

TO: DCF Region 1 - Bridgeport, Norwalk, Stamford
FROM: Maria H. Brereton, MSW
Regional Administrator
DATE: October 25, 2013
RE: Case Planning Standards and Guidance for "Assessment to Date of Review"

Our practice has improved in the Region and is now around 90% in 7 or 8 elements of case planning, however we must maintain our success as we address our remaining barrier, "assessment".

The attached document focuses on standards of practice and guidance based on work done in collaboration with Court Monitor, ACR and SPITeam members to address "Assessment to date of review". The included standards and guidance serves as an *introduction* and is consistent with policy and the Purposeful Visitation Practice Guide. This memo sets the stage for implementation into the day to day practice.

It is my expectation these recommendations shall be followed.

Thank you

In the below six topics it is important to *always make, document and address concerted efforts*.

1. Intake

- a. **Contact with all family** - All family members need to be interviewed including parents living in a second home. Permanency planning starts in intake.
- b. **Safety and Service Agreements/Plans** - Safety Plans, family plans and service agreements need to be monitored and followed up on. Documentation of efforts to monitor is essential.
- c. **Visitation at Transfer** - See and document contact with each family member within 5 days of disposition. Advise parents of disposition.
- d. **Transfer Process** - Disposition to treatment SW is expected to be a total of 7 working days (Intake SWS 2 day, Intake PM 1 day, Treatment PM 1 day, Treatment SWS 3 days). ISW has case responsibility through transfer.
- e. **Assessment Conferences** - Each case transferred shall have a conference and focus on who the family is, each family member's needs, and services to provide.
- f. **Barriers** - Make and document efforts to address barriers.

2. Visitation

- a. **In Home** - Each family member is to be seen weekly for one month following transfer, then every other week until the initial case plan, then 2 times monthly thereafter.
- b. **Out of Home** - Children/youth and parents are to be seen weekly for one month following transfer, then every other week until the initial ACR, then once monthly thereafter.
- c. **Contact** - If the SWS and SW think the standard should be less or more, document the plan and rationale in a supervisory conference note. Consider phone contact in visitation plans. Examples where more or less contact should be considered include cases with non custodial parent parents, split cases, cases perceived as higher risk, children in crisis, newborns, cases with safety plans.
- b. **Barriers to Visitation** - Make and document efforts to address barriers.

3. Family Engagement

- a. **Document** - In the parents and child's own words; think "In Quotes"
- b. **Visitation and Case Planning** - This includes documenting quality visitation in face to face narratives and the Family feedback Narrative.
- c. **Barriers to Engagement** - Make and document efforts to address barriers.

4. Case Plan Assessment

- a. **Current Assessments** - Provide up to date information.
- b. **Provider and Foster Parent Feedback** - Incorporate into assessment domains.

5. Provider Contact

a. Monthly Contact with Providers - SW is expected to have and document monthly contact with providers. If there are medical or educational issues, contact should be monthly.

B. Medical Collaterals - Collateral contact should be at least every 6 months as long as there are no medical issues.

c. Education Collaterals - For in home cases, with no identified educational issues contact should be every 6 months. In some situations contact should be every month because education circumstances change rapidly (i.e. educational neglect, CIP cases, and truancy issues require more contact and involvement by DCF). The use of email can be a quick and easy way to communicate with teachers and documented in LINK.

d. Contact - Changes to the above standards may be indicated. Frequency and rationale for changes shall be discussed in supervision and documented by supervisors. DCF must speak to providers and not rely on foster parents' reporting of what the providers are saying.

e. Barriers to Provider Contact - Make and document efforts to address barriers.

6. Documenting Supervision Decisions and Rationales

a. Barriers to Interviews, Visitation, Assessing Risk/Safety/Needs, and Providing Services - SWS to document barriers and directives to address. Follow up with the SW in the next supervision.

b. Visitation Plan - SWS to document the visitation plan upon assignment and update it at least every 6 months or as if the case circumstances dictate.

i. Safety Plans, family plans and service agreements need to be monitored and followed up on. Documentation of efforts to monitor is essential.

ii. Visitation Plan for social worker (SW) and each child and each parent.

iii. Parent includes bio (including non-custodial), adoptive, putative, paramour, foster parents.

iv. Visitation Plan for people entrusted to care for children, e.g. family plans.

v. Visitation Plan for Child in Placement (CIP) and parents; CIP and sibs.

vi. More or Less Contact - For example, on an APPLA case, it may be appropriate based on case circumstances to have face to face contact with a parent every other month, and phone contact the other months. Another common example discussed as potentially having a lesser frequency of contact expectation, is a non custodial parent that has limited contact with the children. The rationale for each decision needs to be documented and case specific.

vii. Guidance to SW around contact with parents - At times SW's have expressed not knowing what to talk to parents about, especially in situations like APPLA and non custodial. Please provide guidance to SW as to subject matter to discuss with parents, e.g. how children are doing in school, sharing child health issues/updates, permanency planning progress, child development, independence skills, engaging parent in their child's life as appropriate, and offering services to address needs of parent.

viii. Monitoring Unsupervised Visitation - At times youth have unsupervised contact or contact is supervised by a 3rd party. The plan needs to address how DCF is supervising and coaching. For example, the following may be appropriate based on case circumstances - the social work should speak to child and mother within 3 days of the visit to discuss how visit went.

c. Provider Contact - SWS to discuss and document what SW says providers are reporting. Remember to view the outliner to ensure there are provider narratives each month.

d. Permanency Plan - SWS to discuss and document the Permanency Plan, as well as how progress in services and visitation impact permanency planning decisions.

i. SWS to discuss and document rationales for changes in permanent and concurrent plans.

ii. SWS to discuss and document rationale for less than preferred permanency plans at least every 6 months. For example, if the plan is Transfer of Guardianship to a relative, there should be a documented rationale why adoption to the relative is not in the child's best interest.

7. Case Plan Document Approval and Use

a. Copies to ACR - Social Worker is expected to bring copies of the case plans to the ACR for participants. If changes are needed, collect case plans and advise that updates will be made and new case plans will be distributed.

b. LINK Approval - Should occur within 10 days of receipt of ACRI.

c. Case Plans Current to Date of Approval - Include updates from ACRI and major changes since the ACR (based on narratives and worker information).

d. 'Living Document' - Once the case plan is approved, it needs to become a living document that guides the work of the family. The document needs to be shared with the family and youth; it should also be used for any meeting or discussion with the family and the department.