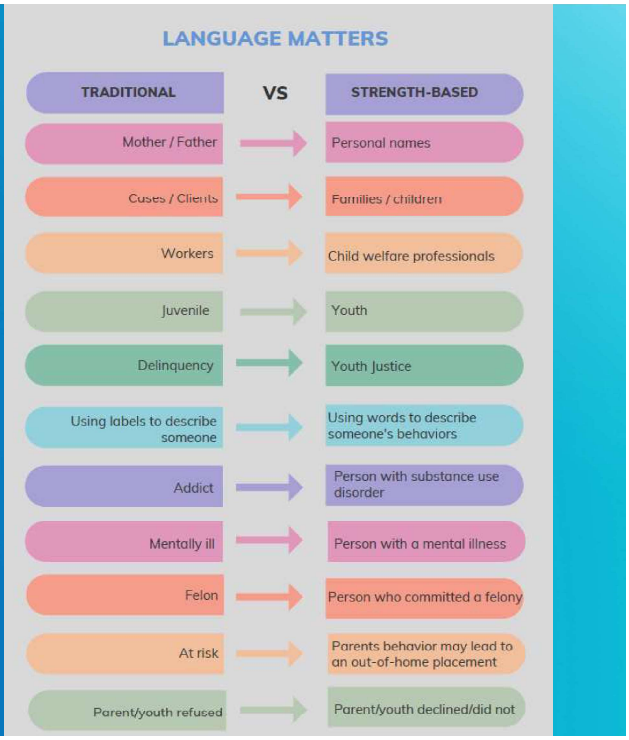
Research supports that people change when expectations are clearly and plainly written (4th grade or below reading level), organized in a manner that defines behavioral and cognitive changes, and focuses only on the required changes necessary to end court ordered supervision.

Tailored dispositional orders include conditions that are:

- Tailored to the circumstances of the individual family
- Responsive to the culture, race, and/or ethnicity of the family
- Least intrusive so that the level of disruption to the family is minimized
- Attainable and realistic for parents/youth to successfully achieve
- Shorter and use simplified wording that will be less overwhelming for youth and families
- Prioritized and focused on underlying issues
- Behavior-focused, oriented towards observable conditions, and include services aligned with needs, as opposed to expecting compliance with a service
- Measurable, with transparent measurement criteria for youth and families

The language we use when speaking to parents and youth matter!

Keep these strength-based words/phrases in mind when drafting conditions!

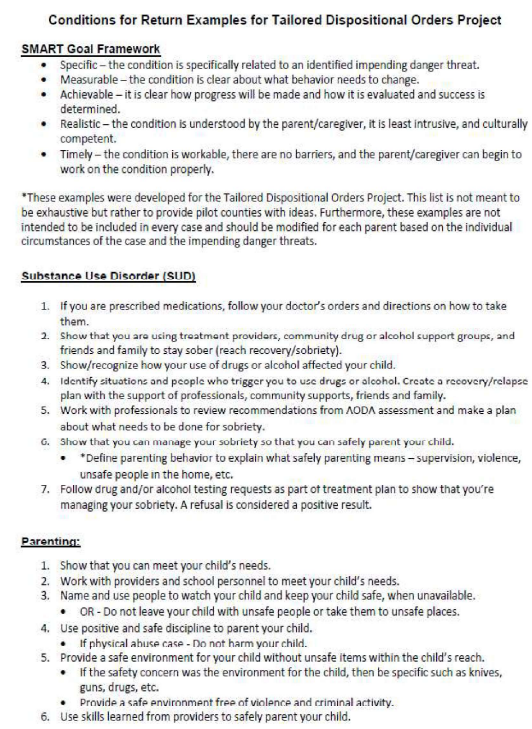


What are Tailored Dispositional Orders?

- Not a standardized list / boilerplate language
- Address danger threats
- Parents know what to do to have their child(ren) returned to the home
- Conditions are prioritized so parents/youth know where to begin / what is the most important concern
- Related to behavioral changes
- Do not contain legal or CPS language
- Address specific needs of the family
- Have productive permanency plan and review hearing discussions regarding parent/youth's progress
- If necessary, can be proven at TPR

Conditions for Return examples are in your folders

- Current conditions do not include the behavior change that we need to see occur for the child to be safely returned to the home.
- These examples are not meant to be the condition itself but instead are behavioral ideas to incorporate into your current conditions.



Conditions for Return Examples for Tailored Dispositional Orders Project

SMART Goal Framework

- Specific – the condition is specifically related to an identified impending danger threat.
- Measurable – the condition is clear about what behavior needs to change.
- Achievable – it is clear how progress will be made and how it is evaluated and success is determined.
- Realistic – the condition is understood by the parent/caregiver, it is least intrusive, and culturally competent.
- Timely – the condition is workable, there are no barriers, and the parent/caregiver can begin to work on the condition properly.

*These examples were developed for the Tailored Dispositional Orders Project. This list is not meant to be exhaustive but rather to provide pilot counties with ideas. Furthermore, these examples are not intended to be included in every case and should be modified for each parent based on the individual circumstances of the case and the impending danger threats.

Substance Use Disorder (SUD)

1. If you are prescribed medications, follow your doctor's orders and directions on how to take them.
2. Show that you are using treatment providers, community drug or alcohol support groups, and friends and family to stay sober (reach recovery/sobriety).
3. Show/recognize how your use of drugs or alcohol affected your child.
4. Identify situations and people who trigger you to use drugs or alcohol. Create a recovery/relapse plan with the support of professionals, community supports, friends and family.
5. Work with professionals to review recommendations from AODA assessment and make a plan about what needs to be done for sobriety.
6. Show that you can manage your sobriety so that you can safely parent your child.
   - *Define parenting behavior to explain what safely parenting means – supervision, violence, unsafe people in the home, etc.
7. Follow drug and/or alcohol testing requests as part of treatment plan to show that you're managing your sobriety. A refusal is considered a positive result.

Parenting:

1. Show that you can meet your child's needs.
2. Work with providers and school personnel to meet your child's needs.
3. Name and use people to watch your child and keep your child safe, when unavailable.
   - OR - Do not leave your child with unsafe people or take them to unsafe places.
4. Use positive and safe discipline to parent your child.
   - If physical abuse case - Do not harm your child.
5. Provide a safe environment for your child without unsafe items within the child's reach.
   - If the safety concern was the environment for the child, then be specific such as knives, guns, drugs, etc.
   - Provide a safe environment free of violence and criminal activity.
6. Use skills learned from providers to safely parent your child.

Visitation

Most commonly used visitation condition:

Parent will attend all scheduled visitations with their child. Parent will follow visitation guidelines.

Keep in contact with your child.

Have a commitment to your child.

Have quality contact with your child through age appropriate letters, calls, and/or visits.

Engage with your child.

Follow the family interaction plan to increase visitation and/or decrease supervision.

Parenting

Most commonly used parenting condition:

Parent shall participate in and successfully complete parent education/training as recommended by the Department. Parent will stay in program until successfully discharged.

For consideration:

Provide a safe environment for your child without unsafe items within the child's reach [*list safety concerns - knives, guns, drugs, etc.*].

Show that you can meet your child's needs [*specifically list needs*].

Use skills learned from providers to safely parent your child.

Use positive and safe discipline to parent your child.

Alcohol and Other Drugs Abuse (AODA)

Most common:

Parent shall complete an AODA assessment with a qualified provider/agency approved by the assigned social worker and follow through with all recommendations until they are successfully discharged from the program.

Parent shall maintain absolute sobriety.

For consideration:

Identify situations and people who trigger you to use drugs or alcohol. Create a *recovery/relapse* plan with the support of professionals, community supports, friends and family.

Work with professionals to review recommendations from AODA assessment and make a plan about what needs to be done for sobriety.

Show that you are using treatment providers, community drug or alcohol support groups, and friends and family to stay *sober/reach recovery/sobriety*.

Mental Health

Most common:

Parent will complete a mental health assessment and follow through with recommendations.

For consideration:

Show that you are using treatment providers, community support groups, and friends and family to manage *impulsivity/emotions/anxiety/mental health* symptoms.

Show that you can manage your mental health and emotions so that you can safely parent your child.
**If possible, define mental health.*

Work with professionals to review recommendations from *mental health assessment/psychological evaluation* and make a plan about what needs to be done to manage your *mental health/emotions*.

Parent who is Incarcerated

Most common conditions for parents who are about what the social worker will do and not focused on the parent's behavior:

The Worker shall inform the parent what services are available at the institution that will be approved by the Department.

For consideration:

Maintain at regular contact with your child by sending letters to the caseworker to send to your child, participating in phone calls/video calls, and supervised visitation.

Manage your behaviors so you are available to participate in services within the institution.

Sign up and participate in programming that would support your ability to be a safe parent.

Maintain at regular contact with your worker by phone or in writing. Notify the case worker if you are transferred to another correctional facility

Examples of Tailored Conditions for Return

Counties who have implemented Tailored Dispositional Orders in CHIPS cases have found success by making the condition itself be the behaviorally focused condition and the services to accomplish the behavior changes are the bullet points underneath the behaviorally focused condition.

We've also seen some counties number each condition separately but group them together by category.

- Visitation and Parenting
- Therapy and Psychological Assessment

Parent will demonstrate their ability to physically and emotionally provide for all of your child's basic needs by:

- Providing food, clothing, and safe home (living environment).
- Utilizing necessary financial resources to ensure your child's basic needs are met.
- Caring for and protecting your child from safety danger threats (and safe individuals), including providing supervision for your child.
- Participating in their child(ren)'s medical, educational, and behavioral programming through face-to-face, telephone, or written contact with providers.
- Actively participating in parenting, family counseling, and/or educational support services to improve skills to best care for and meet your child(ren)'s needs.
- Engaging with your child(ren) in visitation and following the Family Interaction Plan.
- Showing an understanding of how to ensure (*child's name*) safety.
- ICWA Applicability: Engage in tribal services as recommended by the tribe and Department.

PARENT will demonstrate the desire and skills to maintain a safe and appropriate household by :

- Maintaining a safe household absent of physical hazards, excess clutter, dirty laundry, urine and feces, decaying food, and/or garbage.
- Following *child welfare professional/caseworker's* cleaning checklist to remove excessive clutter, pet feces, drug paraphernalia (pipes, burnt spoons, needles) and garbage. ***list specific concerns in a neglectful home situation**.
- Obtaining prior approval from the case manager for anyone staying or moving into the home.
- Utilizing necessary financial resources to ensure (child's name) basic needs are met. *If not included in parenting condition.

ALCOHOL & OTHER DRUG ABUSE (AODA)

1. Parent will maintain sobriety.
2. Do not abuse any prescribed medications.
3. Comply with random drug and alcohol testing requests to show that you are managing your sobriety. A refusal is considered a positive result.
4. Complete alcohol and other drug abuse (AODA) assessment.
5. Work with social worker to review recommendations from the AODA assessment.
6. Participate and comply with recommendations from alcohol and other drug abuse (AODA) assessment for services and/or treatment to manage your sobriety.
7. Show that you are using treatment providers, community drug or alcohol support groups, and friends and family to help you manage your sobriety.
   - *Note for caseworker - If needed - Identify situations and people who trigger you to use drugs or alcohol.*
8. Have a plan to keep your child safe if you relapse. Show that you are following your plan focused on your child's safety.
9. Eliminate safety threats caused by your alcohol and other drug abuse (AODA).

MENTAL HEALTH

Consider using emotional health/needs if "mental health" is triggering or parent denies having a mental health concern.

1. Parent will manage mental health.
2. Complete a [**select what is applicable - mental health assessment or re-evaluation, psychological evaluation, psychiatric assessment*] by a provider approved by the Department.
3. Work with social worker to review recommendations of the [**select what is applicable - mental health assessment or re-evaluation, psychological evaluation, psychiatric*].
4. Participate and comply with mental health service recommendations or treatment programs.
5. Show that you can use coping skills to manage your _____ [**select what is applicable - impulsivity/emotions/anxiety/mental health symptoms*].
6. Modify your behaviors to maintain your emotional needs and have a plan to safely parent your child.
7. Identify and use your support people to manage your mental health.
8. Take prescription medication as prescribed.

General Conditions For Every Parent / Conditions of Supervision Examples

- Sign releases so *child welfare professional/caseworker* can determine if safety can be maintained in the home.
- Update your address and phone number with *child welfare professional/caseworker* so they can communicate with you.
- Keep in contact with the *child welfare professional/caseworker* and share the truth so safety can be assessed.
- Take advantage of all opportunities to be a part of (*child's name*) daily activities (visits, appointments, etc.).

Services

DCF Standards require services and activities that are acceptable, accessible and appropriately matched with what must change.

Services are intended to promote change. Once the change process has started, there should be an enhancement in the identified diminished protective capacities, thus working to eliminate the impending danger threat.

Consider listing services separately

The county agency must make reasonable efforts to provide the following services to the mother to help her meet conditions for return:

- Case Management
- Visitation
- Family therapy
- Psychiatric Assessment
- Basic Home Management
- Parenting classes
- AODA Assessment
- Mental Health Assessment

When recommending and setting conditions, keep in mind...

Clarity

Be clear and write what we want to see change to ensure safety. There shouldn't be hidden meanings - that isn't fair to families.

Services

Services should support the condition but should not be the condition itself. A service completion should not be the evaluation of success.

Revisions

Don't forget that conditions can be adjusted through revisions.

Safe Return Home ≠ Case Closure

Safe return home means child safety can be maintained in the home. In-home safety plans can be sustained while services continue.

Accomplishments from TDO Counties

- Changing child/parent language in Conditions for Return to personal names.
- Recognizing that not all Conditions for Return are "SMART". They are working on how to measure Conditions for Return since the timing is typically different for every case.
- Attempting to lower the reading level for the Conditions for Return so parents can understand what they need to do to have their child safely returned to the home.
- Additional discussions about Conditions for Return are occurring at pre-trial conferences and hearings and amongst stakeholders – judges, attorneys, and child welfare professionals.
    - It is really important to speak to parents in plain English and not use acronyms, legalease, or CPS language.

Accomplishments from TDO Counties

Counties have made changes within the county agency's case transfer process from Initial Assessment (IA) to Ongoing.

- Case transfers are now a team approach to draft the Conditions for Return.
- Assigning an ongoing worker earlier once IA identifies that a case is likely to need ongoing services.
- Discussing the safety assessment and including the ongoing worker in safety staffings.

A Parent's Perspective

The pilot counties attended a webinar featuring a parent who had lived experience in Washington's child welfare system. The following statements resonated with stakeholders:

- It is important that the CHIPS petition and reports reflect the accuracy of what happened because parents become derailed when there is inaccurate information.
- The presenter noted that she understood the criminal justice system better than the child welfare system. She emphasized that parents do not always understand what is going on or the differences.
- The environment impacts how the parent responds to the court system. It is important to think about interactions that occur in court and outside the courtroom. For example, a parent may perceive that the attorney is talking about their case and not about something unrelated.

Incorporating a Parent's Perspective

The pilot counties planned to implement the following suggestions from an parent with lived experience:

- It is important to consider which condition is listed first and why.
- Explaining the behavior that brought CPS into the family's life and what needs to change.
- Acknowledging the progress parents have made.
- Explaining to parents how a CHIPS case is not a criminal case.
- Understanding what is the specific behavior that needs to be addressed for the child to be safely returned to the home.

Facilitated Discussion

- What is going well with your process of drafting the Conditions, the conditions itself, or at court hearings?
- What would your county like to work on?
- Is there a specific topic of conditions you would like to discuss today?

Next Steps

- What action steps can be identified to occur after today?
- Do you want to continue the conversation after today?
  - Do you want to identify a lead team/workgroup or does everyone want to participate in the continued conversation?
- Do you want CCIP and DCF's assistance with facilitating the next meeting?

We would appreciate it if you complete the evaluation on the left side of your folder!

Contact Information

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