



DEPARTMENT OF CHILDREN & FAMILIES



**The Department of Children and Families
Case Planning Practice Guide
March 2014**

Table of Contents

	Page
I. Introduction	3
II. Components of Case Planning	3
A. Family Composition	3 - 4
B. Engagement	4 - 5
C. Family Feedback	5
D. Assessment	5 - 6
a. Structured Decision Making	6 - 7
b. Protective Factors	7 - 8
c. Visitation - Contact	8 - 9
d. Service Provision	9
E. Child in Placement Case Plans	9
a. Contents of Child in Placement Case Plans	9 - 14
b. Child in Placement Case Plan Timeframes	14 - 15
F. Family Case Plans	15
a. Contents of Family Case Plans	15 - 19
b. Family Case Plan Timeframes	19 - 20
G. 90 Day CIP/90 Day Family Meetings	20
III. Administrative Case Review (ACR)	21
A. Introduction	21
B. Role of ACR SWS	21 - 22
C. Role of Social Worker	22 - 23
D. Frequency of ACR	23
E. Timeframes	23
F. Role of ACR Office Assistant	23 - 24
IV. Other	24
A. LINK	24
B. Confidentiality	24

Addenda

"In YOUR Words"	25
Meeting Participant Notification	26
When is a Family Plan Required?	27
Timeline for Completion of the in-Home Family Case Plan	28
Timeline for Completion of the Child in Placement Plan and Associated Family Plan	29

I. Introduction

This Practice Guide accompanies DCF Policy §36-1 through §36-5, "Case Planning," and DCF Policy §36-11-1 and §36-11-2, "Administrative Case Review." The goal of case planning is to assess and address the family's needs through engagement and partnership with families and service providers. Family engagement shall be ongoing, beginning with the initial DCF contact with the family and continue throughout the life of the case until case closure.

Case plans provide a road map for safety, permanency and well-being for families and children. Case planning is an ongoing process rather than simply a document. Case planning requires a family-centered, trauma-informed approach to (1) assess families' strengths and areas of need in a culturally and linguistically responsive manner, (2) identify and assure provision of effective services to address their needs, and (3) monitor progress on an ongoing basis. While the case planning documentation process includes a designated section for capturing other life experiences (pg. 16), it is expected that issues of racial, cultural, religious, language, sexual orientation and identity, cognitive challenges, literacy and other human differences shall be identified and integrated throughout the case planning process.

The "concerted efforts" standard implies planned, diligent, thoughtful and repeated attempts to overcome barriers to achieve safety, permanency and well-being. Concerted efforts relate to engagement, visitation, assessment, needs met and service provision.

The following best practice guidelines reflect the DCF policy for Case Planning and the Administrative Case Review process. These guidelines shall be implemented in all DCF Regional Offices.

II. Components of Case Planning

A. Family Composition

Case planning shall include all family members and any other significant household relationships, including those who reside inside or outside of the home. Other significant relationships may include, for example, boy- or girlfriend, uncle, grandmother. The Social Worker shall engage all family members in identifying their roles and responsibilities in case planning. During required ongoing supervision, critical thinking is utilized and the family is discussed to determine the level of involvement of each family member in case planning; this decision shall be documented in a Supervisory Conference note.

Decisions involving family members in case planning are case-specific and should be considered inclusive rather than exclusive. Some examples of complex family situations in case planning are:

- There are two separate households where the children reside with one parent in one household and visit another parent in another household. The expectation is that the Social Worker will assess and visit the parent and children in both households and involve both parents in the case planning for the family.

- There is a child in placement (CIP) with a permanency goal of APPLA and the family is no longer receiving services from DCF. The Social Worker and Social Work Supervisor shall determine through supervision the required level of involvement of the family in case planning. The parents shall be involved in the case planning for the CIP and, at a minimum, must be invited to the CIP ACR.

The circumstances that would allow a parent NOT to participate in case planning or the ACR are the following:

(1) agency contact with the mother or father was determined to be contrary to a child's safety or best interests (and this is documented in the case file); (2) the location of the parent was unknown during the entire period under review, despite documented concerted agency efforts to locate her or him; (3) the parent's parental rights were terminated before the period under review and she or he is not involved in the child's life; or (4) during the entire period under review, the parent was not involved in the child's life or in case planning in any way despite agency efforts to involve her or him.

B. Engagement

The Principles of Partnership is the process that DCF will use to engage families towards assessing and addressing their needs and participation in case planning. Engagement is a vital component of family-centered practice; it is an ongoing process and should occur with both parents (*i.e.*, biological, adoptive, foster, guardian). It should take place every time contact is made with the families, children, collateral contacts and community providers. Documenting our efforts at partnership and our informal assessments are critical to case planning. All successful and unsuccessful attempts at engagement should be documented and entered in LINK.

Parents who are incarcerated should not be ignored and need to be engaged in their child's case planning. Documentation of efforts made towards engagement should include phone contact and attempted phone contact with the parent's counselor. Voicemail contacts should indicate a time when the Social Worker can be reached if the Social Worker was unable to physically contact the parent's counselor. A copy of the case plan should be mailed as it keeps the parent informed about his or her child's safety, permanency and well-being, as well as what is expected of the parent. There should also be documentation indicating that the incarcerated parent was invited to participate in the ACR meeting via teleconference and that the parent was sent a copy of the finalized case plan.

Case planning (*e.g.*, needs assessment, visitation, safety and risk, trauma history, impact on functioning and trauma-related treatment needs) is greatly impacted by the engagement of fathers in the process. Fathers, often forgotten or thought of as an afterthought, bring a unique aspect to child rearing and can and should play a vital role in their children's lives. Fathers should be invited to all ACR meetings and should be kept informed of their child's safety, permanency and well-being. Efforts to locate fathers whose whereabouts may be unknown should be documented in the case record and should be made throughout the life of the case, not just once. Exploring father's side of the family for resources is an important element to finding family supports and permanency resources; the lack of father engagement may actually delay permanency for a child.

It is also important to remember that the Department is required to actively serve and engage all persons who come under its purview, regardless of immigration status. Child protective social workers shall engage this population and provide services that protect and

serve children who may not have documentation papers as well as their documented family members.

Due to the complexity of immigration law, it is important to proactively engage families to ascertain whether adults and children who are DCF clients may be undocumented (illegal aliens), as it is very difficult to challenge deportation cases. The identification of undocumented persons by DCF staff does not require, and **shall not result in**, reporting this information to the Department of Homeland Security Citizenship and Immigration Services.

Upon learning of the undocumented status of any client receiving Department services, Social Workers shall immediately:

- alert the Office of Legal Affairs if there are questions regarding the immigration status of a child who is in the Department's custody, and
- work expeditiously with legal staff to determine the appropriateness of and procedure for ensuring that children obtain proper documentation.

C. Family Feedback

The Family Feedback Narrative, entered after the case plan is initialized and before approval, must be included in the family case plan and be inclusive of both mother's and father's (and child's, as age appropriate) feedback. Family feedback is not merely a reflection of the DCF perspective of the family's position. Rather, it should discuss each family member's participation in the development of the case plan, their perception of DCF involvement, their strengths and needs, the interventions offered and any comments made.

Please see addendum: "In Your Own Words," which can be used as a tool.

D. Assessment

A comprehensive family assessment and case formulation is the foundation of good case planning. It is a dynamic process of systematically gathering, analyzing, weighing, and synthesizing information from various sources to obtain an understanding of family strengths and needs relating to the child's safety, permanency and well-being. Better outcomes for children and families are achieved when there is a thorough assessment with active participation by the caregivers and child, if age appropriate. The assessment provides a shared understanding with the family of the child and family's situation and identifies the change necessary for safe case closure. The assessment process begins at the point of referral and continues throughout the episode of care until successful case closure.

DCF must make concerted efforts to achieve an in-depth understanding of the needs of the child and family (Note: the specific definition of "family," and who the members of the family are should be discussed during supervision), regardless of whether the needs are assessed in a formal or informal manner. If there are barriers to making a comprehensive assessment, DCF must make concerted efforts to eliminate those barriers. These efforts should be outlined in the narratives and the case plan.

An "assessment" recognizes patterns over time, examines family strengths and protective factors, addresses overall needs of the child and family, considers contributing factors (*e.g.*, DV, SA, MH, trauma histories of children and their caregivers and their impact on their functioning), and incorporates information gathered through other assessments. (Note: Assessment of needs may take different forms. For example, needs may be assessed through a formal evaluation conducted by another agency or by a contracted provider or

through a more informal case planning process involving comprehensive interviews with the child, family, service providers, etc.)

The assessment section (*i.e.*, body of the case plan) must include a “mini” assessment under each of the domains included in the plan (*e.g.*, household relationships, parenting skills, mental health/coping skills, education, medical, etc.). It is not simply a statement of facts about the case. It should address the strengths and needs of the family, include ALL household members, and note the interpersonal relationships amongst them as well as any significant others outside of the household. The case plan should provide a description of the current assessed risk and safety factors, the social emotional well-being as well as the trauma-related assessment and treatment needs of the child and caregivers, and provide details of the assessed barriers to achieving the stated case planning goal(s).

There must be a clear assessment of the family and child’s current level of functioning across all domains that must include information gathered from providers (*e.g.*, are the parent and child engaged in services, what are the goals, what progress have the parent and child made, when is the service expected to end, etc.). The risks, physical and psychological safety concerns and the needs of the family are identified within the Social Worker’s assessment of the family and child’s current level of functioning.

The assessment is the Social Worker’s attempt to synthesize the data he or she has gathered and draw conclusions regarding the level of risk, well-being and direction of the permanency plan. The **Summary Assessment** of the Family Case Plan should highlight the most significant issues within the family and what DCF, the child and caregivers are going to do (or have done) to address those issues and needs. It is not a cut and paste from what is already written in the individual domains.

a. Structured Decision Making (SDM)

Family Strengths and Needs Assessment (FSNA)

The Structured Decision Making (SDM) Family Strengths and Needs Assessment (FSNA) tool is considered a formal assessment to assist in the determination of the family strengths and needs. It is used to evaluate the presenting strengths and needs of the primary and, if applicable, secondary caregiver in the household being assessed in preparation for the development of a case plan. If the parents live apart and the child lives with one parent but spends time in the other parent’s household, an FSNA would be created for both households separately (do not combine households). The tool is used to systematically identify critical family (caretakers and children) needs, and it helps plan effective service interventions. All needs identified for the children should be incorporated into the case plan. In regards to caretakers, the priority needs identified are to be included in the case plan. Specific inclusion of individual priority needs will be identified by using critical thinking in supervision. The FSNA should be used on all ongoing service cases (including Voluntary Services, APPLA, etc.). It is not intended to be completed on the foster care provider. It must be used in LINK for the out-of-home cases with a permanency goal of reunification. It should also be used for all other permanency goals but should be done in hard copy and documented in a LINK narrative. The FSNA is due to be completed prior to the development of every case plan.

Safety and Risk Assessments

The Structured Decision Making (SDM) Safety Assessment tool is utilized to 1) help assess whether any child is currently in immediate danger of serious harm that may require protective intervention; and 2) to determine what intervention should be maintained or initiated to provide appropriate protection. The Safety Assessment differs from risk

assessments in that it assesses the child's present danger and the interventions currently needed to protect the child. In contrast, risk assessments look at the likelihood of future maltreatment. A Safety Assessment must be completed on all investigations of parents, guardians or other adult household members, including new investigations on existing cases. In addition, a Safety Assessment will be completed on any open investigation or any ongoing services case when new information becomes available that indicates a threat to the safety of a child. Additionally, a Safety Assessment is completed: 1) prior to the removal of any child from the home; 2) prior to returning a child to the home during the investigation whether protectively placed by DCF or prior to the end of an arrangement the caregiver made for care outside of the home as a protective intervention; and 3) throughout the investigation period or on existing cases whenever new information becomes available that indicates a threat to the safety of a child. The Safety Assessment is used to guide decisions about the removal and return of a child to his or her family. It also guides decisions on whether or not the child may remain in the home and the need for interventions to eliminate any threat of immediate harm or if the child must be removed. After the initial Safety Assessment is completed, subsequent Safety Assessments should be completed whenever a change in the family's circumstances poses a safety concern and the need for possible protective interventions.

The Structured Decision Making (SDM) Risk Assessment tool is utilized to identify families who have high, moderate, low or very low probabilities of abusing or neglecting their children in the future. A Risk Assessment tool is completed on all initial investigations including new investigations on existing cases. The Initial Risk Assessment is completed by the intake Social Worker. It is completed at the end of the investigation. The assessment is completed based on conditions that existed at the time of the report incident and on additional information obtained during the investigation. The risk level is used to determine whether or not the case should be transferred for ongoing services or be closed. For cases opened for ongoing services following the investigation, the risk level should be considered by Social Workers and Social Work Supervisors throughout the life of the case when prioritizing case work activities.

b. Protective Factors

Assessment of protective factors as well as risk (need) factors of the parent should be documented in the LINK record and on the family case plan.

Five protective factors are the foundation of the Strengthening Families approach: parental resilience, social connections, concrete support in times of need, knowledge of parenting and child development, and social and emotional competence of children. Research studies support the common-sense notion that when these protective factors are well established in a family, the likelihood of child abuse and neglect diminishes. Research shows that these protective factors are also "promotive" factors that build family strengths and a family environment that promotes optimal child and youth development.

Parental Resilience

No one can eliminate stress from parenting, but a parent's capacity for resilience can affect how a parent deals with stress. Resilience is the ability to manage and bounce back from all types of challenges that emerge in every family's life. It means finding ways to solve problems, building and sustaining trusting relationships including a relationship with your own child, and knowing how to seek help when necessary.

Social Connections

Friends, family members, neighbors and community members provide emotional support, help solve problems, offer parenting advice and give concrete assistance to parents. Networks of support are essential to parents and also offer opportunities for people to “give back,” an important part of self-esteem, as well as a benefit for the community. Isolated families may need extra help in reaching out to build positive relationships.

Concrete Support in Times of Need

Meeting basic economic needs like food, shelter, clothing and health care is essential for families to thrive. Likewise, when families encounter a crisis such as domestic violence or other traumatic events, mental illness or substance abuse, adequate services and supports need to be in place to provide stability, treatment and help for family members to get through the crisis.

Knowledge of Parenting and Child Development

Accurate information about child development and appropriate expectations for children’s behavior at every age help parents see their children and youth in a positive light and promote their healthy development. Information can come from many sources, including family members as well as parent education classes and surfing the internet. Studies show that information is most effective when it comes at the precise time parents need it to understand their own children. Parents who have experienced harsh discipline or other negative childhood experiences may need extra help to change the parenting patterns they learned as children.

Social and Emotional Competence of Children

A child’s ability to interact positively with others, self-regulate his or her behavior and effectively communicate his or her feelings has a positive impact on his or her relationships with the family, other adults and peers. Challenging behaviors, delayed development or trauma triggers can create extra stress for families, so early identification and assistance for both parents and children can head off negative results and keep development on track.

c. Visitation-Contact

All children and families with whom DCF is involved should be visited based on the case goal and the needs of the family, keeping in mind the minimum visitation standards outlined in policy. The specific definition of “family,” who the household members are that need to be visited, and the type of visitation that should occur, should be discussed and decided during supervision and should be documented in a Supervisory Conference Note. Every interaction with a child and family should be purposeful and derive from the case plan.

Visits should be scheduled to meet DCF standards for frequency and the needs of children and families. They should primarily be held where the child resides by the assigned Social Worker or Parole Officer at times convenient for the child and both biological or foster parents. Visits should be planned in advance, with issues noted for exploration and goals established for the time spent together. Social Workers and Parole Officers should assure that separate times for discussions with children and parents are conducted. This provides the opportunity to privately share their experiences and concerns and to ensure that domestic violence or other issues that might not be disclosed when other family members are present are identified and addressed as needed.

Contact is defined as telephone calls, home visits and meetings with providers and all of these interactions should connect to or relate back to the case plans and court-ordered specific steps. Social Workers and Social Work Supervisors should never lose sight of the reasons why DCF is involved and should continue working with the family to achieve identified goals and permanency.

d. Service Provision

It is necessary to identify services that are appropriately matched to the child's and family's strengths and needs. Appropriate services are those services that enhance the parents' ability to provide care and supervision to their child(ren); ensure the child(ren)'s safety and well-being; and meet the specific needs of the family and child (*e.g.*, substance abuse treatment, family preservation services, parenting skills classes, mental health treatment, trauma-specific assessment and/or treatment). The Social Worker must make concerted efforts to engage the child and family in services and facilitate the child's and family's access to those services.

Services must be individualized, effective and provided timely. The Social Worker should arrange for services that help the child and family achieve the outcomes, goals and tasks outlined in the case plan. Selection of services is based on: (1) assessing factors that contribute to the risk of maltreatment; (2) identifying trauma-related needs; (3) identifying family strengths; (4) targeting outcomes for change; and (5) identifying effective treatment approaches best suited to the desired outcome.

In addition to making concerted efforts to assess the needs of the child and family and provide appropriate, effective services to meet those needs, the Social Worker must monitor the child's and family's involvement in those services on an ongoing basis via formal and informal methods. Information gathered from providers should include whether or not the parent or child is actively engaged in the service, what the goals of the particular service are, what progress the parent and child have made, and when the service is expected to end.

The Regional Resource Group (RRG) may be helpful in identifying appropriate services as well as assisting and supporting Social Workers in their service planning and implementation for children and their families. The RRG can assist staff in facilitating access to client services by providing consultation, direct services, and administrative and training functions. In addition, the RRG can assist in the delivery of services through a review of clinical material, in-home assessments, participation in clinical conferences, service plan reviews, and other activities as necessary. Any concerns or issues regarding a particular service should be communicated to a member of the RRG.

E. Child in Placement Case Plans

a. Contents of Child in Placement Case Plans

The child in placement (CIP) case plan should note the current assessment and must include information gathered from providers as to the child's current level of functioning across all areas.

The CIP plan provides a description of the current assessed risk and safety factors, social-emotional well-being as well as trauma-related needs for the child and family and provides brief details of the assessed barriers to achieving the stated case plan goal. The plan should also describe why the case is in need of ongoing services and why the case remains open.

Permanency Plan Goal (Page 2 of the CIP Case Plan)

This section of the CIP plan shall include the child's primary permanency goal as well as the concurrent goal, if applicable; and the target date for achievement of the goal. The progress and barriers shall be noted as well.

When the permanency goal is Adoption, at a minimum, the case plan shall include child-specific recruitment efforts such as the use of Tribal, State, regional and national adoption exchanges including electronic exchange systems to facilitate orderly and timely in-State and interstate placements. This information shall be included in the "Progress/Barriers-Permanency Plan" section.

Reason for Involvement/Continued Involvement

The initial CIP case plan shall provide a description of the conditions and safety factors that resulted in the child's placement and include a statement of the current legal status. The subsequent case plans should include why DCF is still involved with the family/why child is still in placement; and should provide a summary of progress towards the permanency goal.

Description of Child

The CIP plan shall include the identifying information in regards to the identified child including the significant relationships in his or her life (parents, grandparents, siblings). A description of the child should include a statement about his or her strengths, skills and interests. (Review "Person Management" in LINK to reflect current and accurate information).

Physical Health

The CIP plan shall include whether the child has physical, dental or vision needs and discuss any medical issues of the child that require specialist care or ongoing medical treatment. Include any physician or provider input in regards to the child. If the child is medically up to date and in overall good health, identify this as a strength.

Emotional/Behavioral

The CIP plan shall include a description of the child's current level of emotional and behavioral functioning. It may include the stressors that are currently affecting the child (school, home life, prior trauma history/trauma triggers, and community violence). If applicable, it shall include whether the child is engaged in mental health services and current psychotropic medications. If so, the plan should include the provider, type of treatment, recommended frequency of services as well as the feedback and goals from the providers that are working with the child (treatment goals, recommendations, compliance). The CIP plan should include the needed supports to address the assessed emotional or behavioral health needs and include the barriers to engagement in mental health services. Include findings of any trauma assessment and trauma-specific treatment, including the treatment and monitoring of any trauma associated with maltreatment and removal from home. The CIP plan should also include input from the providers, caregivers and the child, if applicable and age and developmentally appropriate.

Education/Development

The CIP plan shall include the child's current level of functioning and overall development and whether the child has reached developmental milestones or if there are developmental delays. If applicable, the case plan should describe the services offered to identify and address the developmental delays. Overall development must be considered for all ages and stages and if necessary referrals made to Birth to Three.

The case plan must include a description of the child's current academic status and educational progress, which shall include attendance (suspensions/expulsions, absenteeism), grade level performance, including homework completion, behavior concerns or discipline issues in the classroom; and what supports or services are being provided to improve academic performance. The case plan must state whether the child is receiving special education services or has a 504 plan and, if so, the date of most recent PPT or 504 meeting. The daycare or school staff input must be included. The case plan must also include the family's assessment of their children's education and development.

Substance Abuse/Use

The CIP case plan shall include the current use of alcohol, illegal substances or prescription drugs by the child, if applicable. The plan shall describe the impact of the substance use on the child's functioning, whether the child has been referred for a substance abuse evaluation and what recommendations were made (including need for treatment and level of treatment). Provider feedback in regards to compliance, treatment goals and progress with the program must be included. If applicable, the plan shall include any barriers to engagement in treatment. The provider's and child's input must be included. If substance abuse has never been a problem or is a resolved issue for the child, it should be recognized as a strength.

Social Support Systems

The CIP case plan shall include the current child-identified supports (community and kin) and what type of supports are provided, including all formal and informal supports that are involved with the child and how they provide support to the child. The plan should include any extra-curricular activities in which the child is engaged (sports teams, youth groups, camps, karate) and maintenance of connection to the community.

Description of Current Placement

The CIP case plan shall include the name, type, description, and length/stability of the current placement. It should reflect the appropriateness of the placement, whether it is the least restrictive, the continuing need for the placement, and the proximity to the parents. If the child has been placed in a foster home or child-care institution that is a substantial distance from the home of the parents, or in a different State, this section shall include the reasons why such placement is in the best interest of the child. If any safety concerns (either physical or psychological) are present, they should be included in the plan. The latter includes any trauma triggers that might undermine the placement. Any court orders regarding the placement shall also be included.

Rationale for Visitation or Other Contact with Parents, Siblings and Others Who have a Significant Role in the Life of the Child

The CIP plan shall include whether the child is placed with siblings. If not, the plan shall identify the compelling reason for separate placements. The visitation plan with family members must be documented as well as the reasons for the type of visitation being provided to the child.

Assessment of Relatives/Potential Resources

The plan shall include the current status of relationships between the child and his or her siblings, parents and other relatives. The plan shall include an assessment of relative/kin and other resources. The plan shall discuss efforts to promote continuity in the child's relationships prior to removal with his or her parents, siblings (in placement and still at home), and other relatives important to the child. The plan shall state whether the child had pre-existing relationships with such family members and describe the level of contact between them (*e.g.*, visits, telephone calls).

Child's Perspective

Adolescents must be involved in the development of their case plans. As a general guideline, school age children may participate and provide feedback as to their perspectives as appropriate. Children age 15 ½ or older must have an independent living objective.

Additional Contents for Child in Placement Age 13 or Older

The plan for a child who is age 13 or older shall include, but not be limited to the following topics:

- the child's need to develop life skills and knowledge to enable self-sufficient living;
- the need for an assessment to determine the child's educational or vocational interests, the level of ability, and post-secondary educational interests;
- whether the child has taken a career interest assessment or a learning style inventory;
- issues involving sexual orientation (include information regarding healthy sexual development);
- issues involving cultural awareness;
- the need for future referrals to adult services;
- medical coverage;
- housing;
- finances (including any ongoing sources of income and any available survivor benefits);
- parenting issues;
- Independent Living Passport and essential documents; and
- the identification of workforce supports or employment services.

Additional Contents for Any Child for Whom the Permanency Goal is Subsidized Guardianship

For a child with respect to whom the permanency plan is placement with a relative through a subsidized guardianship (kinship guardianship assistance payment), the Social Worker shall include in the CIP case plan a description of:

- the steps that DCF has taken to determine that it is not appropriate for the child to be returned home or adopted;
- the reasons why a permanent placement with a fit and willing relative through a subsidized guardianship is in the child's best interests;
- the ways in which the child meets the eligibility requirements for a subsidized guardianship payment;

- the efforts DCF has made to discuss adoption by the child's relative foster parent as a more permanent alternative to legal guardianship and, in the case of a relative foster parent who has chosen not to pursue adoption, documentation of the reasons;
- the identification of supports necessary for the relative to meet the health and well-being needs of the child; and
- the efforts made by DCF to discuss with the child's parents the subsidized guardianship program, or the reasons why such efforts were not made.

Youth Transitioning from DCF Care Due to Age

For youth transitioning from DCF care due to age, the case plan must include discussion regarding the youth's transition plan, and must be as detailed as the youth chooses and include specific options for:

- housing;
- health insurance;
- education (assessment of current life skills and knowledge and immediate plan to address any gaps);
- local opportunities for mentoring;
- continuing support services (e.g. mental health care);
- work force supports;
- employment services;
- immigration services, to the extent not previously addressed;
- and any other needs the youth may have (plan for lifelong "family" connections)

Objectives

An "objective" is defined as the measurable change in behavior or circumstances in order to achieve permanency. Objectives should be specific, written in a clear and understandable language and speak to an identified need. The family and child should be able to accomplish the objective within a designated period of time. The objectives are derived from formal and informal assessments of the child and family. The identified person for whom the objective is written is the person whose behaviors, knowledge, and skills are identified as barriers to achieving the case plan goal. A formal assessment shall be done utilizing the SDM FSNA tool. Once the primary needs have been identified for a specific individual, the needs should be addressed via objectives.

Action Steps

The action steps detail what needs to be done in order to meet the identified objective and the role of the responsible parties (DCF, providers, active family members) in achieving the objectives. Families and children should understand what is expected of them and what is expected of others; therefore, the plan must have an action step for everyone including the parents, child, providers, foster parents and DCF. The objectives and action steps should never be the same. After creating an action step, the designated "by when" date should be determined. The "by when" date should be set in a reasonable, realistic timeframe keeping in mind that oftentimes objectives are met and new objectives need to be created in order to move toward the overarching goal. The action steps should be assessed continually for completion. The case plan has an "outcome" drop down box in which to document the status of the objective. The three options available include:

- *Achieved*: This is chosen when the action step has been met. This could be a partial completion that is deemed achieved because progress had been made to the benefit of family functioning.

- *No Longer Required:* This is chosen when, regardless of the success or completion of the action plan, DCF has determined that action step is no longer needed or the family is not going to be held accountable to complete it.
- *Case Plan Closed:* If the case is deemed ready for closure, this option **MUST** be chosen for any and all open action steps in order for the Program Manager to close the case permanently in LINK.

Progress

The progress in meeting the objectives will be documented in the "Progress Towards Objective" field. This section should note changes in the family and child's functioning achieved during the planning period as evaluated by DCF with input from the family and providers. Barriers to achieving progress should be noted as well, including how those barriers are going to be addressed.

b. Child in Placement Case Plan Timeframes

- The initial child in placement case plan shall be developed **no later than the 60th day** from the date of the child's placement.
- The Social Worker must meet with the child in placement and the family weekly for the first month after the transfer from intake to ongoing services and then once a month thereafter. The Social Worker will begin the discussion and development of the case plan with the child and family during these initial meetings and will continue throughout DCF's engagement with the child and family.
- The initial Structured Decision Making (SDM) Family Strengths and Needs Assessment (FSNA) must be completed by the Social Worker by the 45th day and prior to the development of the case plan.
- The draft of the initial child in placement case plan shall be submitted by the Social Worker to the Social Work Supervisor 14 days prior to the identified scheduled date.
- The Social Work Supervisor will provide feedback to the Social Worker after reviewing the FAR or investigation protocol, historical and current narrative and the SDM tools utilized in the development of the child in placement case plan.
- After supervision between the Social Worker and the Social Work Supervisor (and Program Manager if necessary), the agreed-upon changes to the initial developed child in placement case plan will be incorporated into the case plan.
- The initial Administrative Case Review (ACR) conducted by the Administrative Case Review staff is called a Case Planning Conference (CPC). The ACR and CPC process is described below.
- After the CPC and/or ACR, the Social Worker shall incorporate the recommendations from the Administrative Case Review Instrument (ACRI). The Social Work Supervisor shall approve the case plan no later than 10 days after the receipt of the ACRI.
- Each Area Office shall develop a tickler system that indicates the timing of the case plan approval and should include a notification process to the Social Work Supervisor and Program Manager if the approval is not timely.

- The child and family will be provided with a copy of the amended, completed and approved family and CIP case plans within five days of case plan approval. Additionally, the foster parents will be provided with a copy of the approved CIP plan.
- Subsequent ongoing case plans will be required every **180 days**.

F. Family Case Plans (In-Home and CIP with Associated Family Plan)

a. Contents of Family Case Plans

The contents of the in-home family case plan should include the current concise assessment of each planning topic that is pre-filled in the case plan document. This information is gathered through ongoing and active contacts with the family, community providers (with the appropriate signed releases of information) and any other significant person that has relevant information relating to the parents' and child's current level of functioning across all areas.

The assessment should be comprehensive and include the Social Worker's impression of the parents' and child's ability to use help and their motivations to achieve change. This formulation should identify the case participant's strengths, presence of current risk factors, social-emotional well-being, and any trauma-related needs, and the ability to utilize protective factors that may influence their capacity for improved functioning.

The Social Worker should focus on the development of the assessment through active engagement, interviews, and observation of all relevant family members regarding the present situation. Additionally, a thorough review of the family history is essential, including interviews with clinical and community providers to identify possible past trauma that may be contributing to the present family and child functioning. Ultimately, the Social Worker should integrate an understanding of:

- the family's and child's problems and capacities;
- the underlying causes for family and child behaviors (working actively with community and clinical providers);
- contributing factors to the family and child's current situation;
- the family's and child's prognosis for change, identification of a permanency goal, and specific individualized interventions to assist the family and child to be safe and successful.

Reason for Involvement: Initial or Subsequent

The plan must provide a description of the current assessed risk and safety factors, social-emotional well-being, as well as trauma-related needs for the child and family and provides brief details of the assessed barriers to achieving the stated case plan goal as well as a description of why the case is in need of ongoing services and why the case remains open.

Identifying Information

The plan shall include the identifying information in regards to all family members and their significant inter-relationships, including between adults and the children living in the home. Non-custodial parents must be included in the case plan. (Review "Person Management" in LINK to reflect current and accurate information).

Household Relationships

The Social Worker must identify case participants and describe significant inter-relationships both within the household and outside of the household. This will include boyfriends, girlfriends, relatives, and other significant individuals identified by the family who are not relatives. It is important to discuss the impact that family dynamics has on family functioning, as well as on the safety and well-being of the children. For family cases, non-custodial parents must be included in the case plan. Genograms and eco-maps may be helpful for this purpose.

Resource Management/Basic Needs

The plan must provide a description of the family's living situation. If significant to the family's functioning, the plan must discuss the family's ability to meet financial obligations; the family's ability to provide for the children's basic needs; any additional needs identified by the family; and the family's reported barriers to maintaining stable housing or income. The plan must include feedback and goals from community resources working with the family as well as each parent's input.

Parenting Skills

The plan must provide a description of the parents' knowledge and understanding of age-appropriate parenting skills. The parents' supervision, discipline, expectations, protection and nurturing to the child shall be included if applicable to the family situation. The parents' input must be included as well as feedback and goals from community resources working with the family.

History of Child Abuse/Neglect of Adults as Children

The plan shall include the parents' reporting of their recollections and their acceptance or denial of the abuse, neglect or other traumatic life events they experienced as minors. The documentation shall be strength-based and include parent's history of any adverse childhood experiences.

Mental Health/Coping Skills (Adults) and Emotional/Behavioral (Children In Home)

The plan shall include the parents' and child's current levels of functioning. It may include the stressors that are currently affecting the parents and child (child behavior, work, school, domestic violence, community violence, relationship issues, finances, and trauma). It shall include the results of follow-up on recommendations for trauma assessment and/or trauma-specific treatment. If applicable, it shall include the parents or child's mental health history, if any and whether the parents or child are engaged in mental health services. If so, the plan should include the provider, type of treatment, recommended frequency of services, a summary of progress as well as the feedback and goals from the providers working with the parents or child (*e.g.*, treatment goals, recommendations, compliance). The plan shall include the supports needed to address the assessed mental or behavioral health needs. The plan shall also include the barriers to engagement in mental health services (*e.g.*, cultural, religious, denial of symptoms or need, refusal of services). The providers', parents' and child's input shall be included.

Physical Health

The plan shall include whether the parent has a medical condition that impairs his or her ability to care for the child. The plan shall include whether the child has physical, dental or vision needs. Any medical issues of the child that require specialist care or ongoing medical treatment must be discussed. The input of physicians and other health care providers in

regards to the parents or children must be included. If the child is medically up to date and in overall good health, this should be identified as a strength in the plan.

Substance Abuse/Use

The plan shall include the current use of alcohol, illegal substances or prescription drugs by the parents/caretaker/child. The plan shall describe the impact of the substance use on the family functioning. If applicable, describe their readiness for change and if the parent/child has been referred for a substance abuse evaluation and what recommendations were made (include need for treatment and level of treatment). Provide provider feedback in regards to compliance, treatment goals, progress with program. If applicable, include the barriers to engagement in treatment. If substance abuse has never been a problem or is a resolved issue for the parent/child, recognize this as a strength. Include the parents' and/or child's input.

Social Support Systems

The plan shall include the current family/child identified supports and what type of support they provide. Does the family think their supports are adequate and if not what else do they think they need in the line of support? Include which community agencies are involved and how they provide support to the family/child. Is the child engaged in any extra-curricular activities (e.g. sports teams, youth groups, camps, karate)?

Education/Development (children in home)

The case plan shall include the child's current level of functioning and overall development, whether the child has reached developmental milestones and whether there are developmental delays. If applicable, the plan shall describe the services offered to identify and address developmental delays. Overall development must be considered for all ages and stages and if necessary referrals made to Birth to Three.

The case plan must include a description of the child's current grade level, academic, abilities and current progress, and educational progress. It shall also which shall include attendance (suspensions/expulsions, absenteeism), homework completion, behavior concerns or discipline issues in the classroom, and what supports or services are being provided to improve academic performance. The case plan must state whether the child is receiving special education services or has a 504 plan and, if so, the date of most recent PPT or 504 meeting. The daycare or school staff input must be included. The case plan must also include the family's assessment of their children's education and development.

Other Life Experiences

This section of the case plan should record information relevant to the family that may not fit into the other sections of the case plan. This section may include specific information regarding the family's cultural or religious beliefs, language, cognitive limitation or challenges, literacy, immigration issues, etc. This section should also include any other information the family would like to be included in its case plan.

Summary Assessment

The case plan summary shall concisely restate needs that were met as well as the social-emotional and trauma-related needs that are unmet. It should include a description of how the needs of the family are affecting the safety, permanency and well-being of the children and what DCF is going to do to address those needs in the next six months. It may

recapitulate the supports and services provided to the family, such as housing and employment. If applicable, it should include any legal involvement with criminal court, the circumstances of any restraining or protective orders and parole or probation stipulations. It shall also include any other information the family would like to be included in the case plan.

Case Plan Goal

Each case plan needs to have an identified overarching family goal. The goal is the final outcome of what needs to change or occur in the family to mitigate the safety and risk factors that have led the family to be involved with DCF. The goal should be written in a clear, concise and brief sentence.

Objectives

An "objective" is defined as the measureable change in behavior or circumstances in order to achieve permanency. Objectives should be specific, written in a clear and understandable language, speak to an identified need, and the family should be able to accomplish it within a designated period of time. The objectives are derived from formal and informal assessments of the family. The identified person for whom the objective is written is the person whose behaviors, knowledge, and skills are identified as a barrier to achieving the case plan goal. A formal assessment shall be done utilizing the SDM FSNA tool. Once the primary needs have been identified for a specific individual, the needs are addressed via objectives.

Action Steps

The action steps will detail what will need to be done in order to meet the identified objective and the role of the responsible parties (DCF, providers, active family members) in achieving the objective. Families and children should understand what is expected of them, and what is expected of others; therefore, you must have an action step for everyone including the parent, child, providers, foster parents and DCF. The objectives and action steps should never be the same. After creating the action step, the designated "By When" date should be determined. The "By When" dates should be set in reasonable, realistic timeframes keeping in mind that oftentimes objectives are met and new objectives need to be created in order to move toward the overarching goal. The action step is continually assessed for completion. There is an Outcome drop down box in which to document the status of the objective. The three options available include:

- *Achieved:* This is chosen when the action step has been met. This could be a partial completion, however, deemed "achieved" in that progress had been made to the benefit of family functioning.
- *No Longer Required:* This is chosen when, regardless of the success or completion of the action step, DCF has determined that this is no longer needed or the family is not going to be held accountable to complete this action step.
- *Case Plan Closed:* If the case is deemed ready for closure, this option MUST be chosen for any and all open action steps in order for the Program Manager to close the case permanently in LINK.

Progress

The progress in meeting the objectives will be documented in the "Progress Towards Objective" field. This section should note changes in the family's and child's functioning

achieved during the planning period as evaluated by DCF with input from the family and providers. Barriers to achieving progress should be noted as well, including how those barriers are going to be addressed.

b. Time Frames for In-home Family Case Plans (and Family Case plans with an Associated Child in Placement)

- As case planning begins at the initiation of DCF's involvement with the family, the Intake and Ongoing Services Social Workers will collaborate (via either a transfer or assessment conference) to support the case planning process.
- The Ongoing Social Worker will meet with the family weekly for the first month after the transfer from intake to ongoing services and then twice a month thereafter. The Social Worker will begin the discussion and development of the case plan with the family during these initial family meetings and will continue throughout DCF's engagement with the family.
- For In-Home cases for which an ACR is not being held, a conference (e.g. Family Conference, Assessment Conference, etc.) is to be held no later than the 45th day from the approval of the FAR or investigation protocol. The purpose of this conference is to bring together those individuals working with the family in order to jointly develop an individualized case plan to strengthen family capacity, to assure safety, stability and permanency; and to build natural supports that will sustain the family over time.
- The initial Structured Decision Making (SDM) Family Strengths and Needs Assessment (FSNA) shall be completed by the Social Worker by the 45th day and prior to the development of the case plan.
- The in-home family case plan shall be submitted by the Social Worker to the Social Work Supervisor 14 days prior to the identified review scheduled date in LINK and 14 days prior to the scheduled Administrative Case Review (CPC or ACR) for the family case plan associated with a child in placement.
- The Social Work Supervisor will provide feedback regarding the initial case plan to the Social Worker after reviewing the FAR or investigation protocol, historical and current narrative and the SDM tools.
- The initial case plan for an in-home family case plan shall be developed **no later than the 60th day** from the approval of the FAR or investigation protocol with the disposition of transfer to ongoing services. If it is a family case plan that is associated with a child in placement, the initial case plan shall be developed **no later than the 60th day** from the date of the child's placement.
- For the in-home family case plans, after supervision between the Social Worker and the Social Work Supervisor (and Program Manager if necessary), the agreed-upon changes to the family case plan will be incorporated into the case plan and discussed with the family by the 60th day. The final draft shall be submitted by the Social Worker to the Social Work Supervisor by the 60th day for approval.
- The Social Work Supervisor shall approve the case plan no later than 10 days after the identified scheduled date.

- For the family case plans associated with a child in placement, the initial Administrative Case Review (ACR) conducted by the Administrative Case Review staff is called a Case Planning Conference (CPC). The ACR and CPC process is described below. An ACR or CPC is currently not held on in-home family cases without a child in placement.
- For those family cases with a child in placement, and for which a CPC or ACR was held, the Social Worker shall incorporate the recommendations from the Administrative Case Review Instrument (ACRI). The Social Work Supervisor shall approve the case plan no later than 10 days after the receipt of the ACRI.
- Each Area Office will develop a tickler system to ensure timely case plan approvals. ***For In-Home cases*** - Once the case plan has been approved, the Social Worker or Social Work Supervisor will notify the ACR Office Assistant or Area Office designee of the approval and request that the "meeting held" box be checked. The "meeting held" box for the family case plans with an associated child in placement shall be checked by the ACR Social Work Supervisor.
- The tickler system developed by the Area Offices should include a notification process to the Social Work Supervisor and Program Manager if the approval is not timely.
- The family will be provided with a copy of the completed and approved case plan within five days of the case plan approval.
- Subsequent ongoing case plans for in-home cases as well as CIP cases will be required every **180 days**.

G. 90-Day CIP/90-Day Family Meetings

The "90-day meeting" shall be held on or about the 90th day of the planning period and shall include all family participants and service providers engaged with the family and child. The purpose of the meeting is to review the progress on the objectives and action steps of the current case plan. The results of the meeting will be documented in the Case Planning Activity Note titled, "90 Day Meeting - Child" or "90-Day Meeting - Family." Prior to the meeting, the Social Worker and Social Work Supervisor should review the most recent Administrative Case Review Instrument (ACRI) to determine if there are any gaps in planning that need to be discussed and addressed during this meeting.

The following information should be documented in the narrative:

- A. who participated (*e.g.*, parents, child, providers) - note any barriers to participation;
- B. topics that were discussed (*e.g.*, review of the current case plan goals, progress made towards achieving the goals, barriers to goal achievement and any modifications or updates needed to the goals and action steps); and
- C. follow up (*e.g.*, are there any next steps or follow up needed?).

III. Administrative Case Review (ACR)

A. Introduction

The Administrative Case Review (ACR) process is required for children under the care of DCF and their families. The ACR process includes a review of the case, case planning and an Administrative Case Review meeting. In accordance with state and federal law, the status of each child must be reviewed no less frequently than once every six months (180 days) in order to determine:

- the physical and psychological safety of the child;
- the continuing necessity for placement;
- the appropriateness of the placement;
- the treatment and monitoring of any trauma associated with maltreatment and removal from home;
- the extent of compliance with the case plan;
- the extent of progress which has been made toward alleviating or mitigating the causes necessitating placement in foster care; and
- a projected likely date by which the child may be returned to and safely maintained in the home or placed for adoption or legal guardianship.

The following best practice guidelines reflect DCF's policy on the Administrative Case Review process. These guidelines shall be implemented in all DCF Area Offices.

B. Role of ACR SWS

Assess Case Planning

DCF Administrative Case Review Social Work Supervisors (ACR SWSs) are Central Office employees assigned to each Area Office. The roles and responsibilities of ACR SWSs are to review and assess case planning to ensure compliance with federal and state requirements. The ACR SWSs review the appropriateness of services to address the family needs. They review case planning with families and children with a focus on outcomes related to safety, permanency and well-being. The ACR SWS shall assess and identify the areas of strengths and areas needing improvement for the child, family, case situation and DCF and bring those findings to the attention of the assigned Social Worker, Social Work Supervisor and Program Manager.

Preparation

In preparation for the ACR, the ACR SWSs are responsible for completing a case record review of the previous six months' activity. The final draft case plan to be reviewed at the ACR should reflect the collaborative approach of engagement with families and the child (age appropriate), and a thoughtful approach to the following eight identified domains: (1) reason for involvement; (2) identifying information; (3) engagement with the child and family; (4) assessment to the date of review; (5) determining the goals and objectives; (6) progress; (7) action steps to achieving goals identified; and (8) planning for permanency.

Additionally, the ACR SWS will review all prior ACR documentation (if applicable) and any other documentation which may be pertinent to the case review.

Facilitation of ACR Meeting

The ACR SWS shall facilitate the Administrative Case Review meeting with the support of an interpreter for the family as needed. Those invited to the ACR meeting should include but not be limited to the parents or guardians; the child (when age appropriate); anyone the parents, guardians or child see as a support; attorneys for the parents and child; any guardians ad litem; community and placement providers; any professional involved with the child or family; school personnel; and any DCF Regional or Facility staff who provide services to the child and family. During the facilitation of the meeting, the ACR SWS shall greet, engage and explain the ACR process to the participants. The discussion should include the reason for involvement with the family; the current progress and plans for the child and family; and the appropriateness of goals, objectives and action steps for each identified participant. The discussion should include the permanency goal and its appropriateness; safety and risk factors; medical, educational and mental health needs of the participants; and a review of the placement, including whether it is a stable placement, the least restrictive and the most appropriate setting available consistent with the best interests and special needs of the child. Within the context of the family's and child's strengths and needs, the reviewer will facilitate a dialogue towards a resolution of barriers to achieving the case plan goals. The ACR SWS will summarize the discussion and reemphasize the expectations, goals and action steps for the upcoming six months.

Administrative Case Review Instrument (ACRI)

The Administrative Case Review Instrument (ACRI) is the ACR SWS' tool used to document the strengths and areas needing improvement in case practice. The ACRI is reflective of federal requirements. Subsequent to the ACR meeting, the ACR SWS must document the findings of the review and meeting. The documentation shall reflect the mutual understanding, consensus, changes and alternate views discussed during the ACR. The ACR SWS shall bring attention to areas needing further clarification, review or consideration to the ongoing social work or parole staff. These recommendations allow for the social work or parole staff to determine the most appropriate course of action based on the case facts and the identification of areas that don't seem to support the overall case plan goals, objectives or action steps. It is the ACR SWS' role to encourage purposeful discussion and decision-making at the social work or parole staff level. The ACR process provides statewide aggregate data to inform leadership on case practice strengths and areas of improvement. The ACRI feeds reports that provide statewide aggregate data.

Collaboration

ACR SWSs participate in various case planning initiatives such as statewide workgroups, regional and office-wide committee work to support system development on enhancing case planning throughout DCF. Guidance on case plans and case planning through unit or individual training and coaching is also a key role of the ACR SWS.

C. Role of Social Worker

In preparation for the ACR, Social Workers are responsible for involving the family and children in case planning, with input from providers. Social Workers are responsible for submitting a draft plan timely to ACR which has been reviewed by the Social Work Supervisor.

The Social Worker should encourage the family, foster parents, attorneys and providers to participate in the ACR meeting. The family should see the case plan and be made aware of the stated permanency goals in advance of the ACR meeting. The Social Worker should be prepared to attend the ACR and discuss case planning.

During the meeting, the Social Worker should distribute copies of the draft case plans for discussion. Upon conclusion of the meeting, the Social Worker shall retrieve all copies of the draft case plans. The Social Worker should enter a LINK narrative "ACR Consultation" to summarize the meeting. (Note: The body of the ACRI should not be cut and pasted into LINK narrative as it is an internal quality improvement document.)

Upon receipt of the ACRI, the Social Worker should review and discuss feedback during supervision, make necessary changes to the plan, and incorporate feedback into ongoing case planning.

D. Frequency of ACR

ACR meetings are held for all children in placement and their families (if applicable). The case plan status of each child and associated family plan is reviewed no less frequently than once every six months (180 days).

The initial Administrative Case Review is determined from the date of the most recent removal from the child's home and placement into care under the responsibility of DCF. The date of placement is the date when DCF becomes legally responsible for the child.

Subsequent ACRs must be conducted every six (6) months (180 calendar days from the last ACR).

E. Time frames

Submission of Case Plan

Draft case plans, approved and signed by the Social Work Supervisor, must be submitted to the ACR unit one week (seven calendar days) before an ACR. ACR requires three full business days to review a case plan. If the plans are not submitted to ACR within three full days, it becomes a "no case plan." For example:

If an ACR is **Friday**, the case plans are due to ACR by close of business **Monday**.

If an ACR is **Thursday**, the case plans are due to ACR by close of business **Friday**.

If an ACR is **Wednesday**, the case plans are due to ACR by close of business **Thursday**.

If an ACR is **Tuesday**, the case plans are due to ACR by close of business **Wednesday**.

If an ACR is **Monday**, the case plans are due to ACR by close of business **Tuesday**.

If the plan is submitted late, the plan will not be rated in the Outcome Measure 3 elements of the *Juan F.* Consent Decree.

Please see addendum: "Case Plan Timeline Chart."

F. Role of ACR Office Assistant

Each Area Office is responsible for scheduling Administrative Case Reviews (ACRs) and shall assign an ACR Office Assistant for this purpose.

Responsibility of ACR Office Assistant

The ACR Office Assistant shall schedule all reviews as specified in compliance with federal regulations. The ACR Office Assistant shall schedule reviews based on the schedule of the assigned ACR SWS review days. The ACR Program Manager shall oversee the review schedule and provide the ACR Office Assistant with the schedule.

Notification to Parents

Every effort shall be made to hold the review at a time when the biological parents, guardians, foster parents and child are able to attend. The parents and child shall be notified of an ACR meeting by use of the Administrative Case Review Meeting invitation letter. Unless parents and guardians are invited to participate, it is not an Administrative Case Review meeting. Proper notification requires letters be mailed no less than 21 days prior to the ACR meeting.

Length of Review

An ACR child in placement review meeting shall be scheduled for a minimum of one hour per child. An ACR family review meeting shall be scheduled for a minimum of 45 minutes.

Coordination with Residential or Correctional Facilities

Best efforts shall be made to coordinate the ACR meeting with the residential or correctional facilities to enhance attendance and participation.

Insert/Second Sessions

Separate ACR meeting shall be held in situations such as when parents do not wish to participate jointly (*e.g.*, domestic violence, court orders) or when a key participant was not invited originally.

Rescheduling Cancelled ACR Meetings

ACR meeting are rescheduled when the initial meeting is cancelled based on established criteria: if mother or father has a court date scheduled for the same date and time as the ACR meeting; if either parent is unable to participate in the meeting and requests to reschedule; if an interpreter was not requested and documented on the Schedule Tab; or if a child's attorney requests to reschedule.

IV. Other

A. LINK

LINK documentation (both narrative and icons) must be current and reflective of good case practice. All LINK icons must be continually updated with accurate information for each child in the family. Medical, legal, placement, address and educational information must be easily accessed in order to provide timely or emergent case interventions at all hours.

The "Meeting Notification" window must be updated in order to identify and invite the appropriate participants and collaterals to the ACR meeting and to include them in the case plan document. LINK produces the ACR Schedule Report which is located in LINK under the "Utilities" tab. LINK also sends the automatic ACR reminder emails beginning 60 days prior to the *proposed date* of the ACR. (The proposed date is the last possible date for the ACR to be held pursuant to the time frames set out in federal regulations).

B. Confidentiality

Parents give DCF permission for individuals to be present at their administrative case review meetings. Participants must understand that the meeting is confidential and is used to plan and coordinate service delivery.



In YOUR Words

What you think is very important to DCF. In order to fully understand what you think, DCF is asking you take a moment to answer a few questions. Your views and words will be used in your family's case plan, which will be reviewed by you and DCF, as well as anyone you would like to invite to your case planning meeting/Administrative Case Review (ACR).

1. Why do you think DCF is **currently** involved with your family?

2. What are your family's strengths? (What is your family good at?)

3. What supports does your family have (for example, family, friends, neighbors, church, etc.)?

4. What are your family's needs?

5. What services have been offered to your family?

6. What services do you think your family needs? What has helped your family in the past?

7. What do you think about your case plan?

8. Comments:

Name: _____ Date: _____

Meeting Participant Notification

This email is sent to Social Workers and Social Work Supervisors, separately, at 60 days prior to the proposed ACR date (the proposed date is the last possible date for ACR to be held pursuant to the time frame set out in federal regulations. The ACR will be scheduled within five days after this email.

From: ACR SCHEDULE
Sent: Wednesday, August 01, 2012 4:00 AM
To: SW and SWS (separately)
Subject: Meeting Participant Notification

Please indicate the participants for this meeting:
Case ID: 999999
Case Name: Jane Doe

Meeting Type: Family Administrative Case Review
Proposed Date: 09/29/2012

Meeting Participant(s): (notes participants already pulled into the notification tab)
Social Worker

Meeting Contact(s):
Office Assistant

This email serves to alert you that an ACR will be scheduled on the above case. The above date is only a proposed date and is not an official date for the ACR. The ACR OA will be scheduling the ACR soon and you will be notified by email. If you have any questions, please contact the ACR OA. This email also serves to remind you to complete the following tasks as part of the ACR process:

- Identify who the family would like invited to the ACR (aside from the required participants). Please discuss with family (within 5 days of receipt of this e-mail).
- Identify whether there is a specific day or time most convenient to the family and alert the ACR OA (within 5 days of receipt of this e-mail).
- Pull in all required participants (e.g., attorneys, parents, children age 12 years and older, providers, foster parents, placement staff) into the meeting notification window. This allows for the ACR OA to send the formal invitations. Once this is complete, please check the "[All Participants Identified](#)" box (within ten days of receipt of this e-mail).
- Complete all required SDM tools (within 14 days of receipt of this email).
- Complete, with the family, a draft case plan and submit for SWS review (within 14 days of receipt of this email).

Notification 31 calendar days prior to Meeting Scheduled Date

If the "all participants identified" box has not been checked 31 (&25) days prior to ACR, this "Notification 31days prior" email is sent, separately, to the Social Worker or Parole Officer, Social Work Supervisor and Program Manager once the ACR has been scheduled. *Please note if the case is not assigned to a Social Worker or Parole Officer, emails will be sent to the Program Manager and Area Office Director.

From: ACR SCHEDULE
Sent: Tuesday, August 07, 2012 4:01 AM
To: SW/SWS/PM (individually sent to all 3)
Subject: Notification 31 calendar days prior to Meeting Scheduled Date

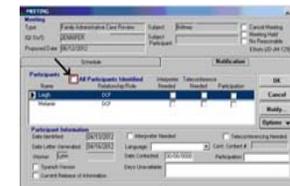
Notification 25 calendar days prior to Meeting Scheduled Date

Please indicate the participants for this meeting:
Case ID: 999999
Case Name: Jane Doe
Child's Name: Sally Doe
Meeting Type: CIP Case Planning Conference
Scheduled Date: 09/07/2012

Meeting Participant(s): (notes participants already pulled into the notification tab)
Social Work Supervisor
Social Worker

Meeting Contact(s):
Office Assistant

This email serves to alert you that the ACR meeting participant window is not complete and overdue. The invitation letters are scheduled to be mailed. Please pull in all required participants immediately and check the participant completion box. You have nine days to complete.



Pull in all required participants (e.g. attorneys, parents, child over age 12, providers, foster parents, facility staff) into the meeting notification window. This allows for the ACR OA to send the formal invitations. Once this is complete, please check the [All Participants Identified](#) box.

When is a Family Plan Required?

Is the CIP permanency plan or concurrent plan reunification?

YES

NO

CIP permanency plan is other than reunification and parents are in services

CIP perm plan is other than reunification and parents are **not** in services

Visitation with parents required
Family plan required
FSNA & Family Reunification Assessment required

Visitation with parents required
Family plan required
FSNA is not required

Monthly contact required via phone or face-to-face
Family plan **not** required
SDM not required

Family ACR held
ACRI-F completed

Family ACR held
ACRI-F completed

Family ACR **not** required
ACRI-F not completed

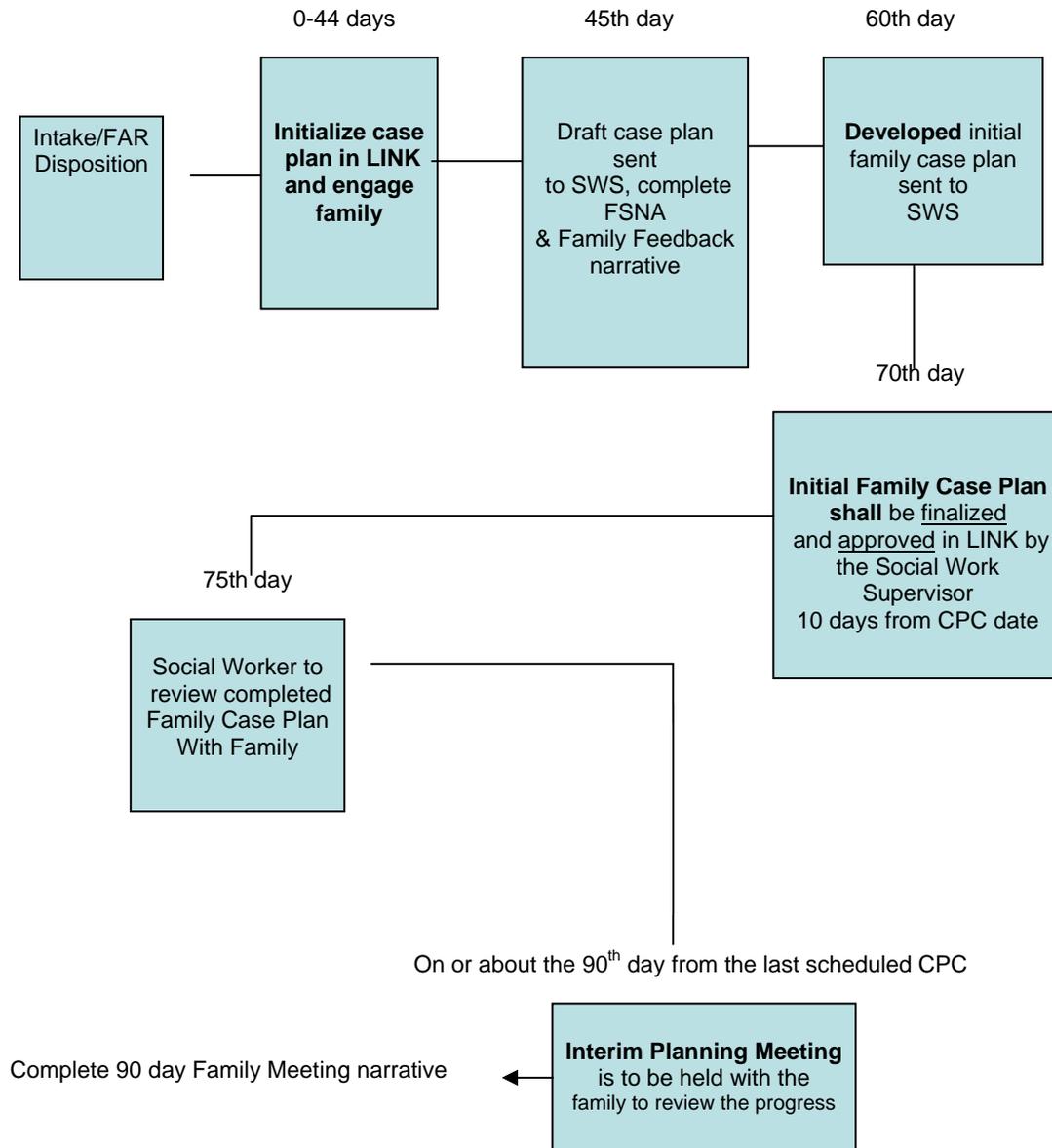
Family Administrative Case Review meetings are required:

- 1) **for all families who have an associated child in placement whose permanent or concurrent plan is reunification; or**
- 2) **for all families who have an associated child in placement and DCF is providing services to meet the parents' identified needs; or**
- 3) as requested by ongoing services and at the discretion of the ACR manager.

Initial and ongoing family plans are required:

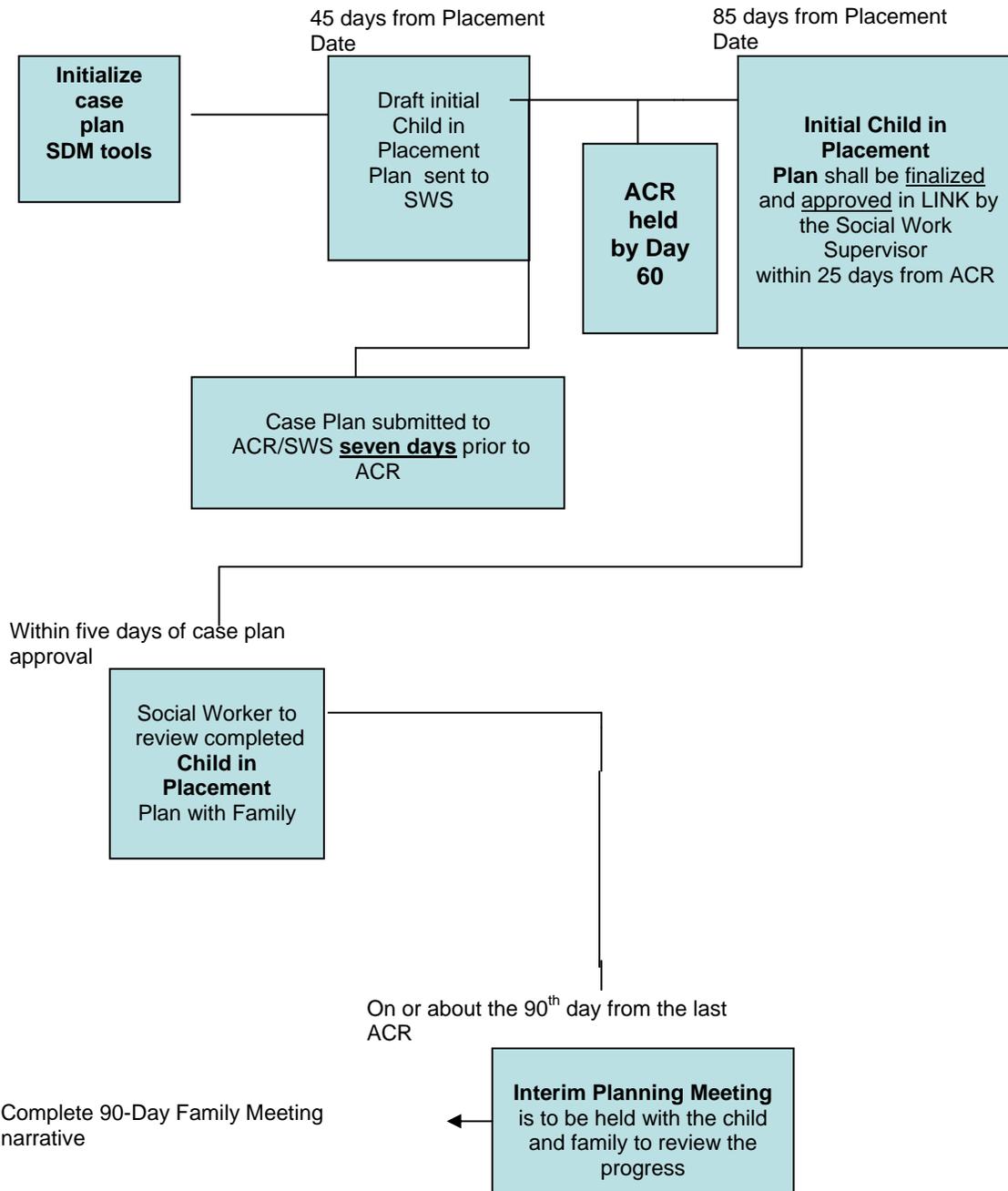
- 1) **for all families with an associated child in placement whose permanent or concurrent plan is reunification, or**
- 2) **for all families with an associated child in placement (regardless of the child's permanency plan) and DCF is providing services regarding the parents' identified needs (other than visitation).**

Timeline for Completion of the In-Home Family Case Plan



Note: Case plan must be created every 180 days (6 months) thereafter until case closure.

Timeline for Completion of the Child in Placement Plan and Associated Family Plan



Note: For In-Home cases going through the ACR process use this timeline. Case plans Case plans must be created every 180 days (6 months) thereafter until case closure.