

CFS NEW WORKERS ACADEMY

Service Planning

BOISE STATE UNIVERSITY CHILD WELFARE CENTER
In Partnership With
Idaho Health & Welfare Department
Children and Family Services

Round 13
Session 3
8-11 Feb 2010

Name: _____

SERVICE PLANNING
Continuous Learning Plan

Strengths:

1. What do you already know how to do that relates to this topic?

2. What do you already do that relates to this topic?

Self Development:

1. What would you like to know more of – related to this topic?

2. What would you like to do more of – related to this topic?

Revised 3/13/07

WORKSHEET

WORKSHEET

PERFORMANCE REVIEW OF COMPETENCIES

Describe employee performance in specific work areas.

Customer Service

Competency Description:

Provides what has been promised to each customer in a timely, dependable and accurate manner; gains customer trust and confidence by conveying knowledge and accurate information; treats customers with courtesy, respect and dignity; communicates with customers in a responsive, productive, clear and appropriate manner.

Dependability

Competency Description:

Meets commitments, works independently, accepts accountability, handles change, sets personal standards, stays focused under pressure, meets attendance/punctuality requirements.

Interpersonal Skills

Competency Description:

Has good listening skills, builds strong relationships, is flexible/open-minded, negotiates effectively, solicits performance feedback and handles constructive criticism.

Productivity

Competency Description:

Manages a fair workload, volunteers for additional work, prioritizes tasks, develops good work procedures, manages time well, and handles information flow.

Quality

Competency Description:

Is attentive to detail and accuracy, is committed to excellence, looks for improvements continuously, monitors quality levels, finds root cause of quality problems, owns/acts on quality problems.

Work Environment/Safety

Competency Description:

Promotes mutual respect, keeps workplace clean and safe, supports safety programs.

Adaptability/Flexibility

Competency Description:

Adapts to change, is open to new ideas, takes on new responsibilities, handles pressure, adjusts plans to meet changing needs.

Additional competencies for CFS/CMH Employee in CFS/CMH ACADEMY and completing probationary period

Integrity/Ethics

Deals with others in a straightforward and honest manner, is accountable for actions, maintains confidentiality, supports company values, conveys good news and bad.

Communication

Communicates well both verbally and in writing, creates accurate and punctual reports, delivers presentations, shares information and ideas with others, has good listening skills.

Decision Making/Judgment

Recognizes problems and responds, systematically gathers information, sorts through complex issues, seeks input from others, addresses root cause of issues, makes timely decisions, can make difficult decisions, uses consensus when possible, communicates decisions to others.

Job Knowledge

Understands duties and responsibilities, has necessary job knowledge, has necessary technical skills, understands company mission/values, keeps job knowledge current, is in command of critical issues.

Computer Skills exceedingly adept at using and integrating the company's operating systems and applications into her day-to-day work. Has knowledge of general PC, network, and operating systems is unsurpassed. Has mastered a variety of applications that enable him/her to produce excellent work. Knows where to find information within the company's databases.

Self Development -CFS

Seeks out and accepts feedback, is a proactive learner, takes on tough assignments to improve skills, keeps knowledge and skills up-to-date, turns mistakes into learning opportunities.

Problem Solving/Analysis

Breaks down problems into smaller components, understands underlying issues, can simplify and process complex issues, understands the difference between critical details and unimportant facts.

Planning Is a thorough and diligent planner. Takes all important details into account and involves project participants to make sure all needs and potential problems are out on the table. Plans contain a level of detail and thought that almost guarantee project success.

Teamwork

Meets all team deadlines and responsibilities, listens to others and values opinions, helps team leader to meet goals, welcomes newcomers and promotes a team atmosphere.

DHW Competencies Applicable:

- Decision Making/Judgment
- Communication
- Customer Service

Learning Objectives:

1. The social worker/clinician understands the importance of effective case assessment and planning as the foundation of casework intervention.
2. The social worker/clinician knows the proper sequence of steps in the case planning process.
3. The social worker/clinician understands how to prioritize (based on family strengths and safety factors) service needs.
4. The social worker/clinician understands how to work with families to design service plans that address high priority needs.
5. The social worker/clinician understands how to establish goals and desired results that build on identified strengths.
6. The social worker/clinician knows how to design a service plan, which is clear, concise, and addresses outcomes that are measurable and have meaning to the family, agency, and court (if involved).
7. The social worker/clinician understands how the information on the alternate care plan meets the federal requirements of our service plan.

Activities to Demonstrate Competency:

- With supervisor or team, prioritize the issues identified in Comprehensive Assessment that need to be addressed in a service plan to improve the child's safety, permanency, and well being, including the child's functional impairment.
- Demonstrate to supervisor or mentor, how to facilitate service planning with the family, not for the family, whose case you are assigned/co assigned.
- Review a case and identify the most appropriate services and activities that can be utilized to achieve service plan objectives.
- In discussion with supervisor or co-workers, define areas of concern, goals, desired results, and tasks.
- Write a specific, measurable goal, desired result, and task based on the Comprehensive Assessment and recommendations from the Family Group Decision Making meeting.
- Observe and discuss with supervisor the process for developing Wrap-Around plan with the family.

Service Planning

CFS Academy

Goals

Definition:

- **A goal is the statement of the desired outcome toward which all case activities are directed. Goal statements are usually broad and mirror the following child welfare outcomes of safety, permanency, and child and family well-being.**

An example of a goal involving safety is:

Goal: Maria will be safe at home, protected from physical injury.

- **If the child cannot be protected at home the goal may be:**

Goal: Maria will return to her home when she can be safe from injury.

Area of Concern

Definition:

- **An area of concern or problem identification statement is the reason we are involved with the family. It states the concerns of the referral or the reason we have the child in our custody.**

Example of Area of Concern:

- **Ten year old Maria has multiple bruises on her lower back and legs. Mr. Sandoval said the bruises were caused accidentally as a result of him disciplining Maria.**

Desired Result

Definition:

- **A desired result is a statement of what must be done in order to achieve the desired goal.**

Considerations in documenting the desired result:

- The desired result is stated in positive terms

Desired Result

- The language used to state the desired result should be geared to the family member's level of comprehension, vocabulary, and cultural background.
- Agency jargon and words with obscure meaning should be avoided.

Desired Result

- Words that do not specifically state an end result should not be used: e.g., "attempt," "work-on," "try," or "make an effort."
- The desired result must be clearly and directly related to the issue that is to be changed or corrected.

Desired Results should be time limited.

The desired result is more specific and more limited in scope than a goal.

Desired results that are vague are subject to interpretation and may become a source of dispute between the family and the social worker/clinician.

For example:

- Desired Result: During the next three months, Mr. Sandoval will demonstrate ways to discipline Maria that will allow her to be free from injury. He will use one or several methods of correcting her behavior that that he has learned during his seven session of parenting classes

Task

Definition:

- Tasks are specific, incremental activities designed to move family members toward their service plan objectives

Criteria for task assignments

- Include clearly stated activities that must be performed.
- State who in the family will be involved or responsible for each task.
- Include time frames for beginning and ending each activity/task.
- Not all tasks should begin or end at the same time in the service provision process. Some will come into play only after another task has been completed.

Complex tasks requiring multiple steps should be partialized, with each step listed as a separate activity.

Tasks and the desired result should be flexible.

Tasks to achieve objectives should be culturally appropriate.

Example of tasks:

- Task: Mr. Sandoval will enroll in and attend all seven sessions of the parenting class held at the community hall.
- Task: Mr. Sandoval will compose a list of ways to discipline a child that does not involve physical injury.
- Task: Mr. Sandoval will keep a journal and report times he managed Maria's behavior using one of the methods from his list.

An Example is:

- Goal: Maria will be safe at home, protected from physical injury.
- Area of Concern: Ten-year-old Maria, has multiple bruises on her lower back and legs. Mr. Sandoval said the bruises were caused as a result of him disciplining Maria.

Example cont'd

- Desired result: During the next 3 months, Mr. Sandoval will demonstrate way to discipline Maria that will allow her to be free from injury. He will use one of several methods of correcting her behavior that he has learned during his seven sessions of parenting classes.

Example cont'd

- Task: Mr. Sandoval will enroll in and attend all seven sessions of the parenting class held at the community hall.
- Task: Mr. Sandoval will compose a list of ways to discipline a child that does not involve physical injury.
- Task: Mr. Sandoval will keep a journal and report times he managed Maria's behavior using one of the methods from his list.

Avoiding pitfalls in writing service plans.

- Writing desired results that do not accurately reflect the desired change in behavior.
- Some examples include: *"compliance with court orders," "attendance at counseling," "attendance at parenting classes,"* or *"participation in a drug treatment program."*
- Instead we want to use key words such as *"apply"* and/or *"demonstrate"* to reflect behavior we want to see.

Avoid developing service plans that address the parent's or caregiver's needs but not assessing or including the child's needs.

"Cookie cutter" plans do not consider the individualized needs of children and families. Too often we match service plans to the services the CPS agency has available rather to services that would be most helpful to the family.

Area of Concern: Addresses why we are involved with the family.

Goal: Involves a general statement regarding the child's safety, permanency, or well-being.

Desired Result: Describes, in measurable terms, how it will look when the issue isn't an issue anymore.

Task: Specific activities planned to make the objective happen.

Minimum Sufficient Level of Care (MSLC)

Definition:

Minimum Sufficient Level of Care is a statement that describes the minimum level of parental care that is necessary for a child to live safely with a parent. The statement is unique to each child. The statement applies to ANY person who would parent the child. The statement is opposite of the substantiated allegation.

- One method of determining the MSLC is to answer the question, “What will the parent be able to do, that he/she is not doing now, to demonstrate safer parenting beyond completion of services?”
- The MSLC should be directly related to the allegations that brought the child into the system.
- Different children within a family may have a separate MSLC.
- MSLC helps prevent “raising the bar” with parents, and believing they must demonstrate NO risk factor before a child can be returned home.
- If a requirement cannot be used to remove a child, then likewise, it should not be used to deny a child being returned home to his/her birth parents.
- Foster Care Drift is a result of a system reluctant to determine MSLC. Judges cannot legally terminate parental rights and parents cannot have their children returned to their homes.

STANDARD: SERVICE PLANNING

PURPOSE

The purpose of this standard is to provide direction and guidance to the Children and Family Services (CFS) programs regarding case planning, both the alternate care plan and the family services plan. This standard is intended to achieve statewide consistency in the development and application of CFS core services and will be implemented in the context of all-applicable laws, rules and policies. This standard will also provide a measurement for program accountability.

INTRODUCTION

Purpose of Service Planning

The service plan, along with ongoing assessment, provides the following:

- A guide for measuring and evaluating the family's progress toward reducing or eliminating risks to their child(ren);
- An establishment of tangible and well-defined outcomes for the family;
- A way to address the underlying causes that led to the child maltreatment;
- A method for enhancing the family's capacity to meet their own future needs;
- A hopeful message to the family and others that change is possible;
- A basis for case decision-making;
- Steps to maintain or enhance child well-being;
- A vehicle for communication with the family, service providers, the court, and other agencies involved in the case; and
- Clarification of roles and responsibilities of the family and the agency.

Service planning is directly linked to the assessment process. The primary purpose of thorough and ongoing assessment is to gain information for the service plan by directly focusing on the underlying issues that led to child maltreatment as well as issues that are contributing to current or future risk of harm. A thorough assessment is, therefore, the foundation for service planning and provides the basis for individualizing the services needed by the child, family members, and the resource family. An assessment which helps the family to identify and build on its strengths is critical to family involvement and success.

Families who have a child(ren) placed in IDHW custody have a Family Services Plan that consists of two parts: 1) the alternate care plan; and 2) the service plan. Both parts need to be completed to ensure that the foster care protections of Section 422 of the federal Social Security Act are addressed.

Definitions

Alternate Care Plan (ACP): A federally required component of the Family (case) Plan for children in alternate care. The alternate care plan contains elements related to

reasonable efforts, the family's plan, child's alternate care provider, compelling reasons for not terminating parental rights, Indian status, education, immunization, medical and other information important in the day-to-day care of the child. (IDAPA 16.06.010.05)

Concurrent Planning: Planning which addresses a child's need for a permanent family by working toward family reunification while, at the same time, developing an alternate plan that will provide permanency options for the child through adoption, guardianship, placement with a relative or other permanency placement. (IDAPA 16.06.01.050.17)

Service Plan: A product of service planning is a document that formally sets down the agreed upon action plan for the agency, the family, other service providers and casework activities. The service plan is developed with the family. It clearly identifies why the child(ren) has come to the attention of Children and Family Services and what steps the family is going to take to reduce the identified concerns. The family service plan incorporates any plans made for individual family members. If the family includes an Indian child, tribal elders and/or leaders should be consulted in the plan development.

Service Planning: Process of working together with the family to develop a set of agreed upon desired results and tasks, the goal of which is to reduce or eliminate safety concerns related to their child.

STANDARD

Alternate Care Plan (ACP)

Each child placed in out-of-home care under the supervision of the Department will have a standardized written Alternate Care Plan. The purpose of the plan is to ensure the child's wellbeing while in placement, facilitate the safe return of the child to his or her own home in a timely manner or to make other permanent arrangements for the child if such return home is not feasible. Each child in out-of-home placement has their own highly individual Alternate Care Plan. For example, if there are 3 children in the family, the social worker/clinician will develop 3 Alternate Care Plans -- one for each child. The alternate care plan is included as part of the family case plan. See IDAPA 16.06.01.422.

Development of the Alternate Care Plan

The Alternate Care Plan will be developed with involvement from the family and the alternate care provider. It will describe the responsibilities of the Department to the family, the child, and alternate care provider in making services and resources available to assist and support each of the above named parties. Additionally, the Alternate Care Plan will describe in detail the family's specific responsibility to their child as well as the alternate care provider's responsibilities to the child, the family, and the Department.

NOTE: If details regarding the above responsibilities are included in the family's service plan, it can be referenced because it is considered to be part of the family plan. Any relevant details not included in the family's service plan should be documented on the

ACP to prevent future confusion or misunderstandings. The Alternate Care Plan will be developed and signed within thirty (30) days after a child has been placed in out-of-home care.

Signatures and Copies of the Alternate Care Plan

Each of the parent(s), the alternate care provider, the social worker or clinician, his/her supervisor, and the child (if old enough to participate) will be asked to sign the Alternate Care Plan. A signature indicates that the individual participated in development of the ACP and also received a copy of the ACP. If the family refuses to sign the Alternate Care Plan, the reason for their refusal will be documented on the plan.

A copy of the Alternate Care Plan, and a list of “Parental Rights and Responsibilities” will be given to the parent(s).

A copy of the Alternate Care Plan, including health and education information, visitation plan, and a listing of the provider’s responsibilities will be provided to the alternate care provider.

A revised Alternate Care Plan will be developed no less frequently than every six months.

If there is a change of placement a new Alternate Care Plan **does not need to be completed** unless the placement change occurs at the six month period when an updated Alternate Care Plan is required. When a child is moved to a different placement, information for the family and the new alternate care provider will be documented on the Change of Placement Plan standard form.

Service Planning

A service plan will be developed with the family within 30 days of the date the Comprehensive Risk Assessment was completed in all family preservation in-home cases. In out-of-home cases, federal standards and the Child Protective Act require a written service plan to be developed within 60 days of the date of placement. Service planning shall include the following:

- Family involvement – A meeting will be held with the family so the family has the opportunity to participate in family group decision making. In instances where planning services are provided by a contractor, IDHW, the contractor, and the family will jointly develop the service plan.
- Families will be given an opportunity to identify their family strengths, areas of concern, and to participate in the development of services and tasks. A service planning meeting will be held prior to the court planning hearing to allow the family to actively participate in the planning process so their ideas can be included in the plan that is presented to the court.

- In-home service plans must address the individual needs, related to safety and wellbeing, of each child in the family. To improve their protective capacities, the needs of both father and mother should be addressed in the service plan. This includes situations where the mother and father are not residing together. In in-home cases when parents are not residing together, if a parent has involvement in the child's life or can serve as a resource to the child, that parent should also be included in the Comprehensive Assessment and service planning process.
- Out-of-home service plans must address each child in the family in alternate care. In all out-of-home cases, both the father and mother's needs will be addressed through the service plan. The service plan and any changes to it will be signed and dated by the family. If the family refuses to sign the plan, the reason for their refusal will be documented on the plan (IDAHPA 16.06.01.050.11.b).
- The CFS social worker or clinician will file the service plan with the court no later than sixty (60) days from the date the child was removed from the home or thirty (30) days after the adjudicatory hearing, whichever date comes first. Copies of the service plan will be delivered to the parent(s), other legal guardian, the Guardian Ad Litem and attorney for the child. (Idaho Code 16-1610)
- Within five (5) days of filing the service plan, the court will hold a planning hearing to determine whether to adopt, reject or modify the family's service plan. The family and age appropriate youth should be encouraged to participate in these hearings. (Idaho Code 16-1610).
- Tasks on the service plan are to be reviewed with the family every month as part of case management duties. Additionally, the service plan will be reviewed with the family no less frequently than once every three (3) months to see if the service plan is still appropriate to meet the needs of the child and family. When there are major changes to the service plan, including a change in the primary permanency plan goal, the family plan must be renegotiated by the Department, the family, and the court, if there is court involvement. Change in service plans should be documented with the signatures of those involved, including the family.

The monthly ongoing monitoring and the 3 month evaluation of the appropriateness of the service plan will be documented in FOCUS in the contact screens.

- A new service plan must be developed with the family at least annually.
- At any time, if the service plan needs to be re-negotiated due to changes in family circumstances or services, the revised service plan will be developed with family involvement. The proposed changes will be documented in a revised service plan and a hearing will be scheduled to allow the court to review, approve, modify or reject the revised plan. Age appropriate youth should be provided with access to these hearings and supported in expressing their opinions and desires.

- A transition plan must be developed within 60 days before or after the youth's 17th birthday to prepare the youth for a smooth transition when exiting foster care. The transition plan must be reviewed and modified 90 days prior to the youth's 18th birthday or exit from foster care to review what has been accomplished on the plan, and what steps need to be taken. The Fostering Connections Act requires the transition plan be personalized and directed by the youth, and include the following:
 - Assurance that the youth has a birth certificate and Social Security Card;
 - A list of resources and contact information including phone numbers and addresses of contacts who have agreed to be available after the youth has left foster care;
 - Specific options on health insurance, including an understanding of how to apply for Medicaid and a referral to the Medicaid program if potentially eligible;
 - Specific options on housing, including assistance in accessing and maintaining housing, connections to peer support opportunities;
 - Support as needed during the transition to self-sufficiency;
 - Specific options on education;
 - Local opportunities for mentoring, continuing support services, work force supports, and employment services.

Please see the “Working with Older Youth Standard” for additional information related to youth and transition planning.

Process of Service Planning

- Diligent and ongoing efforts must be made by the worker to actively engage the family in the process of service planning. In cases where the family refuses to participate, reasons for non-involvement should be documented in the service plan narrative. In situations where an attorney advises the family not to participate, attempts should be made to involve the attorney, as well as the family, in service planning meetings. Family involvement is important because the family will be more invested in accomplishing the tasks outlined in their service plan if their concerns have been heard and respected.

Involving the family includes listening to the suggestions and ideas of family members and incorporating their suggestions for reduction of safety concerns into the plan. A family group decision or family planning meeting is the optimal method to facilitate family involvement.

- It is important the family understand the purpose of the service plan. The social worker or clinician should explain that the service plan will help to monitor the family's progress and that their progress or lack of progress will be regularly reported to the court in cases where there is court involvement.

- Service planning must prioritize the issues of child abuse or neglect that were identified during the immediate/safety and comprehensive risk assessments. Throughout the process of developing the service plan, it is important to gain an understanding, from the family's perspective, of the reasons Children and Family Services is involved with the family. Understanding that many families have multiple, interrelated factors that contribute to child maltreatment, it may be tempting to develop "overeager" service plans which attempt to address all risk factors identified through the assessment process. Addressing too many issues may overwhelm the family with appointments to keep and tasks to accomplish. Overeager service plans may result in the more critical issues being given the same weight as less critical issues. Therefore, only those issues and objectives that can be expected to produce a reduction in the likelihood of future child maltreatment should be listed on the service plan.
- Service planning should identify strengths and positive aspects upon which a plan can be built. From the assessment, the social worker or clinician and the family should identify strengths that can be maximized to reduce the likelihood of future maltreatment. When a family is overwhelmed, it is often difficult for them to believe change is possible. By emphasizing positives, a social worker or clinician can help the family feel a sense of hope and acknowledge the family's ability to make much needed and agreed-upon changes.
- Look closely for strengths in the categories of the parent-child relationship, the parental support system, the family's past support system and history, the parent's self-care and maturity, and the child's emotional, cognitive, and social development.
- Service Plans should be individualized to address the specific needs of the child(ren) and the family. Avoid "cookie cutter" service plans that match plans to the services IDHW has available, rather than to services that would be most helpful to the family and their child(ren).
- Service plans should be written to include areas of concern, goals, the desired results, and tasks to address the reduction of safety concerns to the child(ren). The service plan must identify what is to be accomplished, who will complete which tasks, when the tasks are expected to be completed and when the desired result will be achieved.

Monitoring the Service Plan and Evaluating the Family's Progress

Monitoring and evaluation is a continuous process that takes place during each family and service provider contact. In addition to monitoring the family's progress related to completing the tasks outlined on the service plan, every 90 days the plan should be reviewed to evaluate if it is working or needs to be modified. The following steps are used in the evaluation process:

- Reviewing the service plan.

- Collecting information from all service providers regarding the progress toward
- achieving service plan goals.
- Engaging the child (if age appropriate) and the family in a discussion to review progress in relation to accomplishing the desired results and tasks established in the service agreement.
- Evaluating changes in the conditions and behaviors deemed to be most critical to the reduction of child maltreatment.
- Collecting information regarding the child's well-being and treatment.
- Considering any changes in family dynamics during the last evaluation period; and
- Documenting the results of the evaluation process in the service plan narrative for reference in future decision making.

The primary purpose of evaluating family progress is to measure what changes have occurred involving the most critical areas of concern identified during the initial child and family assessment. If services are not being provided or used according to the case plan, find out why, and then support and encourage implementation and/or modify the plan. In all situations, compliance or lack of compliance with the service plan should be communicated to the family, the courts (if there is court involvement), and your supervisor.

Verify The Level And Quality Of Services That Have Been Provided

Verification can be accomplished by obtaining periodic written and oral reports from service providers, the parents, and the child(ren). You should consider whether the type and frequency of the service should be changed by exploring the following questions:

- Have family member participated in services as planned?
- How actively is the family participating in services?
- Have services been helpful to the family toward achieving their service plan objectives?
- Have services been provided in a timely manner?
- Has the service provider developed a reasonable degree of rapport with the family?
- Is there a need to modify the service plan?
- Have the parents and the child(ren) provided input to the above questions?

Concurrent Service Planning to Reach the Goal of Timely Permanency

The social worker or clinician should undertake a thorough identification of the family's strengths as well as poor prognosis indicators to evaluate the challenges the family might face in achieving reunification. The concurrent plan should be included as an element of the family's service plan. It is important to work the plan concurrently while reunification efforts are being pursued rather than waiting until the family has exhausted their reunification options. Otherwise, concurrent planning is a form of serial or linear planning. (See **CFS Standard on Concurrent Planning for additional information**).

Documentation of the Service Plan in FOCUS

Service Planning Standard
Final 4-20-2009 7

Service plans for family preservation in-home cases and out-of-home cases will be documented in FOCUS using the standard service plan format.

Any variance to these standards will be documented and approved by Division administration, unless otherwise noted.

Blue Bird Case Planning Scenario:

Nine-year-old Roberto lives with his mother Gretchen, step-father Mark, and two-year-old half-sister Rachel. Roberto is always getting in trouble at school for not completing homework, being disruptive in class, and hitting other kids. He gets poor grades and the school counselor thinks Roberto might have ADHD.

A family friend told CFS that Roberto was being hit by his mother and step-father and when CFS saw the children, it was found that Roberto had large welts and bruises under his shirt. Roberto told the worker that "Mark hits me a lot when I get in trouble" and that his mother did "nothing" when this happened. Gretchen said Mark "disciplines" Roberto because Roberto does not listen to her and Mark is "the man of the house." She admitted Mark spanked both Roberto and Rachel, but insisted he did not bruise the children and that this discipline was good for them. She also said that she thought Roberto might be hurting Rachel, but hadn't caught him in the act. Last week, she said she came into the room to check on them because Rachel was screaming. When she entered, Roberto ran out and she found Rachel with a bump on her head. At the time the social worker met Rachel, she had a bump on her head and also had bruises on the backs of her legs.

Mark told the worker that this was all Roberto's fault and that he just needed to obey his mother. Both Gretchen and Mark stated they could manage their children just fine and that there was nothing wrong with the way they disciplined the children. The police declared Roberto and Rachel in imminent danger because the parents refused to cooperate or develop a safety plan for the children.

Child Welfare and Children's Mental Health Scenario for the Large Group:

15 year old Candy has been in and out of detention. She lives with her grandmother and grandfather but frequently runs away from home. Candy's mother is using drugs and has not been seen for over 6 months. Her father is out of the area and has had no contact with the Candy for 14 years. When Candy is on the run she stays away for weeks at a time, hooking up with individuals who will give her food and shelter. Candy has a history of stealing small items from stores. She has been diagnosed as bi-polar and is sporadic in taking her medication. Two weeks ago, as Candy was about to be released from detention, her grandparents said, "We refuse to have her back in our home. If she comes home she will just run away again and we are worried about her. We can't control her or seem to be able to get the help we need. We have had it with her. We've tried, but we can not do it any more." The police have declared Candy in imminent danger because she has no where to go.

“Say It Again” Exercise

Directions: Re-word the vague statements below to form specific statements that are stated in positive terms, geared to most family members’ level of comprehension.

1. Vague statement: The house will be clean and sanitary.
Specific statement:

2. Vague statement: Mother will leave her child with appropriate care givers.
Specific statement:

3. Vague statement: John will look for a job.
Specific statement:

4. Vague statement: Doris will spend quality time with her child.
Specific statement:

Example of the Concurrent Plan Portion of a Service Plan

Area of Concern: Jeremy needs a safe permanent place to live. Currently, Jeremy is living in a foster home and foster care is a temporary living arrangement.

Goal: Jeremy will have a safe permanent home.

Desired Result: Mrs. Sarnoff (Jeremy's mother) will accomplish the tasks and objectives that are identified in this service plan so it will be safe for 5-year-old Jeremy to return to Mrs. Sarnoff's home. An alternate permanent home will be identified and plans will be in place by May 15, 20__ in the event a return to Mrs. Sarnoff's home is not possible.

Task: CPS worker will contact the parent locator service to search for Mr. Boatwright (Jeremy's father) to see if he or his family can serve as a resource to his son.

Start date:_____ End date:_____

Task: A FGDM meeting will be held the week of May 9, 20__ (at a time and place convenient for the family) to consider ideas for another permanent home for Jeremy. Options for Jeremy to permanently live with a relative or another person will be explored. The legal status of guardianship or adoption will be selected. Mrs. Sarnoff will make a list of all persons who should be invited to the meeting by April 11th so Mr. Mason, the FGDM Coordinator, can conduct the many activities necessary to prepare for the meeting.

Start date:_____ End date:_____

Task: CPS worker will gather information from Mrs. Sarnoff and compile a social history and life book for Jeremy.

Start date:_____ End date:_____

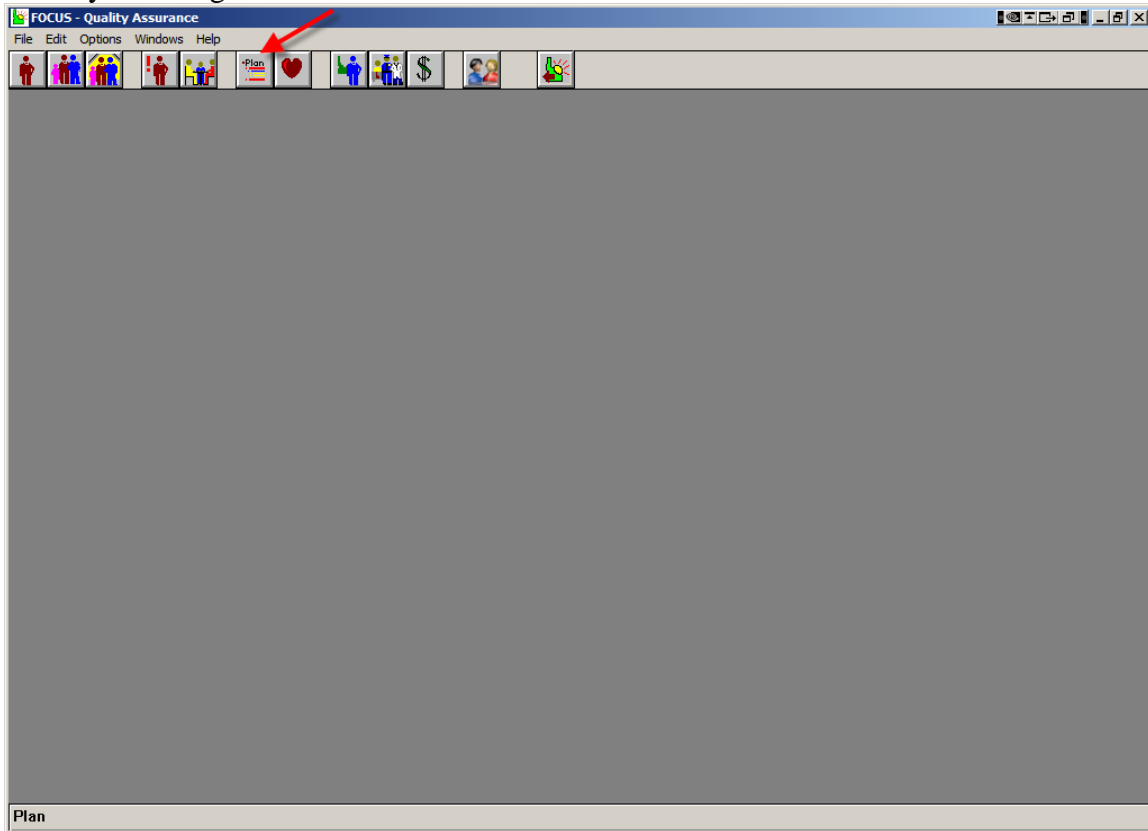
Task: Jeremy will be placed in an alternative permanent placement with a person who can commit to both reunification and permanency.

Start date:_____ End date:_____

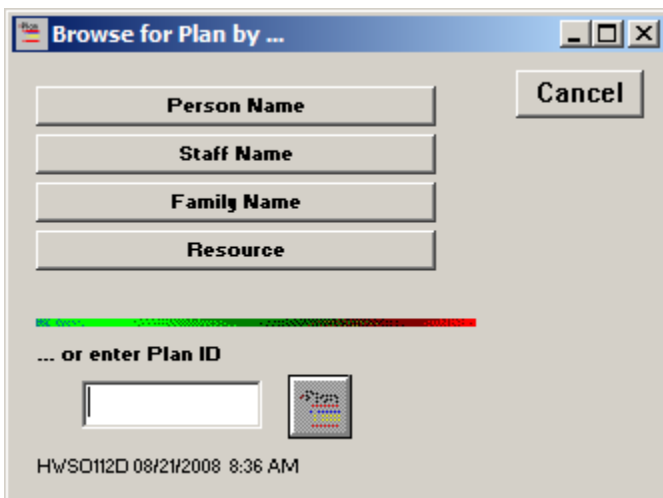
RECORDING A PERMANENCY PLAN GOAL IN FOCUS:

The first step is access the Service Plan for the Family or Person. Keep in mind that only one Permanency Plan Goal can be active at a time.

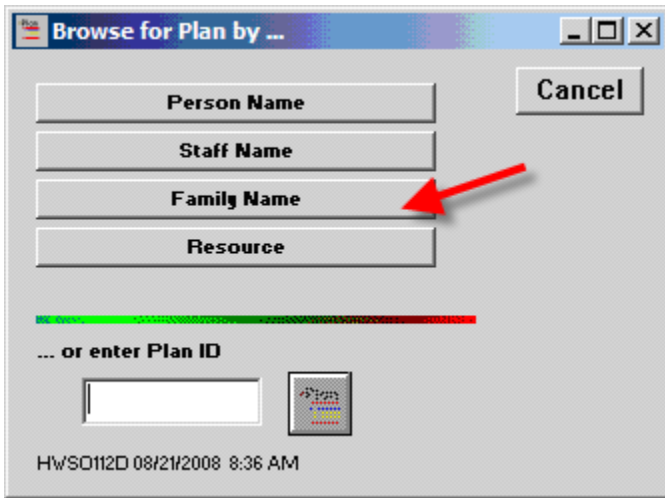
Start by selecting the **PLAN** icon from the FOCUS Toolbar:



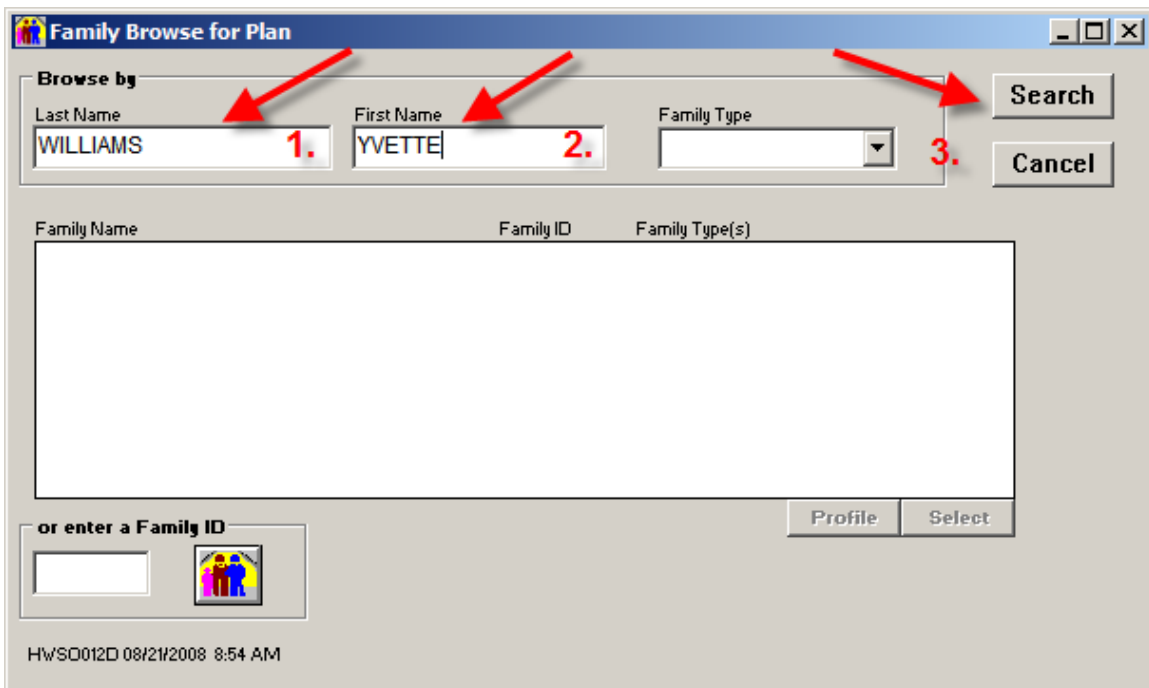
The **Browse for Plan By . . .** displays:



From this screen choose the option that works best. Child Protection Plans are attached to the family and you can save yourself some work by choosing this option when creating a new plan. The family pathway will be used for this training example:



On the **Family Browse for Plan** screen record the name of the head of household in the **Last Name** and **First Name** fields and select **SEARCH**:



A list of families matching your search criteria will appear in the display box. Names with an (*) in front of them have been linked to a plan at some point in time. Click on the correct family name and choose **SELECT**:

Family Browse for Plan

Browse by

Last Name: WILLIAMS First Name: YVETTE Family Type: [Dropdown]

[Search] [Cancel]

Family Name	Family ID	Family Type(s)
*WILLIAMS, YVETTE	1134	Household
*WILLIAMS-WHITE, ANNAMARI	26	Household
WILLIAMS, CHARLY,	168	Household
WILLIE WONKA, AUNT D	692	Household
WILLIE WONKA, FATHER D	694	Household, Foster
WILLIE WONKA, VANILLA D	582	Household
WILSON, JERED LESTER	648	Household
WIMBELDON, MOTHER B	1179	Household
WITHDRAW, MOM	1397	Household

or enter a Family ID [Input Box] [Family Icon]

[Profile] [Select]

HWS0012D 08/21/2008 8:54 AM

Once you have chosen the **SELECT** button the **Plans for . . .** summary screen will display:

Plans For WILLIAMS, YVETTE

[Refresh] [Close]

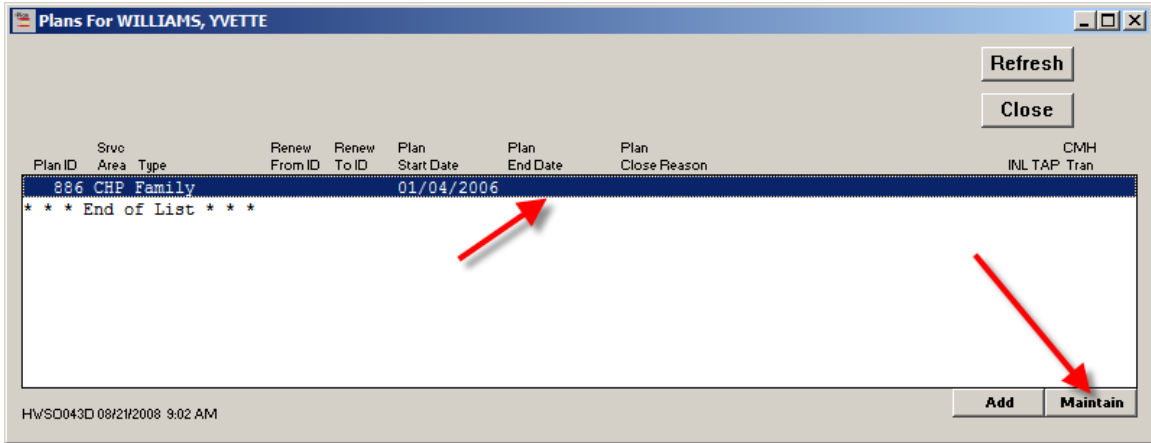
Plan ID	Srvc Area Type	Renew From ID	Renew To ID	Plan Start Date	Plan End Date	Plan Close Reason	CMH INL TAP Tran
886	CHP Family			01/04/2006			
*** End of List ***							

[Add] [Maintain]

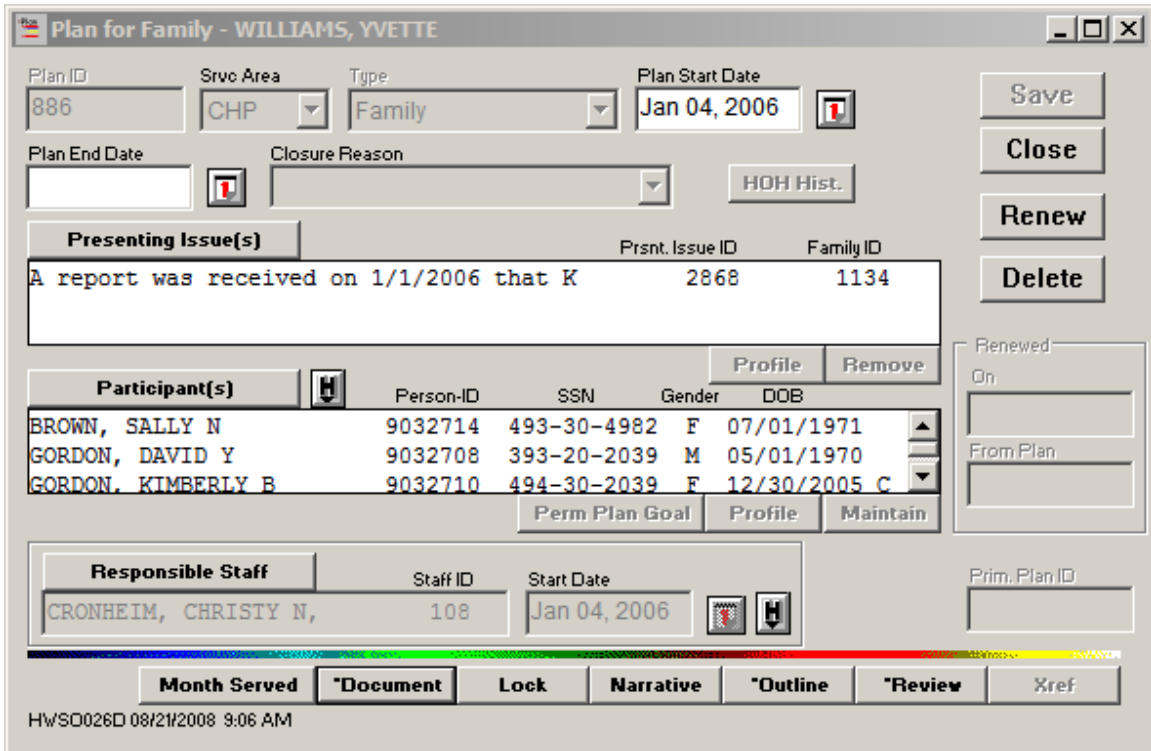
HWS0043D 08/21/2008 9:01 AM

A Permanency Plan Goal can only be added to an open plan, review the list for the CHP plan without an end date. Open plans display at the top of the summary list.

Click on the open Plan and choose **MAINTAIN**:



The **Plan for Family** profile screen displays:



A Permanency Plan Goal can only be recorded for those children who are **Children of Concern** on the Presenting Issues attached to the Plan. Look for the “C” behind their name in the **Participant(s)** list box:

Plan for Family - WILLIAMS, YVETTE

Plan ID: 886, Srvc Area: CHP, Type: Family, Plan Start Date: Jan 04, 2006

Presenting Issue(s): A report was received on 1/1/2006 that K (Prsnt. Issue ID: 2868, Family ID: 1134)

Participant(s)	Person-ID	SSN	Gender	DOB
GORDON, DAVID Y	9032708	393-20-2039	M	05/01/1970
GORDON, KIMBERLY B	9032710	494-30-2039	F	12/30/2005 C
GORDON, RICKY N	9032709	403-30-2093	M	05/01/2001

Buttons: Profile, Remove, Perm Plan Goal, Profile, Maintain

Responsible Staff: CRONHEIM, CHRISTY N, Staff ID: 108, Start Date: Jan 04, 2006

Month Served, Document, Lock, Narrative, Outline, Review, Xref

HWSO026D 08/21/2008 9:06 AM

When you click on a **Child of Concern** in the **Participant(s)** list box the **Perm Plan Goal** button will become active:

Plan for Family - WILLIAMS, YVETTE

Plan ID: 886, Srvc Area: CHP, Type: Family, Plan Start Date: Jan 04, 2006

Presenting Issue(s): A report was received on 1/1/2006 that K (Prsnt. Issue ID: 2868, Family ID: 1134)

Participant(s)	Person-ID	SSN	Gender	DOB
GORDON, DAVID Y	9032708	393-20-2039	M	05/01/1970
GORDON, KIMBERLY B	9032710	494-30-2039	F	12/30/2005 C
GORDON, RICKY N	9032709	403-30-2093	M	05/01/2001

Buttons: Profile, Remove, Perm Plan Goal, Profile, Maintain

Responsible Staff: CRONHEIM, CHRISTY N, Staff ID: 108, Start Date: Jan 04, 2006

Month Served, Document, Lock, Narrative, Outline, Review, Xref

HWSO026D 08/21/2008 9:06 AM

With the child's name highlighted, Click on the **Perm Plan Goal** button to display the **Permanency Plan Goal for . . .** screen:

Permanency Plan Goal for - GORDON, KIMBERLY B - (Plan 886)

Permanency Plan Goal	Start Date	End Date	Created From Plan ID	Srvc Area	Approval Dt
*** End of List ***					

Buttons: Add, Maintain, Remove

Start Date: [] End Date: [] Permanency Plan Goal: []

Primary Plan Goal: [] Secondary Plan Goal: []

Buttons: Save, Close

Buttons: Term. Request, Narrative

HWSO433D 08/21/2008 9:18 AM

In this example the **Child of Concern** does not have a **Permanency Plan Goal** recorded and the only option is to click on **ADD**. Clicking on **ADD** will activate the **Start Date**, **End Date**, and **Permanency Plan Goal** fields:

Permanency Plan Goal for - GORDON, KIMBERLY B - (Plan 886)

Permanency Plan Goal	Start Date	End Date	Created From Plan ID	Srvc Area	Approval Dt
*** End of List ***					

Buttons: Add, Maintain, Remove

Start Date: [I] End Date: [I] Permanency Plan Goal: [I]

Primary Plan Goal: [] Secondary Plan Goal: []

Buttons: Save, Close

Buttons: Term. Request, Narrative

HWSO433D 08/21/2008 9:18 AM

Record a start date for the **Permanency Plan Goal** (this date can not be earlier than the plan start date or the end date of a previous **Permanency Plan Goal**.) Click on the “down arrow” on the **Permanency Plan Goal** field to view a list of values:

Permanency Plan Goal for - GORDON, KIMBERLY B - (Plan 886)

Permanency Plan Goal	Start Date	End Date	Created From Plan ID	Srvc Area	Approval Dt
* * * End of List * * *					

Buttons: Add, Maintain, Remove, Save, Cancel, Request, Narrative

Start Date: Jan 04, 2006

End Date: [Empty]

Permanency Plan Goal: [Dropdown Menu Open]

Primary Plan Goal: [Empty]

HWSD433D 08/21/2008 9:18 AM

If you choose **Concurrent Plan** as in the **Permanency Plan Goal** field the **Primary Plan Goal** and **Secondary Plan Goal** fields become available to select the applicable values:

Permanency Plan Goal for - GORDON, KIMBERLY B - (Plan 886)

Permanency Plan Goal	Start Date	End Date	Created From Plan ID	Srvc Area	Approval Dt
* * * End of List * * *					

Buttons: Add, Maintain, Remove, Save, Cancel, Term. Request, Narrative

Start Date: Jan 04, 2006

End Date: [Empty]

Permanency Plan Goal: Concurrent Plan

Primary Plan Goal: [Dropdown Menu]

Secondary Plan Goal: [Dropdown Menu]

HWSD433D 08/21/2008 9:18 AM

Select the values that apply to the selected **Child of Concern** and click **SAVE**:

Permanency Plan Goal for - GORDON, KIMBERLY B - (Plan 886)

Permanency Plan Goal	Start Date	End Date	Created From Plan ID	Srvc Area	Approval Dt
* * * End of List * * *					

Add Display Remove

Start Date: Jan 04, 2006
End Date:
Permanency Plan Goal: Concurrent Plan
Primary Plan Goal: Return Home
Secondary Plan Goal: Adoption by Non-Relative

Save Cancel

Term. Request Narrative

HWSO433D 08/21/2008 9:18 AM

When the **Permanency Plan Goal** has been saved it will appear as an item in the display box and can later be ended or modified:

Permanency Plan Goal for - GORDON, KIMBERLY B - (Plan 886)

Permanency Plan Goal	Start Date	End Date	Created From Plan ID	Srvc Area	Approval Dt
Concurrent Plan	01/04/2006		886	CHP	
* * * End of List * * *					

Add Maintain Remove

Start Date:
End Date:
Permanency Plan Goal:
Primary Plan Goal:
Secondary Plan Goal:

Save Close

Term. Request Narrative

HWSO433D 08/21/2008 9:18 AM

Congratulations – you have completed the recording of a **Permanency Plan Goal**!

**Division of Family and Community Services
Alternate Care Plan (part 2 of the Family's Plan)**

Family name:

Child's name:

Child's DOB:

Worker's name:

Date of removal:

Months in care since date of removal:

Current placement date:

Current placement name:

Effective date of this plan:

An Alternate Care Plan must be completed within thirty (30) days of the child's date of removal and updated at least once every six months (180 days) thereafter. Provide a detailed response to each item.

1. Health and Safety Issues

Identify the specific health and safety issues which lead to the child's placement into alternate care?

2. Reasonable Efforts

- (a) Describe the Department's specific efforts to prevent or eliminate the need to remove this child from his/her own home; OR
- (b) If this is an update, identify what specific efforts are being made to reunify the child with his family and the reasons why the child cannot be returned home at the present time.

3. Aggravated Circumstances

If reasonable efforts to reunify are not required, due to Aggravated Circumstances or the child is an abandoned infant, identify the specific circumstances and date of court determination sanctioning the suspension of reasonable efforts to reunify.

4. Safety and Appropriateness of Care and Placement

Describe the following:

- (a) Specific needs of the child; and
- (b) Type of placement where the child is currently living (i.e. licensed or agency approved family foster home); and

- (c) The safety and appropriateness of the child’s care and placement consistent with the child’s needs (i.e. include description of the experience, qualification and skills of the care provider to address the child’s specific needs); and
- (d) How the setting is the least restrictive (most family-like) and most culturally appropriate setting available consistent with the safety, best interests, and individual needs of the child (i.e. it is a family foster home in the same community as the parents; child speaks only Spanish and foster parents speak Spanish).

5. Preserving Connections: Proximity

Describe the following:

- (a) How this placement is in closest proximity as possible to the parent's home; and
- (b) How the child's primary connections to their neighborhood, community, family and friends are being preserved. **OR**
- (c) If the child is placed a substantial distance from home or out-of-state, explain how this placement is in the best interests of the child; **AND**
- (d) For a child placed at a substantial distance from home or out-of-state, a face-to-face visit with the child in the child’s placement by the worker is required at least once every twelve (12) months. Provide date of last face-to-face meeting.

6. Preserving Connections: Sibling Contact

Describe the following:

- (a) If siblings are separated by alternate care, explain reason for separation and what, if any, efforts have been made to place them together:
- (b) When a child and their siblings are separated in alternate care, what is the most typical pattern of visiting frequency between them? If sibling visits are not occurring, identify the barriers to visitation.

7. Preserving Connections: Family Culture

Describe how the child's unique characteristics including language, religion, values and beliefs, traditions and background being preserved in alternate care.

8. ICWA

Is this child of American Indian ancestry? Yes _____ No _____

If YES, indicate the tribe the child belongs to and the date that tribe was notified, by *certified* mail, of the child's placement or change of placement into alternate care by the Department of Health and Welfare. **NOTE:**

Regardless of whether a child is enrolled with a tribe, if the child is of American Indian ancestry, he/she may fall under the purview of the Indian Child Welfare Act (ICWA).

If YES, describe the specific efforts made to place the child in an American Indian home:

9. Family Service Plan

Family Service Plan describes services to the parent(s), child and alternate care provider in order to improve the conditions of the parental home, facilitate return to the parental home or other permanent placement. Any action specifically ordered by the court must be included in the Family Service Plan.

- (a) Describe the family’s responsibilities to their child **and** services they are receiving to assist them in meeting these responsibilities:
- (b) Describe the Department’s responsibilities to family, child and alternate care provider **and** the services they are providing to assist in meeting these responsibilities.
- (c) Describe the alternate care provider’s responsibilities to the child, family and the Department **and** what support they are receiving to meet these responsibilities.

10. Changes in Placement

- (a) Indicate how many alternate care placements has the child had during the last 6 months?
- (b) If child has had more than one placement during the last six months of alternate care, identify what efforts were made to eliminate or prevent movement to another placement.
- (c) Did any of the placement changes occur for reasons not directly related to helping the child achieve their permanency plan?

11. Parental Visitation

Describe the visitation plan in detail including frequency, location, participants, and safety issues. If visitation is not occurring, explain this variance.

12. Permanency Plan

Indicate which of the following is the permanency plan for this child. Provide the name of the specific relative or non-relative family.

- Return home

- Legal Guardianship with relative
- Legal Guardianship with non-relative
- Adoption by relative
- Adoption by non-relative
- Permanent placement with other parent
- (long term) Foster care with relative
- (long term) Foster care with non-relative
- Permanency with caregiver - to be determined

Does the child have/need a Concurrent Plan to assure permanency?
If so, describe progress on concurrent plan.

Date child will be in his/her permanent placement: _____

Date of next 6-month review hearing/Permanency Hearing:

13. Recruitment of Family

If the permanent plan is other than reunification with the child’s family, list what specific efforts are being made to identify, recruit, and qualify a permanent family for this child (i.e., exchange listings, relative searches) and the specific steps necessary to finalize a permanent plan.

14. Compelling Reasons

If the plan is NOT to terminate parental rights at 15 out of 22 months, list the compelling reasons.

Has the court reviewed and approved the Department's statement of compelling reasons?

15. (Long term) Foster Care

If the permanency plan for the child is (long term) foster care, explain how this plan provides the most permanency for this child.

16. Independent Living.

For children over the age of fifteen (15) identify the following:

- (a) The independent living skills assessment used and the date completed.
- (b) What services are being provided to the youth to enable them to transition from foster care to independent living? Include educational goals, living skills development, employment training, and preparation for separation and self-sufficient living including plans for ongoing services such as mental health.

EDUCATION

- 17.** Name, address, and phone number of child's current school or pre-school:
Name of child's teacher or other primary school contact:
- 18.** Response if this is the initial ACP:
Did the initial placement cause a change in child's school?
If yes, what efforts were made to keep the child in his/her previous school?
Name, address, and phone number of previous school:
- Response if this is an ACP update:
Have any placements caused a change in the child's school during the past six months?
If yes, what efforts were made to keep the child in his/her previous school?
Name, address, and phone number of previous school(s):
- 19.** Child's current grade:
Is performance at or above grade level?
If below, describe the plan for remediation:
- 20.** Attach any additional school records updating those attached to the last Alternate Care Plan.
There is no need to attach duplicate records from previous Alternate Care Plans. Mark those which are attached:
- Grade record
 - Individual Educational Plan (IEP), if applicable
 - Other records (explain)

MEDICAL

- 21. Routine Medical Exam**
(Child must be seen by a physician within 30 days of initial placement.)
A developmental screening of children 0 to 5 years is highly recommended.

	Name/Address/Phone	Date of Last Exam	Date of Next Exam
Physician:			
Dentist:			

Optometrist:			
Counselor:			
Specialist:			

22. Immunization Record

Attach copy of child’s Immunization Record, if available.

Type	Date	Location	Refusal Reason

23. Past Illnesses, Injuries, Surgeries, Hospitalizations

Date	Description	List Treatment/Medication?

24. Current Illnesses and Current Medications

Date Began	Description/Diagnosis	List Treatment/Medication?

25. Allergies and other health information:

Child is allergic to the following:

26. Plan to address medical issues including mental health

Specify the plan to address the child's current medical and mental health issues:

27. Medical/Surgical Consent

The parent(s) signed a Consent for Medical and Surgical Treatment (form HW0295) on (date). See file for original signed document.

28. Documentation Provided to Parent(s)

I received a copy of the following documents:

Parental Rights and Responsibilities _____ (parent to initial/date confirming receipt)

Copy of this Alternate Care Plan. _____ (parent to initial/date confirming receipt)

Copy of my family's current service plan _____ (parent to initial/date confirming receipt)

If one or more of the above documents were not given to the parent(s), worker must document this variance.

29. Documentation Provided to Alternate Care Provider:

I received a copy of the following documents:

Copy of this Alternate Care Plan including the health and education information, the visitation plan for parents and siblings, a listing of the provider's responsibilities.

_____ (provider to initial/date confirming receipt)

If the above documentation was not given to the alternate care provider, worker must document this variance.

*By signing below you are agreeing that **you have had input** into this alternate care plan, however your signature does not necessarily indicate agreement with this plan. If you have any additional comments you would like to add, please include them under Comments:

*PARENT	DATE	*PARENT	DATE
*ALTERNATE CARE PROVIDER	DATE	SOCIAL WORKER	DATE
SOCIAL WORKER SUPERVISOR	DATE	*CHILD/YOUTH	DATE

Comments:

If conducting a Department six month review at this time, attach the 6-Month Review Form.

Parent Rights and Responsibilities

- (1) You have the right to be notified if anything happens to your child while he/she is out of your home. This would include such things as injury, illness, and runaway. It is your responsibility to let your worker know how you can be reached in an emergency to keep you informed and determine how you can be of assistance to your child.
- (2) You have the right to be notified by letter within seven (7) days of any change in the placement of your child/ren. It is your responsibility to make sure that your worker has your current address or an address where you receive mail.
- (3) You have the right to discuss any changes made in the placement of your child with your worker. If you feel your concerns are not heard, you have the right to discuss these matters with your worker's supervisor. It is your responsibility to ask your worker for the name and phone number of their supervisor.
- (4) You have the right to reasonable visitation with your child/ren. It is your responsibility to show up to scheduled visits. You have the right to be notified in writing if a change is made in your visitation schedule. It is your responsibility to make sure that your worker has your current address or an address where you receive mail.
- (5) You have the right to participate in developing a plan of action necessary to have your child/ren returned to you. It is your responsibility to actively participate in this planning and to follow through with what you agree to do, in the time you agree to do it.
- (6) You have the right to be notified of any staffing, review or hearing, where decisions are being made about the return of your child/ren. It is your responsibility to attend these meetings and participate in the development of the plan of action.
- (7) You have the right to have your plan reviewed at least every six months to make sure that the services you are receiving are helping you to achieve your objectives. It is your responsibility to take advantage of services offered to you which are designed to address the issues which brought your child/ren into foster care.
- (8) You have the right to the protection of you and your family's privacy. Your records and other confidential information will be made available only to those whom you specify through a written release of information. We encourage you to allow us to speak with family members, your attorney, your counselors, friends and others who are concerned about your family's well-being. Information about you and your family will also be released to other staff within the

Department of Health and Welfare who are directly involved with your family. This includes foster parents. It is your responsibility to bring to our attention any situation where you have concerns about your privacy or feel your privacy may have been violated.

Original X

Department of Health and Welfare

**Revised Draft
03/29/02**

Update

**Division of Family and Community Services
Alternate Care Plan (part 2 of the Family's Plan)**

04/17/02

Family name: Williams
Child's name: Kimberly Williams
Child's DOB: January 31, 2002
Worker's name: Nadine Campbell
Date of removal: February 13, 2002
Months in care since date of removal: 20 days
Current placement date: February 13, 2002
Current placement name: Brown foster home
Effective date of this plan: March 5, 2002

An Alternate Care Plan must be completed within thirty (30) days of the child's date of removal and updated at least once every six months (180 days) thereafter. Provide a detailed response to each item.

1. Health and Safety Issues

Identify the specific health and safety issues which lead to the child's placement into alternate care? Yvette Williams left her 4 year old son Ricky and her 9 year old daughter, Yolanda, overnight, alone to take care of 2 week old baby Kim. When the visiting nurse came the next day she found that the formula given to Kim was inadequate due to reduced caloric content. The diluted formula presented a dangerous condition because of Kim's very low birth weight and feeding difficulties. Yvette had not left enough formula for Kim which meant that Yolanda had to make it herself. Yvette had switched formula from powder to liquid. Yolanda added water to the liquid formula as she had seen her mother do, not aware that the formula did not require additional water. Yolanda and Ricky were placed in foster care with their maternal grandmother, Emma Williams. Kim was placed in foster care with the Brown family.

2. Reasonable Efforts

(a) Describe the Department's specific efforts to prevent or eliminate the need to remove this child from his/her own home;

On February 2, 2002, FACS worker performed a Safety/Risk Assessment while Kimberly was still in the hospital. Kimberly was born with a positive toxicology for cocaine. It was determined that infant Kimberly is conditionally safe and that an in-home immediate protection/safety plan can be implemented to protect the child. Yvette's sister, Ruby, will move in to help with the children. Yvette and Ruby will clean the house and they will pick up some baby supplies. Both Yvette and Ruby will go

to the hospital's class on caring for a premature, cocaine addicted newborn. Yvette agrees to not take drugs. Yvette did not comply with the terms of the safety plan. She left the children alone as described above and as a result the children were declared in imminent danger and placed in foster care.

- (b) If this is an update, identify what specific efforts are being made to reunify the child with his family and the reasons why the child cannot be returned home at the present time. n/a

3. Aggravated Circumstances

If reasonable efforts to reunify are not required, due to Aggravated Circumstances or the child is an abandoned infant, identify the specific circumstances and date of court determination sanctioning the suspension of reasonable efforts to reunify. Not a case of Aggravated Circumstances.

4. Safety and Appropriateness of Care and Placement

Describe the following:

- (a) Specific needs of the child; and

Kimberly was born premature with a positive toxicology and low birth weight. She has feeding difficulties.

- (b) Type of placement where the child is currently living (i.e. licensed or agency approved family foster home); and

Kimberly is currently living in a licensed foster home.

- (c) The safety and appropriateness of the child's care and placement consistent with the child's needs (i.e. include description of the experience, qualification and skills of the care provider to address the child's specific needs); and

Kimberly's foster mother, Mrs. Brown, has cared for a number of newborns with issues similar to Kimberly's with good success. Mrs. Brown has also been very willing to work directly with birth mother's to help reinforce their parenting skills such as feeding, comforting and interacting with an infant with prenatal drug exposure.

- (d) How the setting is the least restrictive (most family-like) and most culturally appropriate setting available consistent with the safety, best interests, and individual needs of the child (i.e. it is a family foster home in the same community as the parents; child speaks only Spanish and foster parents speak Spanish).

The Brown foster home is in the same community as the Williams family. The Browns are members of the same church as grandma, Emma and her grandchildren. The Williams and the Brown families are both African-American. Mrs. Brown is able to provide 24 hour supervision and allow daytime visitation with the baby as she does not work outside the home. OR

The Brown foster home is in the same city as the Williams family. Mrs. Brown is willing to work with Yvette. Mrs. Brown is able to provide 24 hour supervision and allow daytime visitation with the baby as she does not work outside the home.

5. Preserving Connections: Proximity

Describe the following:

- (a) How this placement is in closest proximity as possible to the parent's home; (see 4(d) above) and
- (b) How the child's primary connections to their neighborhood, community, family and friends are being preserved. Mrs. Brown will allow family members to visit with Kimberly in her home based on a mutually convenient schedule. **OR**
- (c) If the child is placed a substantial distance from home or out-of-state, explain how this placement is in the best interests of the child; Not Applicable **AND**
- (d) For a child placed at a substantial distance from home or out-of-state, a face-to-face visit with the child in the child's placement by the worker is required at least once every twelve (12) months. Provide date of last face-to-face meeting. Not Applicable

6. Preserving Connections: Sibling Contact

Describe the following:

- (a) If siblings are separated by alternate care, explain reason for separation and what, if any, efforts have been made to place them together:
Yolanda (9) and Ricky (4) are placed in foster care with their grandmother, Emma Williams. She lives in the same community and has cared for the children a substantial portion of their lives. She states she is unable to care for the baby full time because of her own health problems.
- (b) When a child and their siblings are separated in alternate care, what is the most typical pattern of visiting frequency between them? If sibling visits are not occurring, identify the barriers to visitation.
Yolanda and Ricky see their baby sister, Kimberly, a couple of times a week. Mrs. Brown brings the baby over to their grandmother's house. The baby is too small and fragile for them to play with her, but they have a chance to see her growing and developing. This maintains their attachment to Kimberly.

7. Preserving Connections: Family Culture

Describe how the child's unique characteristics including language, religion, values and beliefs, traditions and background being preserved in alternate care.

Although as an infant, Kimberly has not had exposure to her own family culture and traditions. Frequent visitations, however, reinforce her security and sense of family

8. ICWA

Is this child of American Indian ancestry? Yes No X

If YES, indicate the tribe the child belongs to and the date that tribe was notified, by *certified* mail, of the child's placement or change of placement into alternate care by the Department of Health and Welfare. **NOTE:**

Regardless of whether a child is enrolled with a tribe, if the child is of American Indian ancestry, he/she may fall under the purview of the Indian Child Welfare Act (ICWA).

If YES, describe the specific efforts made to place the child in an American Indian home:

9. Family Service Plan

Family Service Plan describes services to the parent(s), child and alternate care provider in order to improve the conditions of the parental home, facilitate return to the parental home or other permanent placement. Any action specifically ordered by the court must be included in the Family Service Plan.

- (a) Describe the family’s responsibilities to their child **and** services they are receiving to assist them in meeting these responsibilities: (see case/service plan for details). Participate in substance abuse education classes to learn how drugs interfere with parenting; random UAs; regular visits to the foster home and maintain log of how much Kim is consuming and difficulties with feeding; take Kim to receive a developmental screening. Family will begin a concurrent plan by discussing permanency and having a family meeting to discuss who could care for Kim if she cannot return home. David and Yvette will start of life history book for Kim. David will arrange to have a paternity test.
- (b) Describe the Department’s responsibilities to family, child and alternate care provider **and** the services they are providing to assist in meeting these responsibilities. (see case/service plan for details). Arrange for medical card, ensure foster care payments are made, arrange developmental screening appointment, maintain contact with Stone Clinic case manager, discuss permanency with family, arrange a family meeting to discuss permanency for Kim,
- (c) Describe the alternate care provider’s responsibilities to the child, family and the Department **and** what support they are receiving to meet these responsibilities. (see case/service plan for details). Provide 24 hour care to Kimberly, accompany Yvette to all medical and other appointments concerning Kimberly, monitor and give feedback to Yvette on nutrition log, discuss Kim’s growth and development with Yvette, be actively involved in visitation, work on Life Story Book with Yvette.

10. Changes in Placement

- (a) Indicate how many alternate care placements has the child had during the last 6 months? ONE
- (b) If child has had more than one placement during the last six months of alternate care, identify what efforts were made to eliminate or prevent movement to another placement. N/A

- (c) Did any of the placement changes occur for reasons not directly related to helping the child achieve their permanency plan? N/A

11. Parental Visitation

Describe the visitation plan in detail including frequency, location, participants, and safety issues. If visitation is not occurring, explain this variance. Yvette will visit the Brown home daily for 3 hours to feed and care for Kimberly. David, Yvette, Grandma Emma, Yolanda, Ricky and Ruby will all visit the baby together at least one evening per week. Mrs. Brown will allow family members to visit with Kimberly at mutually convenient, pre-arranged times. Mrs. Brown will take Kimberly to grandma Emma's home to see Yolanda and Ricky at least once a week.

12. Permanency Plan

Indicate which of the following is the permanency plan for this child. Provide the name of the specific relative or non-relative family.

- X Return home
- Legal Guardianship with relative
- Legal Guardianship with non-relative
- Adoption by relative
- Adoption by non-relative
- Permanent placement with other parent
- (long term) Foster care with relative
- (long term) Foster care with non-relative
- Permanency with caregiver - to be determined

Does the child have/need a Concurrent Plan to assure permanency?

If so, describe progress on concurrent plan.

Because of Yvette's many relapses and her association with David which appears to increase her drug use, a concurrent plan has been initiated. Mrs. Brown has started working on a LifeBook for Kimberly. This is one of the activities with Yvette and Mrs. Brown do together when they visit and the baby is napping.

Date child will be in his/her permanent placement: February 13, 2003

Date of next 6-month review hearing/Permanency Hearing: July 13, 2002

13. Recruitment of Family

If the permanent plan is other than reunification with the child's family, list what specific efforts are being made to identify, recruit, and qualify a permanent family for this child (i.e., exchange listings,

relative searches) and the specific steps necessary to finalize a permanent plan. Not appropriate at this time.

14. Compelling Reasons

If the plan is NOT to terminate parental rights at 15 out of 22 months, list the compelling reasons.

Not-Applicable

Has the court reviewed and approved the Department's statement of compelling reasons?

Not-Applicable

15. (Long term) Foster Care

If the permanency plan for the child is (long term) foster care, explain how this plan provides the most permanency for this child. Not Applicable

16. Independent Living.

For children over the age of fifteen (15) identify the following: n/a

(a) The independent living skills assessment used and the date completed.

(b) What services are being provided to the youth to enable them to transition from foster care to independent living? Include educational goals, living skills development, employment training, and preparation for separation and self-sufficient living including plans for ongoing services such as mental health.

EDUCATION

17. Name, address, and phone number of child's current school or pre-school:

Name of child's teacher or other primary school contact: Not Applicable

18. Response if this is the initial ACP:

Did the initial placement cause a change in child's school?:

If yes, what efforts were made to keep the child in his/her previous school?

Name, address, and phone number of previous school:

Response if this is an ACP update:

Have any placements caused a change in the child's school during the past six months?

If yes, what efforts were made to keep the child in his/her previous school?

Name, address, and phone number of previous school(s):

19. Child's current grade:

Is performance at or above grade level?

If below, describe the plan for remediation:

20. Attach any additional school records updating those attached to the last Alternate Care Plan. There is no need to attach duplicate records from previous Alternate Care Plans. Mark those which are attached:

- Grade record
- Individual Educational Plan (IEP), if applicable
- Other records (explain)

MEDICAL

21. Routine Medical Exam

(Child must be seen by a physician within 30 days of initial placement.)

A developmental screening of children 0 to 5 years is highly recommended.

Kimberly has been scheduled for a developmental screening with the local Health District on xx-xx-xx.

	Name/Address/Phone	Date of Last Exam	Date of Next Exam
Physician:	Dr. Bleu	xx-xx-xx	xx-xx-xx
Dentist:	Not applicable		
Optometrist:	Not applicable		
Counselor:	Not applicable		
Specialist:	May be recommended as a result of the developmental screening		

22. Immunization Record

Attach copy of child's Immunization Record, if available.

Type	Date	Location	Refusal Reason

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23. Past Illnesses, Injuries, Surgeries, Hospitalizations

Date	Description	List Treatment/Medication?

24. Current Illnesses and Current Medications

Date Began	Description/Diagnosis	List Treatment/Medication?

25. Allergies and other health information:

Child is allergic to the following: n/a

26. Plan to address medical issues including mental health

Specify the plan to address the child's current medical and mental health issues: n/a

27. Medical/Surgical Consent

The parent(s) signed a Consent for Medical and Surgical Treatment (form HW0295) on (date). See file for original signed document.

28. Documentation Provided to Parent(s)

I received a copy of the following documents:

Parental Rights and Responsibilities _____ (parent to initial/date confirming receipt)

Copy of this Alternate Care Plan. _____ (parent to initial/date confirming receipt)

Copy of my family's current service plan _____ (parent to initial/date confirming receipt)

If one or more of the above documents were not given to the parent(s), worker must document this variance.

29. Documentation Provided to Alternate Care Provider:

I received a copy of the following documents:

Copy of this Alternate Care Plan including the health and education information, the visitation plan for parents and siblings, a listing of the provider's responsibilities.

_____ (provider to initial/date confirming receipt)

If the above documentation was not given to the alternate care provider, worker must document this variance.

*By signing below you are agreeing that **you have had input** into this alternate care plan, however your signature does not necessarily indicate agreement with this plan. If you have any additional comments you would like to add, please include them under Comments:

*PARENT	DATE	*PARENT	DATE
*ALTERNATE CARE PROVIDER	DATE	SOCIAL WORKER	DATE
SOCIAL WORKER SUPERVISOR	DATE	*CHILD/YOUTH	DATE

Comments:

If conducting a Department six month review at this time, attach the 6-Month Review Form.

Parent Rights and Responsibilities

- (1)** You have the right to be notified if anything happens to your child while he/she is out of your home. This would include such things as injury, illness, runaway. It is your responsibility to let your worker know how you can be reached in an emergency to keep you informed and determine how you can be of assistance to your child.
- (2)** You have the right to notified by letter within seven (7) days of any change in the placement of your child/ren. It is your responsibility to make sure that your worker has your current address or an address where you receive mail.
- (3)** You have the right to discuss any changes made in the placement of your child with your worker. If you feel your concerns are not heard, you have the right to discuss these matters with your worker's supervisor. It is your responsibility to ask your worker for the name and phone number of their supervisor.
- (4)** You have the right to reasonable visitation with your child/ren. It is your responsibility to show up to scheduled visits. You have the right to be notified in writing if a change is made in your visitation schedule. It is your responsibility to make sure that your worker has your current address or an address where you receive mail.
- (5)** You have the right to participate in developing a plan of action necessary to have your child/ren returned to you. It is your responsibility to actively participate in this planning and to follow through with what you agree to do, in the time you agree to do it.
- (6)** You have the right to be notified of any staffing, review or hearing, where decisions are being made about the return of your child/ren. It is your responsibility to attend these meetings and participate in the development of the plan of action.
- (7)** You have the right to have your plan reviewed at least every six months to make sure that the services you are receiving are helping you to achieve your objectives. It is your responsibility to take advantage of services offered to you which are designed to address the issues which brought your child/ren into foster care.
- (8)** You have the right to the protection of you and your family's privacy. Your records and other confidential information will be made available only to those whom you specify through a written release of information. We encourage you to allow us to speak with family members, your attorney, your counselors, friends and others who are concerned about your family's well-being. Information about you and your family will also be released to other staff within the Department of Health and Welfare who are directly involved with your family. This includes foster parents. It is

your responsibility to bring to our attention any situation where you have concerns about your privacy or feel your privacy may have been violated.