SDM CHILD PROTECTIVE SERVICES

March 2009

SDM FACES.NET CHILD PROTECTIVE SERVICES MANUAL

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PREFACE

Course Objectives

- Course Overview
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Course Overview

Welcome to the Structured Decision Making (SDM) FACES.NET one-day Child Protective Services (CPS) training. This course is designed to give trainees an understanding of the functions in FACES.NET pertaining to CPS. The course is divided into sections, each having its own set of objectives and corresponding to a particular area of functionality in the FACES.NET system. A FACES.NET Scenario has been constructed to link the sections together and mimic the way FACES.NET will be used for Agency business. In the classroom, trainees will participate in a guided walkthrough of the FACES.NET Scenario in order to practice activities based on real-life situations.

Please keep in mind that the FACES.NET system is frequently updated, and some of the screens may have slightly changed after this document was printed.

Course Objectives

Upon completion of this course, the trainee will have an understanding of how CFSA business process correlates with FACES.NET data entry. SDM FACES.NET CPS training will reinforce the lessons covered in the three-month Pre-Service Training Program offered by the Office of Training Services. By giving trainees practice time in the classroom, they will build confidence in their ability to properly enter and access data in the FACES.NET system.

Remember that a system is only as good as the information it receives. This course will train trainees how to supply FACES.NET with the proper information so that it can remain a federally certified Child Welfare Information System. Best Wishes!

Course Curricula Tools

Curricula Features:

- Performance Objectives
- FACES.NET Guide
- FACES.NET Scenarios

Curricula Symbols

The following icons are used throughout the FACES.NET Scenario Guide:

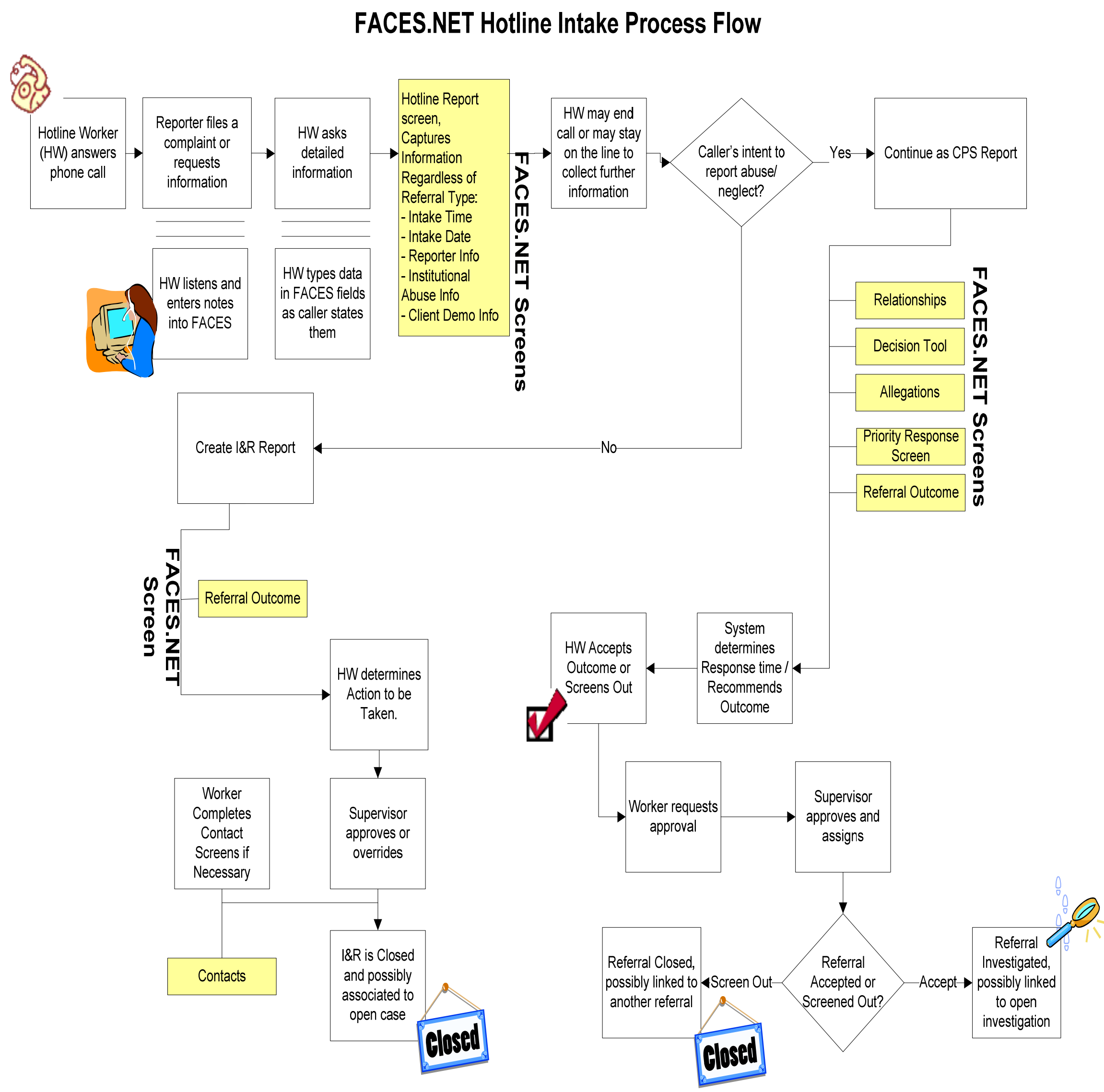
Icon	Title	Description
	Reminder	Indicates that there is an important point to which the trainee needs to pay attention.
	Definitions	Indicates that a word or concept is being defined.
	Notes	Indicates a helpful piece of information for the trainee to know.
	Practice	Indicates Agency practice information.
	FACES.NET Guide	Indicates the section of the manual having FACES.NET step-by-step instructions.

Course/Classroom Rules

- Course begins promptly at 9:00 AM and ends at 4:00 PM on the each consecutive training day;
- Lunch is one (1) hour;
- Two fifteen (15) minute breaks. One in the morning and one in the afternoon;
- No eating or drinking in the classroom;
- No roaming on the Internet;
- Cell Phone should be off or in vibrate/silent mode.

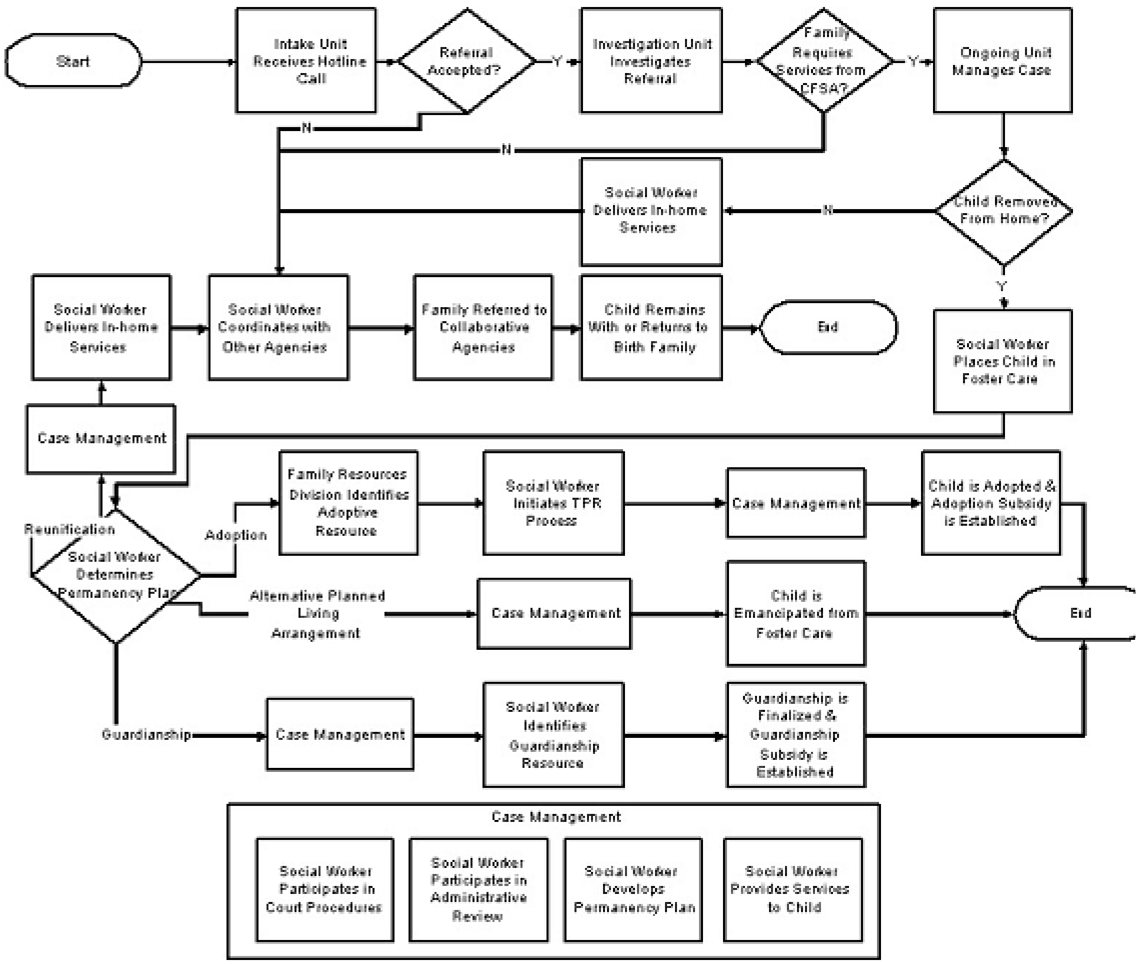
Child Protective Services Flow Chart

The flow chart below provides a high level overview of the flow from the Hotline Report Screen within the Agency. From this depiction you can visualize from the point of the intial hotline call to the many avenues taken to provide the best scenario for children and families who come into our care.



Life of a Case

The flow chart below provides a high level overview of the flow from the Intake/Investigation, Placement, and then Permanency information within the Agency. From this depiction you can visualize from the point of the intial hotline call to the many avenues taken to provide the best scenario for children and families who come into our care then ultimately find a permanent living environment.



Note: CFSA has embedded a permanency planning social worker (PPSW) in 29 out-of-home care units in In-Home & Reunification Services, Permanency & Family Resources, and Youth Development.

SECTION 1: INTRODUCTION

- What is FACES.NET?
- How to Use This Manual
- How to Get Help
- The Family Case

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Introduction

What is SACWIS?

- Federally mandated through the Administration of Children and Families;
- Comprehensive automated case management tool that supports a case from investigation, removal of a child through placement, until the child achieves permanence, and all the other supportive functions, such as finance, contracts, clinical practice, well being indicators, etc;
- Required to support mandated Federal reporting of data to the Adoption and Foster Care Analysis Reporting System (AFCARS) and the National Child Abuse and Neglect Data System (NCANDS).
- Houses and utilizes information to promote stability, economic security, responsibility, and self-sufficiency of children and families within our care;
- Captures the entire life of a case;
- Ability to provide case specific and aggregate reports;
- Collects information relating to the eligibility of individuals under Title IV-E.

What is FACES.NET?

FACES.NET is the District of Columbia's Statewide Automated Child Welfare Information System (SACWIS). The Child and Family Services Agency (CFSA) is the District of Columbia's child protection agency, which employs more than 900 social workers, and partners with fifteen private agencies. FACES.NET is designed to support social workers and the Agency in the following areas:

- Case management activities, such as documenting contacts/visits, writing case plans and court reports;
- Issuing payments to service providers;
- Collecting data to produce outcome-based management;
- Standardizing policy and practice.

FACES.NET has enabled the Agency to collect and disseminate information to diverse audiences including the Court Monitor, the Mayor's Office, *The Washington Post,* Federal oversight agencies such as the General Accounting Office (GAO), Administration of Children and Families (ACF), and Congress.

How to Use this Manual

This SDM FACES.NET CPS manual is designed to introduce and reinforce the concept of using an automated information system to improve child welfare practice. In particular, the guide focuses on the responsibilities of social workers, who are the front-line workers of the Agency.

This manual further serves two functions. First, it will be your guide during the FACES.NET portion of your CFSA CPS training. With your instructor, you will complete each of the Sections and gain an understanding of how to use the FACES.NET system in your day-to-day responsibilities. You will complete the Sections over the one-day course. Each section is organized in an easy-to-read manner laying the groundwork with a Practice Overview segment. Afterwards, there are detailed step-by-step instructions on how to accomplish that topic using FACES.NET.

The second function of this manual is to serve as a desktop guide for FACES.NET use after you have completed the initial training. You may keep this copy of the manual, and make any notes that you desire during class. At the end of each section is a page designated for note-taking. Later, if you need to review how a particular task is performed in FACES.NET, you can look it up at your convenience.

This document adheres to standardized technical writing conventions. All command buttons are displayed the way they appear on the computer screen. All commands are in bold, indicating that an action should be taken. Each scenario is introduced using real case stories or training activities in order to provide an appropriate context for the particular module. Throughout the manual, participants in the Jackson case are highlighted using the underline feature.

How to Get Help

If you still have questions after consulting this resource, you are welcome to contact the FACES.NET Helpdesk. Helpdesk staff is available from 8:00 AM - 5:00 PM every weekday to assist with FACES.NET and technical questions. The FACES.NET helpdesk can be reached at 202-434-0009.

The Family Case

The Jackson family case is the case you may be familiar with from other elements of your CPS training and is used as the sample case in this document. The scenario that you may use during the actual FACES.NET training may slightly differ. If so, follow your instructors' directions on how to reconcile this manual with the case details you see in FACES.NET. Details of the Jackson family case begin on the following pages.

Jackson Case Narrative

Office of Training Services
CPS Training for Social Work Staff

Field Practice Case

Learning Objectives:

1. Through using a case illustration, workers will have a better understanding of the Child and Family Services Agency's (CFSA) programs and policies.

2. Through case illustration, workers will be able to understand how to effectively deliver services to clients.

Case Name: **Shanté Jackson**

Case Description:

The Jackson case came to the attention of Child and Family Services Agency's Child Protective Services (CPS) Administration due to an allegation of abuse and neglect against Ms. Jackson. Ms.Jackson was previously known to CFSA. A neighbor reported Ms. Jackson's young children (Tanisha, Latonya, and Lakeisha) were left home alone and were seen in the streets unsupervised, unkempt and inappropriately dressed. She also reported that Keyshawn and Reyshawn often asked her for food because there is nothing to eat in their home.

Household Composition:

Name	Age	Gender	Description
Shanté Jackson	30 years old	Female	Mother
Paul Williams	16 years old	Male	Son/Sibling
Femalé Scott	15 years old	Female	Daughter/Sibling
Keyshawn Jackson	12 years old	Male	Twin Son/Sibling
Reyshawn Jackson (Rey-Rey)	12 years old	Male	Twin Son/Sibling
Tanisha Holmes	7 years old	Female	Daughter/Sibling
Latonya Holmes	5 years old	Female	Daughter/Sibling
Lakeisha Jackson	3 years old	Female	Daughter/Sibling
Rodney Scott	2 years old	Male	Grandson
Kiana Scott (Bebe)	6 months old	Female	Granddaughter

Family Description:

Shanté Jackson is a 30-year-old, single, African-American female. She is the mother of seven children and two grandchildren. She has a 7^{th} grade education and no history of employment. Shanté has a history of substance abuse. She currently uses cocaine and alcohol and has done so for the past three years. Shanté receives public assistance. Last month, she was beaten by one of her drug dealer boyfriends. She received multiple bruises to her head and body, a broken arm, and a black eye. She reports that this was an isolated incident. Aside from this recent injury, Shanté is generally in good health and visits a local clinic when ill. Shanté is estranged from her family members and has no contact with the biological fathers of her children. She does not have a support system or friends.

Paul Williams is a 16-year-old African-American male. He attends Carter Senior High School where he is in the 9^{th} grade for the third time. His grades are poor and is often truant. Socially, Paul functions at a very low level. He has few friends, displays extreme anger and aggression towards others, and often gets into fights with peers and school officials. Paul smokes marijuana and drinks beer at least twice per week and on weekends. He has been involved in petty thefts and has had frequent trouble with law enforcement officials.

Femalé Scott is a 15-year-old African-American female. She has two small children: Rodney, age 2, and Kiana (Bebe), 6 months. Femalé dropped out of junior high school when she became pregnant with Rodney. She sporadically attended an adult education program until she became pregnant with Kiana. During her pregnancy with Kiana, she occasionally drank beer and smoked marijuana. Currently, Femalé does not attend school. She is unaware of the whereabouts of Rodney's father. However, she has sporadic contact with Kiana's father, Ricky Boone, who provides no financial support to his daughter. Femalé smokes marijuana and drinks alcohol. She often hangs out on the corner with her friends and leaves Rodney and Kiana at home with her 7-year-old sibling, Tanisha. Although Femalé lives with her mother, they have a strained relationship. They frequently argue and fuss at each other regarding Femalé's children and household responsibilities.

Rodney Scott is a 2-year-old African-American toddler. He is a happy and healthy child. However, he displays temper tantrums and aggressive behavior that are difficult for his mother to handle. Rodney is progressing well developmentally. He enjoys playing with his 6-month-old sibling, his aunt, and his uncles. He also enjoys watching Barney and Teletubbies.

Kiana Scott (known to her family as Bebe) is a 6-month-old African-American infant. She is progressing poorly physically. Kiana possibly has failure to thrive syndrome. However, she sporadically receives her well baby check-ups as Femalé often forgets her appointments. Kiana's eating habits are poor; she has not gained adequate weight in the last three months. Kiana cries excessively when she is not being held or played with.

Keyshawn Jackson is a 12-year-old African-American male and twin brother of Reyshawn. Keyshawn currently attends Parker Junior High School, where he is in the 6^{th} grade. Keyshawn's grades are poor. He bullies other children in his class and is often involved in altercations. Keyshawn is disrespectful to his teachers and other school officials. He has been suspended twice in the last month. Keyshawn displays anger and aggression both in school and at home. He also frequently gets into fights with his siblings and peers in the neighborhood.

Reyshawn Jackson (Rey-Rey) is a 12-year-old African-American male and twin brother of Keyshawn. Reyshawn attends Parker Junior High School, where he is in the 6th grade. Reyshawn is socially withdrawn and often appears sad and depressed. Reyshawn also stutters and prefers not to talk in order to avoid being teased. He has few friends and has difficulty fitting in with his peers. His grades are poor, but he tries very hard. At home, he is sad, withdrawn, and is teased by his siblings.

Tanisha Holmes is a 7-year-old African-American female. She currently attends Lee Elementary School, where she is in the 3rd grade. Tanisha is an outgoing and friendly child. However, she is often attention-seeking and overly affectionate with adults. Socially, she gets along well with her peers but has few friends. Academically, she has difficulty with reading and math. She participates in a reading and math resource program at school and tries very hard to succeed. She is well liked by her teachers. Tanisha suffers from Enuresis and occasional Encopresis. She is embarrassed by her condition because her classmates tease her about her odor. Tanisha also needs glasses. At home, Tanisha is overly sweet and compliant. Tanisha also has unrealistic expectations and adult responsibilities placed on her, as she is often the caretaker for the younger children (Latonya, Lakeisha, Rodney, and Kiana) in the home. Tanisha enjoys her role as caretaker as she doesn't have many friends.

Latonya Holmes is a 5-year-old African-American female. She attends Lee Elementary School, where she is in kindergarten. Latonya enjoys school and is generally a happy child. Latonya suffers from chronic bronchial asthma, which is controlled with medication. At home, Latonya is quiet and withdrawn and cries easily. Latonya sleeps with her mother due to lack of space in the home. Latonya enjoys watching Barney and Teletubbies on television.

Lakeisha Jackson is a 3-year-old African-American female. Lakeisha appears healthy. She is very shy and does not like to speak in front of strangers. She spends most of the home visit hiding behind Tanisha. She enjoys watching Barney and Teletubbies.

Description of Environment:

The family resides at 1254 Edgefield Terrace, # T105, in the Brookfield Housing projects, in the N.E. section of Washington, D.C. The neighborhood is predominantly comprised of African-Americans and some Hispanics. The neighborhood is heavily drug and crime infested. However, there are many community services and resources in the area. This includes: substance abuse programs, mental health clinics, the Edgefield Collaborative, hospitals, and shelters.

Description of the Home:

The Jackson home consists of two bedrooms, one bathroom, a small living room/dining room, and a tiny kitchen. Home maintenance is very poor. The apartment reeks of urine, and is cockroach infested. There are dirty clothing and other miscellaneous items scattered all over the apartment floor. The kitchen is filthy with dirty dishes in the sink, on the countertops, and on the floor. The apartment is sparsely furnished with one couch, a small dining room table, one small television, two full size beds, one crib, and a playpen.

SECTION 2: SYSTEM NAVIGATION

- Definition of Icons and Language Usage in FACES.NET

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Practice Overview

FACES.NET is strategically used to support case practice and the business processes within each Administration. There are common icons and buttons that run throughout FACES.NET and aid in the ease of use of the FACES.NET screens. This segment illustrates some important features to know about the FACES.NET system.

Definition of Icons and Language Usage in FACES.NET

This segment reviews icons and language usage in this guide relative to FACES.NET.

Drop-Down Menu

Figure 2.1

The gray command buttons at the top of the FACES.NET screen is the Drop-Down Menu. These command buttons, which features the Referral, Case, Client, Provider, and Admin, is always accessible in FACES.NET, no matter what screen you are on. The options, within the menu, dynamically change as different entities are brought into focus, but the five main command buttons remain accessible. The menu includes a parent/child system. What this means is that any menu that has a gray arrow on the right side of the menu contains additional screens within it.

Breadcrumbs Toolbar

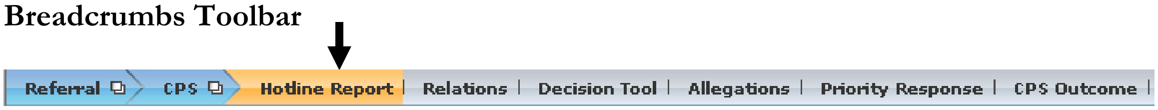

Figure 2.2

This toolbar is displayed when a specific track (Referral, Case, etc.) is selected. This toolbar will change depending on where you are in the system. Blue areas are previous selections accessed through these command buttons display menu listings which will dynamically change. The orange button is the screen that is currently in the work area.

Quick Link

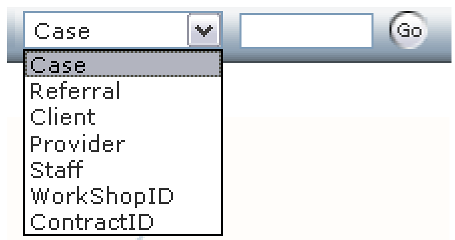

Figure 2.3

The Quick Link is a new functionality within FACES.NET. This box, in the upper right hand corner of FACES.NET, allows for the entry of a Referral, Case, Client, Provider, Staff, Workshop ID, or Contract ID to bring that entity into focus.

Toolbar Additional Screen Icon

The additional screen icon is a small picture found on certain toolbar buttons. If the button has this icon, it means that there are lower level screens associated with that button. When you click on that button, it will move to the left side of the breadcrumbs toolbar, and a new series of buttons will appear on the right side of the toolbar. If a toolbar button does not have an icon, it means that there is only one screen associated with that button.

Button with Icon
Figure 2.4

Button with no Icon
Figure 2.5

Radio Buttons

Radio buttons are the round circles found next to certain fields in FACES.NET. These allow you to quickly select a displayed option. Once selected, the radio button will turn to green. Only one radio button may be selected at a time.

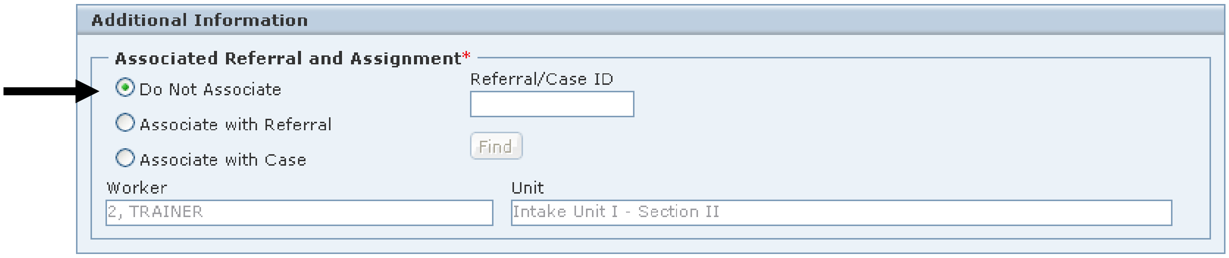

Figure 2.6

Select Boxes

Select Boxes are collections of check boxes within a pop-up screen. These allow you to quickly select a displayed option. Once selected, the check box will contain a √ inside the box. Unlike the radio button, more than one check box within the select box may be selected at a time.

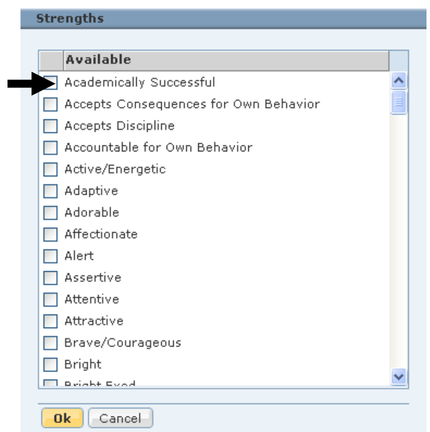

Figure 2.7

Command Buttons

The row of gray/orange buttons on the bottom of any FACES.NET screen is called the Command buttons. These buttons are used to perform specific actions. A list of common command buttons and their functions are provided below:

Command Buttons	Definition
Approval	**Approval** – Sends information to the Supervisor for approval.
Cancel	**Cancel** - Exits the current screen (This should be used every time you exit a screen).
Clear	**Clear** – Clears all the information out of all fields within the screen. This will not delete saved information within a record.
Client Search	**Client Search** – Searches the client within the FACES.NET System.
Delete	**Delete** – Erases a record from the database. This action is normally disabled in most screens.
Delete Client	**Delete Client** – Deletes a client from the referral in the Hotline Report Screen.
Details	**Details** – Shows the details of a file within the File Cabinet.
Edit	**Edit** – Opens a field for editing.
Import	**Import** – Imports a file to the File Cabinet.
New	**New** – Creates a new record. Creates a blank record on the screen in focus.
New Client	**New Client** – Opens a new client in the Hotline Report Screen.

Command Buttons	Definition
Ok	**Ok** – Enters a selection into the record.
Open	**Open** – Opens a file within the File Cabinet.
Override	**Override** – Allows for a supervisor to override a decision made within the CPS Outcome screen.
Preview	**Preview** – Allows for viewing of a report as a .pdf file.
Print	**Print** – Prints a selected report from the Management Reports.
Save	**Save** – Saves the record to the database.
Save Client	**Save Client** – Saves a client to a referral in the Hotline Report screen.
Search	**Search** – Searches the database for a specific record.
Show	**Show** – Puts a selected entity/record into focus.
Validate	**Validate** – Validates Information within the Hotline Report screen.

Figure 2.8

Notes

SECTION 3: HOUSEHOLD

Performance Objectives

In this Section, you gain confidence in your ability to:

- Create a new household in Referral.
- View and amend members of a household.

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Practice Overview

Create a New Household

The Household screens are accessible in the Referral Module of FACES.NET. In Referral, it will allow you to create and modify households on which to perform an initial Risk Assessment.

At least one household must be defined for each referral. At least one household must be defined for each investigation.

Household: All persons who have significant in-home contact with the child, including those who have a familial or intimate relationship with any person in the home.

Caretaker: Adult in the household who is obligated and entitled to provide for the child's safety, well-being, routine care, and supervision.

For the purposes of completing the SDM assessments, it is necessary to identify a Primary Caretaker in each household being assessed. If a child is a member of two households, a different person will be identified as the "Primary Caretaker" in each household.

Primary: The primary caretaker is the adult living in the household who has legal responsibility and assumes the most responsibility for the child. For example, when a mother and her boyfriend reside in the same household and appear to equally share child care responsibilities, the mother is selected. If both caretakers in the household have legal responsibility and child care equally, the maltreater or alleged maltreater should be selected. For example, when a mother and a father reside in the same household and appear to equally share child care and the mother is the maltreater or the alleged maltreater, the mother is selected. In circumstances where both caretakers are in the household, equally sharing child care responsibilities, and both have been identified as maltreaters or alleged maltreaters, the caretaker demonstrating the more severe behavior is selected. A primary caretaker is required, and only one primary caretaker can be identified.

Secondary: The secondary caretaker is defined as an adult living in the same household who has routine child care responsibility but less responsibility than the primary caretaker. A paramour, caretaker, or adult living in the home may be a secondary caretaker, even though he/she is not a legal caretaker and has minimal responsibility for childcare. A secondary caretaker is optional since there might not be one included in the household. This does not include a nanny or au pair living in the home.

Child: A child is anyone acting as a child in a household. A child may be a part of multiple households. At least one child is required to complete a household.

Family: Caretakers, adults fulfilling the caretaker role, guardians, children, and others related by ancestry, adoption, or marriage; or as defined by family.

SDM assessments are completed on households; therefore, when a child's caretakers do not live together, the child may be a member of two households. Because only one household can be assessed on each SDM assessment tool, there will be referrals in which the worker will complete two of each SDM assessment. Identify which household is being assessed using the "Household Name" field in the header.

SDM assessments must be completed on the household that is the primary residence of the child, **AND** the household of the caretaker who is the alleged maltreater. If no alleged maltreater is identified, the caretaker's household where the alleged abuse/neglect occurred is assessed. If the child is a member of two households, and both caretakers are identified as alleged maltreaters, complete a separate stream of SDM assessments for each household. Not completing SDM assessments as described above requires supervisory approval.

FACES.NET Guide

The household list screen lists all the households present within the referral. You can navigate to this screen from menu structure by selecting Household. You initially see a list of all the households present within the case. Households are identified by the primary caretaker's name and FACES.NET Client ID on the screen. You either select a current household to modify it or select "New" to create an entirely new household with a new primary caretaker. If no clients have been assigned the role of primary or secondary caretaker, then the "New" button will be disabled until there is a caretaker selected. Once a household has been selected or "New" has been clicked, the "Household Details" section at the bottom of the screen populates with the appropriate data.

You then select a primary caretaker and a Start Date to define when the household was formed. The End Date is used to mark a household as inactive. You may then click the "Show" button and the selected household will be brought into focus allowing you to move onto the Member List screen by using the breadcrumbs.

Complete New Household

The Household screens provide you with the ability to create, add, and modify households and household members.

Household Manager

Household manager consists of two screens: **Household List** and **Member List.**

Steps Include:

Step 1: Hold cursor over **Referral**.

Step 2: Click on **Household** (see *Figure 3.1*).

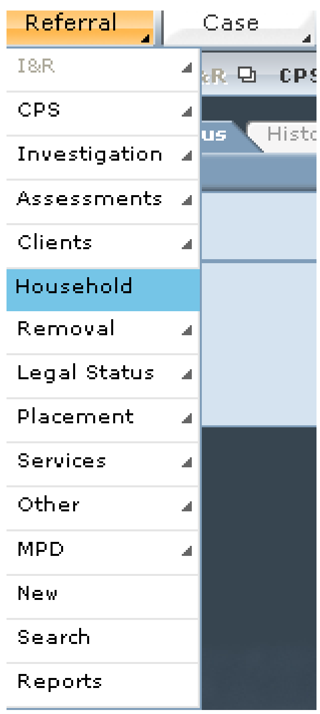

Figure 3.1

Step 3: Select the **Primary Caretaker**.

Note:

- The household is based on the Primary Caretaker. Therefore, if the primary dies and the secondary takes over the household, the original household would be marked inactive and a "New" household would be created under the name of the new Primary Caretaker.
- A client can only participate as a primary caretaker for one household at a time. Once a client is identified as a primary caretaker for one household, that client will not be able to

be selected as a primary or secondary caretaker for subsequent households within that case.

- A client can only participate as a secondary caretaker for one household at a time within a single case. Once a client is identified as a secondary caretaker for one household they will not be able to be selected as a primary or secondary caretaker for subsequent households within that case.
- You can only end date a household member from the Household Manager screen if you first click the **Make Non-Applicable button** on the approved SDM assessment. The assessment will be invalid. Then you can create a new assessment and, if necessary, a new household.

Step 4: Enter the **Start Date**.

Step 5: Describe the **Household**.

Step 6: Click **Save** (See *Figure 3.2*)

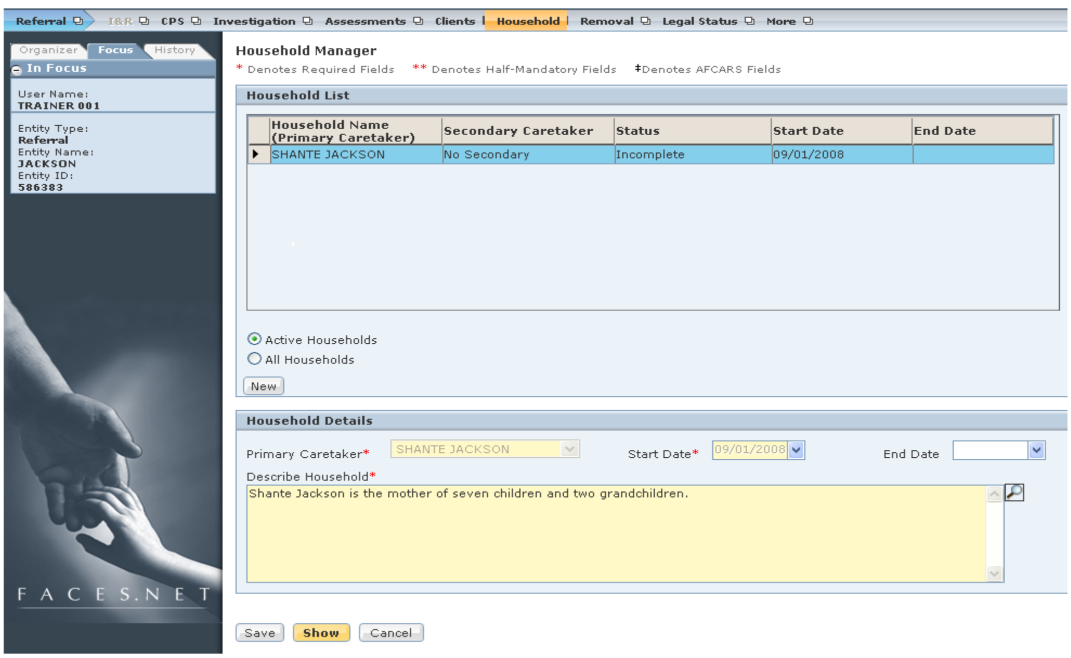

Figure 3.2

Member List

The **Member List** screen lists everyone in the household identified by the Primary Caretaker in the header. You can select "All Members," listing all who have lived in that household in the past and in the present. You can select "Active Members" to see who is currently a part of the household of the active Referral or Case.

Step 1: Click **Show**. This automatically navigates to the **Member List**.

Step 2: Click **Add Members** button to add household members.

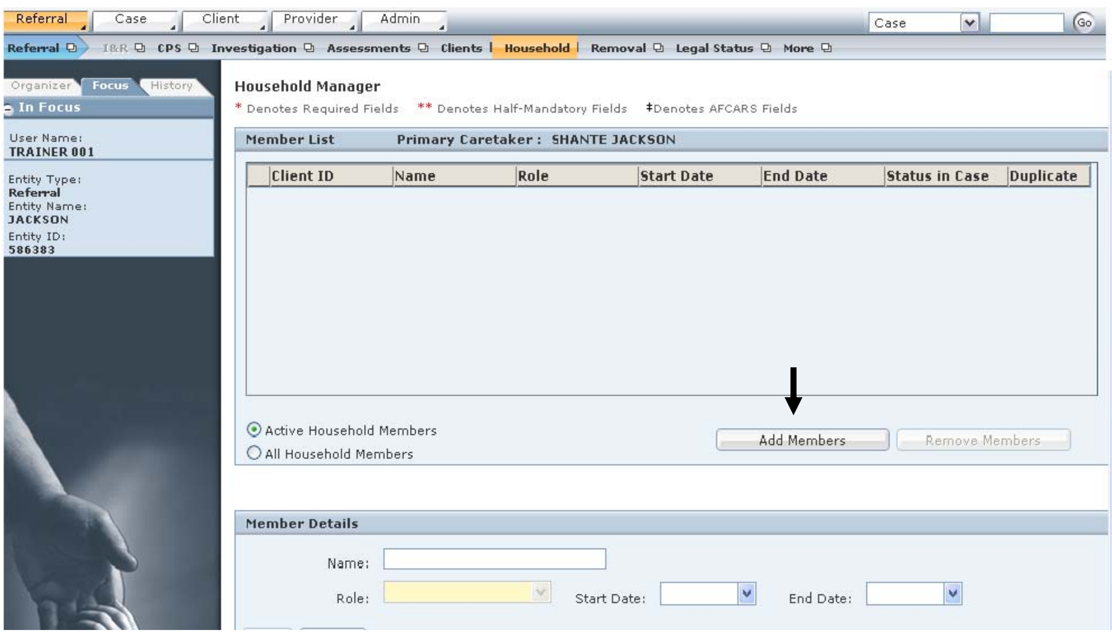

Figure 3.3

Note: The **Add Members** option enables you to add multiple household members in a single step. These household members will all have the same role and start date for that household. The "Acting as" column will provide a guideline for you to select household roles. The filter drop down allows you to assign the selected members to a role of caretaker, child, or other. The start date and role will apply to all the selected clients when "Save" is selected.

The ***Clients in Case/Referral*** *pop-up window will display.*

Step 3: Select member(s) to be added to household by **Child**, **Caretaker** or **Other** using the filter feature.

Step 4: Select **Role** and **Start Date**.

Step 5: Select **Save**.

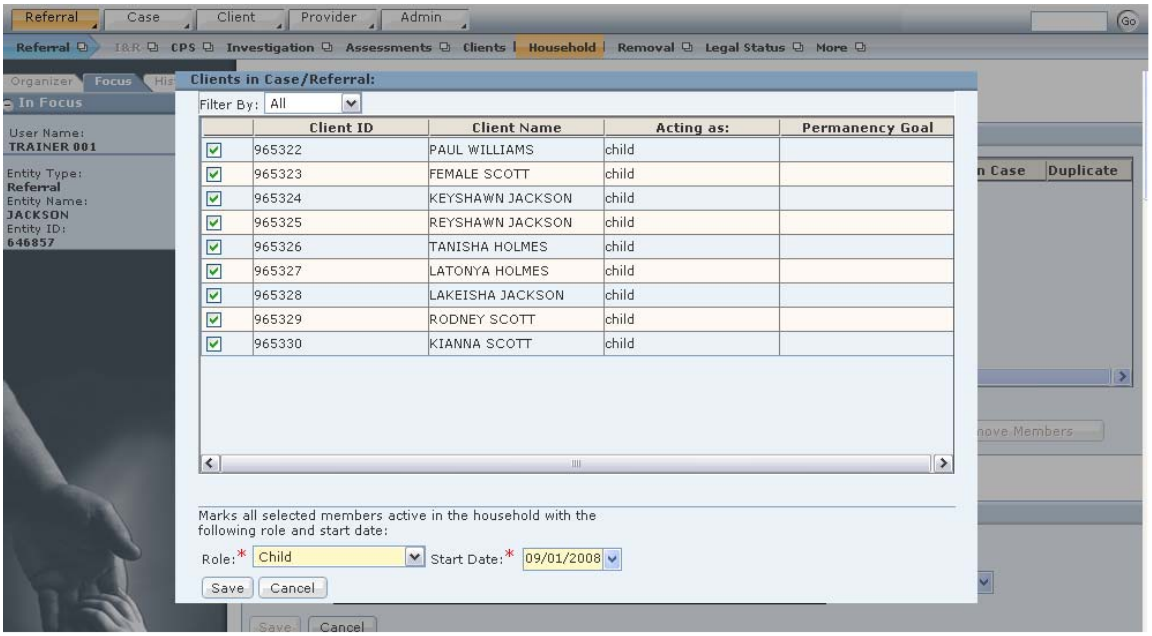

Figure 3.4

Note: The household member(s) the user added will populate onto the Member List screen.

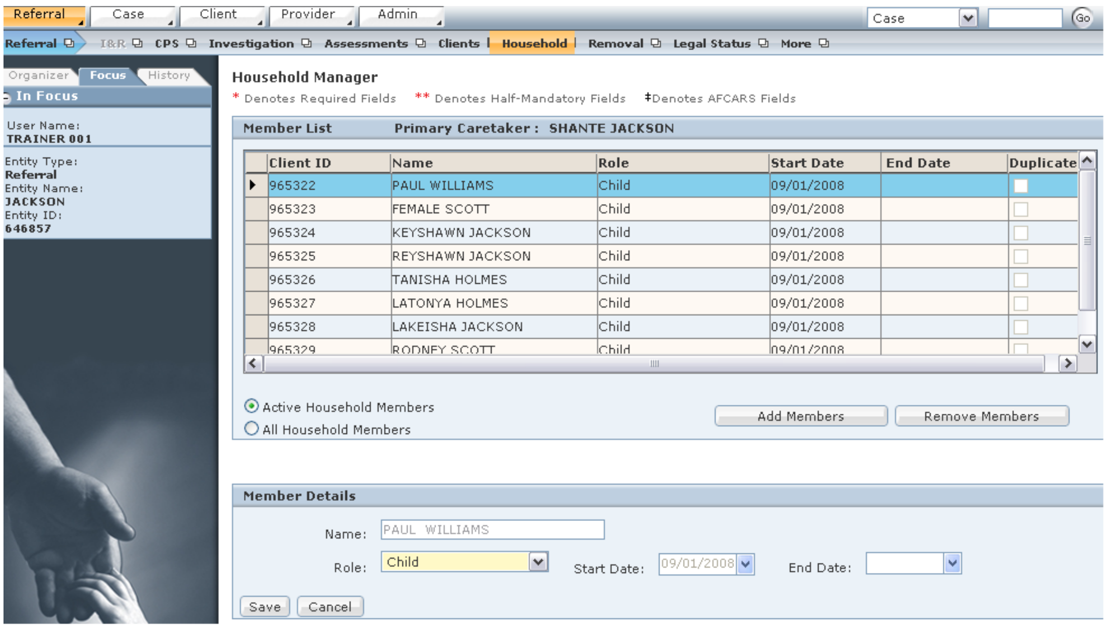

Figure 3.5

Step 6: Click **Remove Members** button to remove household members. *The **Clients in Case/Referral** pop-up window will display member(s) listed in this household.*

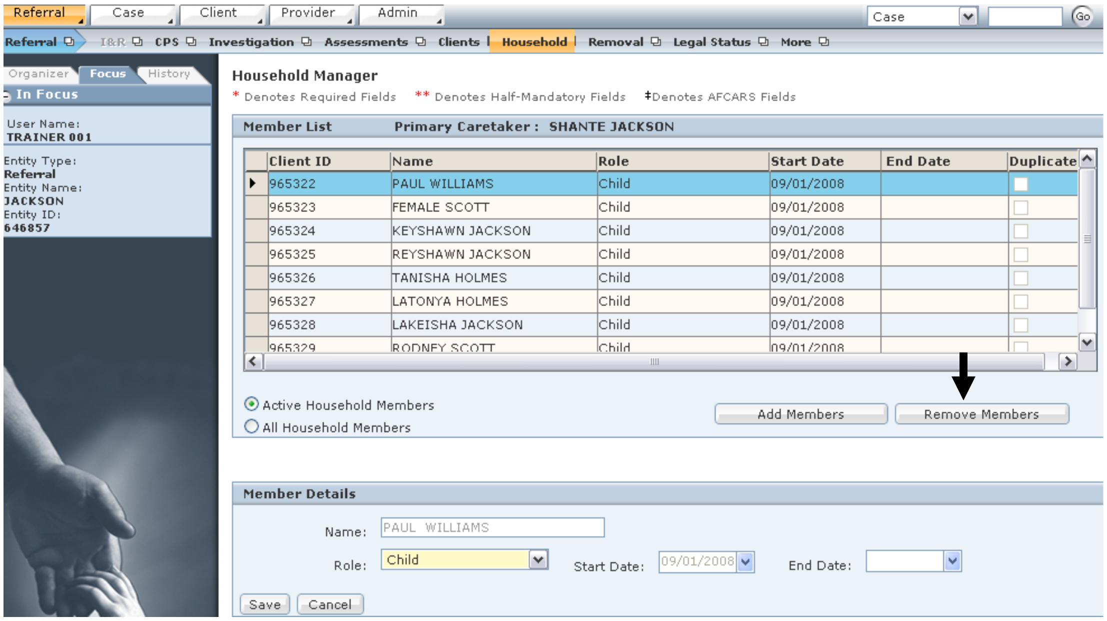

Figure 3.6

Note: Remove Members will function the same way as Add Members, except that it populates a list of all the clients already in the case and allows you to select and end date them. Clients who have an end date will be considered "inactive" and not a part of the current household.

Step 7: Select member(s) to be removed from household by **Child**, **Caretaker** or **Other** using the filter feature.

Step 8: Select **Role** and **End Date**.

Step 9: Select **Save**. This automatically saves all information on the Member List screen.

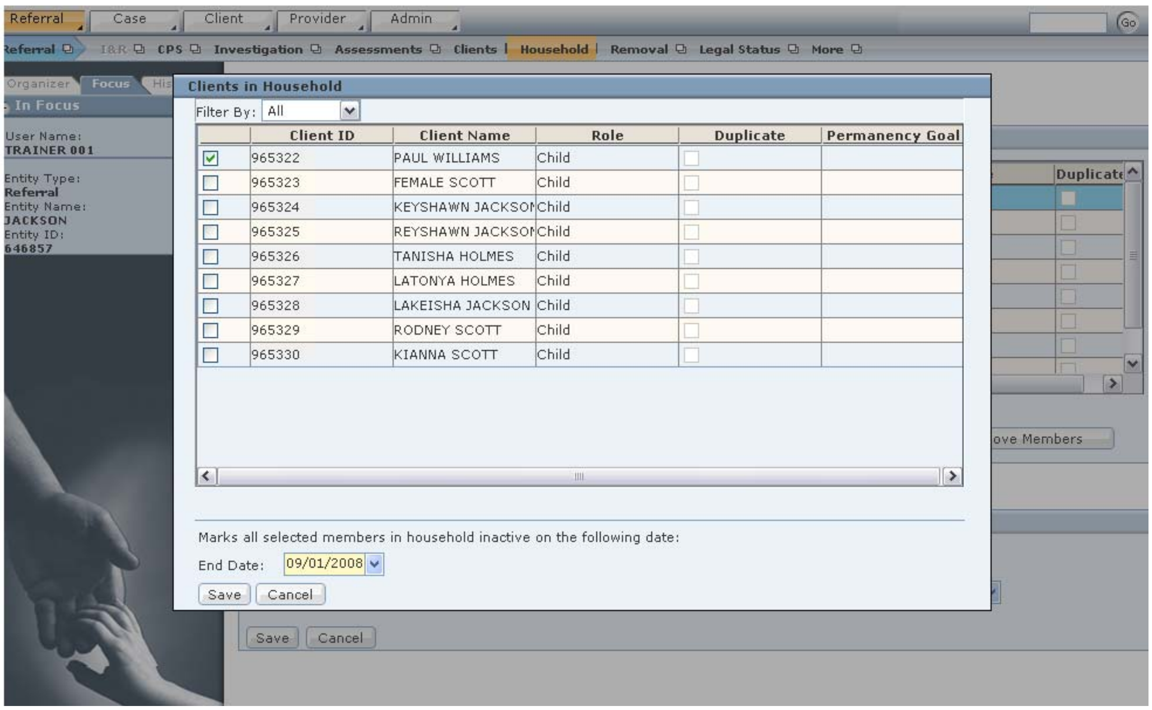

Figure 3.7

Note: The Member List will be updated and show only the clients who remain a part of the household.

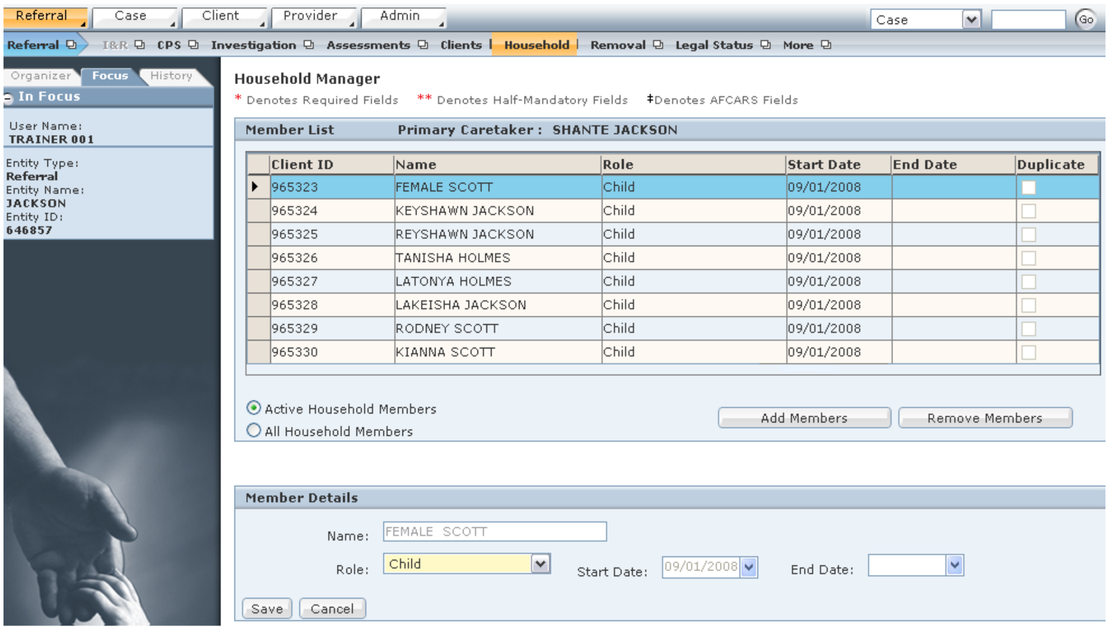

Figure 3.8

Point to Remember:
Once a case plan has been sent for approval, the households and the assessments will no longer be editable.

Notes

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SECTION 4: FAMILY RISK ASSESSMENT

Performance Objectives

In this Section, you gain confidence in your ability to:

- Select the appropriate household or households on which a risk assessment will be completed.
- Complete the Family Risk Assessment.

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Practice Overview

Risk assessment identifies families with low, moderate, high, or intensive probabilities of future abuse or neglect. By completing the risk assessment, the worker obtains an objective appraisal of the likelihood that a family will maltreat their child in the next 18 to 24 months. The difference between risk levels is substantial. High risk families have significantly higher rates of subsequent referral and substantiation than low risk families and are more often involved in serious abuse or neglect incidents. The risk level guides the decision whether to open as a case, divert to a collaborative or close the investigation with no further services.

When risk is clearly defined and families are objectively classified, the choice between serving one family or another is simplified: agency resources are targeted to higher risk families because of the greater potential to reduce subsequent maltreatment.

This assessment does not predict recurrence, but assesses whether a family is more or less likely to have another incident without intervention by the agency.

The risk assessment is required for all maltreatment investigations regardless of findings.

The risk assessment is to be completed at the end of the investigation and prior to the report being closed without further services or opened as a case. This is no later than 30 days from the date of the report. If children have been removed during the course of the investigation, the risk assessment must be completed prior to the transfer of the case. An SDM family risk assessment must be completed on the household that is the primary residence of the child. If the caretaker who is the alleged maltreater resides in a different household and continues to be entitled and obligated to provide for the safety and well being of a child, a risk assessment on their household should also be completed. If the child is a member of two households, and both caretakers are identified as alleged perpetrators, complete a separate family risk assessment for each household.

FACES.NET Guide

There are three steps involved in the family risk assessment process:

1. Select the assessment household;
2. Complete the Family Risk Assessment;
3. Complete the Assessment Narrative.

The user will complete the first step, selecting the assessment household, by selecting Assessments, SDM Risk Assessment, Household List from the menu structure. The Household Selection screen appears, which lists all households associated with the investigation. Assessment households are identified by the primary caretaker's FACES client ID.

From the household selection list, you must click to select:

- The household that is the primary residence of the child.
- The household of the caretaker that is the alleged maltreater.

When the appropriate household has been selected, click **New** to complete the Family Risk Assessment. The Household Selection screen will close.

After the Family Risk Assessment is complete, then Assessment Narrative can be completed. When both the Family Risk Assessment and Assessment Narrative are completed and saved, then the Conclusion screen containing the overrides will be accessible.

Select the Assessment Household

After first placing a Referral in focus, select the assessment household.

Steps include:

Step 3: Hold cursor over **Referral**, **Assessments, SDMRiskAssessment**.

Step 4: Click on **Household List** (see *Figure 1). This opens the Household Selection screen.*

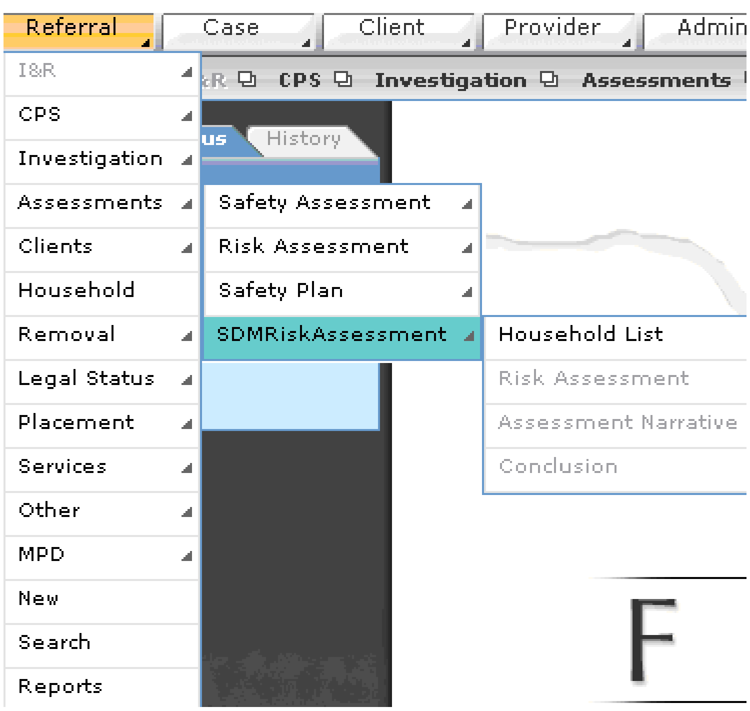

Figure 4.1

Step 5: Select the household to be assessed from the **Household Selection** screen (see *Figure 4.2*).

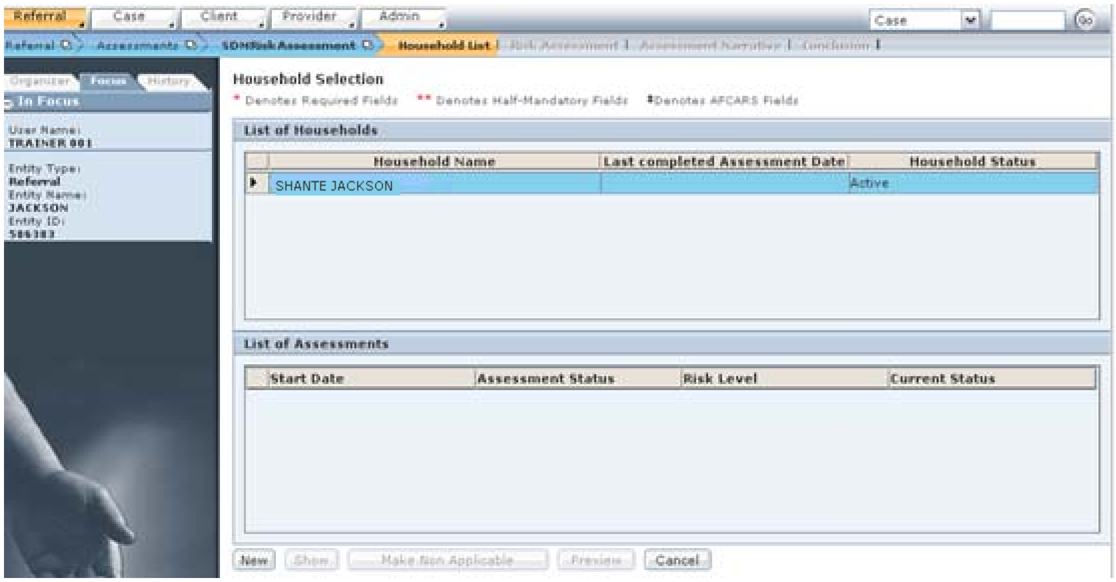

Figure 4.2

Note:

- The household that will be assessed should be the primary residence of the child and the caretaker who is the alleged maltreater.
- The **Make Non-Applicable** button becomes active after the assessment has been approved or sent back. The Assessment Status column will read "Invalid" on the Household Selection screen. Then a new Risk Assessment can be created.
- The Risk Assessment must be made invalid before making any necessary changes to the Household.
- The **Make Non-Applicable** button will not be active if assessment is pending approval or has been case connected.

Step 6: Click **New**. *The **Risk Reassessment** screen will display.*

Complete the Family Risk Assessment

Steps include:

Step 1: Click **New** on the Household Selection screen. *This opens the Family Risk Assessment.*

Step 2: Answer each of the 16 questions on the assessment.

Note:

- As you complete each item, the Completion Status bar at the top will indicate your progression toward completing the assessment.
- For each question you answer, a blue box will appear in this status bar. *Figure 4.3* shows the completion bar when three of the 16 questions have been answered.

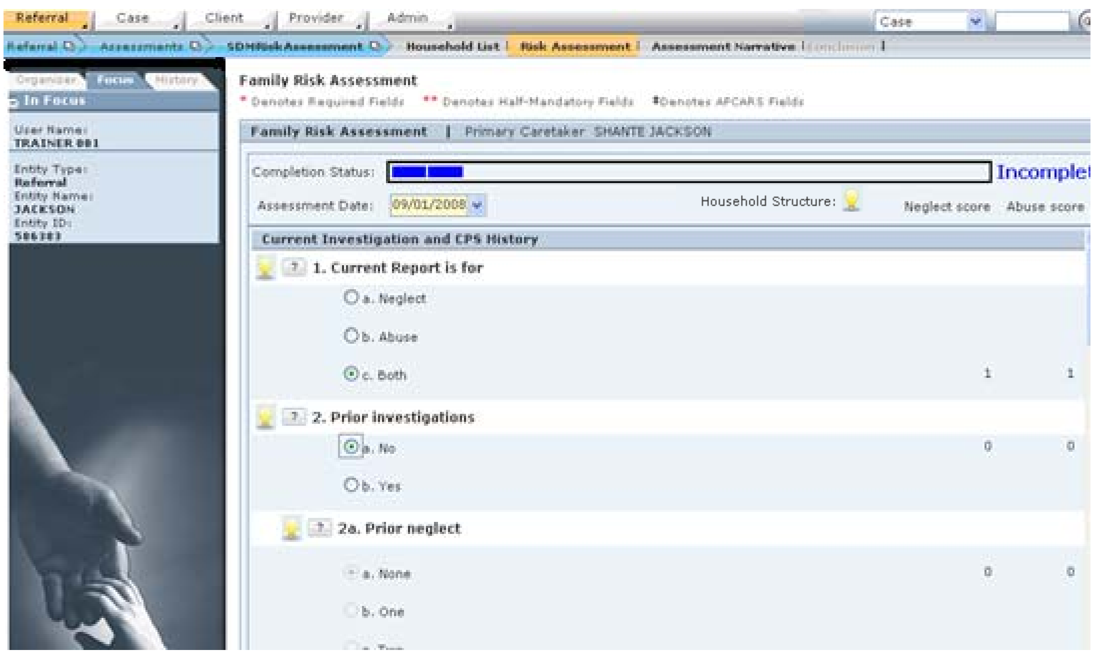

Figure 4.3

Note:

- When you click the question mark icon to the left of each question, a pop-up definition box will appear.
- This pop-up box contains the definition for that question from the Protocol Manual (see *Figure 4.4*).

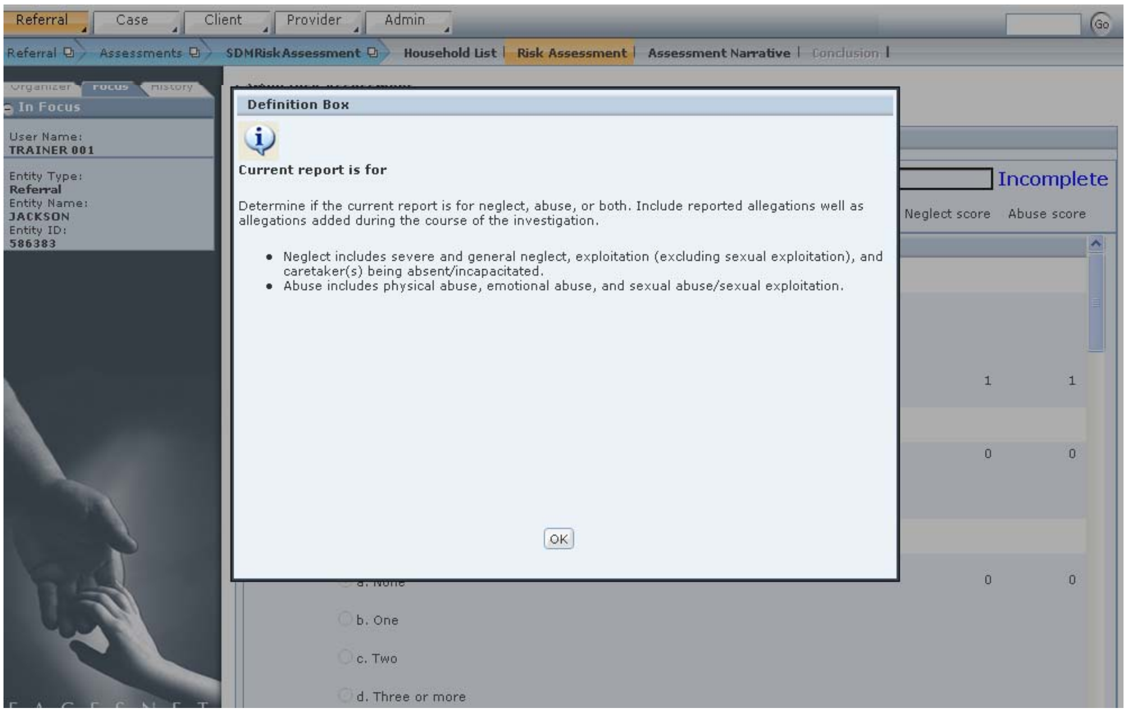

Figure 4.4

Note:

- After you have answered all 16 questions, the completion status will read "Incomplete" until the Assessment Narrative and Conclusion's Override section are completed (see *Figure 4.5*).
- The Conclusion breadcrumb is not accessible until you answer all questions on the Risk Assessment and complete the Narrative Assessment, then click **Save** on the Narrative Assessment screen.

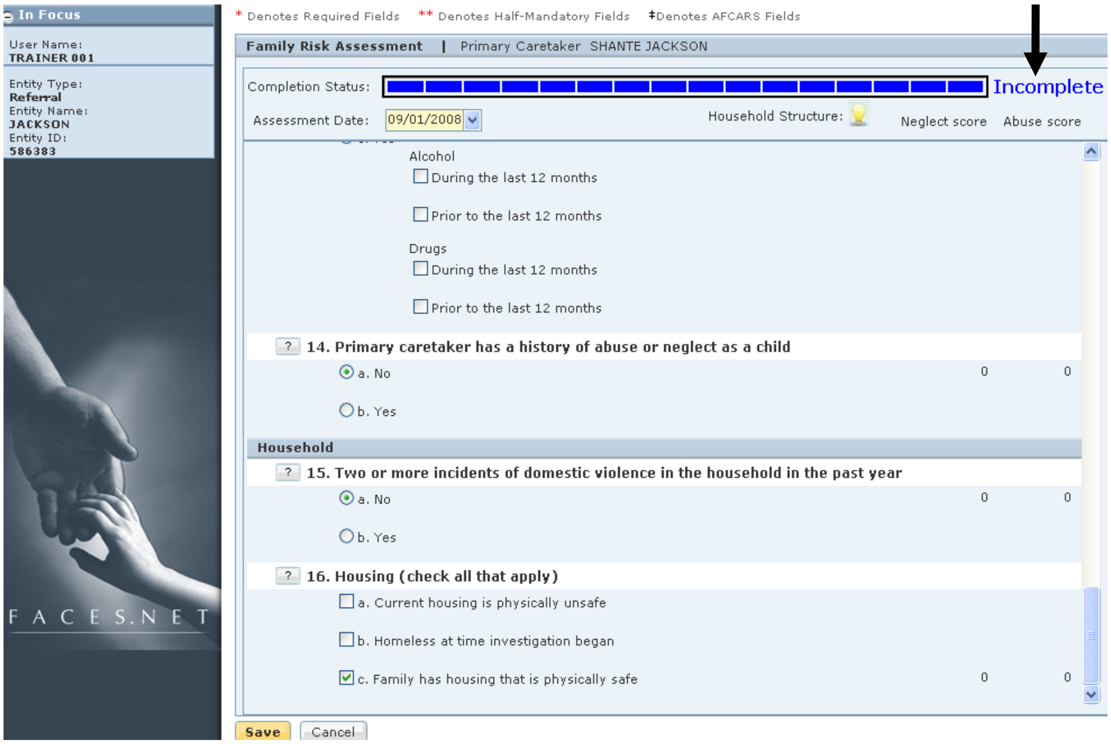

Figure 4.5

Step 3: Click **Save**. *You will remain on the* ***Risk Assessment*** *screen after saving.*

Complete the Assessment Narrative

Steps include:

Step 1: Hold cursor over **Referral**, **Assessments**, **SDMRiskAssessment**.

Step 2: Click on **Assessment Narrative** (see *Figure 4.6*). This opens the Risk Assessment Narrative screen.

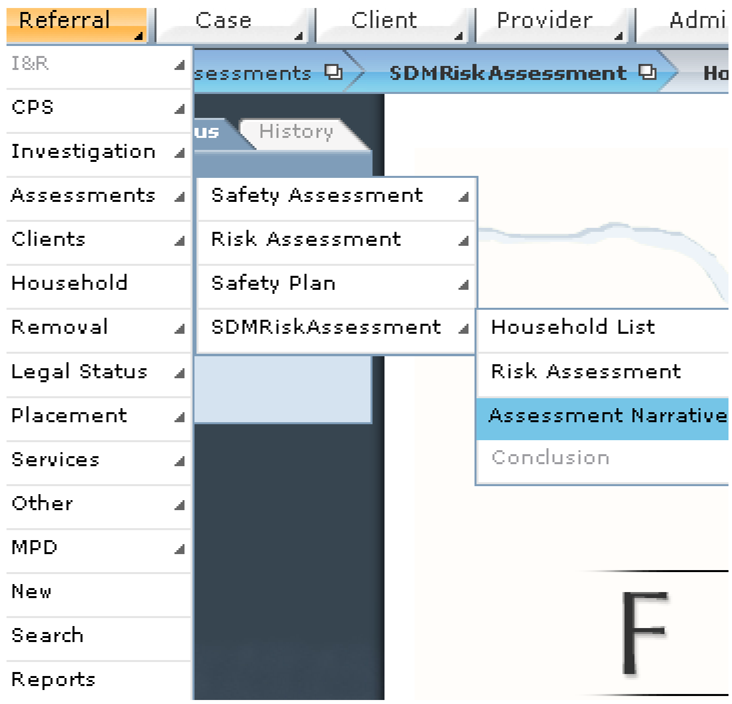

Figure 4.6

Step 3: Complete the narrative.

Step 4: Click **Save** (see *Figure 4.7*).

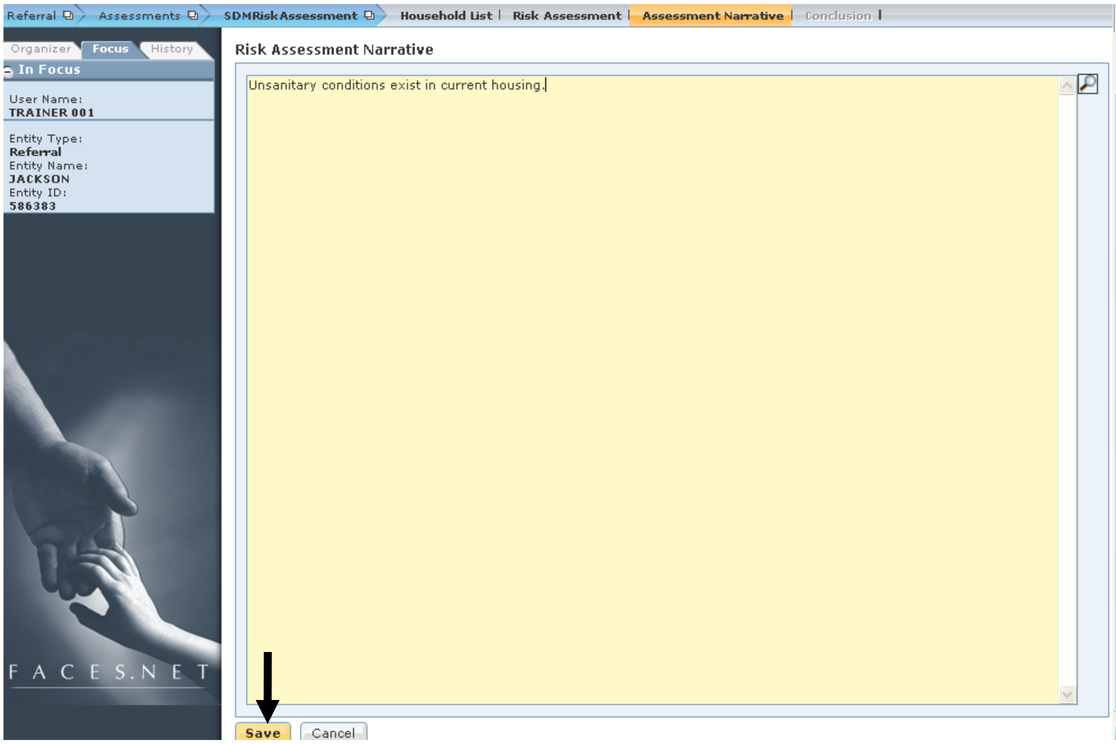

Figure 4.7

Note: After clicking **Save**, the **Conclusion** breadcrumb will be enabled (see *Figure 4.8*).

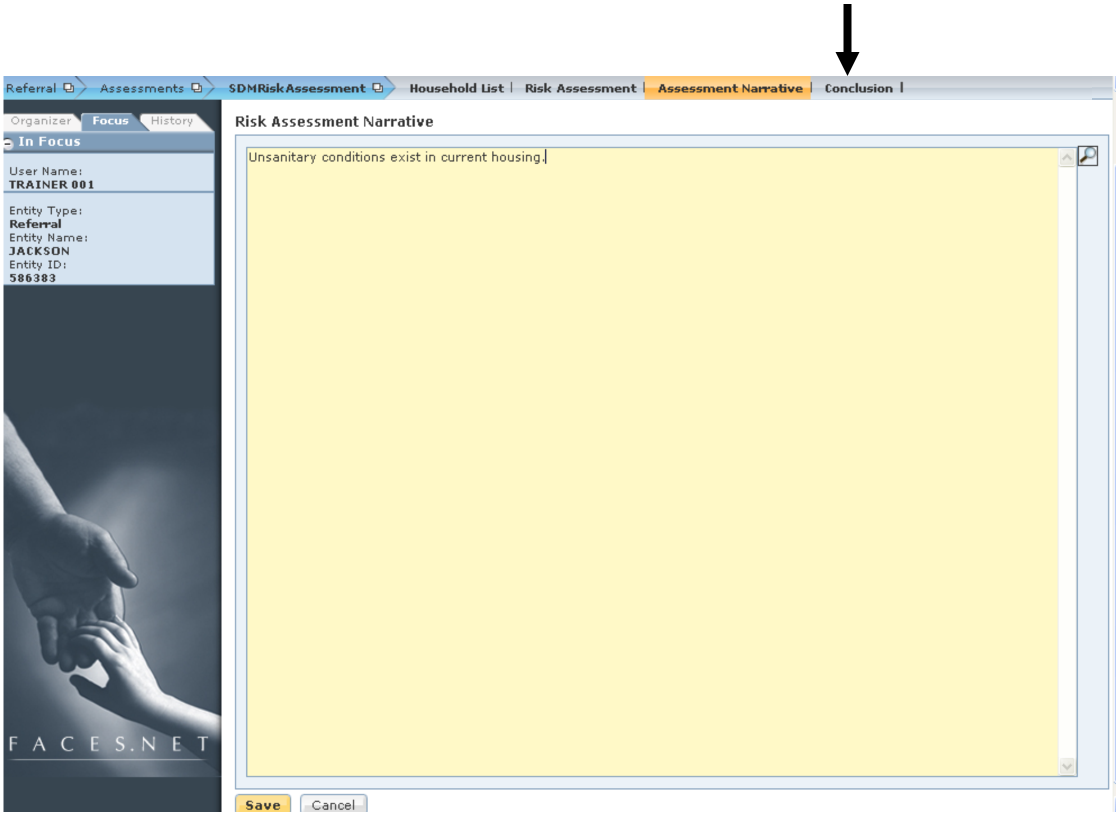

Figure 4.8

Step 4: Click **Conclusion**. *You will be directed to the Override section of the Family Risk Assessment.*

Note:

- The top portion of the screen above the **Override** section displays information based on your selections from the first screen of the Family Risk Assessment:
- To see how the neglect and abuse risk levels correspond to the neglect and abuse risk scores, click the question mark icon to the right of the risk levels; a pop-up definition box appears that breaks out the levels by score range (see *Figure 4.9*).

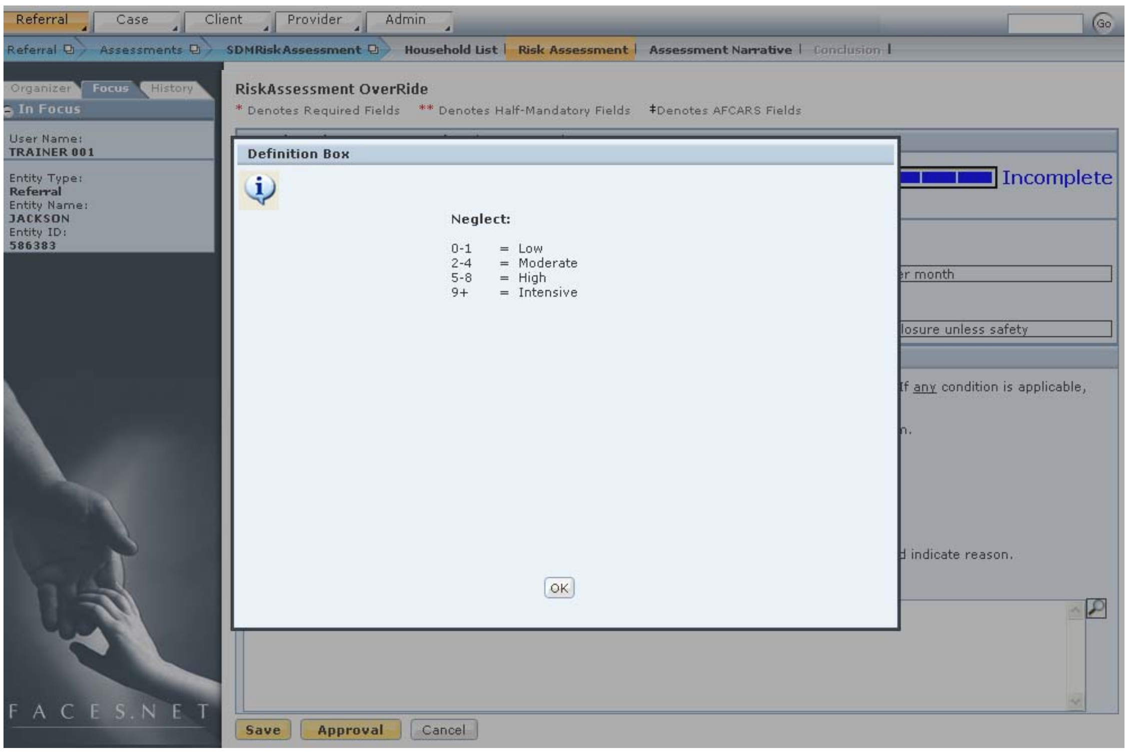

Figure 4.9

Step 7: Answer "Yes" or "No" to each policy override item. If you answer "Yes" to one or more items, you have applied a policy override.

Step 8: If a discretionary override is appropriate, mark the checkbox next to **Discretionary Override.** You must also enter the reason for the discretionary override in the **Discretionary Override Reason** text box (see *Figure 4.10*).

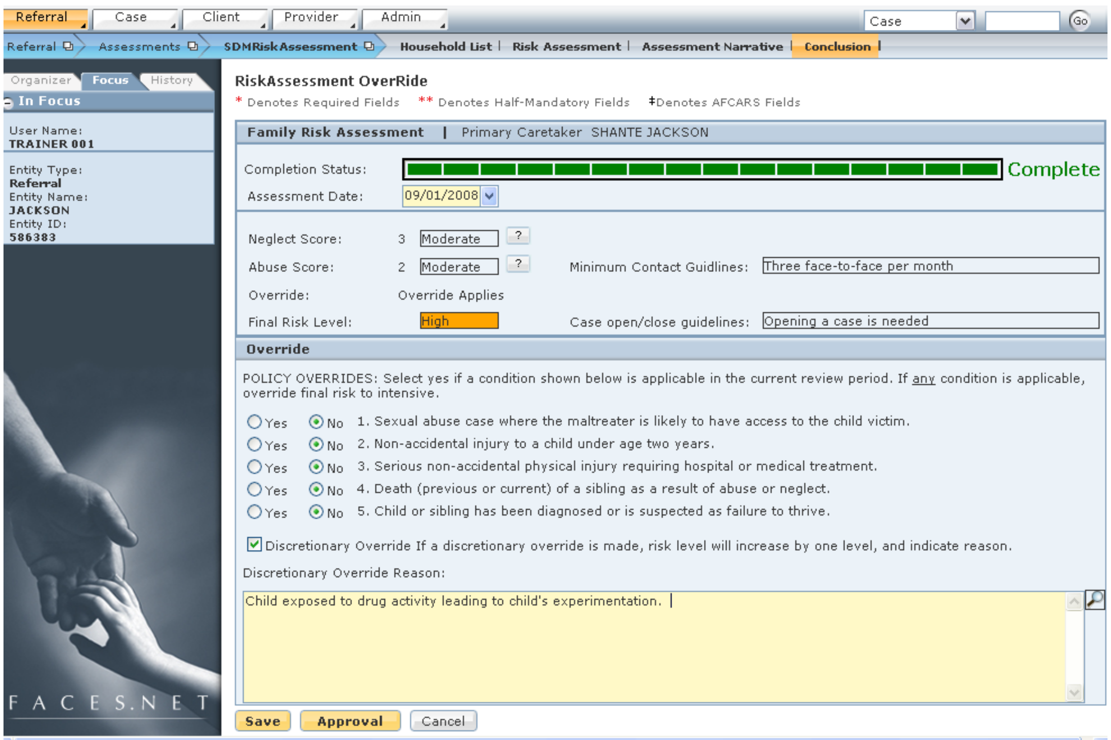

Figure 4.10

Note:

- When the **Override** section has not been completed, or when no policy or discretionary overrides are selected, the Override: display will say "No Override Applies" (see *Figure 4.11*).
- When a policy or discretionary override has been selected, the Override: display will say "Override Applies" (see *Figure 4.12*).

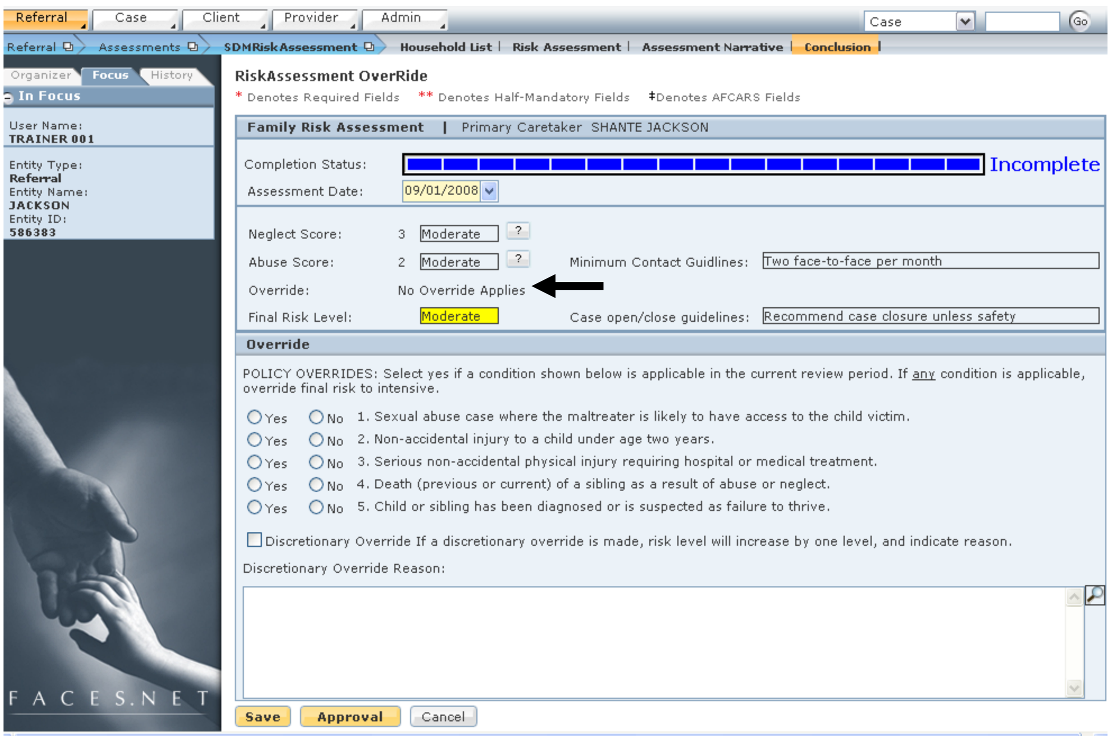

Figure 4.11

Note:

- If no override is selected, then the final risk level remains the same as the scored risk level, which will be the higher of the two scores of Neglect or Abuse.
- If a policy override is selected, then the final risk level changes to "Intensive" (see *Figure 4.12*).
- If a discretionary override is selected, then the final risk level will change to one level higher than the scored risk level.

Step 7: Click **Save** (see *Figure 4.12*).

Step 8: Click **Approval** to submit the assessment for supervisor approval (see *Figure 4.12)*.

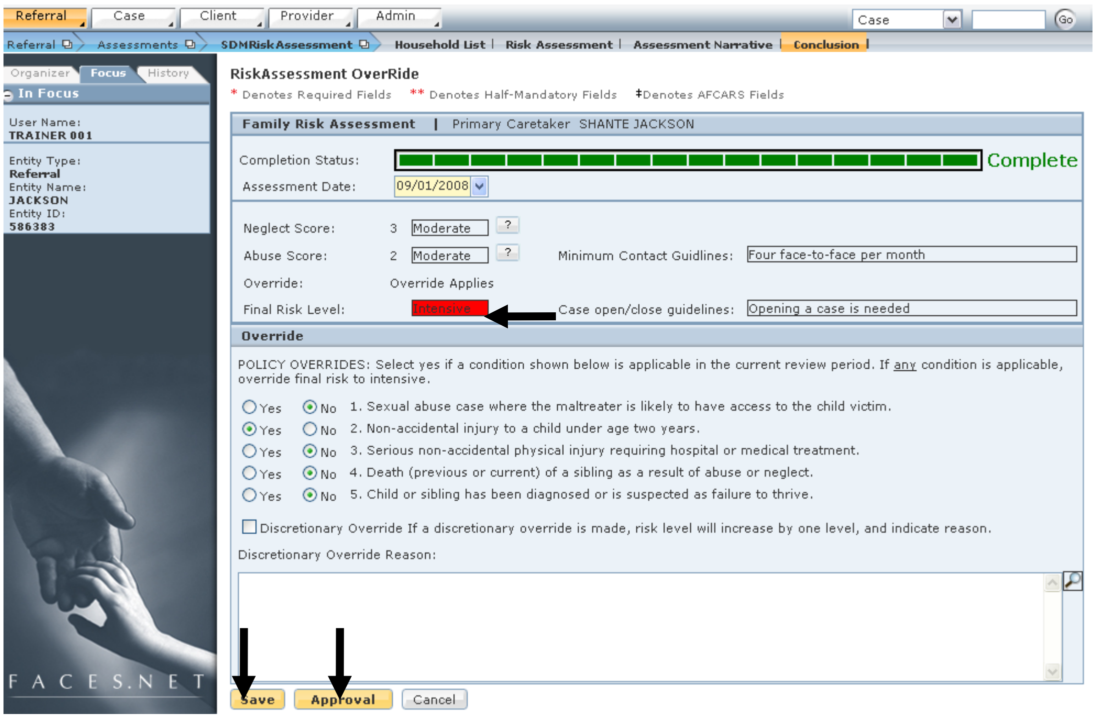

Figure 4.12

Step 9: In the **Approval** pop-up window, select the **Approving Worker** from the drop-down menu (see *Figure 4.13*).

Step 10: Click **OK** at the bottom of the **Approval** pop-up window.

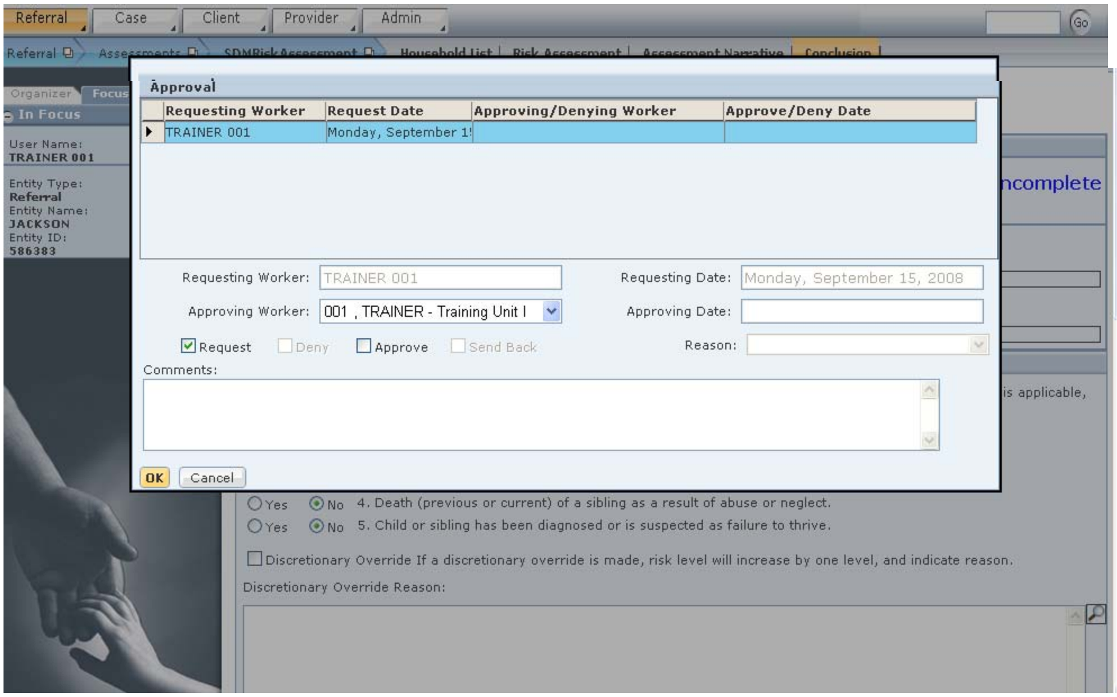

Figure 4.13

Note:

- In the event that another household needs to be assessed, you will need to return to the Household List screen to select another household.
- To navigate to the Household List from a Family Risk Assessment that has been saved and submitted for approval, click **Household List** in the breadcrumbs.
- Once back at the Household List, you will select the other family to assess (See *Figure 4.14*).

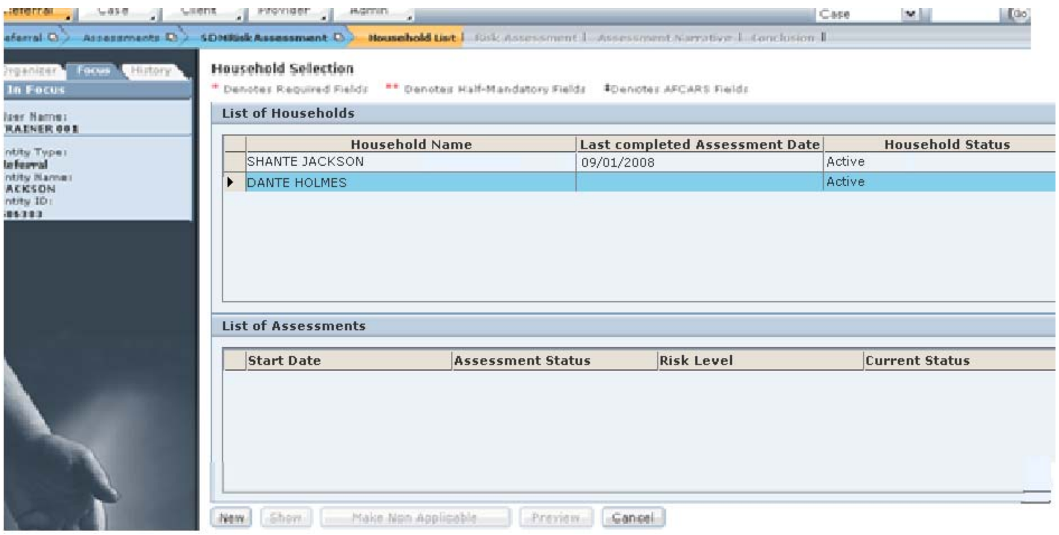

Figure 4.14

Notes

SECTION 5: CASE CONNECTING

Performance Objectives

In this Section, you gain confidence in your ability to:

- Connect a Case to the Referral and Investigation.

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FACES.NET Guide

This section will demonstrate how to open a new case from a current investigation.

FACES.NET Scenario

Role: CPS Investigator

You are a CPS Investigator and have found evidence that an on-going case should be opened for the Jackson investigation.

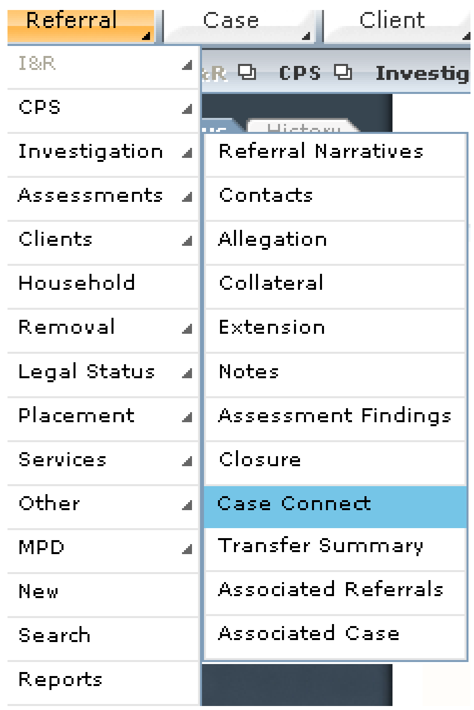

Figure 5.1

Case Connect

Steps Include:

Step 1: Place the cursor over the **Referral** menu, then **Investigation**, and click **Case Connect**.

Step 2: Select **Open a New Case** in the Action Taken pick list.

Step 3: Complete the **Reason for Agency Involvement** field.

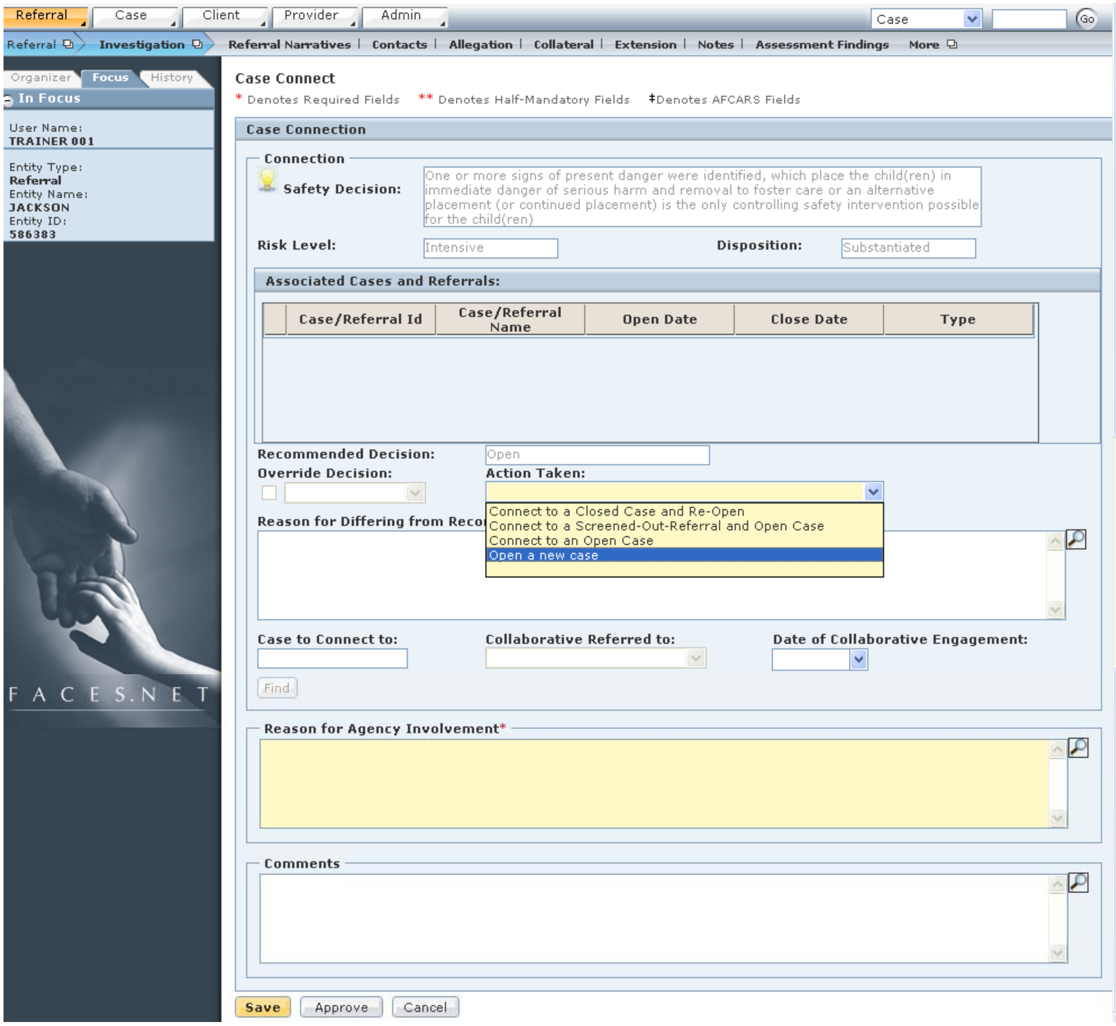

Figure 5.2

Step 4: Click the **Save**.

Step 5: Click **Approve**.

Step 6: Click the **Request** checkbox and click **Ok**.

Note:

- The Safety Decision advisor button will display the decisions from the Safety Assessment. Only the most critical safety decision will appear in the Safety Decision box on the Case Connect screen.
- The Risk Level field: This field will display the Final SDM Risk Level from an approved risk assessment. If an approved risk assessment is not present, this field will be empty.
- There are six (6) ways to connect a case. These are:

- **Open a New Case**
- **Connect to an Open Case**
- **Connect to a Closed Case and Re-Open the Case** The **Case/Referral to Connect to** field becomes mandatory.
- **Connect to a Screened – Out – Referral and Open a Case**
- **Do Not Open A Case**
- **Connect to Closed Case and Do Not Re-Open the Case**

- All the recommended Case Connect Decisions can be overridden by the worker with the exception of safety decision 4.

Final Risk Level and Case Connect

The final risk level helps us target resources to families where children are most likely to experience subsequent maltreatment. For high and intensive cases, the recommendation is to open or refer the case for services. There will be some high or intensive risk families who are unwilling to cooperate with services and for whom there is not enough evidence for court involvement to require the family's participation. In these cases, services should be offered and outreach attempts made and documented prior to closing the case.

If risk is low and there are no safety concerns present, the case is recommended for closure. Moderate risk cases without safety concerns are recommended for closure unless there is an identified service need.

This chart shows how the interaction of risk and safety informs the case opening decision. As you can see, when risk is low or moderate, the safety decision is important to the decision to open a case, divert, or take no action. If risk is high or intensive, however, the case should be opened across safety decisions.

<table>
<tr><th></th><th colspan="5">Safety Decision</th></tr>
<tr><th>Final SDM® Risk Level</th><th>1 – No signs of present danger</th><th>2 – Not in immediate danger</th><th>3 – Present danger and controlling intervention</th><th>4 – Present danger, placement required</th><th>5 – Refused access, fled, whereabouts unknown</th></tr>
<tr><td>Low</td><td rowspan="2">Recommend no further action</td><td rowspan="2">Recommend divert</td><td rowspan="2">Recommend divert</td><td rowspan="4">Automatic open</td><td rowspan="4">Recommend no case connect decision</td></tr>
<tr><td>Moderate</td></tr>
<tr><td>High</td><td rowspan="2">Recommend open</td><td rowspan="2">Recommend open</td><td rowspan="2">Recommend open</td></tr>
<tr><td>Intensive</td></tr>
</table>

Case Connect Decisions and Actions

- Recommended case connect decision is based on safety decision and final risk level.
- In some cases, worker may override recommended case connect decision.

Final Case Connect Decision	**Case Connect Action**
Open	• Open a new case • Connect to an open case • Connect to a closed case and re-open • Connect to a screened-out referral and open case
No Further Action	• Do not open a case • Connect to a closed case and do not re-open the case • Pre-existing services
Divert	• Divert to collaborative

Notes

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SECTION 6: CASE PLAN AND SERVICES

Performance Objectives

In this Section, you gain confidence in your ability to:

- Create a Service Plan.
- Create a Permanency Plan.
- Create a Case Plan.

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Practice Overview

Permanency, Case Plan and Services

Case plans serve as the essential roadmap to services and positive outcomes for both children and families. Case planning and permanency planning are interrelated, as case plans outline the actions required to achieve permanency goals. Comprehensive case planning focuses on the child's safety and permanence. When all those involved with the child have the opportunity to participate, a plan can be created that will match the needs of children and families and build on their strengths to support safety and help children achieve permanence.

There are five permanency goals in place for foster care children within CFSA to include:

- Reunification;
- Guardianship;
- Adoption;
- Alternative Planned Permanent Living Arrangement - APPLA (i.e. independent living); or
- Legal Custody.

Permanency Goals

With input from family teams, you will determine appropriate permanency goals for all children in out-of-home care to support the safe movement of children to permanency. You shall present a recommendation that would be well supported by evidence to the Court. If the Court makes a decision you believe is contrary to the best interests of the child, including safety, permanence, and well being, then you should raise the issue to your supervisor and to the appropriate Agency legal staff. Appropriate permanency goals should always be chosen with the child's best interest as the guiding principle.

There are various types of permanency goals to include:

- **Reunification:** Intensive Reunification with birth/legal parents, within twelve (12) months for children who have been in out-of-home placement for less than six (6) months. When reunification is the goal, CFSA and its contracted agencies should work diligently to identify the obstacles to reunification, develop a strategy to resolve those issues, and maintain familial connections as appropriate. The case plan should give parents the opportunity to build on their strengths and learn needed skills to provide for safe, nurturing homes.
  The goal of reunification is to be established when a child initially enters foster care, except under the following conditions:
    1. The death(s) of the birth/legal parent(s);
    2. The relinquishment of the child by the birth/legal parent(s);
    3. The birth/legal parents have consented to another form of permanency (consent to a specific adoption/legal guardianship, etc.) for the child;

4. Birth/legal parents cannot be located after a diligent search, not to exceed three months initiated as soon as the child enters care; and
5. Birth/legal -parents have been found guilty of repeated serious abuse or neglect of the child or the child's siblings such that termination of parental rights is appropriate.

You must first ensure that reasonable efforts are made to prevent foster care placements.

- **Guardianship:** Kin may choose to adopt related children, but they may also have legitimate reasons for not adopting. In such cases, permanent guardianship—a judicially created relationship in which certain parental rights and responsibilities are placed in the permanent guardian, while the parent retains other parental rights and responsibilities—should be considered as a permanency goal. The agency may assign a permanency goal of legal custody or guardianship with a permanent caretaker to a child under the age of twelve (12) for whom it has not made adoption efforts if:
  1. The child is placed with a relative;
  2. The relative is willing to assume long-term responsibility for the child but the relative has legitimate reasons for not adopting the child; and
  3. It is in the child's best interest to remain in the home of the relative rather than be considered for adoption by another person(s).

  The goal of legal guardianship with a permanent caretaker should be established only after the following steps have occurred:
  a) A permanency plan for the child has been formulated and documented.
  b) All services have been offered to the family to foster reunification, to no avail, and in the particular circumstances, it is certain that the child will never be returned home.
  c) A diligent search for any missing parent has been conducted.
  d) All known appropriate alternative relatives on both maternal and paternal sides of the child's family have been notified, interviewed and given first option to become legal guardians before an unrelated caretaker is considered.

- **Adoption** (by Kin)**:** When reunification is not in a child’s best interest, adoption by kin should be considered as a permanency goal. Permanency with kin is a means of facilitating positive familial connections for children. Adoption requires the termination of the existing parent and child relationship, and places parental rights and responsibilities with the adoptive parent;
  (Non-Kin Adoption): Adoption by non-kin is an alternative permanency option for when the above permanency goals are not in the child’s best interests. When a non-kin adoption is a child’s permanency goal, the child’s foster family should be considered as an adoptive resource first.

- **Alternative Planned Permanent Living Arrangement:** APPLA is another permanency option when the child is being prepared for independence. Eligibility for this and other independent living programs is based on appropriate federal guidelines. CKL is responsible for conducting a battery of assessments and developing services regarding the youth’s vocational, daily living, and academic skills and needs to better transition the child from child welfare to an adult service system.

- **Legal Custody:** The child's worker (supported by his/her supervisor) has an ongoing responsibility to assure that the child's permanency goal is appropriate or to initiate change if it is not; the child's services and placement are appropriate and are meeting the child's specific needs; the parents and other appropriate family members are receiving the specific services mandated by the family case plan and that they are progressing towards the specific objectives identified in the plan; and the provision of services is coordinated to ensure the delivery of the mandated services in those cases in which there are multiple service providers.

Case Plans

It is the practice of the Child and Family Services Agency that within thirty (30) days of the child's entry into foster care, and every 180 days thereafter, the initial case plan must be formulated. The purpose of the case plan is to foster mutuality, and it is your obligation to involve the family, child, and significant others in the planning process to the greatest extent possible. It is also your responsibility to document all efforts made to include the birth parents in the planning process when their signatures do not appear on the case plan.

You should consistently maintain the necessary documentation/evidence to assure that permanency plans are the best fit for the child(ren) and families in the care of the Agency.

Family Case Plan. The case plan must be fully implemented within 30 days from the date of report to CFSA for services. You will initiate a case plan for each child who is the subject of a maltreatment report. You will specify the services that address the needs of each member of the family. This is to be updated every six months thereafter. You and the child's parents will jointly develop a case plan that includes the following:

- Safety Assessment;
- Family Risk Assessment;
- Service Plan and;
- Permanency Plan.

Case plans require supervisory approval.

Child Case Plan. A child case plan is created for all clients in out-of-home care with a permanency goal of guardianship, adoption, APPLA, or legal custody. If the child has a permanency goal of Reunification, only a family case plan must be created.

For every child whose goal changes, including adoption, guardianship, legal custody, etc., the case plan shall be updated accordingly.

Because children deserve timely permanency, case plans should be reviewed and updated on a regular basis. Case plans document services offered and progress made toward the primary permanency goal. When the primary permanency goal is no longer appropriate, the case plan should be updated to reflect pursuit of the concurrent goal.

Services (Service Plan)

Appropriate services, including all services identified in a child or family's case plan will be offered and children/families will be assisted to use services, to support child safety, permanence and well-being. Services that are identified on the service plan will be documented in the Service Agreement section of the case plan upon printing.

You may initiate services on behalf of the children and families whom you serve. Below are a few examples:

Day Care Services. CFSA clients receive priority access to the day care services provided through the District of Columbia Day Care Services. This day care may be provided in a child development center, family day care home, or the child's own home. It also includes before-and-after-school programs as well as summer camp.

Day care services ensure direct care, supervision, and development guidance of a child between the ages of six (6) weeks and fourteen (14) years for various lengths of time throughout the day. These services are used to enable parents to obtain training or continuous employment, and they offer alternatives in other situations where day care is in the best interest of the child.

Homemaker Services. A homemaker may provide any of the following services to alleviate a family crisis:

- Auxiliary Service - a supportive in-home assistance to an adult family member with unusually heavy burden due to illness or disability;
- Supportive Service - the shared or total housekeeping and/or child care responsibilities;
- Teaching Service - services to help parents improve their ability regarding housekeeping, care of the ill or disabled, child-rearing, or basic child care;
- Family budgeting and nutrition assistance; and Evaluative and Protective Services-services with the goal of helping CFSA evaluate the level of care given to a child and assisting the family to remedy identified deficits; such services are offered to enable a child to remain at home while permanent plans are being made.

Adoption and Safe Families Act (ASFA) Timelines

Action	Date	Cite
Removal of child from the home	Day 1	NA
Entry into foster care	The earlier of-- (i) the date of the first judicial finding that the child is abused/neglected; or (ii) 60 days after the date the child is removed from the home	42 USC § 675(5)(F) D.C. Official Code § 4-1301.02(9)
Permanency hearing	Within 30 days after the determination that reasonable efforts to reunify the family are not required	42 USC §671(a)(15)(E)(i) D.C. Official Code §§ 4-1301.09a(e)(1), 16-2323(a)(3)
File TPR pleading	If, despite reasonable efforts, parent could not be located for the fact-finding hearing and during the period from child's removal from the home to the fact-finding hearing.	D.C. Official Code § 16-2354(b)(2)
File TPR pleading	If court determined child was abandoned, parent committed certain crimes, or child was subject of intentional and severe mental abuse	D.C. Official Code § 16-2354(b)(3)(B), (C) and (D)
Periodic review	At least once every 6 months	42 USC § 675(5)(B)
Periodic review	At least once every 6 months, while child is in an out-of-home placement, unless there was a permanency hearing in the past 6 months	D.C. Official Code § 16-2323(a)(1)
File TPR pleading	May be filed at least 6 months after the fact-finding when the child is in the court-ordered custody of a department, agency, institution, or person other than the parent	D.C. Official Code § 16-2354(b)(1)
Permanency hearing	No later than 12 months after the child entered foster care	42 USC § 675(5)(C) D.C. Official Code § 16-2323(a)(4)
Permanency hearing	At least every 6 months after the initial permanency hearing	D.C. Official Code § 16-2323(a)(4)
Periodic review	At least once every year if the child is not in an out-of-home placement	D.C. Official Code § 16-2323(a)(2)
Time-limited family reunification services	Provided during the 15 months after the child entered foster care	42 USC § 629a(a)(7)(A)
File TPR pleading	Child has been in foster care under the responsibility of the State for 15 of the most recent 22 months	42 USC § 675(5)(E))
File TPR	Child has been in court-ordered custody under the	D.C. Official Code §

Action	Date	Cite
pleading	responsibility of the District for 15 of the most recent 22 months	16-2354(b)(3)(A)
Permanency hearing	At least every 12 months after initial permanency hearing	42 USC § 675(5)(C)

For further reference to case and permanency plan requirements see the electronic form of the CFSA's Policy and Procedures through the FACES.NET link on the CFSA Internet/Intranet site.

FACES.NET Guide

The previous section focused on agency practice revolving around permanency, case plans and services. This section will guide you through the relevant FACES.NET screens.

The Service Plan screen is where the primary case planning activities take place. The Service Plan incorporates the needs identified on the Child and Caretaker Strengths and Needs Assessment as domain areas which are then assigned objectives, measures, client tasks, plan services and provider tasks. The service plan is made up of three screens:

- Service Plan List;
- Service Plan Tree View;
- Task View.

In addition to these primary screens the Service Plan Tree View screen is split into two sections. The left side of the screen will display a hierarchical view of the client service plan. You can modify objectives, measures, client tasks, plan services and plan service tasks on the right side of the screen when the appropriate element is selected.

The section on the left displays a list of all the clients in the household(s). There is a plus (+) next to each client and, upon clicking, will expand to show all the domains attached to that client. If you click on the plus (+) on a domain, it will expand to show all the objectives attached to the domain. If you click on the plus (+) next to an objective, it will expand to show all the measures, client tasks, and provider services attached to that objective.

The section on the right is initially blank with Save and Cancel buttons. When you expand the client and select a domain, that domain specific information will display in this section. Then you can modify the domain information and save it by clicking on the Save button. This section also displays information for objectives, client tasks, measures, and provider services whenever each of these items is selected by you on the left screen.

In order for a service plan to be approved, the following conditions need to be met;

- Each domain must have at least one objective;
- Each objective must have at least one client task and one measure attached to it.

Case Plan and Services

When a case is created in FACES.NET it is transferred to the appropriate ongoing unit for management. You and your supervisor are able to review all on-going case management activities and use FACES.NET to record, create/update case plans, and log services the family will receive.

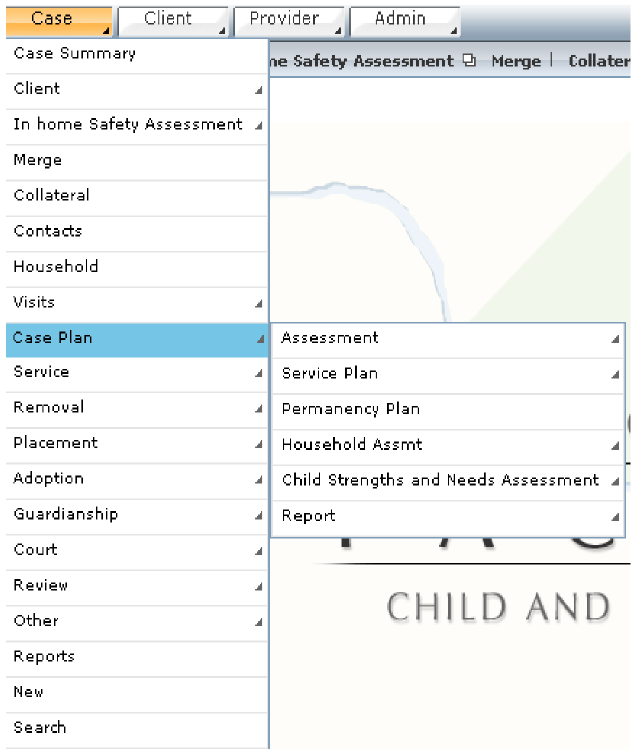


Figure 6.1

As mentioned previously in the section, there are three main components of the case plan: the Assessment, Service Plan, and Permanency Plan. All three must be completed before a case plan report can be compiled. The following FACES.NET Scenario describes this process in detail.

Current policy requires case plans to be completed within 30 days of the child entering into the Agency's care and then afterwards every 180 days (six months). Management reports track completion of case plans, and any plans older than six months are considered expired.

Service Plan – Treatment Plan

The Caretaker and relevant Child Strengths and Needs Assessments must be completed before creating a Service Plan. Service Plans must be completed every 90 days. Therefore, the next evaluation date defaults to 90 days from the creation date.

The List of Service Plans screen displays a list of service plans that have been previously completed or started. You can select one of these previously created plans in order to view or edit it. In addition, you are able to begin an entirely new service plan.

Steps Include:

Step 1: Place the cursor over the **Case** menu, then **Case Plan**, click **Service Plan** and then **List of Service Plans**.

Step 2: Click the **New** button on the Select Treatment Plan screen.

Step 3: Select **Family Service Plan (**or **Child Service Plan)** and the **Service Plan Assessment Date**.

Step 4: Click **Select** beneath the Service Plan Participants box.
A pop-up box of a list of households will appear.

Step 5: Choose **Household:** *For example:* **SHANTE JACKSON**.

Step 6: Click **OK**.

Step 7: **Click Show**.

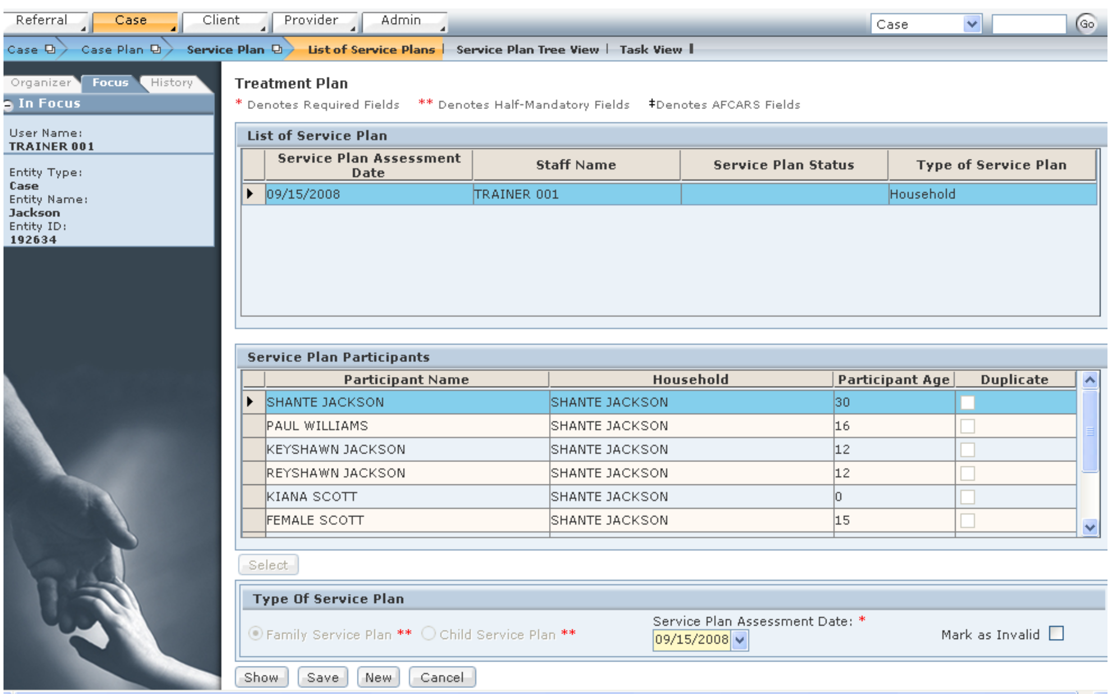


Figure 6.2

Step 8: Click **Service Plan Tree View** breadcrumb.

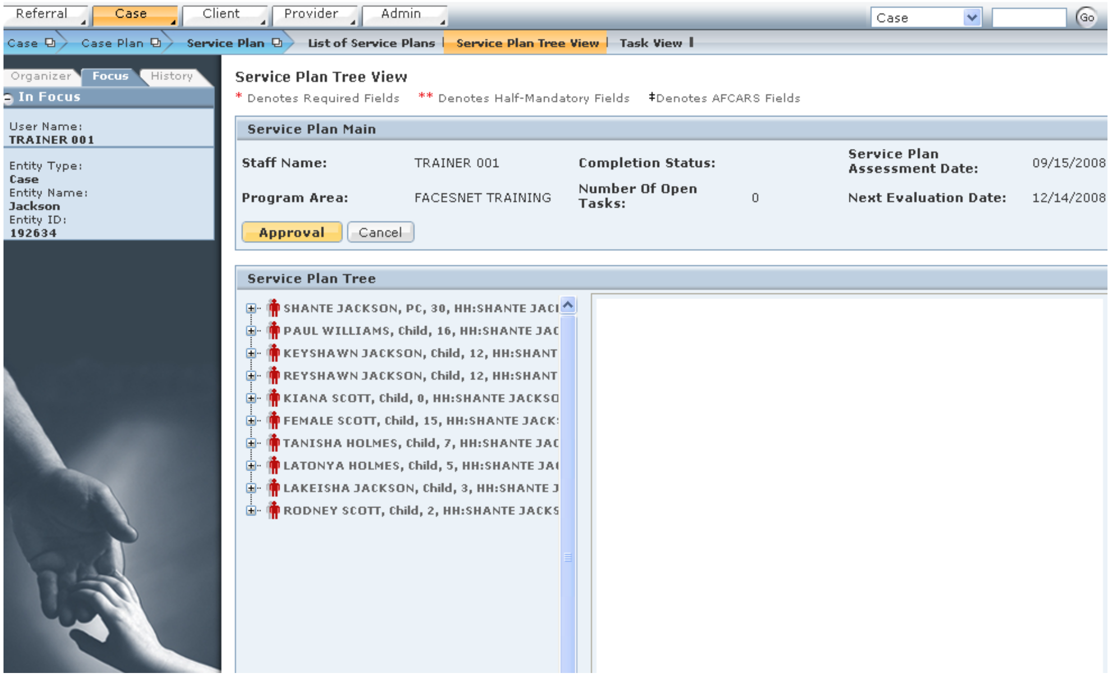


Figure 6.3

Note:

- You can create and have open only one service plan for each household.
- You can create multiple domains, objectives, and tasks.

Add/Modify Domain

The first sub-screen in the service plan hierarchy is the domain. This screen displays the domains for the selected client. You can navigate to this sub-screen by expanding client in the service plan view.

When you select one of the domains from this sub-screen, then that domain information is displayed in another split screen on the right. For a domain that comes from strengths and needs assessments, the source field displays "Strengths and Needs" and is inactive.

A domain called **New Domain** will also be visible. For a newly created domain, the source field is active but does not show "Strengths and Needs" as a dropdown option.

Steps Include:

Step 1: Click a domain to modify or click **New Domain**. *This is located under the Service Plan Tree section.*

Step 2: Choose the **Domain**, **Source**, and **Objective**. *This is located under the Objective Section on the sub-screen to the right.*

Step 3: Enter the **Begin Date**.

Step 4: Click **Save**.

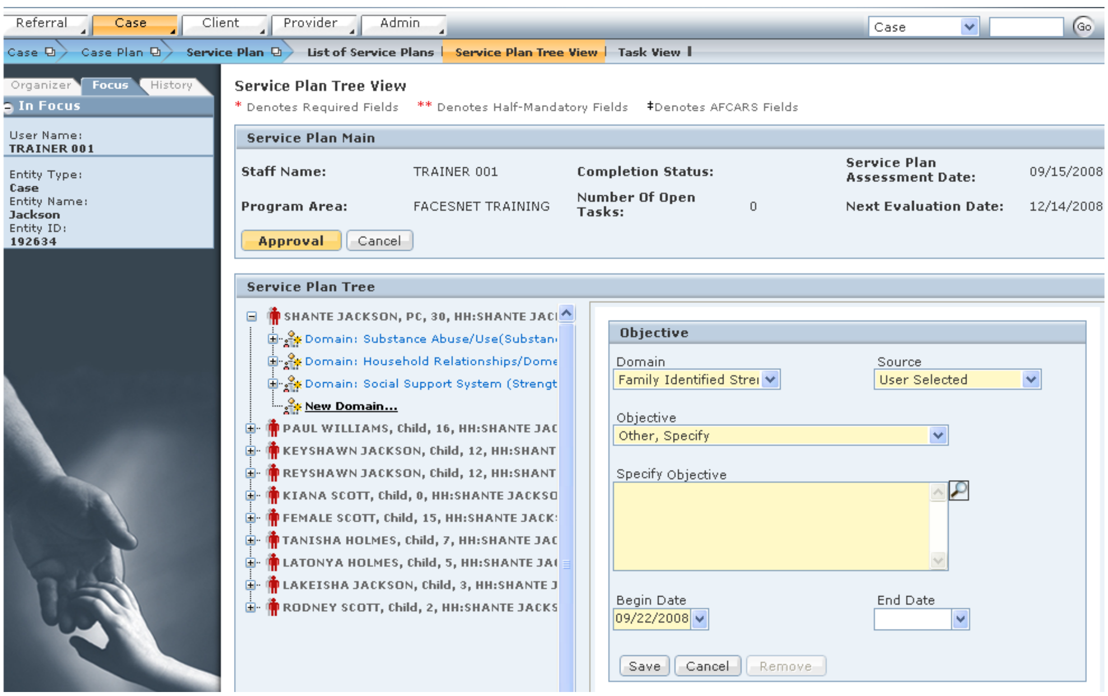


Figure 6.4

Add/Modify Objective

The second sub-screen found in the tree hierarchy is the objective. This sub-screen displays the objectives for the selected domain for the selected client. You can navigate to this sub-screen by first expanding client and then expanding domain in the service plan view.

An objective called **New Objective** will also be visible. When you select one of the objectives from this sub-screen, then that objective information is displayed in another split screen on the right. There must be at least one open objective for every open domain in order to send the service plan for approval.

Steps Include:

Step 1: Click the plus (+) next to the selected **Domain**.

Step 2: Click on an objective to modify or click **New Objective** for its sub-screen to appear on the right. Domain and Source will be auto-populated.

Step 3: Select **Objective.**

Step 4: Fill-in **Specify Objective** if "**Other, Specify"** was chosen for **Objective.** *This is located in the Objective section on the sub-screen to the right.*

Step 5: Enter the **Begin Date.**

Step 6: Click **Save.**

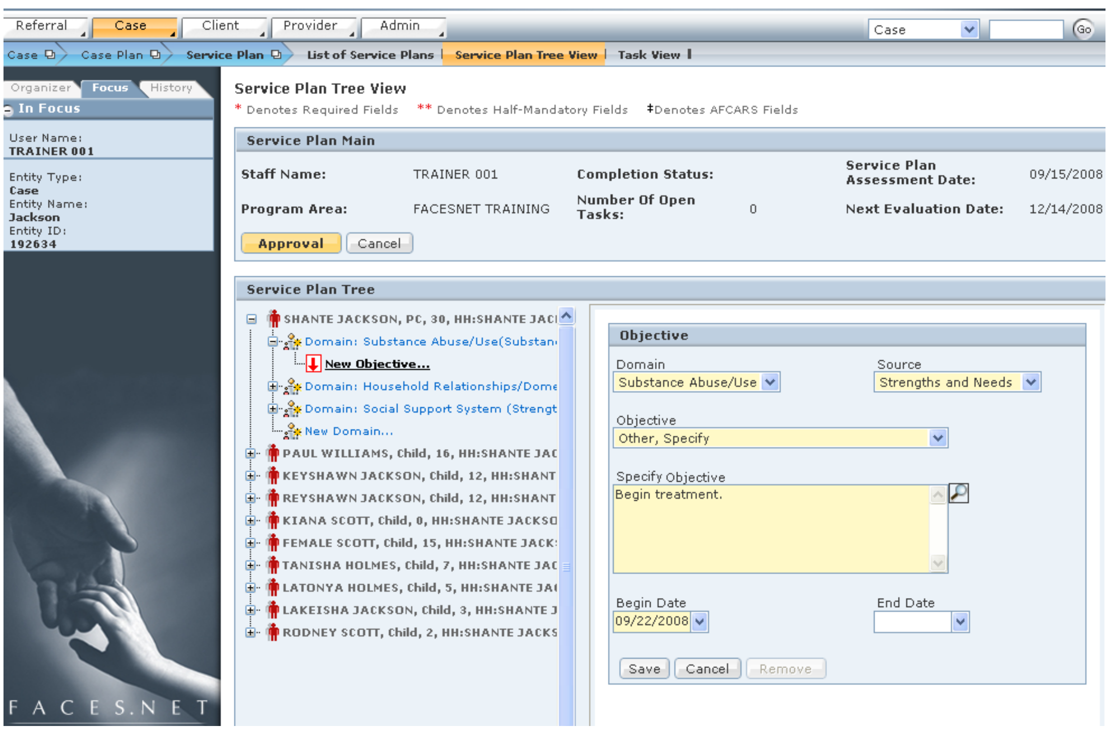


Figure 6.5

Note:

- The Plan Services screen does NOT generate payments to providers (the Service Log, Caretaker and Enter screens do.)
- Services listed are transferred over to the Service Log screen. However, to document enrollment and begin provider payments you must go to the Service log screen and activate the services. *See the segment on recording services later in this Section.*

Add/Modify Measure

The third sub-screen found in the tree hierarchy is measure. This sub-screen displays the measures for the selected objective for the selected client and domain. You can navigate to this sub-screen by first expanding client and then by expanding domain and objective respectively in the service plan view.

When you select one of the measures from this sub-screen, then that measure information is displayed in another split screen on the right. There must be at least one measure for every open objective in order to send the service plan for approval. You can change that measure and click on the "Save" button to save the information. If you select "Other" from the measure dropdown, then the specify measure text area becomes active.

A measure called **New Measure** will also be visible.

Steps Include:

Step 1: Click the plus (+) next to **Objective**.

Step 2: Click the plus (+) next to **Measure**.

Step 3: Select **Measure** from sub-screen on the right**.**

Step 4: Fill-in **Specify Measure** if **"Other, Specify"** was chosen for above Measure field.

Step 5: Click **Save**.

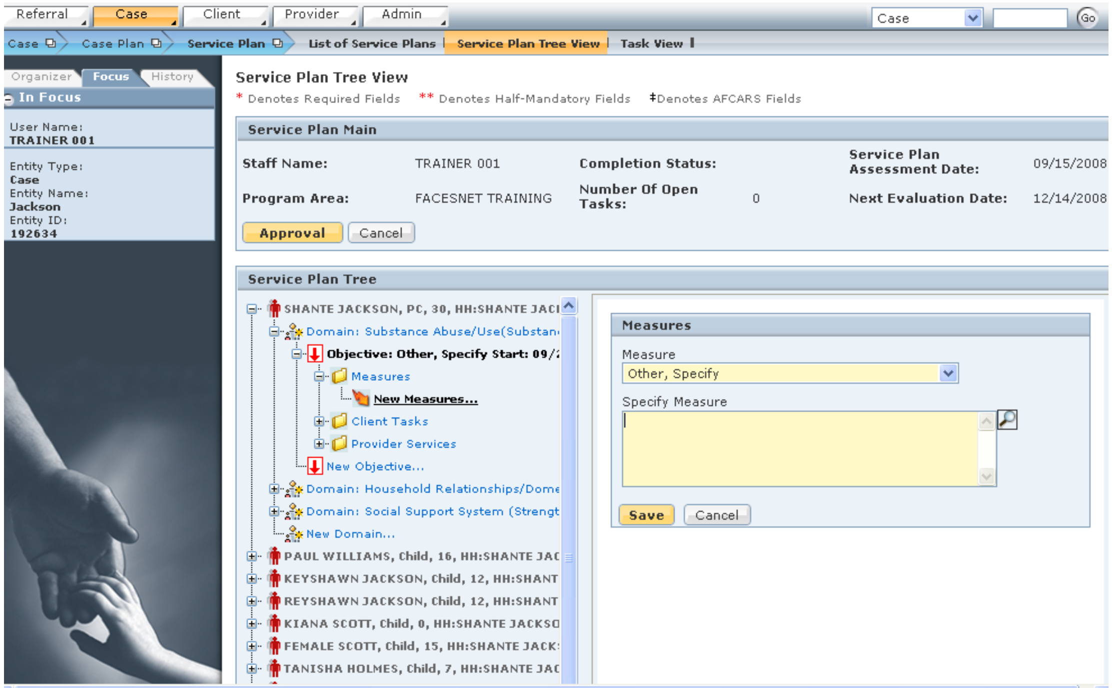


Figure 6.6

Add/Modify Client Task

The fourth sub-screen found in the tree hierarchy is client task. This sub-screen displays the client tasks for the selected objective for the selected client and domain. You can navigate to this sub-screen by first expanding client and then by expanding domain, objective, and client tasks respectively in the service plan view.

When you select one of the client tasks from this sub-screen, then that client task information is displayed in another split screen on the right. There must be at least one open client task for every open objective in order to send the service plan for approval. You can end date the task if it is completed. You can also write progress notes on the task and write the name of any other person responsible for completing the task. If you select the task "Other," then the specify task area box becomes active.

A client task called **New Client Task** will also be visible.

Steps Include:

Step 1: Click the plus (+) next to **Objective**.

Step 2: Click the plus (+) next to **Client Tasks**.

Step 3: Select one of the tasks to modify or select **New Client Tasks.**

Step 4: Enter information in the **Specify Task text box,** if "Other, Specify" is selected.

Step 5: Click **Save**.

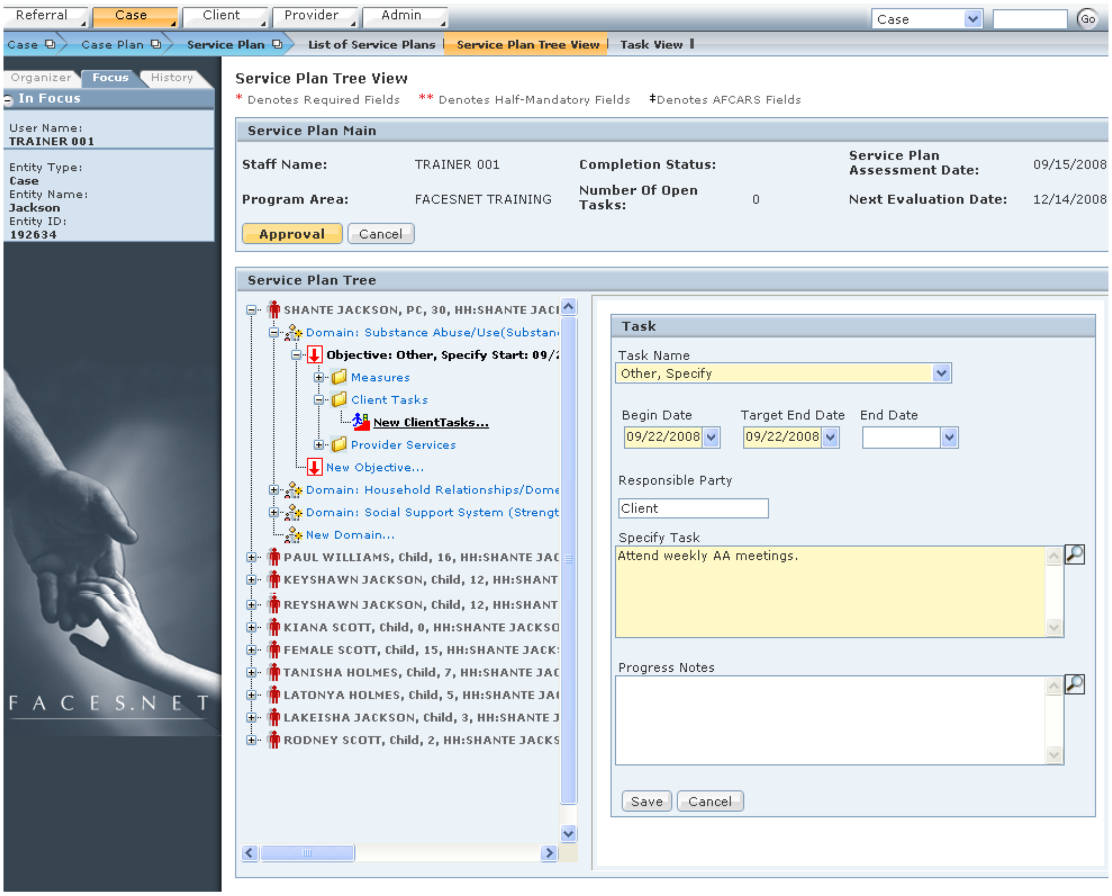


Figure 6.7

Add/Modify Provider Service

The fifth sub-screen found in the tree hierarchy is provider services. This sub-screen displays the provider service for the selected objective for the selected client and domain. You can navigate to this sub-screen by first expanding client and then by expanding domain and objective respectively in the service plan view.

When you select one of the provider services from this sub-screen, then that provider service information is displayed in another split screen on the right. The provider service screens have been incorporated into the tree view and are able to record, end date and add progress notes. End date is necessary for closing out a provider service that is no longer being offered to the client. Progress notes allow the worker to fill in narrative information about how a service is being fulfilled.

A provider service called **New Provider Service** will also be visible.

Steps Include:

Step 1: Click the plus (+) next to **Objective**.

Step 2: Click the plus (+) next to **Provider Services**.

Step 3: Select one of the provider services to modify or select **New Provider Services.**

Step 4: Select Type of Resource from the **Provider Services tab.** *This is located in the Provider Tasks Entry sub screen.*

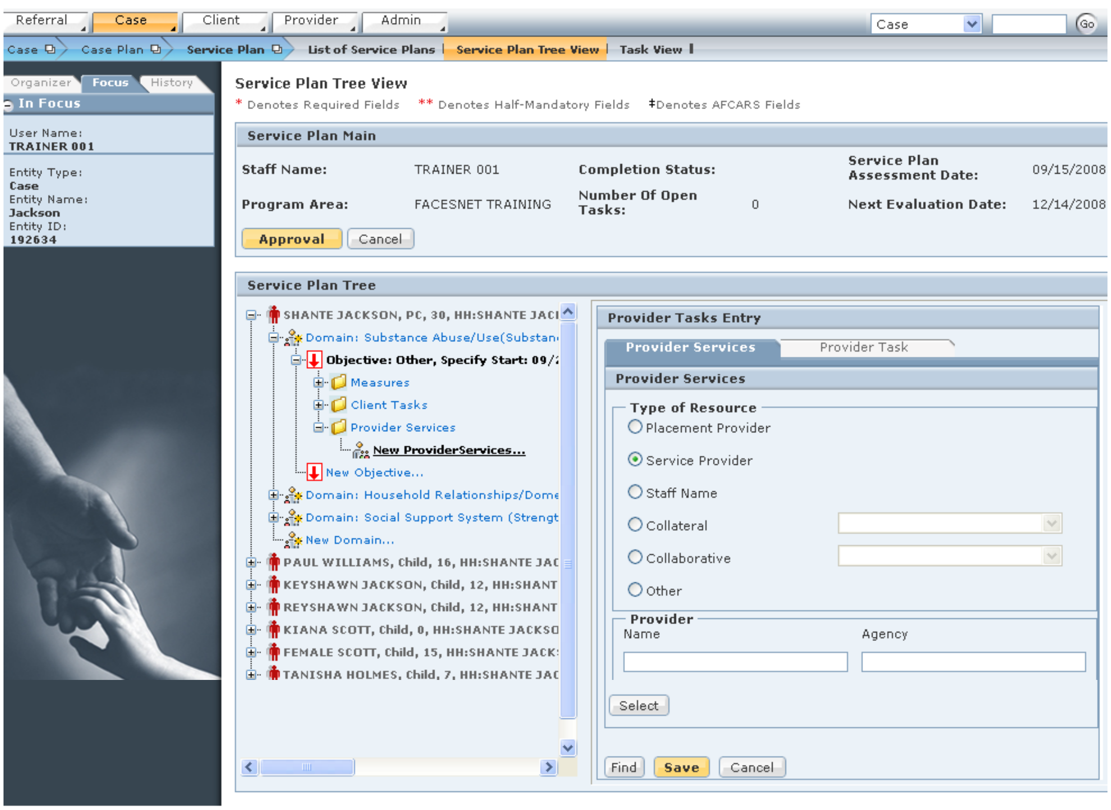


Figure 6.8

Note: You can type in the name of the provider after selecting a service.

Step 5: Click **Save**.

Step 6: Click on the **Provider Task tab** located in Provider Tasks Entry sub screen.

Step 7: Click **Select** to choose the Provider Task.

Step 8: Click **Save**.

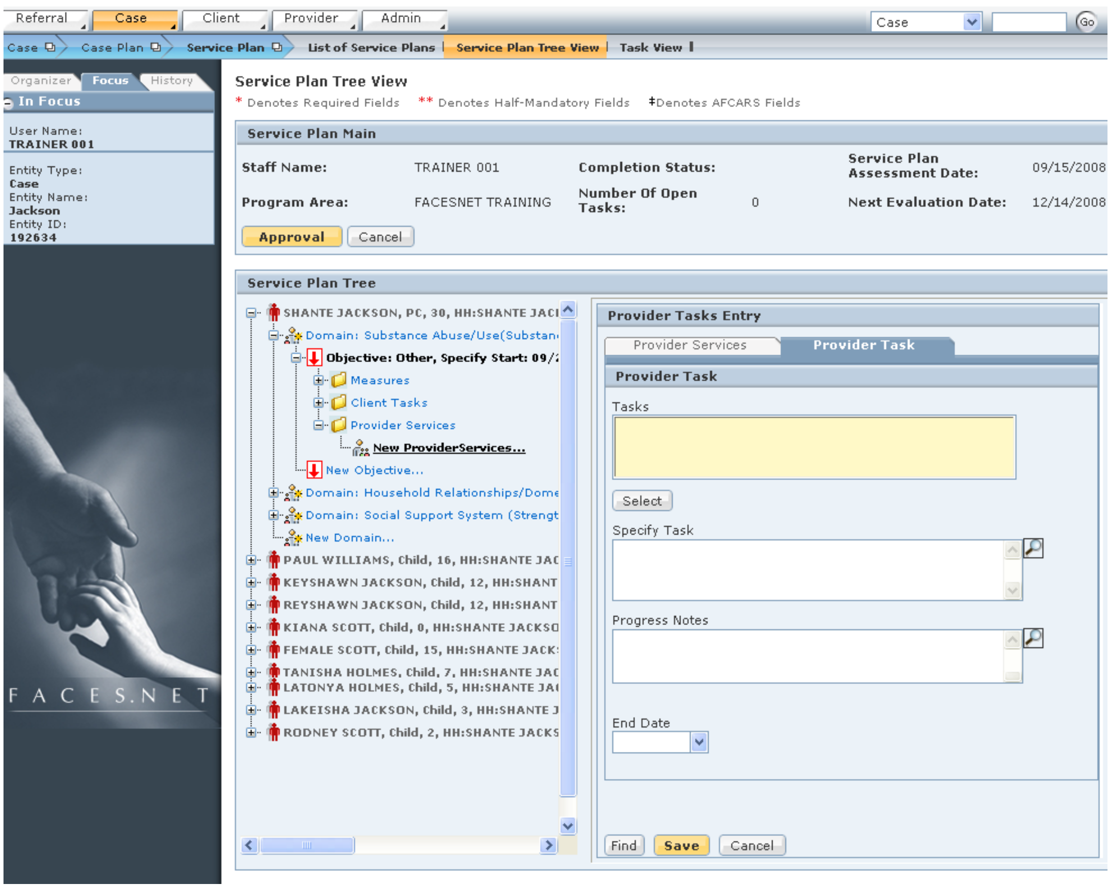


Figure 6.9

Task View

The Task View screen displays all client tasks for all clients in the service plan. You can also end date tasks and write progress notes for tasks in this screen. The header displays worker's name, program area, service plan date, number of open tasks, and next evaluation date. All these fields are display only fields. The remainder of the task view screen is split into three sections.

The client section displays a list of all the clients in the household(s). You can select a client and the Task View section shows all the client tasks attached to that client. Each client task has a plus (+) next to it. The Task View will also expand to show the domain, objective, start date, and end date of the client task.

In the Edit Task section, you can add progress notes and end-date a selected task.

Steps Include:

Step 1: Place the cursor over the **Case** menu, then **Case Plan**, click **Service Plan** and then **Task View**.

Step 2: Select **Task** to edit.

Step 3: Enter **Progress Notes**.

Step 4: Click **Save**.

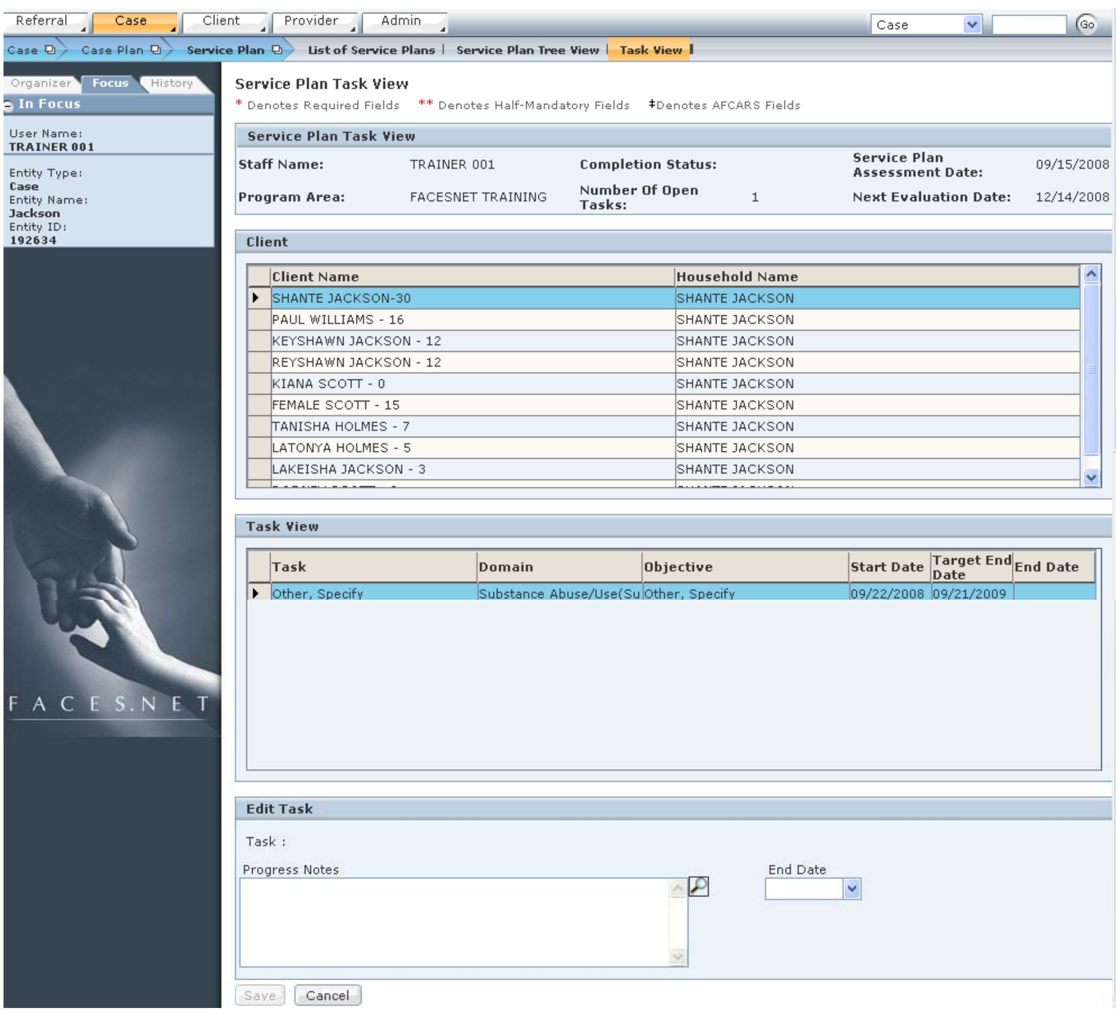


Figure 6.10

Record a Permanency Plan

Permanency plans are recorded separately from case plans; however, a child's permanency goal will populate in the Permanency Goal field from the Child Case Plan if a Child Case Plan was completed. Use the following steps to record a new permanency plan.

Steps Include:

Step 1: Place the cursor over the **Case** menu, then **Case Plan**, and click **Permanency Plan**.

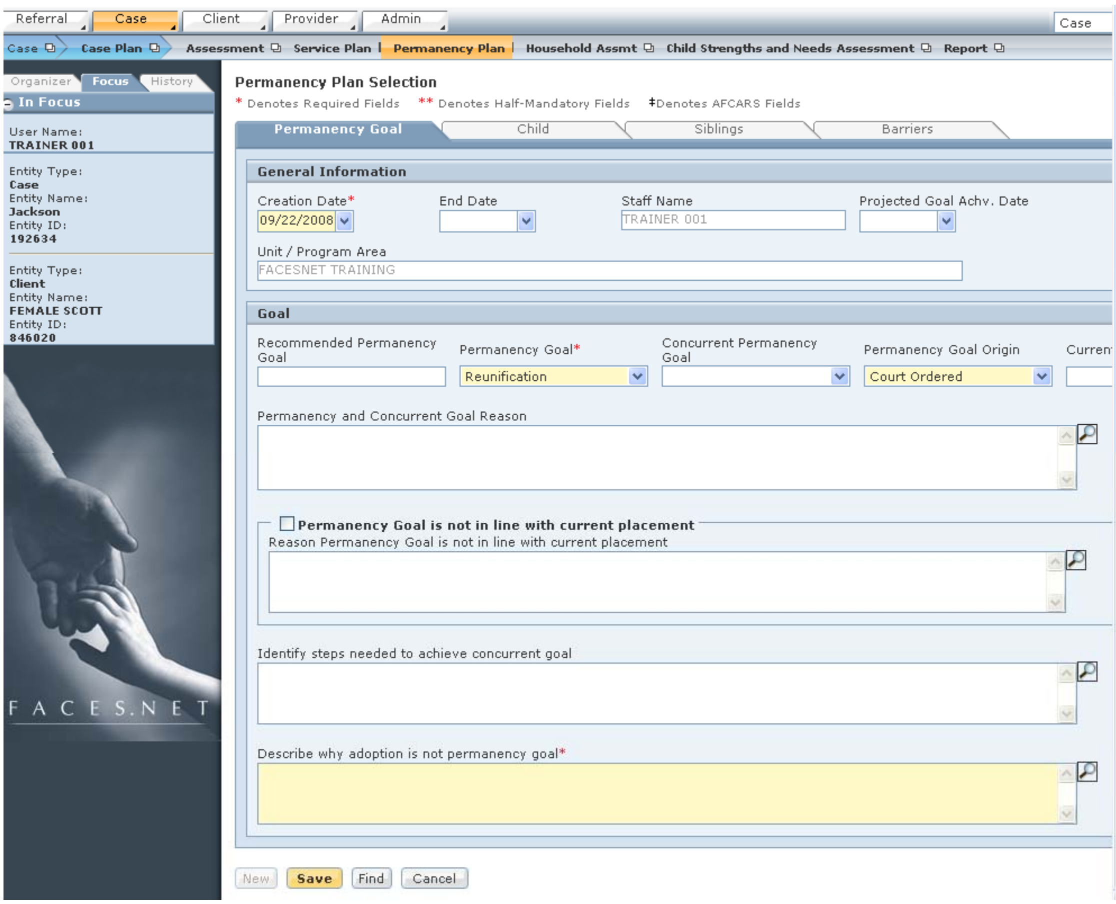


Figure 6.11

Step 2: Select the appropriate child, and then click the **New Plan** button on the **Permanency Plan Selection** window.

Step 3: Select Permanency Goal.

Step 4: Select Permanency Goal Origin.

Step 5: Enter all other applicable information on each tab.

Step 6: Click **Save**.

Note: The Recommended Permanency Goal field will populate with the same field from the SDM Reunification Assessment.

Case Plan Report

The Safety Plan, SDM Assessments, and Service Plan have now been completed. Let's tie the three elements together along with the Permanency Plan into a Case Plan report. The Case Plan Report is located under the **Case Plan** track.

After you first select the Service Plan, and depending upon the Service Plan you have selected, the other selection boxes will be active or inactive. The Service Plan selection box will group all service plans with common child(ren). You will only be able to select one service plan or one group of service plans for each case plan report.

Selection Box Criteria for pulling the assessments into Case Plan Report

Type of Household	Service Plan	Risk Reassessment	In-home safety assessment	Reunification assessment
All children in home	Enabled and Required	Enabled and Required	Enabled	Disabled
At least one child in Home	Enabled and Required	Disabled	Enabled	Disabled
At least one child out of home with goal other than Reunification	Enabled and Required	Disabled	Enabled	Disabled
At least one child out of home with goal of Reunification	Enabled and Required	Disabled	Enabled	Enabled and Required

Steps Include:

Step 1: Place the cursor over the **Case** menu, then **Case Plan**, and then click **Report.**

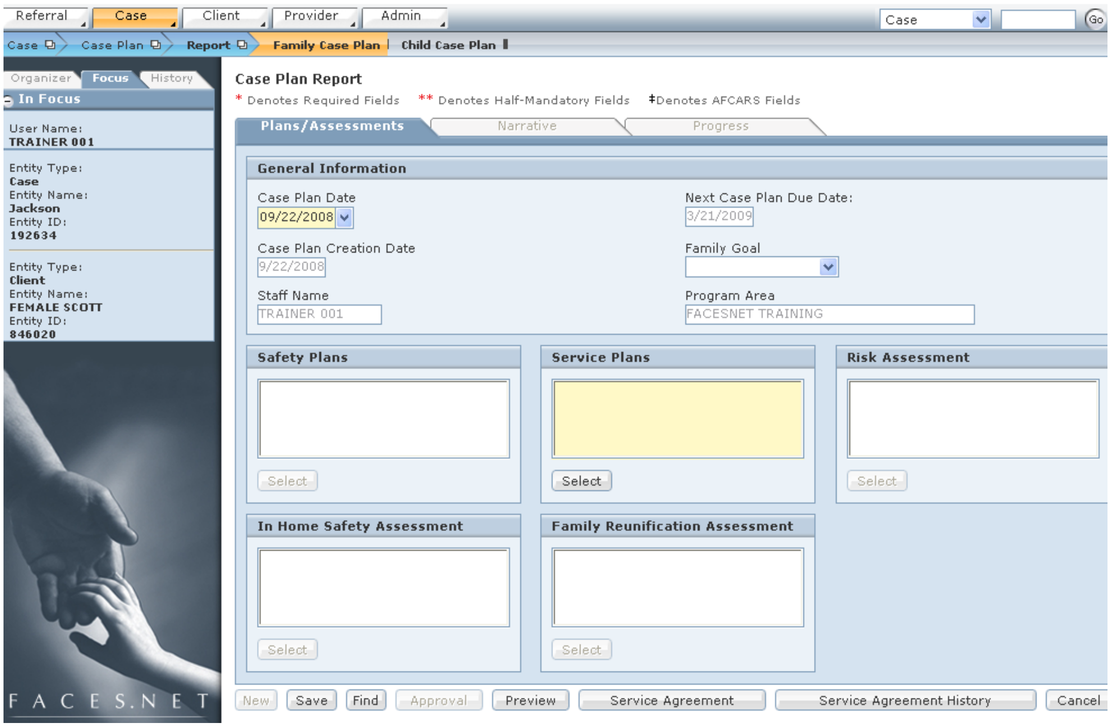


Figure 6.12

Step 2: Choose the Report Type (Family Case Plan or Child Case Plan).

Step 3: Click **New**.

Step 4: Choose the Service Plan(s), and Assessments you want to include in this Case Plan Report.

Step 5: If creating a Family Case Plan, pick the Family Goal.

Step 6: Click on the **Narrative tab**.

Step 7: Enter information in the Case Plan **Narrative** section.

Step 8: Click on the **Progress tab**.

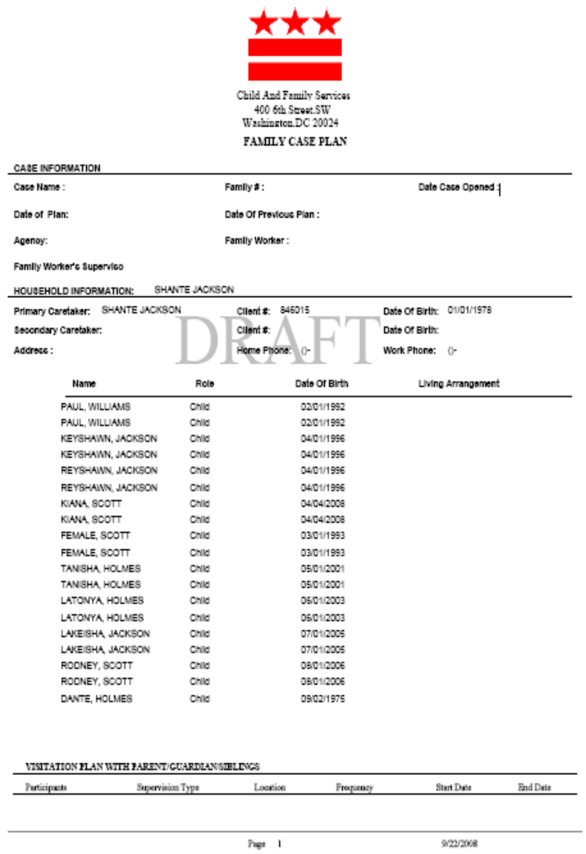
Step 9: Enter information on the **Progress** screen.

Step 10: Click **Save**.

Step 11: Click **Approval** to send this to the supervisor for approval.

Note:

- The Service Agreement button will show all open tasks.
- The Service Agreement History button will show all closed tasks.



Child And Family Services
400 6th Street.SW
Washington.DC 20024
FAMILY CASE PLAN

CASE INFORMATION

Case Name : Family # : Date Case Opened :

Date of Plan: Date Of Previous Plan :

Agency: Family Worker :

Family Worker's Superviso

HOUSEHOLD INFORMATION: SHANTE JACKSON

Primary Caretaker: SHANTE JACKSON Client #: 846015 Date Of Birth: 01/01/1978

Secondary Caretaker: Client #: Date Of Birth:

Address : Home Phone: ()- Work Phone: ()-

DRAFT

Name	Role	Date Of Birth	Living Arrangement
PAUL, WILLIAMS	Child	02/01/1992	
PAUL, WILLIAMS	Child	02/01/1992	
KEYSHAWN, JACKSON	Child	04/01/1996	
KEYSHAWN, JACKSON	Child	04/01/1996	
REYSHAWN, JACKSON	Child	04/01/1996	
REYSHAWN, JACKSON	Child	04/01/1996	
KIANA, SCOTT	Child	04/04/2008	
KIANA, SCOTT	Child	04/04/2008	
FEMALE, SCOTT	Child	03/01/1993	
FEMALE, SCOTT	Child	03/01/1993	
TANISHA, HOLMES	Child	05/01/2001	
TANISHA, HOLMES	Child	05/01/2001	
LATONYA, HOLMES	Child	06/01/2003	
LATONYA, HOLMES	Child	06/01/2003	
LAKEISHA, JACKSON	Child	07/01/2005	
LAKEISHA, JACKSON	Child	07/01/2005	
RODNEY, SCOTT	Child	08/01/2006	
RODNEY, SCOTT	Child	08/01/2006	
DANTE, HOLMES	Child	09/02/1975	

VISITATION PLAN WITH PARENT/GUARDIAN/SIBLINGS

Participants	Supervision Type	Location	Frequency	Start Date	End Date

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Figure 6.13

Note:

- Remember to make sure that the case plan date displayed on this screen is correct before submitting or approving a case plan. If the date is incorrect, you will not receive credit for the case plan.
- When you create a new service plan, all open tasks will populate the new service plan.

Point to Remember:
All Service Plans must be approved by a supervisor.

Notes

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