GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency

Business Process: Case Planning

POLICY

It is the policy of the Child and Family Services Agency (CFSA) to promote the safety, permanency, and well-being of children and families through comprehensive case planning with them and other stakeholders, as appropriate. Such participatory case planning begins at the start of CFSA's involvement with the family and results in regularly updated, individualized case plans that are strengths-based, identify needs, and articulate specific, behaviorally-oriented interventions that are likely to support achieving timely permanence. When a child's permanency goal changes from reunification to adoption, guardianship or APPLA, there is no longer a "Family Case Plan." Instead there is a "Child Case Plan," and the elements pertaining to the birth parents or caretakers from whom the child was removed are not included.

PROCEDURES

A. General Requirements for Case Planning.

The case plan, created and maintained in FACES.net, is a written document, reviewed and updated at least every six (6) months, with input and signature of the parent and child, as applicable. It is the blueprint for achieving permanency. *[See the Permanency Practice policy for more information.]* As such, it guides all activity during every stage of a family's involvement with the child welfare system.

1. **Objectives:** A case plan shall be a living document and have the following objectives:
   a. Support safety, well-being, and permanency for children.
   b. Maximize the family's and child's voice.
   c. Chart an achievable path to timely permanency, including identifying concurrent plans and the timeframes within which those plans will be achieved.
   d. Describe the family's strengths and needs, as directly aligned with the reasons they came to the attention of the child welfare system.
   e. Specify plans for the mobilization of community supports, resources, and evidence-based interventions that will help a family resolve their needs and achieve and maintain stable functioning and well-being.
   f. Establish and be a vehicle for monitoring specific timeframes, roles, and responsibilities regarding the family's engagement with identified interventions, as well as the required results and consequences for not achieving them.
   g. Be culturally responsive and affirming of each family member's identity.

2. **Case Plan Inputs:**
   a. <u>Who leads case planning for a family.</u> If siblings in a family have different social workers, the social worker assigned to the youngest child has "family responsibility," and is responsible for leading the development and updating of the family case plan.
   b. <u>Who participates in case planning</u>. Case plans shall be developed in a team environment, including but not limited to input from the following participants:
      i. All age-appropriate children

- For out-of-home youth who are age 14 and older, the social worker shall ensure that case plan development and updates are completed in consultation with them, and inform them of their option to choose at least two (2) members of their case planning team (not including the resource parent or social worker) to assist with the development of the plan. In addition, the social worker shall ensure that the youth is provided a copy of the Youth Bill of Rights. The social worker shall receive a signed acknowledgment by the child that he or she has been provided with a copy of the document and that the rights contained in the document have been explained to the child in an age-appropriate way.

ii. Both parents

a) Case plan development shall include goals, action steps, and requirements for both parents, even if a parent is uninvolved. For example, a goal for an absent parent may be to increase engagement with the Agency and/or the child. Similarly, a goal for an unknown parent is to identify and locate the parent. All efforts to locate and engage must be documented. Continuous efforts shall be made to engage both parents, even when a parent is incarcerated. *(See the Engaging Incarcerated Parents policy for more information.)*

b) In all cases in which a parent's whereabouts are unknown, the social worker shall immediately institute a diligent search for the parent(s) and document the efforts in FACES.net. *(See the Diligent Search policy for more details).*

iii. Kin, including those who serve as permanency and emotional supports for the children and family, such as: older siblings not in care, coaches, mentors, partners of parents, etc.

iv. Resource parents and other out-of-home caregivers, as appropriate.

v. Legal representatives such as the assigned Assistant Attorney General (AAG), the Guardian ad Litem (GAL) and the parents' attorneys.

vi. Internal and/or external service providers such as therapists or mentors, including representatives from CFSA's Office of Well Being (OWB) for consultation on service planning.

vii. Those working with the child and/or family on a regular basis such as a school social worker or teacher.

c. How team members participate in case planning. The assigned social worker shall engage in regular discussions with the child and other stakeholders to the case to ensure the team members are consistently engaged, that disagreements about the contents of case plans are discussed and negotiated, and to gather the on-going information needed to complete the case plan. These case planning discussions may take place during, or in addition to, the following routine case activities:

i. The development of the Prevention Plan in FACES.net. Information contained in the case plan and Service Agreement shall help guide the development of the Prevention Plan, when identifying needed supportive services for the child and/or caregiver.

ii. The 1:1 orientation between the birth parent(s) and a PEER unit staff (usually held within 30 days of a removal).

iii. The At-Risk Family Team Meeting (FTM), Removal FTM, and additional FTMs held.

iv. Visits and case contacts between the parent and worker, the parent and child/siblings, and the child and worker.

v. Consultations with in-house service resources such as in the Office of Well Being (OWB) or the Community Partnerships division.

vi. Discussions held at court hearings or other meetings in which team members are present.

vii. Team meetings convened by the social worker.

viii. Consultation with community-based providers working with the child and/or family including, for example, a child's therapist.

ix. Conducting of assessments such as the Child Adolescent Functional Assessment Scale (CAFAS) or the Preschool Early Childhood Functional Assessment (PECFAS) for the child case plan, and the Caregiver Strengths and Barriers Assessment (CSBA), for the Family Case Plan.

d. Additional inputs to case planning. To further inform their work with the case planning team, social workers shall regularly participate in case planning discussions with their immediate supervisors and/or Program Managers. In addition, case planning with a broader internal group is undertaken through Permanency Goal Review Meetings (PGRMs) held at designated intervals in the life of a case *[see the Permanency Practice policy].*

3. **Case Planning Timeframes and Process Requirements**

a. Timeframes.

i. The initial case plan shall be completed within 30 days of the case opening (either in-home or removal).

ii. If the case is court-involved, the case plan shall be filed with the Court within 60 days of the case opening.

iii. The Service Agreement (also known as Service Plan) portion of the case plan shall be updated every 90 days, or more frequently as needed.

iv. The full case plan (to include Service Agreements) shall be updated every six (6) months or more frequently if a change in circumstance necessitates an update.

b. Process requirements.

i. Case plans must be written in plain, everyday language and understood by the child, parents, and family members.

ii. To produce the initial plan and all updates, the assigned social worker shall convene team meetings with parents, relevant caregivers, all age-appropriate children, resource parents, and involved supporters and stakeholders, as appropriate, to either develop or review, and then, finalize the case plan document.

iii. An FTM may function as the initial case planning meeting. In this instance, the social worker shall include all information and decisions from the FTM in the case plan.

iv. It is the social worker's responsibility to ensure that case plans include all relevant information. While some information entered into FACES.net by other program area staff will populate into the case plan, it is ultimately the social worker's responsibility to ensure these areas are accurate and up-to-date.

v. Completion of the initial case plan requires signatures of parents, any relevant family caregivers, all children age 14 and above (and younger children as appropriate), the social worker and the supervisory social worker.

Note: A parent has the right to decline to sign the case plan. When this occurs, the social worker shall document his or her refusal to sign in FACES.net.

vi. The family shall be provided, in person, a signed copy of the case plan and all updates and revisions, or a copy shall be mailed to them within three (3) business days of completion.

vii. A signed copy of the case plan is held in the case file. If the case is court-involved, initial and updated case plans are placed in the filing record notebook for distribution by administrative staff to the court and legal representatives. The social worker shall distribute the case plan to the resource parents and/or community-based providers with the client's written consent. If written consent cannot be obtained, then a redacted version of the case plan shall be distributed that does not include the client's personal health information.

viii. All initial and updated case plans are documented in FACES.net, in the required timeframes.

B. **Case Plan Content** All case plans shall be strengths-based; behaviorally-specific; oriented to safety, well-being, and permanence; and reflect the results of ongoing informal and formal assessment of the child and family. Children involved with CFSA have either a family case plan (In-home or Out-home) , or a child case plan (out-of-home only). The out of home case plan is called a "family case plan" and is utilized as long as the goal is reunification. Once the child has a goal other than reunification, such as adoption, guardianship or APPLA, the "family case plan" is no longer required and only a "child case plan" shall be completed.

1. **Contents Found in all Case Plans**

a. The primary permanency goal and a description of the achievable steps for reaching that goal. *Note: for In-Home cases, if the goal is family stabilization, the social worker shall identify "reunification" as the primary permanency goal for each child, and "family stabilization" as the family goal.*

b. The concurrent permanency goals, the timeline and circumstances under which they will be met and the steps for achieving them.

c. A description of where the child is living or placed including its safety, appropriateness and why it is the least restrictive environment, that is able to meet the child's needs. If the placement is not the most appropriate, the case plan will include an outline of the plan to move the child to the most appropriate placement.

d. A Service Agreement (also known as a Service Plan). This subsection of the case plan specifies the services and interventions offered and provided that will ensure the child receives safe and proper care, and to either: prevent removal; or reunify the family; or help the child achieve alternative means of permanency. The service agreement includes specific interventions, timeframes and the desired outcomes. The case plan development team described in section 2(a) above, ensures that identified services are aligned across system partners and community-based providers so they are not duplicative and will facilitate families completing required tasks and meeting their goals. The Service Agreement also includes updates on the progress the child and/or family are making, including a description of behavior changes.

e. Specification of the responsible party or parties for each action step identified in the case plan (for example, the social worker shall make referrals to the mental health provider; the parent shall attend appointments and notify the social worker if unable to attend or if the mental health provider is not a good fit, etc.)

f. A description of what behavioral changes will have occurred when the plan has been accomplished, and specification of how progress shall be measured over time.

g. The results of all assessments (e.g., the CAFAS/PECFAS and CSBA) and how those results are reflected in the goals and action steps articulated in the plan.

2. **In-Home Case Plans:** For children remaining in their home, the social worker shall complete a Family Case Plan and include individuals selected and considered by the family to be important (as appropriate) in the permanency and case planning process. The Family Case Plan shall include all items listed in Procedure B(1) above as well as the following information:

    a. An assessment of the family and needed services that includes the following information:

        i. The structure of the family and the nature and quality of family relationships.

        ii. Formal and informal family supports.

        iii. Circumstances and behaviors contributing to the maltreatment that require resolution with a detailed plan for supporting the parent(s) in ameliorating these conditions.

        iv. Parenting capacity to maintain the children in the home.

        v. Specific referrals and services to be provided to address the needs of family members and support achievement of the case plan goal.

    b. Formal assessments of the parents (i.e., the Caregiver Strengths and Barriers Assessment [CSBA]).

    c. Specific services as listed in the Service Agreement (also known as Service Plan).

3. Out of Home Case Plans: For children in out-of-home care, there are two types of case plans: (1) a Family Case Plan, when the permanency goal is reunification; and (2) a Child Case Plan, when the goal is adoption, guardianship or APPLA. **For both types of case plan, the social worker shall complete items listed in B(1) above as well as the following information:**

    a. **Family Case Plan:** For children in out-of-home care with a goal of reunification, the Family Case Plan shall include the assessment detail listed in Procedure B(2)(a)(i-v) above as well as the following information:

        i. A discussion of the circumstances and behaviors contributing to the removal of the child with a detailed plan for supporting the parent(s) in ameliorating these conditions and in readying themselves for reunification. The plan shall include, as applicable to each family:

            a) A description of any behavioral health interventions and services to be provided, the goals of these services, the timeframes for completion, and how progress shall be monitored and measured.

            b) A description of any parenting interventions and services to be provided, the goals of these services, the timeframes for completion, and how progress shall be monitored and measured.

            c) A description of any intimate partner-related (i.e., domestic violence) interventions and services to be provided, the goals of these services, the timeframes for completion, and how progress shall be monitored and measured.

            d) A description of any disability-related interventions and services to be provided, the goals of these services, the timeframes for completion, and how progress shall be monitored and measured.

            e) A description of any housing or household-related interventions and services to be provided, the goals of these services, the timeframes for completion, and how progress shall be monitored and measured.

f) A description of any education and/or employment-related interventions and services to be provided, the goals of these services, the timeframes for completion, and how progress shall be monitored and measured.

g) A description of any other supports or services to be provided to the child(ren) and/or caregivers, the goals of these services, the timeframes for completion, and how progress shall be monitored and measured.

ii. A discussion of how the case plan will support maintaining a safe out-of-home placement for the child in the least restrictive (most family-like) setting available, in as close proximity as possible, to the home of the parent(s) and the school of the child. In addition, a description of how the placement is consistent with the best interests and special needs of the child.

iii. If the child has been placed in a foster family home or congregate care facility in a different state or jurisdiction, the case plan shall include the reasons why such a placement is in the best interests of the child.

iv. A plan for shared parenting between the birth parent and resource parent, as appropriate.

v. A schedule for twice monthly visitation between the parents and child(ren)

vi. Documentation that social worker visitation occurs with the parent(s) and with the child twice monthly, or at least every six (6) months if the child is located 100 miles outside of the District.

vii. Information about siblings, including:

a) If siblings are placed apart from one another, the reasons why.

b) A schedule for sibling visitation at least twice a month, with written justification if visitation is not in the child's best interests.

viii. Results of formal assessments of the child (i.e., the Child Adolescent Functional Assessment Scale [CAFAS] or the Preschool Early Childhood Functional Assessment [PECFAS]) and the parents (i.e., the CSBA) for the Family Case Plan only. *Note: the CSBA does not apply to the Child Case Plan information listed in Procedure B(3)(b) below.*

ix. For children age 14 and older, a written description of the programs and services intended to help them prepare for adulthood, the goals of these services, the timeframes for completion, and how progress shall be monitored and measured.

viii. A healthcare plan that includes:

a) The child's Medicaid number, if applicable.

b) The name and address of the child's primary health provider, dentist, behavioral health provider, or any other specialty providers.

c) A record of the child's immunizations.

d) The child's known medical problems.

e) The child's medications.

f) Supporting data and/or assessments from health professionals.

g) Interventions and continuing care proposed by health professionals as recommended by their assessments.

h) Evaluations of the results of health care interventions, including defined outcomes and dates of interventions or services.

i) Any training or services that shall be provided to the caregiver to help support the child's health needs, as appropriate.

ix. A description of any mental health services to be provided, including:

a) The name and address of the provider.

b) The goals of those services.

c) How progress toward goal attainment shall be measured and/or assessed.

d) The anticipated achievement date of goals.

e) Any training or services that shall be provided to the caregiver to help support the child's mental health needs, as appropriate.

x. For children with a diagnosed disability, a description of any non-educational specialized services, including:

a) The name and address of the provider.

b) The goals of those services.

c) How progress shall be measured and/or assessed.

d) The anticipated achievement date.

e) Any training or services that shall be provided to the caretaker to help support the child's needs, as appropriate.

xi. A description of the child's school, academic performance, and additional educational services as needed, including:

a) The name and address of the child's school or childcare setting.

b) The child's overall grade level performance.

c) Any educational specialized services, including any Individualized Education Program (IEP) plans, 504 plans, or Individualized Family Service Plans (IFSP).

d) The child's complete school records.

e) A plan for ensuring the educational stability of the child while in foster care, including:

1) Each placement of the child in foster care takes into account the appropriateness of the current educational setting and the proximity to the school in which the child is enrolled at the time of placement.

2) CFSA coordinates with appropriate local educational agencies to ensure that the child remains in the school in which the child is enrolled prior to each change in placement if it is in the child's best interest, to the extent possible.

3) If remaining in such school is not in the best interests of the child, CFSA and the local educational agencies provide immediate and appropriate enrollment in a new school, with all of the educational records of the child provided to the school.

f) Name and address of additional educational providers, along with:

1) The goals of the services, including an early intervention plan for children 0-3 which includes referral for developmental screening and assessment and early intervention services if needed.

2) How progress shall be measured and/or assessed.

3) The anticipated achievement date of goals.

b. **Child Case Plan:** For children in out-of-home care with a goal other than reunification, the social worker shall complete a **Child Case Plan only, to include all items listed in B(1) above, and the same information as stated in Procedure B(3)(a)(ii - xi) above.** In addition, the Child Case Plan shall include:

   i. The reason(s) the child entered and remains in out-of-home care.

   ii. The child's permanency goal and the reasons for the selection and continuation of that goal, and, if applicable, coordination with sibling case plans.

   iii. The specific needs of the child and services being provided to meet those needs.

   iv. A schedule of visitation between the child and his or her parents, siblings and kin as legally required and appropriate.

   v. Detailed description of the child's placement(s) and how it affects achievement of the permanency goal.

   vi. The child's educational plan and supports, including a plan to maintain the child in the same school, if it is in the child's best interests.

c. **Adoption Specific-Information:** When a child has a goal of adoption, his or her case plan shall include the information listed in Procedure B(3)(b) along with the following information:

   i. Steps needed to finalize the adoption, including but not limited to; child-specific recruitment efforts, if necessary (such as the use of district and national adoption exchanges including electronic exchange systems to facilitate orderly and timely placements); securing an adoption petition; and completing the subsidy process.

   ii. The reason(s) for any separation of siblings.

   iv. Whether the child meets the requirements for adoption subsidy and steps to facilitate the subsidy.

d. **Guardianship Specific-Information:** When a child has a goal of guardianship, his or her case plan shall include the information listed in Procedure B(3)(b) above along with the following additional information:

   i. The steps that the agency has taken to determine that it is not appropriate for the child to be adopted. This includes discussions with the child's potential guardian about choosing adoption as a more permanent alternative and documentation of the reason(s) adoption was not chosen.

   ii. The reason(s) for any separation of siblings.

   iii. The reason(s) why guardianship assistance arrangement is in the child's best interests and whether the child meets the requirements for guardianship subsidy and steps to facilitate the subsidy agreement.

   iv. If the guardian is kin, efforts made by CFSA to discuss the kinship guardianship assistance arrangement with the child's parent(s) or the reasons why the efforts were not made.

e. **Service Agreements**: Service Agreements (also known as service plans) shall include the following information:

   i. The specific objectives to be accomplished by each planned service.

   ii. An identification of who shall be responsible for the provision of the specific services.

   iii. A timetable for the provision of each identified service that reflects a sense of urgency.

f. **Youth Transition Plan (YTP) Specific Information**: The youth's social worker shall hold a series of YTP meeting to help youth transition to adulthood. The YTP describes the youth's goals as well as the actions and supports required to achieve those goals as they transition out of foster care. YTPs shall be held every 6 months for committed youth who are 14 to 20, and quarterly after age 20 until 3 months prior to exit from care, at which time it will be held monthly until the youth exists care. Information obtained from YTP shall be used to guide the youth's case plan. (See the YTP Tipsheet for more information)

g. **APPLA Specific Information:** When a child's goal changes to APPLA, the social worker shall follow requirements outlined in the *APPLA* policy.

Practice Refresher

Tip Sheet for the Youth Transition Plan (YTP) Process

What is the YTP Process and Why is it Important?

The Youth Transition Plan process is a series of team meetings that brings together a broad network of people involved in the life of a youth in foster care. The process was developed by former foster youth, to ensure their voices would be central to their own life decision-making, and that they would have a concrete plan for achieving their goals and making a smooth transition to adulthood.

CFSA (and its contractor agencies) are required to use the YTP process with all youth once they turn 14. The team convenes on a set schedule to develop and update the youth's life goals across 12 domains.

The YTP also helps youth prepare for LYFE conferences, which begin at age 16 and are held (as needed) to discuss permanency and life-long connections as youth transition out of care. LYFE conferences are facilitated by the Family Team Meeting (FTM) unit.

Who attends a YTP Meeting?

In addition to the youth, the YTP meetings generally include the social worker, education specialist (OYE or OWB), family and friends, mental health providers, mentors, tutors, the GAL and/or education attorney, and a probation officer (if applicable). However, youth control the attendance at a YTP: they can invite whomever they consider to be a support; and they can decline to include anyone they believe will detract from the meeting. Participants can be there in person or on the phone.

When do YTP meetings take place?

- Beginning when a youth turns 14, YTPs are held every 6 months until he or she turns 20.
- Once a youth turns 20, the YTP is held every 3 months until 3 months prior to exit from care, at which time it will be held monthly until the youth exists care.
- Depending on individual needs, YTPs can begin earlier and be convened more frequently.

What Happens During a YTP?

YTP meetings can take place at CFSA or a location of the youth's choice. The social worker facilitates the meetings and they are used for the team to review and discuss the youth's goals and progress in 12 domains (as applicable):

1. Education
2. Life skills
3. Self-care: physical health (including dental and vision) and mental health
4. Transportation
5. Identification
6. Finance & money management (financial literacy)
7. Housing
8. Permanency
9. Job/career
10. Community-Culture-Social Life

11. Pregnancy (family planning)
12. Parenting

The "YTP Toolkit" consists of worksheets for each of these 12 domains. Prior to each YTP (or, if needed, during the meeting), youth and members of the team complete the relevant worksheets.

Steps in the YTP Process

Scheduling

- Social workers work with youth to identify the team, managing instances in which the youth may not want to invite key partners, such as the GAL or MH provider.
- The social worker schedules an initial YTP meeting.
- Subsequent YTPs are scheduled at the conclusion of the previous meeting.

The Initial YTP

- During the initial YTP meeting, the facilitating social worker explains the purpose and process.
- Youth are required to sign:
    - The sign-in sheet
    - The "Year-End Transition Plan Overview Worksheet", which serves as both the consent for participation in the YTP process and at the end of the year, as the vehicle for assessing and documenting the youth's progress toward each of the domains in the YTP toolkit.
- A minimum of one out of the 12 domains will be completed.
- The Social Worker, or a designated scribe for the team, takes notes during the meeting

Between Meetings

- Between YTP meetings, each team member is required to discuss at least one of the domain progress worksheets with the youth.
- Documentation is completed in both the toolkit worksheets and through a FACES contact note.
- A power point with instructions noted for documenting an YTP in the contact note section is attached to this tip sheet.
- Once a worksheet is completed, the adult team member sends a copy of the worksheet to the Social Worker within a week of completion.

Follow-up YTP Meetings:

- During follow-up YTP meetings, the Social Worker will go over the results of the recently completed worksheets.
- The team will discuss the youth's progress toward meeting goals and objectives.
- The next follow-up YTP meeting is scheduled.
- The Social Worker takes notes during the meeting.
- By the time the 2nd YTP meeting is held (or at the end of every calendar year), at least 10 of the 12 domains must be completed.

Documentation:

- Within 24 hours of the YTP, the Social Worker will enter a contact note in FACES.
- The contact note should include "Youth Transition Planning" and "Team Meeting" in the purpose dropdown box.
- After each YTP meeting, the Social Worker will send the meeting notes and domain worksheets to the team and also to OPPPS Program Analyst Shalonda Knox at shalonda.knox@dc.gov for tracking purposes.