



training manual

CASE PRACTICE STANDARDS MANUAL

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MISSION STATEMENT

Casey Family Services is committed to improving the lives of at-risk youth* and strengthening families and communities by providing high-quality, cost-effective services that advance both positive practice and sound public policy.

* Casey Family Services serves children and youth ranging in age from birth to age 18 and young adults up to age 23. This manual uses the term “youth” to refer to all of these children, adolescents and young adults.

PERMANENCY STATEMENT

Permanency is an enduring family relationship that is safe and meant to last a lifetime; offers the legal rights and social status of full family membership; provides for physical, emotional, social, cognitive and spiritual well-being; and assures lifelong connections to extended family, siblings, other significant adults, family history and traditions, race and ethnic heritage, culture, religion and language.*

Building on the ongoing commitment of Casey Family Services to achieve family permanency outcomes for all children and youth, involve consumers in planning and maintain birth family connections, the following practices will be strengthened and enhanced:

- Every child/youth will achieve a timely and stable family permanency outcome that is as physically, emotionally and legally secure as possible.
- Every child/youth will be as comprehensively prepared for adulthood as possible, using an approach that is continuous, customized and collaborative.
- A “permanency team” process will integrate child-/youth-centered, family-focused planning and decision making for safety, permanency and well-being (including preparation for adulthood).
- Parents (birth, foster, adoptive, respite), family members and other significant adults in the life of a child/youth will be actively and meaningfully engaged in collaborative permanency planning and decision making.
- Children and youth will be engaged in their own permanency planning and decision making in a way that is active, meaningful, collaborative and developmentally appropriate.
- Safe, stable and enduring connections to a child’s/youth’s birth parents, birth and extended family members and other significant adults will be developed, nurtured and supported.
- Recruitment of resource families will include identifying attachment figures and significant adults from each child/youth’s natural network of relationships.
- Resource families will be prepared for an integral role in permanency team planning and decision making on the part of each child/youth in their care.
- Resource families will be prepared for a flexible role that changes as each child’s/youth’s permanency needs change. This may include: reunification and/or reconnection with birth family; responding personally by making a permanent legal commitment to a child/youth who cannot be safely reunified; and/or being an integral part of the team to recruit an alternative permanent family if necessary.
- Although many children/youth will still enter CFS care under a goal of LTFC/APPLA, the permanency service plan goal of LTFC/APPLA will be used only when reunification, adoption or guardianship cannot be achieved.
- While the hallmark commitment of “Once a Casey kid, always a Casey connection” will be sustained, the defining characteristic of the social work relationship with children/youth will be as a “bridge” to safe, stable and permanently secure family relationships.

* *A Call to Action: An Integrated Approach to Youth Permanency and Preparation for Adulthood.* The Casey Center for Effective Child Welfare Practice, in collaboration with California Permanency for Youth Project, Casey Family Programs, and the Jim Casey Youth Opportunities Initiative, Inc. April 2005.

practice principles

INTRODUCTION

At Casey Family Services, we believe that youth are most likely to thrive and reach their fullest potential when they grow up in safe, reliable and supportive families. We also believe that all youth have a right to legal membership in a permanent family. Our permanency-focused, family-strengthening child welfare practice model is customized to address the needs of each youth and family for safety, permanence and well-being. We divide our work into the two broad categories of *Family-Strengthening Services* and *Permanency Planning Services*.

In *Family-Strengthening Services*, we work to preserve and stabilize families and prevent out-of-home placement. We provide counseling and support to families after the achievement of legal permanence. We recognize the connection between poverty and child maltreatment. Focusing on the social and economic stability of families and neighborhoods is a priority to ensure that youth do not enter the foster care system due to poverty alone. (See *Appendix A for information about our Family Economic Success work*.)

In *Permanency Planning Services*, we make every effort to reunite youth with their birth parents safely, expeditiously and within the time frames stipulated by the federal Adoption and Safe Families Act. Birth parents are included in the planning process to the fullest extent possible, regardless of the youth's custody status, and are encouraged to be involved in making decisions on behalf of their children. We work to ensure that the youth we serve have safe and ongoing relationships with birth parents, siblings and extended family, and other significant individuals.

PRACTICE PRINCIPLES

While each Casey Family Services division offers supports and interventions designed to build on the strengths and meet the unique needs of the community in which it is located, staff in all divisions adhere to the following eight foundational practice principles to ensure that the youth and families with whom they work receive the highest-quality services.

Our work is family focused and strengths based.

We believe that reliable, nurturing families have the power to facilitate growth and positive change in youth. We define family broadly to include birth parents and siblings; blood and legal relatives; tribal members; godparents; fictive kin; current and/or past caregivers; adoptive and foster parents or guardians; and other individuals who are important to the youth. We are committed to helping individuals and families recognize, use, and build on their inherent strengths.

Our work is permanency focused.

We ensure that youth in or at risk of entering the child welfare system have full-time permanent parents who provide for their safety and well-being and offer them enduring legal rights and social status of full family membership.

Our work is safety and well-being focused.

We serve youth and families with histories of trauma and maltreatment that put them at risk of poor outcomes in life due to mental illness, learning difficulties, developmental delays, and medical problems. We help promote their safety and well-being by providing services that are evidence based and informed by best practice in the fields of social work, child welfare, mental health, education and health care.

Our work is outcome focused.

We work in close partnership with youth and families to help them set and achieve realistic, measurable and time-focused goals that reflect their unique strengths, challenges and needs.

We evaluate our services to ensure that they are effective. Documenting successful outcomes is critical to our ethical commitment to youth and families and is crucial to our ability to replicate our services internally and share our knowledge and experience with others.

Our work is time limited.

We play a time-limited role in the life of a youth or family. In family-strengthening services, we work on a wide variety of goals to stabilize and support families to prevent them from entering or reentering the child welfare system. This work is often episodic, as families and individuals may need a variety of different services as their circumstances change. In permanency planning services, we work toward the single goal of securing a permanent, legal family for each youth. Once a youth has a family, we close the permanency planning case, although a family may return for episodic family-strengthening services if necessary.

Our work is community centered.

We recognize that children and families grow and develop within communities and believe that when those communities do well, so do the children and families living in them. We are committed to improving the social and economic stability of families and neighborhoods and, when youth need foster care services, to keeping them connected to their communities of origin.

Our work is culturally competent.

We provide services that are sensitive to the unique racial, ethnic, cultural, social and economic heritage of each child and family. We work with diverse teams and outside agencies to ensure cultural competence and diversity. We are mindful that African American,

Hispanic/Latino, and Native American youth enter foster care in disproportionate numbers and stay in care longer than other youth. Therefore, we use our resources and best practices to reduce the racial disproportionality and disparities in the child welfare system. *(See Appendix B for information about CFS' work on disproportionality.)*

Our work is collaborative.

We strive to build and maintain respectful relationships with youth, families and other service providers, knowing that collaboration is key to coordinating services and achieving positive outcomes.

In family-strengthening services, we work with parents to help them raise their children within their family and community, establishing teams of extended family, friends, service providers and others, as needed, to provide support.

In permanency planning services, we work with youth and their legal guardians to identify important people in their life, building a team to preserve or to develop and sustain family relationships. Teams often include birth parents, siblings and extended family members together with the youth, foster parents, professionals and other significant individuals. Casey Family Services acts as a catalyst and guides the permanency teaming process; team members collaborate to secure permanency for each youth and ensure his or her safety and well-being.

services offered, framework for delivery and permanency teaming

INTRODUCTION

Using a strengths-based approach and a permanency practice framework, Casey Family Services offers a continuum of services designed to ensure the safety, permanence and well-being of youth and families. We organize these services into the two broad categories: *family strengthening* and *permanency planning*. The primary framework for most of our service delivery is permanency teaming, a collaborative approach to permanency planning.

CORE SERVICES OFFERED

Family-strengthening services (FSS) and permanency planning services (PPS) each include a combination of the following nine areas of work:

- information and referral
- assessment
- service planning
- permanency teaming
- clinical case management
- individual, family and group treatment
- psychoeducation
- life skills
- advocacy

In both FSS and PPS, various designated staff members assume responsibility for one or more of the following casework-related tasks:

- taking referrals and making intake decisions
- assigning cases
- meeting youth/families and writing assessments
- creating service plans or service agreements

- delivering services
- implementing the permanency planning model
- recruiting, training, licensing/re-licensing foster families
- conducting and writing a home study
- creating and maintaining the physical and electronic case records
- closing/reopening a case

FAMILY-STRENGTHENING SERVICES

In FSS, we provide services that are designed to support and preserve families who have been involved or are at risk of becoming involved in state child welfare systems. By offering counseling and support, we help ensure that youth stay with their legal families. Recognizing the connection between poverty and child maltreatment, we work to improve the social and economic stability of families and neighborhoods to make certain that youth do not enter the foster care system due to poverty alone. (*See Appendix A for information about our Family Economic Success work.*)

In FSS, our customized services range in intensity and duration from Level I (or Limited Service, which is limited to support groups) to Level II (which may include clinical support, individual and family counseling, permanency teaming and educational advocacy) and Level III (which generally involves acute crisis intervention in the form of intensive coordinated therapy and case management). We only apply levels of service to our family-strengthening cases.

Population Served

The unit of service in FSS is the family, which includes parents or primary caregivers and some or all youth in

the home. The families we serve are those who have been, are currently or are at risk of becoming involved in the state child welfare system.

Services Offered

The broad category of FSS includes the work of family economic success services, family preservation and post-permanency services (post-adoption, post-guardianship and post-reunification). The particular range of family-strengthening services offered by a division varies within CFS depending upon division-specific contracts and the needs of a particular community.

PERMANENCY PLANNING SERVICES

In PPS, we provide services to youth in out-of-home placements, making every effort to reunify birth families safely, expeditiously and within the time frames stipulated by the federal Adoption and Safe Families Act. When birth families cannot provide safety, permanence and well-being, our social workers use concurrent planning to identify another adult(s) to become a lifelong, legal parent(s) through adoption or guardianship.

Within our PPS, we use a permanency teaming process to help youth identify and build these relationships as well as concurrent planning throughout the casework process to achieve adoption or guardianship for youth who cannot be reunified.

Our services help youth have safe, enduring relationships with their birth parents, siblings, extended family and other reliable adults. Regardless of the youth's custody status, we include birth parents to the fullest extent possible and encourage them to be involved in all decision making.

Population Served

The target population in PPS is youth, ages birth to 18, who are in out-of-home placements. We serve those youth for whom a permanent family has not yet been identified, and those youth for whom a permanent family has been identified, but where barriers to achieving

permanency exist. We also serve young adults in CFS foster care up to age 23. The youth include those who:

- are in the custody of a state child protective service agency
- require a foster care placement that meets the youth's needs for safety, permanency and well-being
- are in a state foster home and would benefit from permanency planning
- already have or would benefit from a permanency plan of reunification, adoption or guardianship with kin or others

Casey Family Services accepts referrals of youth with plans for independent living, long-term foster care or an alternative planned permanent living arrangement (AP-PLA); however, using case advocacy we work with families and state agencies alike to revise these plans, helping youth achieve a permanent legal relationship.

Services Offered

We provide specialized foster care, reunification and transitional services within each division. At a number of divisions, we have state contracts to provide reunification and permanency planning services to youth and families not in CFS specialized foster care.

PERMANENCY TEAMING

Permanency teaming is a collaborative approach to permanency planning for youth in foster care or at risk of entering the foster care system. The desired outcomes of permanency teaming are the identification of a legal parent and the achievement of legal permanence for the youth. Teaming informs and enhances the processes of assessment, service planning, service delivery and case closing. In assessment, teaming broadens the amount, type and accuracy of information to compile a multi-dimensional picture of a youth's and a family's strengths and challenges. In service planning, teaming helps in the development of behaviorally specific tasks and in hold-

ing all team members accountable for completing their tasks. In service delivery, teaming widens the helping network, thereby increasing the variety and amount of supportive and concrete interventions available to youth and families. In closing, teaming contributes to meeting closing criteria and to planning for formal and informal resources to sustain youth and families.

In permanency teaming, the social worker uses individual and joint meetings to bring together important people in the life of a family or youth, building a team that helps to preserve or to find and sustain lasting family relationships. The social worker intentionally involves in the permanency teaming process those individuals whose lives will be most affected over time by team decisions.

In FSS cases, we help birth and adoptive parents raise their children within their families and communities. As appropriate to the family's needs, we establish and facilitate teams of extended family, friends, service providers and others who provide a wide range of practical and emotional support to the family.

In PPS cases, we help youth, whether in CFS foster homes or not, find legally secure membership in lifelong families through reunification, adoption or guardianship. We work with them to identify a team of reliable adults – birth parents, siblings, extended family, former and current non-relative caregivers, professionals – who can commit to being a permanent part of their lives. We use family finding and case mining to locate people with whom the youth was connected in the past and who might be interested in becoming a member of the permanency planning team. Our social workers initiate the permanency teaming process and guide members in the critical, time-sensitive work of ensuring permanency, safety, and well-being for youth.

The Casey Family Services Permanency Teaming Model

The permanency teaming model is utilized within the broader context of child-centered, family-focused permanency practice. Listed below are the basic elements of the permanency teaming approach developed by

Casey Family Services and employed as standard agency practice. This teaming approach is used for every youth referred for foster care placement and for every permanency planning case.

Our permanency teaming process:

- involves a team and a facilitator
- is customized to fit the youth's needs
- is comprised of at least:
 - youth
 - birth parents/family members
 - current foster family/caregiver
 - state social worker
 - key professionals in positions of power (e.g., attorneys, state social work supervisor, therapists, residential treatment staff)
- identifies and includes other significant adults who are important to the youth (e.g., former foster parents, mentors) and/or supportive to the family (a significant adult is someone other than a family member or a person acting in a professional role)
- uses outreach to maximize participation of youth and family members
- shares responsibility for planning and decision making among team members
- involves partnering with the state child welfare agency
- establishes, implements and reviews safety parameters
- addresses safety, permanency and well-being
- identifies a permanent legal parent for each youth to provide day-to-day parenting that is safe and emotionally secure
- reflects a sense of "urgency" (child's sense of time) in accordance with ASFA timelines and agency case practice standards
- utilizes a concurrent planning framework
- includes a blend of individual, joint and large team meetings

- prioritizes relationship-building between and among team members, especially the youth, family members, caregivers and other adults significant to the youth
- continues as long as a youth is receiving CFS services and has not achieved legal permanence

Permanency teaming is also used, as necessary, for Level II and Level III family-strengthening cases.

Components of Permanency Teaming

The permanency teaming framework includes the following set of core activities that build on each other: safety parameters meetings, permanency team building, individual and joint meetings, large team meetings and case-specific advocacy. To engage youth and families in these activities and prepare them for permanence, our social workers use a variety of tools and approaches. The core activities and tools/approaches are described below.

Collaboration with State Partners

Our social workers make every effort to develop and maintain strong working relationships with state child welfare agency staff. If a new state social worker is assigned to cases, the CFS social worker convenes an additional safety parameters meeting to review previous agreements and to build relationships with new partners.

Safety Parameters Meetings

Family-Strengthening Services: In FSS cases, the social worker holds the safety parameters discussion with the state agency social worker (if applicable) or directly with the referring party if the state agency is not involved. While safety parameters meetings occur much less frequently in FSS cases, they are essential in a number of circumstances. For example, a kin family may request services because the birth mother wants to visit her child, but then the mother becomes drug-involved. The team recognizes the importance of the child continuing to have a relationship with his or her birth mother and uses the safety parameters meeting to recommend how to safely allow the birth mother to have direct contact with her child. Another example might be when a social worker

is providing family preservation services to a family that has a history of domestic violence. In such an instance the social worker would use the safety parameters meetings to develop a safety plan. The purpose of the plan is to ensure the physical safety of all family members as well as to ensure the safety of all professionals involved in team planning or in implementing the plan.

Permanency Planning Services: Social workers begin their work on a case by convening safety parameters meetings with state child welfare agency staff. Safety parameters meetings between the public child welfare agency and CFS are an opportunity to build and strengthen the relationships necessary to achieve casework goals and to model the process of joint decision making. Safety parameters meetings take place in-person unless there are mitigating circumstances. For example, an in-person meeting might not be necessary if the CFS social worker and state social worker have partnered successfully on other cases and share a similar commitment to permanency for this youth. During these meetings, group members discuss individuals identified by youth as potential permanency team members. Our social workers use these meetings to begin building partnerships with state agencies that ensure permanency for the youth. At the safety parameters meetings, our social workers:

- introduce and explain the permanency teaming approach, emphasizing state social workers' important role on the team.
- communicate a commitment to work collaboratively with state agencies to help youth achieve safety, permanence and well-being.
- learn about and discuss the appropriateness of youth's state permanency goals and/or concurrent plans.
- ask public agency social workers to share their ideas about how to maximize team participation while keeping safety concerns in mind. If there are safety concerns about any individuals proposed for team membership, the social worker discusses how to include these individuals in planning while maintaining youth's safety.

- identify any non-negotiable issues public agencies may have, such as restricting contact with birth parents whose rights were terminated. Later in the process, when the working relationship is more solid, social workers may want to consider renegotiating previously identified non-negotiables.
- engage state agency partners in understanding the youth's need for continuity of relationships with important family members and significant adults. Even if those individuals cannot be placement resources, they can be included in the planning process.
- ask public agency social workers for the names and contact information of family members and significant adults whom they think should be on teams, or that youth have identified or are expected to identify for permanency teams.

Beyond the initial safety parameters meeting, additional meetings are held when a case is transferred to a new worker or supervisor either at CFS or the state agency, when prospective team members who may pose a safety risk to the youth are identified and or when new safety issues arise such as recent criminal activity by current team members.

Individual and Joint Meetings

Our social workers use in-person, individual and joint meetings to build the team and develop relationships between and among team members. These individual and joint meetings are used to explore issues and concerns, to clarify assumptions and to strengthen mutual trust.

In-person individual meetings are required with family members prior to the first large team meeting.

Large Team Meetings

Large team meetings strategically bring all members of the permanency team together to plan collaboratively, coordinate supports and services, and share decision making.

Case-Specific Advocacy

Consistent with the agency's mission and commitment to permanency for every youth, case advocacy is often

essential. In strengthening families or, when necessary, finding new families for youth, staff must be prepared to practice case advocacy. This may occur through informing and educating other team members about the range of permanency options or about a particular youth's specific permanency needs. Case advocacy may be needed when CFS perceives that a position taken by state agency partners or other team members is not in the best interest of a youth and the involved parties are unable to resolve the conflict within the context of the team.

This work often involves advocating for:

- families at risk of having youth removed from their homes to ensure the exploration of potential placements within natural networks (e.g., kin, close friends, church members)
- changing the youth's state permanency goal (e.g., changing an APPLA or Independent Living goal to one that offers legal family membership like reunification, adoption or guardianship)
- safely including family members in the teaming process who may have posed a risk to the youth in the past
- maintaining a sense of urgency and forward momentum in the teaming process

Case advocacy necessitates:

- building and maintaining professional relationships with state partners at all staff levels – division directors, deputy division directors, team leaders and social workers – as a basis for case-specific advocacy
- initiating conversations that underscore each youth's right to a safe and legally permanent family regardless of their age, race, special needs and the risk of poor adult outcomes (homelessness, unemployment, incarceration, early pregnancy, etc.) for each youth that ages out of the child welfare system
- intervening, as needed, by division management at increasingly higher levels of the child welfare system

FORMS

Notice of Privacy Practice, Authorization for Disclosure,
Client's Rights, Safety Plan, Critical Incident Report,
Consent for Participation in the Teaming Process,
Monthly Case Summary/Contacts

referral

INTRODUCTION

Families and youth become involved with Casey Family Services in one of two ways – either voluntarily or as mandated by a state child welfare agency. The initial method of contact differs for voluntary and mandated clients, but the subsequent steps of the referral process are similar.

If division staff caseloads are at capacity and the needs of the youth or family are not urgent, the names of prospective clients can be placed on a waiting list if one is available and the prospective client so wishes. When the need for service is urgent or the client wishes to work with another agency, a referral is made to another community resource.

TIME FRAMES FOR DECISION MAKING

Team leaders or their designees and deputy directors must decide whether or not to accept a referral within two calendar days of receiving the referral. We rely upon a team leader to screen out cases that we clearly cannot serve and to identify those cases that fit our intake criteria and have a high probability of being accepted for services. If, after 20 calendar days, our staff do not have enough information to make a decision on a referral, they give the basic identifying facts and the referral screening decision to an administrative assistant, who enters it into the appropriate computer system and shreds any paper documents related to the referral.

FAMILY-STRENGTHENING SERVICES (FSS)

Initial Contact

Youth and families generally learn about our FSS by referral from child protective services, from other social service providers, or friends and family. They contact

us in person, by telephone, email or fax. During the initial telephone or face-to-face interview, we use a referral form to collect specific information such as presenting issues, types and availability of the services requested, demographic and bio-psychosocial details. Team leaders or their designees and deputy directors review referral forms and determine if we can serve the applicants or if it is more appropriate to give them information about or refer them to other supportive resources in the community. Most of the clients served by FSS are families involved with or at risk of involvement with the public child welfare system.

PERMANENCY PLANNING SERVICES (PPS)

Initial Contact

While youth and families may learn about our PPS programs as a result of local advertising efforts, from neighbors, friends or a variety of other area social services providers, we cannot consider them for services unless the state child welfare agency refers them to us. During the initial telephone or face-to-face referral conversation with the state agency, we use a referral form to collect specific information such as presenting issues, types of services needed, demographic and bio-psychosocial details. Team leaders or designees and deputy directors review referral forms and determine if we can serve the applicants.

Specialized Foster Care Services

Generally, youth referred for our specialized foster care services:

- are in the custody of the state child protective service agency and have permanency goals of independent living, long-term foster care or APPLA. Depending on the state and the program to which they are being referred, they also may have permanency goals of reunification, adoption, placement with relatives or guardianship.

- have a history of multiple placements and relationship disruptions.
- have a history of behavioral, emotional, developmental and/or academic problems.
- need a high level of special services/supports/interventions in order to live in a family/community setting safely.
- live in or are at risk of being placed in an institutional setting.

In general, we accept referrals for youth who may or may not need specialized foster care but are in need of permanency planning services that ensure their safety, permanence and well-being.

Exclusion Criteria for Specialized Foster Care Services

Sometimes our team leaders or their designees determine that we cannot meet a youth's placement and support needs. Exclusion criteria may include:

- current suicidal ideation/threats
- current homicidal ideation/threats
- untreated or unstable major mental illnesses (e.g., mood disorder, schizophrenia)
- recent adjudication for serious offenses, or repeated involvement with the juvenile justice system
- severe substance abuse issues
- moderate to severe mental retardation
- placement needed at excessive distance from division office

Division-specific eligibility criteria may vary depending on state or contractual requirements. In select cases and after careful review by the team leader in conjunction with the deputy division director, a division may provide services to a youth or family who meets one or more of these exclusion criteria, but only if the youth or family is currently receiving adequate treatment by another provider. In those rare instances in which a child or youth is likely to need physical restraint and is accepted for

foster care services, foster parents need to receive additional Mandt training before the placement occurs.

REFERRALS FOR FSS AND PPS SUPPORT GROUPS

When Casey Family Services receives a referral for a youth or family to participate in a support group only (i.e., no casework services are requested), the team leader or designee discusses with the family or referral source the appropriateness of CFS' various support groups in relation to their identified needs. The team leader or designee determines whether there is an opening in an appropriate support group, and if so, tells the youth or family when and where the group meets and how to contact the group leader to confirm their participation. At the same time, the team leader or designee forwards contact information about the youth or family to the group leader. If there is no immediate opening in the requested group, the team leader or designee may offer to put the youth or family on a waiting list for the next available group and provides information about the approximate date that the group might become available. The administrative assistant responsible for managing waiting lists and group census places the family on the CFS mailing list to receive relevant information, if appropriate.

ADMINISTRATIVE PROCEDURES

After accepting referrals, team leaders or designees enter basic identifying information about the youth and/or family into the appropriate computer system and make an assignment to a social worker. If requests for services are for youth in foster care placement (PPS) or youth and/or family needing FSS Level II or III supports, social workers must complete comprehensive written assessments of the youth and family.

FORMS

Referral

case assignment, opening the case record and caseloads

CASE ASSIGNMENT

Team leaders assign cases based on the needs of the youth and/or the family and the expertise of available social workers.

TIME FRAME

Team leaders assign cases to social workers within five calendar days of accepting the referrals.

OPENING THE CASE RECORD

Administrative assistants open the physical case record in the youth's and/or the family's names. A case number is generated through the appropriate computer system. After entering basic demographic data on the youth and family into the appropriate computer system, they also add the case to the agency-wide statistics. State-specific administrative/record-keeping requirements may supersede these procedures.

During initial meetings, social workers have the youth and family complete Client's Rights, Notice of Privacy Practices, Authorization to Disclose, and either a PPS Service Agreement or FSS Service Agreement form. Administrative assistants place the completed, signed forms in the youth's/family's physical case records and file them in secure, HIPAA-compliant storage areas. Administrative assistants are responsible for ensuring a copy of the current HIPAA letter to the State Child Welfare Director or Commissioner is in the record.

Specialized foster care youth are required to undergo a medical screening within 72 hours of placement in a CFS home. Social workers or family support specialists are required to complete a medical screening form within 72 hours of a youth's placement in a CFS foster home.

Caseload Expectations

New or inexperienced social workers achieve a full caseload during their first four to eight months with Casey Family Services.

Family-Strengthening Services

Depending on the complexity of the assigned cases and other factors that may dictate caseload variance (see below), full-time FSS social workers carry 10 to 15 cases.

Permanency Planning Services

Depending on the complexity of the assigned cases and other factors that may dictate caseload variance (see below), full-time PPS social workers carry a combination of 8 to 10 cases.

Caseload Adjustment Criteria

Team leaders may reduce social workers' caseloads when cases:

- involve high-risk families
- require intensive services
- involve reunification efforts and extensive supervised visitation
- involve a large number of family members and community professionals in service planning and delivery
- require extensive travel from the CFS office to youths' or families' homes
- require extensive documentation in multiple computer systems

Team leaders also may reduce caseloads when social workers:

- are part of state contracts or grants that dictate caseload size
- are active in leading groups or providing psychotherapy
- provide extensive technical assistance or training

Similarly, team leaders may increase social workers' caseloads when:

- families or youth need less intense services
- families or youth need only episodic services
- state contracts or grants require larger caseloads
- staffing patterns necessitate it (e.g., when there are staff vacancies)

FORMS

Referral, Client's Rights, Notice of Privacy Practices, FSS Service Agreement, PPS Service Agreement, Authorization to Disclose, Medical Screening

assessment and levels of service

INTRODUCTION

Casey Family Services believes that good assessment is the foundation for effective service planning and delivery. Assessment is open to revision and continues throughout the life of a case. (See Section VI Service Planning and Section VII Service Delivery.)

We begin to assess clients' strengths and get an understanding of their life circumstances the first time we meet them. In the assessment phase of practice, our goals are to build positive relationships and to gather the information that will help us make sound treatment and service planning decisions. The youth and families we serve are our primary sources of assessment information.

Our assessment process, which focuses on the circumstances that led youth or families to contact or be referred to Casey Family Services, is individualized, strengths based, family focused and culturally responsive. For example, social workers assessing family reunification cases focus on the parenting issues that caused the youth to be placed in out-of-home care and on what needs to change in order for them to return home.

As assessment is ongoing, social workers have many opportunities to incorporate new information into the service plan and adjust treatment goals accordingly.

TIME FRAMES FOR ASSESSMENT

Within two calendar days of being assigned a case, family-strengthening services (FSS) and permanency planning services (PPS) social workers contact the referral source to get basic information about the youth/family and, within seven calendar days, schedule an initial meeting.

Deputy division directors are responsible for ensuring that social workers complete assessments and service plans within 30 calendar days of case assignment and that management approval is completed within five additional calendar days.

INITIAL CLIENT MEETING AND CLIENT ENGAGEMENT

The purpose of the initial meeting with the youth, family and other significant adults is to gather essential information for the assessment and to begin building the relationships necessary for each member to engage constructively in the teaming process and service delivery.

During initial meetings, the social worker:

- explains his/her role in the youth's/family's life
- creates a safe place for the youth and/or family to discuss presenting needs and circumstances
- shows empathy and demonstrates understanding of the youth's and/or family's circumstances that have led to CFS' involvement
- collects initial information about the primary client(s), their extended family and other significant individuals in their life
- provides an overview of CFS and the services and supports they may access through CFS
- describes the assessment, service planning and service delivery process, including the permanency team process and his/her role in it
- summarizes the youth's and/or family's responsibilities during assessment, service planning, and service delivery for shaping services and emphasizes their knowledge and expertise in providing critical information

- collaborates with the family and/or youth to begin setting goals for service delivery and criteria for case closure
- summarizes CFS' responsibilities, including mandated reporting and confidentiality
- obtains signatures on all required forms listed in the "Forms" section at the end of Section V

FAMILY-STRENGTHENING SERVICES

Levels of Service ¹

In FSS programs, our assessment process includes not only gathering information about youth and/or families, but also determining the types and levels of services required. Social workers must decide if they should categorize the requested service as a *community support activity* or if it meets the criteria for Level I, II or III FSS services, as described below.

COMMUNITY SUPPORT ACTIVITIES

Examples of community support activities are: document translation, information about and referral to services at other agencies, tax preparation/EITC, access to a computer and participation in events such as agency picnics or holiday parties. The social worker or designee documents the following in the appropriate computer system:

- program enrollment: translation and information and referral
- track attendees in special events: family and community events
- sign-in sheet for specific activities such as tax preparation and incidental computer usage

LEVEL I SERVICES

Examples of Level I services (also known as Limited Service) are: GED/Pre-GED (General Equivalency Diploma) courses, ESOL (English for Speakers of Other Languages) classes, support groups, after-school programs, and psychoeducational groups or brief informal

support. Brief informal support is defined as: providing information to a participant regarding a specific issue or providing help with an emerging psychosocial problem. For clients presenting with psychosocial issues staff may offer up to four sessions of brief informal support. After four sessions, in order to continue working on the identified psychosocial issue, a Level II case must be opened. Because the distinction between brief informal support and counseling is sometimes unclear it is expected that these decisions are made within the context of supervision between the team leader and social worker.

LEVEL II SERVICES

Examples of Level II services are: clinical interventions, educational and other advocacy activities, individual and family counseling, and permanency teaming.

LEVEL III SERVICES

Often delivered in times of crisis, Level III services include intensive, coordinated therapeutic and case management activities. For example, if a youth is at risk of psychiatric hospitalization, the CFS social worker would coordinate with providers such as the hospital, the school, therapists and the parents to ensure the youth receives all necessary services.

Changing the Level of Service

When the circumstances of families receiving Level I services change and necessitate the provision of Level II or Level III services, social workers complete a full assessment and, in conjunction with families and their teams, develop service plans. Social workers ensure that the information is entered in the appropriate computer system. Similarly, if a family no longer requires Level II or Level III services, as indicated in their case review documents, they may return to Level I or community support activities prior to having their case closed by following the case closing procedures. Social workers document the change in level of service and write closing summaries.

¹The levels of service structure applies only to family-strengthening cases, not permanency planning cases.

FAMILY-STRENGTHENING ASSESSMENT

Community Support Activities and Level I Services

Note: We do not require social workers to complete written assessments for youth or families involved in community support activities or for those receiving Level I (limited) services. Instead, they use information from the referral and/or participant enrollment forms to determine service needs. In these cases, adult family members complete Notice of Privacy Practices, Client's Rights and Service Agreement forms.

Level II and III Services

Social workers providing Level II and III services review the youth's/family's referral materials, contact and meet with them to begin the assessment process. In some cases, social workers may need to review CPS records or evaluations to get a more complete picture of youth's/family's situations. Before our social workers may access those documents, adult family members must sign CFS' Authorization of Disclosure form.

Social workers complete comprehensive written assessments (as described below) and initial service plans for Level II and III cases. They ensure that the adult family members complete the following forms: Participant Enrollment or Referral, Notice of Privacy Practices, Client's Rights, Release of Information, Face Sheet, and Service Agreement.

Written Assessment Format

Our social workers use the following format to complete the initial written assessment for Level II and III FSS cases. The recommended maximum length of FSS assessments is five to seven single-spaced pages. (*See Appendix D for a sample FSS assessment.*)

I. FAMILY DESCRIPTION (4-8 SENTENCES, DEPENDING ON THE SIZE OF THE FAMILY)

In this section, social workers provide details about each family member receiving services, including: name, age, culture, ethnicity, gender, religion or belief system,

sexual orientation and identity, physical characteristics, strengths, interests and personality.

2. REASONS FOR REFERRAL (3-5 SENTENCES)

In this section, social workers identify who referred the family to CFS and briefly summarize why the family is requesting services. If the family received services from CFS in the past, social workers note that here.

3. HISTORY OF PRESENTING ISSUES (5-7 SENTENCES)

In this section, social workers describe the services the family wants to receive from CFS and indicate if the family is presently or was previously involved with the child welfare system. Social workers then summarize the family's presenting concerns including how long members have struggled with them, what they think causes or caused them, if or how they have changed over time, etc. They also summarize what, if anything, the family has done to address their concerns, what the results of those efforts were and which, if any, members of the family's natural network were supportive of them in past efforts.

4. RISK FACTORS RE: CONCRETE NEEDS (4-6 SENTENCES)

In this section, social workers provide information about the family's needs in the areas of: food, shelter, clothing, child care, transportation and income.

5. NETWORK OF FAMILY AND SIGNIFICANT RELATIONSHIPS (5-7 SENTENCES)

In this section, social workers provide information about the family's formal and informal support networks and how these contribute to the family's ability to cope with stress and resolve their presenting concerns or problems. They also include information about other community providers and professionals who are working with the family.

6. MEDICAL HISTORY (3-5 SENTENCES)

In this section, social workers provide information about significant physical health or medical problems that will have an impact on family members' ability to participate in services.

7. MENTAL HEALTH (5-15 SENTENCES, DEPENDING ON SIZE OF FAMILY)

In this section, social workers summarize individual family members' resilience, ability to cope with trauma, and trauma-focused treatment. They also summarize diagnosed psychiatric disorders and psychotropic medications prescribed for them (current and past), psychiatric hospitalizations, current cognitive function and behavior (with an explanation of any behaviors such as aggression, sexual acting out, suicide attempts or self-injury that present a risk of harm to self and/or others). *Note:* Social workers should only reference, not summarize, psychiatric or other reports and evaluations. For example: If a psychological report is available, social workers should not repeat or summarize its content in the assessment. Rather, they should note only the date of the report, the psychologist who prepared it and how/where others can access it. Finally, social workers provide a brief description of any family history of mental health concerns, mental retardation, substance abuse, domestic violence and abuse or neglect.

8. EDUCATIONAL/VOCATIONAL (5-7 SENTENCES)

In this section, social workers provide educational and/or vocational information that may have an impact on an individual family member's ability to participate in services (e.g., a father who is a fireman working 48-hour shifts each week).

9. INTERPERSONAL/SOCIAL (5-8 SENTENCES)

In this section, social workers summarize their initial assessments of each family member's ability to form and maintain relationships with other family members, peers, teachers, employers and others, as appropriate. They include information about family members' participation in social, community and faith-based activities.

10. CLINICAL CASE SUMMARY (5-8 SENTENCES)

In this section, social workers summarize information gathered in 1. through 9. to describe the family's primary strengths, challenges and resources, and confirm that a

case will be accepted for services. In rare circumstances, the assessment may uncover information that would preclude us from accepting the case. These findings should be reviewed with a team leader and deputy director for further action. The assigned social worker will document reasons for not accepting the case. It is the responsibility of the deputy director or team leader to inform both the referral source and client of any decisions made not to provide services.

ADMINISTRATIVE PROCEDURES

Administrative assistants open physical case records for Level I, II and III cases and file all required signed forms in them.

FORMS FOR DOCUMENTATION OF COMMUNITY SUPPORT ACTIVITIES

ETO Program Enrollment, ETO Track Attendees in Special Events, Sign-in Sheet

FORMS FOR DOCUMENTATION OF LEVEL I SERVICES

Participant Enrollment/Referral, Notice of Privacy Practices, FSS Service Agreement, Client's Rights

FORMS FOR DOCUMENTATION OF LEVEL II AND III SERVICES

FSS Assessment, Initial Service Plan, Participant Enrollment/Referral, Notice of Privacy Practices, Client's Rights, Release of Information, Face Sheet, FSS Service Agreement

PERMANENCY PLANNING SERVICES ASSESSMENT

Our social workers must follow the CFS referral and assessment procedures as well as any state or contract paperwork and procedural requirements. When assigned a permanency planning case, social workers review the referral and contact the referral source to get any missing information, meet with youth and/or family members,

and have the youth's legal guardian – usually a representative of the state child welfare agency – sign CFS' Authorization of Disclosure form. This ensures that our staff has access to written reports and evaluations and permission to discuss the youth's history and permanency needs with various professionals and other significant adults.

As soon as they are assigned cases and have permission to access youth's state records, our social workers begin case mining to get not only a better, more detailed understanding of the youth's life experiences and placement history, but also to gather information about important current and past relationships with adults – family and non-family members – who might join the permanency team and/or become a permanent family resource or life-long connection for the youth. If a state child welfare agency or the courts restrict our access to a youth's file, the social worker and team leader use case advocacy activities to get the necessary background information.

Throughout the life of a case, social workers assess the full range of permanency outcomes for youth. *(See Appendix C for detailed information about the topics PPS social workers explore during initial meetings with youth, caregivers and other significant adults.)*

Written Assessment Format

Our social workers use the following format to complete the initial written assessment for PPS cases. The recommended maximum length of a PPS assessment is six to eight single-spaced pages. *(See Appendix D for a sample PPS assessment.)*

1. YOUTH DESCRIPTION (4-6 SENTENCES)

In this section, social workers provide details about the youth referred for services, including: name, age, culture, ethnicity, gender, religion or belief system, sexual orientation and identity, physical characteristics, strengths, interests and personality.

2. REASONS FOR REFERRAL (3-5 SENTENCES)

In this section, social workers identify who referred the youth to CFS, briefly summarize the presenting

issue that led to the youth's referral, and describe the services requested.

3. PERMANENCY GOAL (3-5 SENTENCES)

In this section, social workers identify the state agency's permanency goal and the youth's current legal status. If the state has changed the youth's permanency goal or legal status while she/he has been in custody (e.g., one or both parents' rights were terminated), social workers briefly describe the reasons for and dates of the changes.

4. REASONS FOR INITIAL REMOVAL (3-5 SENTENCES)

In this section, social workers briefly describe why/how the youth became involved with the state, including information about the specific allegations of abuse and/or neglect and the youth's age at the time she/he was first removed from birth family and placed in out-of-home care.

5. PLACEMENT HISTORY (4-6 SENTENCES, DEPENDING ON THE NUMBER OF PLACEMENTS)

In this section, social workers summarize the youth's history of out-of-home placements giving the total number of placements and describing any issues that may have prohibited or contributed to failed reunification attempts, guardianship or adoptions. The assessment should not include or repeat the detailed chronology of placements documented in the youth's electronic record.

6. NETWORK OF FAMILY AND SIGNIFICANT RELATIONSHIPS (5-7 SENTENCES)

In this section, social workers provide information about the youth's relationships with birth and extended family members; current and previous foster parents, caregivers, adoptive parents and other significant adults (e.g., mental health providers, teachers, mentors, coaches); all of whom are potential members of the youth's permanency team. Social workers also explain current visitation arrangements; describe the family's cultural, ethnic and religious history; identify the family's strengths – including positive relationships among members – and any dynamics within the family that may increase risk of harm to the youth; describe the

family's formal and informal support network and how these may contribute to members' ability to provide or support permanency for the youth; and include information about other community providers and professionals who are working with the family.

7. PHYSICAL HEALTH AND DEVELOPMENTAL HISTORY (5-7 SENTENCES)

In this section, social workers describe unique or remarkable aspects of the youth's developmental history such as delayed speech, fetal alcohol syndrome, traumatic brain injury; and any history of maternal alcohol or substance abuse, domestic violence or other trauma during pregnancy. Social workers summarize the youth's current health or developmental issues and describe any significant family medical history.

8. MENTAL HEALTH (5-7 SENTENCES)

In this section, social workers describe the youth's resilience, her/his ability to cope with trauma, any history of trauma-focused treatment; her/his ability to manage contact with the adults responsible for the trauma; and any history of trauma other than that noted in 4. Reasons for Initial Removal. Social workers summarize early parent-child interactions, attachment-related trauma, and the youth's attachment strengths. This section also includes a summary of diagnosed psychiatric disorders and psychotropic medications prescribed for them (current and past), psychiatric hospitalizations, current cognitive function and behavior (with an explanation of any behaviors such as aggression, sexual acting out, fire setting, cruelty to animals, suicide attempts or self-injury that present a risk of harm to self and/or others). *Note:* Social workers should only reference, not summarize, psychiatric or other reports and evaluations. They should note only the date of the report, the psychologist/physician who prepared it and how/where others can access it. Finally, social workers provide a brief description of any family history of mental health concerns, mental retardation, substance abuse, domestic violence and abuse or neglect.

9. RISK FACTORS RE: CONCRETE NEEDS (4-6 SENTENCES)

In this section, social workers provide information about the family's needs in the areas of food, shelter, clothing, child care, transportation and income.

10. EDUCATIONAL/VOCATIONAL (3-5 SENTENCES)

In this section, social workers describe the youth's academic strengths and challenges, the current classroom setting (regular, special education, learning support), key recommendations from the child's Individualized Education Plan (IEP), results/findings of any educational testing or evaluations, and history of truancy and/or school expulsions. If the youth has been employed, social workers summarize her/his employment history and note vocational skills and interests.

11. INTERPERSONAL/SOCIAL (5-8 SENTENCES)

In this section social workers describe the youth's strengths that enhance capacity for intimacy/closeness as well as challenges in forming and maintaining relationships with parents and caregivers, family members, peers, teachers and others. Include behaviors that positively or negatively affect family relationships. Identify any challenging behaviors that may influence the type of parenting needed (e.g., the degree of flexibility and tolerance or the level of supervision). Such behaviors might include a youth's ability to accept parental authority, physical aggressiveness or sexual acting out. Include the youth's participation or interest in social and community activities (e.g., clubs, team sports, church groups).

12. LIFE SKILLS (3-5 SENTENCES)

In this section, social workers describe the youth's current level of preparation for adulthood, addressing her/his ability to perform daily living and self-care tasks (e.g., nutrition, cooking, hygiene, health); manage money (e.g., saving, budgeting); find and/or maintain employment; find and/or maintain safe, affordable housing; and use community resources (e.g., public transportation).

13. CLINICAL CASE SUMMARY (5-8 SENTENCES)

In this section, social workers summarize the information gathered in 1. through 12. to describe the youth's primary strengths, challenges and resources and confirm that a case will be accepted for services. In rare circumstances, the assessment may uncover information that would preclude us from accepting the case. These findings should be reviewed with a team leader and deputy director for further action. The assigned social worker will document reasons for not accepting the case. It is the responsibility of the deputy director or team leader to inform both the client and referral source.

14. PERMANENCY PLAN (4-6 SENTENCES)

In this section, to the extent possible at the time of the initial assessment, social workers identify core and potential permanency team members and note the permanency team's progress. They summarize discussions about concurrent planning, and address barriers to achieving legal permanency. Social workers also note if there is a need for foster placement during the permanency planning process and explain any special timing, location or duration issues.

ADMINISTRATIVE PROCEDURES

When the PPS social workers complete the initial written assessment, they forward it to their team leader for review and approval. After approving the written document, team leaders forward it to their deputy division director for final review and approval. With proper releases, social workers share the assessment document with other agencies and providers, as appropriate.

FORMS

Referral, Notice of Privacy Practices, Authorization for Disclosure, Client's Rights, Child and Family Assessment Form, Notice of Change, FSS Service Agreement, PPS Service Agreement, State Placement Agreement, Foster Parent Placement Agreement

service planning and case review

INTRODUCTION

Service planning is the bridge between our initial case assessment and the interventions that are necessary to affect positive change for the youth and families with whom we work. The written service plan guides our work by identifying the goals and tasks needed to achieve the highest level of safety, permanency and well-being for these families. Case reviews examine the appropriateness of the current case goals and the progress made towards those goals and assess if services currently in place are best suited to meeting the needs of the youth and family. The case review is an opportunity for all involved to review case activity since the last case review, to discuss the appropriateness of the service plan, and to modify, change or update the plan as needed.

TIME FRAMES FOR SERVICE PLANNING/CASE REVIEW

The start date of a service plan is the date of disposition for a case, which is the date that service delivery begins. Team leaders are responsible for ensuring that social workers complete initial service plans within 30 calendar days of the date of disposition and subsequent service plans/case reviews every 90 calendar days thereafter. Team leaders complete all approval processes within five additional calendar days. Deputy division directors receive notification of all approved service documents and have overall responsibility for ensuring their quality and timeliness.

THE SERVICE PLAN

The service plan is a detailed document that guides early and ongoing casework intervention and evolves over time with input from youth, families and other team members. It builds on the strengths of a youth

and family and addresses presenting problems. For youth in state custody, it specifies a legal permanency goal and a time frame for achieving permanence. It also identifies goals, tasks and activities that are likely to be effective in achieving permanence and delineates who will take responsibility for those tasks and activities. It addresses the need for culturally responsive services and takes into account the informal social networks of youth and families.

Social workers draft an initial service plan based on information gathered from records and personal interviews during the assessment process. They encourage the full participation of youth, families and other significant adults such as extended family members, professionals and other team members¹ already identified. Social workers, youth and families explore available service options together, talk about how CFS can help them achieve specific outcomes, discuss the benefits of and alternatives to planned services, and the possible consequences of failing to participate in any services mandated by the public child welfare agency.

Creating the Service Plan

Social workers draft initial service plan goals and tasks by integrating the assessment information provided by youth, parents or caregivers, and other team members during safety parameters, individual and joint meetings.

They:

- revise draft service plans based on input from the youth, families and other team members
- forward final drafts of service plans to team leaders for approval

Domains of the Service Plan

Our social workers join families and team members to develop service plan goals, which may apply to entire families or to individual family members, in the following six domains – permanence; safety; physical and mental health; family and interpersonal functioning; education and life skills; and housing, finances and employment. The one domain that is required in all permanency planning services (PPS) plans is permanence. In both PPS and family-strengthening services (FSS), all other domains are included when they are relevant.

Concurrent Planning

Service plans with a permanency domain must include goals and tasks related to concurrent planning. The Council on Accreditation (COA) requires social workers to do concurrent planning and describes it as a foster care casework approach that “simultaneously involves the identification and assessment of possible alternative permanency options for a child while efforts toward parent–child reunification are pursued.” Per COA, the approach includes:

- early assessment of the potential for reunification
- full disclosure of options, expectations and time lines (i.e., informed consent)
- early identification of family resources
- early placement with a permanent family resource
- counseling for parents about relinquishment and permanency plan options when reunification seems unlikely

The Adoption and Safe Families Act (ASFA) recommends that child welfare social workers use concurrent planning to reduce the time foster youth spend in out-of-home placements and to achieve more timely permanence.

Concurrent planning is central to PPS practice. In some instances, FSS social workers also do a form of concurrent planning. For example: If parents or caregivers become ill, social workers may need to engage the team in

conversations that focus on identifying alternative caregivers for youth. Families formed through guardianship or adoption, or families served in our resource centers may present issues that require FSS social workers to involve teams in developing alternative plans to ensure permanent families for youth.

As part of concurrent planning, PPS cases must include primary and concurrent permanency goals in the permanency domain. When in doubt about how to categorize a goal (i.e., which domain to choose), social workers select the domain that reflects the goal’s subject most accurately.

Following are descriptions of each domain:

PERMANENCE

Goals in this domain relate to establishing or strengthening a primary parenting relationship for youth and ensuring the stability of enduring family connections.

For example, in FSS cases, these goals may relate to helping birth families reunify or adoptive families stay together.

Note: Social workers must enter two permanency goals for youth receiving PPS – a primary and a concurrent planning one. The primary permanency goal is the one assigned by the state or court. The concurrent permanency goal is a contingency plan that ensures legal membership in a permanent family should reunification not be possible.

SAFETY

Goals in this domain relate to ensuring that all family members are safe and not at risk of physical, sexual or emotional maltreatment in their family and/or their community.

PHYSICAL AND MENTAL HEALTH

Goals in this domain relate to ensuring that all family members get adequate medical care; are able to manage personal hygiene, self-care and nutrition; and get the professional supports and interventions required to main-

tain behavioral, psychological and emotional stability, and to achieve sobriety and/or remain clean and sober.

FAMILY AND INTERPERSONAL FUNCTIONING

Goals in this domain relate to ensuring that all family members have the skills to maintain healthy, nonabusive relationships with each other and with peers and neighbors (including effective parenting techniques and safe disciplinary practices) and a network of social and professional supports to call on as needed.

EDUCATIONAL AND LIFE SKILLS

Goals in this domain relate to ensuring that youth are succeeding in school and reaching their educational goals and that they are prepared to transition to adulthood/independent living. Goals in this domain also focus on improving a range of adult life skills, from managing a household to managing relationships.

HOUSING, FINANCES AND EMPLOYMENT

Goals in this domain relate to ensuring that youth and families have secure, safe housing; are financially literate; and have employment skills, livable wage jobs and transportation.

Writing Service Plan Goals and Tasks

With input from youth and family members, social workers develop service plan goals, which are statements that describe what needs to happen to ensure that youth achieve the highest degree of permanence, safety and well-being.

All goals have:

- *a start date* – the date on which the youth/family begins working toward the goal
- *a target date* – the date by which the youth/family expect to complete the goal
- *a status category* – new, continued, closed/met, closed/unmet or closed/revised
- a statement about the youth's/family's strengths and how these individual and/or collective assets will help them accomplish the stated goal

With input from youth and family members, our social workers develop service plan tasks, which are statements that describe the services or activities necessary to reach a goal. They identify who is responsible for completing each task (e.g., the youth, a family member, a staff person or other individuals).

Well-written goals and tasks are:

- *individualized* – They reflect the specific strengths, needs and challenges of youth/family members.
- *measurable* – They identify an achievement or outcome that can be assessed or quantified with language such as “as demonstrated by” or “as shown by.”
- *time-focused* – They have a start and target completion date. Social workers may identify tasks as ongoing.
- *active rather than passive* – They state what youth/families *will* do instead of what they *will not* or *should no longer* do. For example, rather than writing “Jamie will no longer exhibit aggressive behavior” or “Johnny will not cut himself,” they write, “Jamie will learn three new ways to manage her anger” or “Johnny will learn to ask for help from his foster parents when he feels like cutting.”

(See Appendix D for examples of well-written goals and tasks for each domain.)

CASE REVIEW

Our social workers review case progress with youth and families on a regular basis. During case reviews, social workers and permanency team members review progress made toward achieving case goals and decide if youth and families are benefiting from services and, if necessary, make adjustments to ensure good outcomes.

Teams also discuss:

- barriers to achieving service plan goals
- emergent risk factors that need to be addressed in revised service plans
- recent critical incidents

Case Review Procedures

Social workers facilitate quarterly case reviews for all cases in service delivery. Social workers may conduct case reviews during regularly scheduled permanency team meetings. If this isn't possible, they schedule a separate meeting to complete quarterly case reviews.

Social workers complete and sign case review forms and forward them to their team leaders for review, approval and signature.

Unless states require that they do otherwise, our social workers share quarterly case reviews *only* with other CFS staff and legal guardians. They keep other permanency team members apprised of case activity by distributing permanency planning team minutes, which specify tasks, those responsible for completing them, and time frames for completing them.

Service Plan Update

Update any goals and tasks within each appropriate domain. Discuss progress since the last service plan and during the review period toward the service plan goals and tasks. Highlight the ways in which the youth or family are using strengths to help meet the goals and tasks.

FORMS

Service Plan, Case Review

ADMINISTRATIVE PROCEDURES

- Youth, 14 and older, parents and/or caregivers, legal guardians (who may be state child welfare agency social workers), CFS social workers and CFS team leaders sign the service plan.
- Social workers give signed copies of the service plan to youth over age 14, parents and/or caregivers, legal guardians.
- Social workers and team leaders review and sign quarterly case review forms.
- Social workers give signed service plans/case reviews to administrative assistants, who enter them into the appropriate computer system and file them in the physical case record.

service delivery

INTRODUCTION

In family-strengthening services (FSS), our goal is to ensure that families have the services needed to remain together. In permanency planning services (PPS), we provide services to secure permanent legal families for youth in the child welfare system. To achieve these goals, we use a strengths-based, teaming approach to decision making, service planning and delivery. We draw upon evidence-based approaches in our service delivery to youth and families and use a permanency teaming practice framework. (See Section II for details on this practice framework.)

TIME FRAMES FOR SERVICE DELIVERY

Time frames for service delivery vary according to the services provided and according to the terms of state contracts. In FSS work, the degree of complexity of a youth's or a family's situation determines the types of services they will access, which, in turn, dictates how long they will be involved with Casey Family Services. For example, a family with multiple issues, who are receiving post-permanency services, may be involved with us for up to six months. In certain circumstances, a Team Leader may authorize a limited continuation of services.

PPS work is driven by our conviction that all youth in care have an urgent need for permanence. Our staff makes every effort to meet the timelines established by the Adoption and Safe Families Act (ASFA). While it may take longer to secure permanent families for some youth, it is the responsibility of CFS staff to ensure that a sense of urgency always informs the practice.

FAMILY-STRENGTHENING SERVICES

Family-strengthening services encompass both ends of the spectrum: front-end preventive work to preserve the family unit and prevent out-of-home placement and post-permanency work to ensure that family stability after reunification, adoption and/or guardianship is maintained. The preventive work is focused on high-risk families referred to, or at risk of involvement with, child protective services because abuse or neglect is suspected or confirmed. Most cases are referred by child protective services, and we provide comprehensive services to stabilize the family, to ensure the safety and well-being of the children, and prevent entry into foster care. Post-permanency services are focused on helping families navigate developmental phases and adjust to changes in family dynamics. We support these parents as they strive to honor their commitments to permanence.

Family-strengthening services are delivered within four focus areas:

- family and child well-being
- social supports
- connectedness/access to social services
- post-permanency services

Family and child well-being services and *social supports* include parenting education and skill development, parent and child groups, family events and activities, educational advocacy, brief informal support and counseling. Brief informal support is defined as: providing information to a participant regarding a specific issue or providing help with an emerging psychosocial problem. For clients presenting with psychosocial issues, staff may offer up to four sessions of brief informal support.

After four sessions, in order to continue working on the identified psychosocial issue, a Level II or III case must be opened depending upon the intensity of the services needed. (See *family-strengthening levels of service chart in Appendix O*.)

Because the distinction between brief informal support and counseling is sometimes unclear, it is expected that these decisions are made within the context of supervision between the team leader and social worker. Counseling is defined as: an interpersonal process of helping a client resolve or remediate an identified psychosocial, developmental or situational problem within the context of a helping relationship and with the explicit consent of the client. The social worker develops a contract with the participant to address the identified issue (Level II). The provision of this service requires the creation and maintenance of a case record, case contacts, service plan and case closure.

Connectedness/access to social services includes general CFS information; information and/or referral for mental health, substance abuse, domestic violence and legal issues; protective services reporting, translation and/or interpretation; health care information and referral; and child development information and/or referral.

Post-permanency services are offered to PPS clients immediately following reunification, guardianship or adoption. These time-limited services – usually lasting from three to six months after a youth has returned home or been placed with a permanent family – are designed to help the mutual adjustment of the youth and the family. On occasion, a team leader may approve the delivery of post-permanency services for a longer period to meet a family's special circumstances.

In addition, CFS offers post-permanency services to:

- families who previously received PPS from CFS and whose cases were subsequently closed
- families in the community formed by reunification, guardianship or adoption of a child from the public child welfare system

The focus is usually on specific problems within the family (e.g., a parent having difficulty managing and coping with an adolescent's behavior). In such instances, the case is opened through the use of a Service Agreement for the delivery of services. (See Section V for details on levels of service.) FSS post-permanency cases are time limited and typically kept open for three to six months with the option of extended services with approval by the team leader. In exceptional circumstances and as caseloads allow, services may be provided to children adopted outside of the child welfare system with the approval of the deputy division director.

PERMANENCY PLANNING SERVICES

Permanence is defined by CFS as “an enduring family relationship that is safe and meant to last a lifetime; offers the legal rights and social status of full family membership; provides for physical, emotional, social, cognitive and spiritual well-being; and assures lifelong connections to extended family, siblings, other significant adults, family history and traditions, race and ethnic heritage, culture, religion and language.” (See Permanency Statement.)

In PPS, we prepare youth and families for permanence and help transition youth to legally permanent families. Once legal permanence is achieved, time-limited support may be available under post-permanency services. Youth referred for permanency planning services who need foster homes may be placed in CFS specialized foster care while the work of permanency planning continues. Permanency planning services are provided in order to achieve the highest degree of legal permanence for each child we serve. Outcomes of successful permanency planning include:

- reunification with birth parents
- adoption by relative
- adoption by non-relative
- guardianship by relative or non-relative

We operate from the belief that reunification is the first and primary permanency option for children and youth when their needs for adequate safety and nurturing can be met. Reunification should be considered throughout the course of a case. In situations when a TPR (Termination of Parental Rights) was granted some time ago, social workers should assess the current viability of a reunification plan.

Preparing Youth and Families for Permanence

Social workers prepare youth for permanence by helping them understand their past; deal with the grief, loss and trauma they experienced; and plan hopefully for their future. Birth families are prepared for having their children return to them by helping them resolve jeopardy issues and build on their strengths in making the necessary life changes that will meet their children's needs. Adoptive and guardian families are prepared for making permanent commitments by examining their motivation, expectations and understanding of the child's needs and the full impact that unconditional commitment will have on their lives now and in the future. A variety of permanency planning tools may be utilized, including: lifebooks, genograms, ecomaps, 3-5-7 work, permanency pacts, Recipes for Success, and BEST. *(See Appendix G for information on permanency tools.)*

Assessing Youths' Readiness for Permanence

Our social workers assess youths' readiness for permanence continuously. They prepare youth to think about and move toward permanence by helping them answer the following five questions:

WHO AM I?

What does this youth know about his or her birth history? Family history? Family medical history? Relatives? Ancestry? Race? Ethnicity? Religion or spiritual beliefs?

WHAT HAPPENED TO ME?

What is the youth's understanding of how they came into foster care and why? Why couldn't their birth par-

ents continue to raise them? What is the chronology of placements and reasons for moves in care? What do they remember about each of these placements? Who are the important people they remember in each place? What happy and unhappy times do they associate with those people or places?

WHERE AM I GOING?

What do they think is the plan for their future? What do they want the plan to be? Who do they think will raise them? Who do they want to raise them?

HOW WILL I GET THERE?

When will they know which family they will be living with permanently? What will the plan look like? When will it happen? Who will decide? Who will help them get there? Who will be their day-to-day parents? How will their birth parents be involved?

WHEN AND HOW WILL I KNOW I BELONG?

How will they know this move will be the last? How will they know this time it's really forever? What will be different this time? How will they stay connected to important family members they won't be living with? How will they know those relationships will be respected and included?²

In addition to the above questions, social workers address issues specific to individual permanency plans. For example, when reunification is the plan, workers assess the youth's potential ambivalence about returning home and the degree to which the parent/child relationship has been repaired. When adoption or guardianship by relatives is the plan, workers assess the youth's ability to navigate the changed family roles, dynamics and conflicting loyalties.

Assessing a Family's Readiness for Permanence

Social workers continuously assess the interest in and capacity of birth, relative and resource parents to make permanent commitments to youth, and they help families evaluate their readiness for permanence. In assessing a

²D.L. Henry, *Children and Youth Review* 27 (2005) 197-212.)

parent's readiness for reunification, there are four general areas to consider:

- How available is the parent to the child?
- What is the parent's ability to keep the child safe?
- What is the parent's capacity to provide for the child's well-being?
- Does the parent have a viable network of supportive resources?

In assessing a relative's readiness to adopt or to provide legal guardianship to their kin, social workers cover the following:

- How is the relative managing the changed family roles and dynamics?
- Does the relative establish rules and boundaries with the birth parents while respecting their place in the youth's life?
- Is the relative comfortable assuming the nurturing and authoritative role with the youth?

Social workers help resource families consider their readiness for adoption by raising the following questions:

- Do they understand this youth's strengths and needs?
- What strengths and challenges do they bring to parenting this youth now and in the future?
- Do they feel like this youth is truly theirs and entitled to all the benefits of legal family membership?

Achieving Permanence

When a legal decision has been made about the permanency plan for a youth, we partner with the public agency and guide parents through the required steps. Our social workers explain the post-permanency services and financial assistance that may be available through the state and/or CFS.

Using Casey Family Services Staff as Permanent, Legal Parents

In exceptional circumstances, a CFS social worker or other staff members may have developed a long-term

relationship with a youth and may express interest in becoming the permanent, legal parent of the youth. In such an event, it is essential that staff carefully follow CFS' Dual Relationships guidelines. (*See Appendix H.*)

CFS SPECIALIZED FOSTER CARE PLACEMENT SERVICES

We are licensed to provide a full range of specialized foster care placement services to youth in seven states: Connecticut, Maine, Maryland, Massachusetts, New Hampshire, Rhode Island and Vermont. Typically, public child welfare agencies refer older youth or youth whose special needs and complicated family histories require intensive services and make both placement and permanency planning a challenge.

Our specialized foster care services are characterized by:

- individualized and intensive casework that is responsive to the changing needs of youth and families
- well-trained and well-supported foster families who provide high-quality services to the youth in their care
- committed social workers who focus on helping youth – regardless of their age or special needs – achieve the optimal level of legal permanence

As contracts may mandate, we follow each state's prescribed system for assigning levels of foster care. The core components of our permanency-focused placement services for youth in specialized foster care are:

- developing a permanency team
- identifying a potential permanent family
- doing pre-placement planning, scheduling pre-placement meetings and visits
- coordinating and supporting the transition to placement
- supporting and monitoring the placement
- scheduling and supervising birth family visits
- clinical case management and responding to and managing crises

- recruiting, training, licensing and retaining foster and foster-to-adopt families

Throughout the process, our social workers keep detailed physical and electronic records of all aspects of placement by writing case notes that document all decisions, activities, crises and progress toward permanence.

Finding Foster Families for Youth

Locating a suitable foster family begins with helping youth identify possible temporary and permanent family resources. Through this process, the CFS social worker learns about adults who play or have played significant roles in a youth's life. This engagement process with the youth, coupled with a thorough review of the youth's state agency case record (case mining) and interviews with the youth's current and former caregivers, helps to build or rebuild a youth's natural network of relationships.

We coordinate all activity on a youth's behalf to locate a suitable temporary or permanent foster family, including:

- interviewing the youth, the youth's birth family, other relatives and current caregivers
- interviewing all adults identified by the youth from within their natural network of relationships (e.g., foster parents, mentors, coaches, teachers, godparents and fictive kin)
- involving all team members in identifying or recruiting potential family resources
- searching online for lost relatives or those whose current whereabouts are unknown

Using Online Search Technology

Sometimes our social workers use online search technology to identify placement and permanency resources for youth. *(See Appendix J for guidelines on using this technology.)* We generally use this intervention when we have not been able to identify or recruit potential permanent families for youth who:

- are not connected to birth family or who do not have information about birth and family history
- communicate a longing to reconnect with a wide network of relatives or with a specific relative
- have no one but professionals on their permanency planning team

Matching

Initial matching requires identification of a suitable resource family able to care for the youth immediately. In accordance with the Fostering Connections to Success and Increasing Adoptions Act of 2008, relatives should be considered as potential caregivers. We try to locate the most suitable, safe and nurturing family for a specific youth based on an assessment of the youth's strengths and needs and the strengths and skills of the identified family. (See Section X for detailed information.)

Pre-Placement Process

Our social workers start the pre-placement process after identifying a family that makes an initial commitment to parent the youth. During pre-placement, the youth and family get to know each other and explore their potential fit. Staff describe the youth to the family and the family to the youth to prepare each of them for pre-placement activities. This maximizes the potential for a successful placement and minimizes the chances that the youth will experience additional rejection.

Generally, the youth's ability to adapt to the planned placement determines the length of the pre-placement phase. As time allows, and in accordance with state contractual requirements, we adjust the frequency of contact (day, overnight and weekend visits) between the youth and family. Following each visit, the social worker uses individual and joint sessions to debrief with the youth, prospective family and current caregiver(s) to assess the readiness of each party for placement, to identify and address any problems that have arisen, and to plan the next step toward placement. The social worker summarizes the pre-placement process in monthly case contact notes.

Sometimes circumstances will necessitate a less extensive pre-placement process. Such situations are likely to require extra support of the youth and family to facilitate successful adjustments. CFS staff coordinates these efforts with state partners.

Placement Support and Monitoring

CFS social workers meet with youth and foster families on a regular basis to develop positive relationships and monitor progress toward achieving service plan goals. After a youth is placed in a CFS foster home, the social worker meets with the foster parents weekly during the first month. Thereafter, these contacts occur at a minimum frequency at least once per month although in most cases more frequent contacts will be needed. Weekly contact with both the youth and foster parent is mandatory during the first month of placement. The frequency of the contacts is determined by the identified needs of the family and youth and the terms of any state contracts. Social workers must hold these meetings in the foster home and may combine the in-home visit with youth and foster parents whenever feasible. During visits with foster youth, they are seen alone and separate from the foster parents.

Meetings with Youth

Throughout the time youth are in care, our social workers hold regularly scheduled, individual (one-on-one), face-to-face meetings with them. They use these meetings to assess youth's safety and well-being, implement casework interventions, prepare youth for permanency and monitor service delivery and progress toward achieving service plan goals.

Meetings with Birth Parents

Our social workers hold face-to-face meetings with birth parents to provide support and monitor progress toward achieving service plan goals. While social workers may have multiple contacts with youth and birth parents at joint and large team meetings, they must continue to schedule individual, face-to-face meetings with them as well. Case-specific circumstances dictate the frequency of

meetings with birth parents. When reunification is the goal, social workers schedule regular intensive in-home sessions with birth parents and/ or the youth.

Meetings with Foster Parents

Social workers hold face-to-face, individual and joint meetings with foster parents at least once a month, preferably in their home. During these regular meetings, they share information about the youth, evaluate the youth's safety and well-being, implement casework interventions, and monitor service delivery and progress toward achieving service and permanency plan goals. Social workers also use this time with foster parents to offer support and make recommendations for dealing with issues such as family adjustment, relationship building with and integration of the birth family, and behavioral management.

Maintaining Relationships and Visiting Family Members

Unless contraindicated or prohibited by the state, we include arrangements for youth to have contact with their birth parents and siblings, extended family and other significant adults in all specialized foster care service plans. We believe that foster youth should have the opportunity to see or talk to their birth parents and siblings, because maintaining these relationships is critical to successful reunification work and concurrent planning. When a safety risk exists, appropriate measures are taken to ensure the safety of the youth. For example, some youth have supervised contact with family members. Often, our social workers must reconnect youth to individuals from whom they were separated through multiple placements, or even introduce them to and help them build relationships with family members they have never met.

While permanency team members may recommend to the legal guardian the frequency and location of visits, it is our social workers' responsibility to describe the arrangements in the service plan and to prepare youth, birth and foster family members in advance. Afterwards, they spend time processing the event with each party to help resolve any issues that arose during or as a result

of the contact. Visits may be supervised or unsupervised and may take place in the family's home or a more public setting. Our social workers never cancel planned contact with significant individuals as a disciplinary action, and they discourage others from this practice. *(See Appendix F for detailed information about helping youth maintain relationships while in care.)*

Responding to Crises

All Casey foster parents have access to social work staff who provide on-call crisis intervention services. (See Section X for additional information about post-placement supports and services for foster parents.) Youth and birth or foster family members may experience crises during a placement. We believe that crises can be opportunities for growth and bonding and expect that, whenever possible and as long as it continues to be a safe environment, youth will remain with their foster family while all parties work to resolve crisis situations. For that reason, we go to great lengths to support foster families and youth during crises to prevent placement disruptions. Only rarely do we support or recommend unplanned or emergency placement changes.

Placement Changes

Social workers do all they can to avoid moving youth from one foster home to another. Sometimes, however, they support a placement change to help youth achieve a permanency goal such as reunification, guardianship or adoption by someone other than the current foster parent. At other times, youth may have a temporary need for a more restrictive and secure environment such as a crisis unit. Lastly, placement changes occur when either the foster parent or agency decides a placement must end immediately. For example, when the risks of remaining in a family outweigh the risks inherent in an unplanned move, such action may be taken. For all placement changes our staff makes every effort to minimize trauma by providing additional supports and services to ensure the youth's stability, well-being and progress toward permanency. Those efforts include:

- giving the youth and permanency team members advance notice of the move so they have ample time to explore the natural network and identify possible alternative placements
- giving the youth and permanency team members advance notice of the move so they have ample time to develop plans to support the youth during the transition
- identifying new foster parents who have the skills and characteristics necessary to meet the youth's needs, or identifying the best treatment facility if the youth cannot live in a family setting
- assessing the youth's needs carefully and referring her/him for additional therapeutic or other needed services
- identifying the role former foster parents may continue to play in a youth's life such as serving as a member of the permanency team

Transitional Services

Transitional services are offered to foster youth leaving care and to young adults returning to the agency for assistance. Services may include help with finding housing or employment, securing medical care, linking to entitlement programs or community resources, and providing brief counseling.

The following two populations are eligible for time-limited transitional services:

- 1 Youth who leave CFS' specialized foster care program without legally permanent families and need specific services to transition from living in foster care to living independently. Permanency teams identify the necessary transitional services before youth leave care.
- 2 Youth formerly in CFS specialized foster care who return as young adults seeking support during major life transitions. Such circumstances may include applying to college, getting married, becoming a

parent or going through periods of crisis (e.g., losing a family member, getting a divorce, losing employment, learning of an unplanned pregnancy).

Our transitional services supplement rather than replace the supports offered by the legal family. Transitional services for either population may include reconvening youth's permanency teams.

Post-Secondary Educational Services

Post-secondary educational services are available to youth who are in CFS care and youth who were formerly in CFS care and achieved legal permanence at the age of 16 or older. Legal parents (birth, adoptive and legal guardians) have primary responsibility for helping a youth plan for post-secondary education. Foster parents play a significant role in partnership with CFS staff in planning for post-secondary education.

Social workers let youth and their families know that we offer limited financial assistance and can continue to work with and support youth during the transition to college or vocational training to help them adjust more smoothly. (See Financial Assistance below.)

Post-Permanency Financial Assistance

We expect a youth's legal family to assume primary financial responsibility for their living and educational expenses. Before discussing with youth and/or their family the specific amount of financial assistance that Casey Family Services may offer, the social worker and team leaders must agree on and get the division director's approval on a proposed budget.

We provide the following three types of limited aid:

- post-permanency financial assistance
- transitional financial assistance
- post-secondary financial assistance

CRITICAL INCIDENTS AND SAFETY PLANNING: FAMILY-STRENGTHENING AND PERMANENCY PLANNING SERVICES

Critical Incidents

Critical incidents are any occurrences that put youth, families, foster families, staff or community members at risk of harm. We require social workers to report certain crisis-type situations or unusual incidents that involve youth and families receiving services, CFS foster families and CFS staff via a Critical Incident Report (CIR). This computerized reporting system, which holds social workers to strict time frames, helps ensure the safety of youth, families, foster families, staff and communities.

Critical incident reporting:

- ensures the safety of all clients, program participants and staff
- identifies and tracks emerging behavioral/incident trends across divisions
- ensures that we provide appropriate services and revise policies and procedures as needed
- identifies possible risk management concerns
- ensures compliance with licensing and accreditation standards

FSS and PPS social workers follow the same procedures for documenting critical incidents. Staff completes CIRs in the appropriate computer system. (See CIR database for definitions, reporting procedures and documentation procedures for both FSS and PPS cases.)

Depending on the severity of the incidents, the reporting system notifies team leaders, division staff and New Haven staff automatically. In extreme situations, even before completing a CIR, team leaders or deputy directors should alert division directors, who may decide to apprise New Haven staff immediately. Social workers must complete the CIR immediately after alerting management.

Safety Plans

If the circumstances of any critical incidents are serious enough to jeopardize the safety of youth, family, caregivers or others, our social workers help create a detailed safety plan. For example: If youth or family members threaten to harm themselves or others, social workers must ensure a safety plan is written. When there is a threat to harm others, social workers should review the case with the team leader to determine if the Duty to Warn protocol should be implemented. *(See Appendix I for an explanation of Duty to Warn.)*

Developing Safety Plans

Social workers create safety plans when youth, families, foster families and staff need guidance to manage situations that involve high-risk behavior. For example: A youth threatening self-harm will have a safety plan with details for emergency evaluation and alternative strategies to deal with the urge to self-injure. Similarly, if a social worker who has been doing reunification work with a family learns of abuse or neglect and must file a complaint, she/he may need to develop a safety plan to protect all parties.

Social workers often identify safety issues at the safety parameters meetings and, at that point, develop safety plans that they amend if and when other safety concerns emerge.

Criteria for Writing Safety Plans

In general, social workers create safety plans for the following issues:

- suicidal ideation/behavior
- homicidal ideation/behavior
- self-injurious behavior
- physical aggression, including the need for restraint
- fire setting
- use of weapons
- abuse or neglect complaint against caregiver
- substance abuse
- problematic sexual behavior

Safety plans include a start and a review date. Social workers develop plans with input from family members or youth in care, team members and professionals, as appropriate. In these plans, social workers outline the situations likely to bring about identified high-risk behaviors, the ability of the youth and/or family to manage these behaviors, interventions to address the behaviors and any supports necessary to manage the unsafe situations. If, as part of a safety plan, the need for physical restraint is considered a possibility, social workers refer parents and caretakers to resources for learning safe restraint techniques. Under the same circumstances, CFS foster parents are required to obtain additional training from the division MANDT trainer on the section entitled Conceptual and Technical Skills. Social workers document MANDT training plans and training completion dates in the foster family's case records and in the youth's service plan.

Our social workers ensure that safety plans are consistent with permanency planning considerations for youth. For example: Plans should provide for youth's safety while preserving significant relationships and meaningful contact with parents, siblings, family members and other important adults. We accept safety plans that other providers (e.g., therapists) develop if they address all identified concerns.

ADMINISTRATIVE PROCEDURES

If critical incidents occur in cases that do not have safety plans and such plans are needed, social workers:

- complete a CIR and ensure that a safety plan is in place within three calendar days of submitting the report
- have parents, legal guardians, youth over 14 and team leaders sign the safety plan
- as soon as possible, have other team members review and, as appropriate, sign the safety plan
- complete a follow-up to the original CIR and note that they wrote a safety plan

Administrative assistants file CIRs and any follow-up reports in the physical case record.

Safety Plan Review

Social workers review and update safety plans with team members at each scheduled case review meeting and more frequently as needed. If safety issues are resolved, this is documented in the monthly case notes and service plan progress section.

FORMS

FSS Service Agreement, PPS Service Agreement, Safety Plan

the case record

INTRODUCTION

The case record contains information and material pertaining to Casey Family Services activity on behalf of a client and the client's work with CFS, other service providers and team members. It helps inform a newly assigned social worker and team leader of previous case activity and provides information that may be essential for medical, legal or educational services. The case record is also an essential historical resource, which preserves information that may not be otherwise available. At CFS, both paper and electronic case records coexist. The setup of the paper record is the same for both FSS and PPS cases.

TIME FRAME FOR DOCUMENTING CASE CONTACTS

Social workers document all case-related contacts within one calendar day or when they return to the office from the field, whichever is sooner. Team leaders approve monthly case contact notes and forward them to administrative staff for filing.

OPENING AND MAINTAINING THE CASE RECORD

Administrative assistants are responsible for opening case records and maintaining them with timely and accurate documentation from team leaders and social work staff. Administrative staff ensures records are locked and sign-out cards are maintained for each record to protect the confidentiality of all clients.

For cases where services are being provided to birth parents and youth (e.g., preservation or reunification services), one case record is maintained. Within each case record a separate section is created to hold confidential

reports, evaluations and legal documents for each person receiving services, thus securing their Protected Health Information (PHI).

DOCUMENTATION

Accurate and timely documentation of case events is fundamental to good social work practice. It also ensures continuity of services to youth and families who receive different types of services and/or who have different social workers over time. Social workers record case information and activities in the appropriate CFS computer system.

CASE CONTACT NOTES/MONTHLY SUMMARY

Our family-strengthening services and permanency planning services social workers use case contact notes to summarize progress made toward achieving service plan goals. A narrative format is used to create case contact notes. Each case contact note includes:

- date of the contact or event
- method of contact and location (e.g., by telephone or in person)
- type/purpose of the contact (e.g., individual and/or joint meetings with clients and collaterals, case-specific supervision)
- names/titles of participants
- brief description of what occurred, decisions made, and/or next steps

In a case contact note, social workers may want to reference documents that are in the case record, but they should not repeat or even summarize the information contained in that document. For example: Social workers describe permanency team meeting discussions and

decisions in the permanency planning team meeting summary. Only the occurrence of the permanency team meeting should be noted in the case contact notes. At the end of the month, the social worker completes the monthly case summary that addresses what has changed significantly during the past month and implications for next steps. This summary is a brief paragraph of no more than three to four sentences and should not be a repetition of the case notes. The team leader is responsible for documenting supervision at least monthly for experienced staff and weekly for the first four weeks for new staff. Documentation of supervision is recorded in the case notes and posted with the monthly summary. Both team leaders and social workers are required to sign the paper copy of the monthly summary.

The social worker or designee sends a copy of the monthly contacts to the state child welfare social worker, if required, and, if necessary, with proper releases. The public child welfare agency may request that Casey also provide a summary related to a specific issue (e.g., visitation). If so, the social worker prepares the summary and sends it after review by the team leader.

THE ROLE OF CASE DOCUMENTATION IN LEGAL ACTIONS

Because court officials can subpoena case records, it is critical that our documentation is timely, thorough and accurate. This protects the agency if there is litigation. Court officials also can ask our social workers to testify at hearings, so it is important for them to be able to discuss the details of a case. *(See Appendix I for information about working with and testifying in court.)*

CASE STAFFING

When social workers present cases to clinical staff in their division or to the director of clinical or permanency services, they should note and summarize the staffing in the monthly case contact notes.

ADMINISTRATIVE PROCEDURES

Deputy division directors receive notification of all approved service documents and have overall responsibility for ensuring their quality and timeliness. The administrative assistants are responsible for ensuring all paperwork is filed according to CFS guidelines.

FORMS

Permanency Planning Team Meeting Summary, Case Review, FSS Service Agreement, PPS Service Agreement, Service Plan, Monthly Case Summary/Contacts

case closure and case reopening

INTRODUCTION

Social workers talk with youth and families about target dates for closing their cases early in the service planning phase. This helps them begin to think about the appropriate time frame and circumstances for ending services. In family-strengthening services, we focus on the timely achievement of service plan goals. In permanency planning services, we focus time-frame discussions on reaching a permanency outcome. Decisions for case closure are made by social workers in conjunction with a team leader.

TIME FRAME

Social workers complete closing summaries within 30 calendar days of the decision to close cases.

CRITERIA FOR CASE CLOSURE

Family-Strengthening Cases

Social workers close cases if referring state agencies withdraw them, or when families meet one or more of the following criteria:

- achieve service plan goals
- establish ongoing relationships with other community-based supports
- know how to find and utilize agency supports and negotiate systems
- demonstrate readiness to terminate services
- stop participating in recommended services
- request case closure

Permanency Planning Cases

Social workers close youth's cases when the referring state agency withdraws them or the youth meet one or more of the following criteria:

- achieve legal permanency outcomes such as reunification, adoption or guardianship
- are 18 or older and achieve their service plan goals, including developing lifelong connections
- transfer to another CFS service
- stop participating in recommended services
- are 18 or older and request that their case be closed

WRITING THE CLOSING SUMMARY

FSS Cases, Levels II and III

Social workers update current demographics and other required sections within the CFS computer system in addition to writing closing summaries that include:

- brief physical descriptions of youth/families, the reasons for initial referrals and descriptions of the circumstances that led youth/families to seek services from CFS
- summary of the services families received from CFS and the number of sessions provided
- summary of families' current functioning, including information on changes in presenting problems and progress toward or achievement of service plan goals, networks of formal and informal support, and their prognosis for the families' future functioning
- the reason(s) for closure, who initiated closure and if service termination was planned or unplanned
- plans or recommendations for service from other community resources

PPS Cases

Social workers update current demographics and other required sections within the CFS computer system in addition to writing closing summaries that include:

- identifying information such as: name, date of birth, ethnicity, gender, legal status and brief physical description of the youth
- summary of who made the referral and the circumstances that led to youth's initial referral to CFS
- summary of youth's involvement with child protective services (i.e., specific allegations of abuse and/or neglect that led to removal from home and entry into foster care)
- summary of the services youth received from CFS, including information on permanency goals sought and permanency goals achieved, names of the permanent parents and their relationship to youth, names and relationships of other adults making commitments to be lifelong connections
- documentation of how many and what types of placements youth had while with CFS and the reasons for any placement changes
- summary of youth's current functioning in all domains, networks of formal and informal supports, and prognosis for youth's future functioning
- reason(s) for closure, including who initiated closure and if service termination was planned or unplanned
- information on post-permanency or transitional services that are in place or were recommended
- the names, street addresses, phone numbers and email addresses of three people who are likely to know how to contact youth over the next few years. (As more youth secure permanent, legal families, increasingly it will be parents and other family members who will likely be the long-term contacts needed for research.)

(See Appendix O for closing summary forms.)

CASE CLOSING PROCEDURES

Team leaders review and approve closing summaries and forward them to deputy division directors for final approval. Social workers closing cases notify all involved

including the state agency and courts, as needed. Usually, the social worker and client mutually agree to case closure. If the social worker no longer has contact with the client(s) because they stopped participating in services, the social worker sends a letter to the last known address stating that the case will be closed and offers the client(s) a two-week period to contact CFS if they wish to continue services.

Administrative Procedures

Social workers and team leaders document case closings in the appropriate computer system. The administrative assistant files the closing summary in the youth's or family's physical case record and stores the record in a HIPAA-secure cabinet. The administrative assistant also documents case closings on monthly statistics forms.

REOPENING A CASE

We reopen cases to help sustain individuals and families through predictable developmental challenges and unanticipated crises. When PPS cases that have achieved legal permanency are reopened, they are opened as FSS cases.

Criteria for Reopening a Case

Team leaders respond to requests to reopen cases based on several factors, including agency capacity, social worker availability and whether or not we are the most appropriate agency to provide the requested services.

Casework Procedures

Social workers generally reopen FSS cases for brief, targeted services. To begin the work, families must sign a service agreement.

If youth under age 18 ask for services after their case is closed, social workers usually call their legal parents to get more information about the circumstances that led to the request. In some states, and in some instances, youth under 18 may receive services without their parent's involvement or notification. Deputy division directors review parental notification and involvement regulations

of the state in which their division operates and guide staff through the steps accordingly.

If youth over the age of 18 request services after their case is closed, social workers may ask for their permission to discuss the request with their family members or significant others. If young adults do not want to involve their family, we provide services only to them.

If young adults had permanency teams during their period of service with CFS, social workers may, with their permission, reconvene teams to help assess needs, identify supports and implement services.

Administrative Procedures

When reopening cases, social workers have clients update consent and release of information forms. Administrative assistants update the division's statistical records, reopen case records using the original case numbers, and add cases to the appropriate computer system.

FORMS

Closing Summary, Notice of Change, FSS Service Agreement, PPS Service Agreement, Service Plan

foster family recruitment, services and supports

INTRODUCTION

Foster families play an essential role in Casey Family Services' permanency planning services by providing safe and stable care for youth while assisting in their reunification with birth parents or placement with kin through legal guardianship. Foster care is not an end in itself. Rather, it provides a safe environment for youth while permanency options are identified, explored and achieved. If a youth cannot be reunified with their birth parents or kin, foster families may be considered either as an adoptive resource or as a "bridge family" to help the youth transition to a recruited adoptive family. Foster families are rarely asked to provide long-term foster care services, but they are encouraged to nurture and maintain lifelong connections with youth who have been reunified, placed with kin or adopted by another family. Because foster families* play a major role in helping youth achieve permanency, they serve as pivotal members of permanency teams for youth currently or formerly in their care.

TIME FRAME FOR RESPONDING TO INQUIRIES

Resource coordinators or designees contact prospective foster families within two calendar days of their initial inquiry.

Time Frame for Completing a Home Study

Social workers complete prospective foster families' home studies within 45 calendar days of assignment or within the time frame the state requires. Even though other elements of the licensing process, such as fire inspections, may take longer than 45 days the CFS worker is still required to complete the written home study within the required time frame.

RESPONDING TO INQUIRIES

Prospective foster parents contact us by telephone, letter, email or via our website, www.caseyfamilyservices.org; if they are familiar with our work, they may stop by our offices, or they may attend an advertised open house. Oftentimes, our current foster families refer people they know to us, and some families learn about fostering at CFS from friends who are members of youths' permanency teams.

During an initial telephone call or interview, our resource coordinators or designees welcome prospective foster families and, at the same time, ask questions to help determine if the family meets basic eligibility criteria for fostering. If it is immediately clear that a family does not meet the agency's basic criteria for fostering, resource coordinators or designees explain that decision to the applicant(s). In some cases, the conversation may be expanded to learn if they might be able to help youth in another more appropriate capacity (e.g., volunteering to tutor a youth, providing transportation).

RECRUITMENT

Recruitment is an agency-wide responsibility. Most often direct service staff are involved in recruitment of families for specific youth.

Holding an Open House or Orientation Session

Depending on their particular recruitment needs and the requirements of their state partners, divisions hold periodic open houses and/or pre-service orientations to present general or detailed information about our permanency planning services and what it means to become a CFS foster parent. Each division has some latitude,

* The terms "foster family" and "resource family" are considered to be synonymous. For simplicity, the term "foster family" is used throughout this text.

however, regarding the frequency and location of such meetings, based on the needs of the division and their state partners.

Recruiting Foster Families for Specific Youth

When no prospective foster family is identified through the natural network and teaming process and no CFS family is available, we develop a youth-specific recruitment plan. This plan is developed with input from the youth and permanency team members. To the extent possible, youth provide input into the recruitment plan so they can voice their wishes and ideas about their future. We collaborate with team members, the state social worker and other specialized recruitment agencies as needed to recruit families from the community.

Recruiting Foster Families for Target Populations

In addition to youth-specific recruitment, divisions also do targeted recruitment for the types of youth for whom they may need permanent families most often; this varies from division to division. Our staff may do community outreach to find families willing to commit to older adolescents or youth with behavioral problems or learning disabilities. Or they may advertise that they will be hosting an adoption party for families interested in adopting a particular type of youth (e.g., teenage girls).

Recruiting Non-English-Speaking Families

We encourage staff to recruit a broad range of families who will be able to meet the varying needs of youth in care. We do not exclude prospective foster families for whom English is not the primary language. However, at least one of the foster parents must be able to communicate in the language of any child placed in the home. Divisions may recruit foster parents who do not speak English. When recruitment is expanded in this way, staff must be sure they are able to support non-English-speaking families (e.g., identify resources within the division and community, such as bilingual staff, professional interpreters and/or translation services). (*See Appendix K.*)

Criteria for Foster Parenting

Individuals or couples interested in becoming licensed CFS foster parents must meet the following basic eligibility criteria.* Applicants should:

- have experience parenting youth or demonstrate that they have the skills and ability to work with youth.
- be supportive of and committed to regular contact between youth and their birth families and others in their natural network and willing to develop working relationships with these individuals.
- be willing to work with professionals at the state child welfare agency, schools, hospitals, child guidance clinics and other community agencies, etc.
- be willing to be an active member of a youth's permanency team.
- have stable marital, parent-child or other significant relationships.
- not have experienced any major life changes within the past year, including but not limited to divorce, death of a spouse or partner, death of a child or loss of employment. We acknowledge that some very successful foster parents have experienced difficult life events prior to taking youth into their homes and lessons learned from hard times can be a tremendous asset in understanding troubled youth. The one-year time limit is intended to allow prospective foster parents time to stabilize after the occurrence of a major life event, not to prevent their working with CFS.
- be at least 25 years old.
- be gainfully employed or otherwise self-supporting.
- maintain a schedule that allows them to have adequate contact and spend considerable time with the youth and that allows them to participate in routine family activities.

* Depending on the state in which services are being delivered, foster families are "licensed," "approved" or "certified" either by the state or CFS. For simplicity, the term "licensing" is used in this manual.

- be willing to complete our standardized application process and submit related documents required by Casey Family Services and the state.
- not be engaged in any illegal activities or have a criminal record that CFS reasonably believes renders the home unsuitable for fostering. Prior incidents of domestic violence and/or substantiated child abuse allegations disqualify an applicant from becoming a CFS foster family. State-specific requirements must also be followed.
- agree to provide foster care services only for CFS.
- agree not to provide day care services in their homes while fostering youth for CFS.
- agree to monitor, supervise and administer medications for youth in their care.
- be able to meet other requirements of the state in which the division is located.

In exceptional circumstances, division directors, in consultation with the clinical director or deputy executive director for field operations, may waive any criteria not required by the state.

PREPARING FOSTER FAMILIES TO CARE FOR CASEY YOUTH

Pre-service Training and Orientation

Increasingly, pre-service training is done by or in conjunction with the state child welfare agency, or within a collaborative of private agencies. In those divisions in which a state mandated or collaborative agency pre-service training program is used to prepare foster parents, it is expected that CFS staff add relevant content from the CFS Foster Parent Pre-Service Curriculum to ensure that applicants are clear about CFS' expectations of foster parents. At times, it may be possible to integrate this content into the general training curriculum. More often, it requires that applicants attend one or more additional training sessions led by CFS staff prior to pursuing licensure as CFS foster or adoptive parents.

If a family has completed training with the state or another agency and wishes to work with CFS, they are expected to complete relevant content from the CFS pre-service foster parent curriculum not covered in their previous training.

Assessment

Each prospective foster family completes pre-service training and a home study before Casey Family Services places a youth in their family. If a pre-service training group will not be available for a significant amount of time, the assigned social worker may cover the content individually with a prospective family if allowed by state regulations. Similarly, divisions have the discretion of offering the pre-service training first, followed by completing a home study, or the reverse, or engaging the family in both processes at the same time if there is a rationale for doing so.

Through the assessment process, the family learns CFS' expectations for foster families, both in providing high-quality temporary care for youth and potentially becoming a permanent resource for a youth. In turn, CFS learns the strengths and limitations of a family and mutually determines with the family whether fostering is a good fit with their strengths and needs. Another important goal of the assessment process is to establish an open, trusting relationship with each family so that, when problems arise after placing a youth, the family will be comfortable sharing these issues with their social worker and getting the services and support they need to be successful.

Home Study

The home study process is the beginning of a partnership between CFS and the family for the benefit of a child. The worker gathers relevant information from prospective foster families and a variety of other sources. As part of the home study process, all state-specific requirements must be followed including state, local and federal background checks. These background checks may be completed by the state licensing social worker or the CFS social worker, depending upon state requirements.

If the CFS social worker is notified that a prospective foster parent or any adult member of the household has a criminal record, they are required to consult with the appropriate state social worker in determining whether this record renders them unsuitable for fostering.

If a felony conviction is noted, the CFS social worker will attempt to obtain more information by contacting the individual's former parole officer or others who are knowledgeable of the circumstances involved in the crime that led to the felony conviction. Please note this special requirement in Connecticut is followed at the discretion of CFS staff in all other states.

All of the above information will be documented in the foster family record.

The home study serves two purposes: first, to determine if the prospective family is a good fit for fostering; and second, to identify the type of youth for which the family might be best suited.

The home study and accompanying checklist are completed in the agency computer information system. The team leader assigns a social worker to conduct a home study, which must be completed within 45 calendar days of assignment. The social worker reviews the home study guidelines and the checklist prior to beginning a home study and, as needed, during the home study process.

Placing a Youth Prior to Completing a Home Study

If state regulations allow, a team leader – in consultation with the deputy director – may decide to place a youth with a family before the assessment process is completed (e.g., a youth in crisis and living in an extremely dangerous setting). Prior to any placement, the social worker completes a review of the results of the criminal background checks, child abuse and neglect checks, and state-required checks (e.g., home inspection). In some divisions, administrative staff may process background checks, but the social worker always reviews and assesses the results when they become available. The CFS social worker must know

enough about the youth and the family to be confident that the family is a good match for the youth and is able to provide a safe and nurturing home. Finally, if CFS staff decide to place a youth with a family before completing all licensing requirements, the state agency approval of this plan must be documented in writing for the CFS record.

The social worker must complete the home study within 30 calendar days following the youth's placement, and ensures that the family completes the pre-service training at the earliest available date. Even though other elements of the licensing process, such as fire inspections, may take longer than 30 days, the CFS worker is still required to complete the written home study within 30 days.

Foster Parent Policies and Guidelines

During the home study and pre-service training, the assigned social worker reviews the essential policies and procedures listed below with the prospective foster family. The social worker encourages them to express their views about each and to share any concerns they may have about any of the following:

- discipline of foster youth
- physical intervention with foster youth
- weapons in foster homes
- liability insurance and risks
- electronic communications
- out-of-state travel with foster youth
- youth securing a driver's license
- client access to records

(See Appendix L for detailed information on these policies and guidelines.)

NUMBER OF YOUTH IN A HOME

We rarely place more than one youth in a foster home. We make exceptions only when state statutes allow and there is a clinically sound reason for doing so, such as keeping siblings together.

DISPOSITION DECISION

Casey either approves or denies prospective foster families' applications. Families may withdraw their applications at any time during the process.

Approval

Our social workers submit completed home studies and all the other required documentation to their team leader for approval. Team leaders review the materials and, if they also recommend approving the prospective foster family, forward the complete application package within five calendar days to the deputy division director or division director for final approval. After reviewing the materials, the deputy division director approves or denies prospective foster families' home study within five calendar days. Upon approval the social worker follows state specific guidelines for granting a foster care license. After a license is granted, the assigned social worker sends an approval letter to the family and lets their colleagues know that the family is available for placements.

Withdrawal

Families may decide to withdraw from consideration for any reason and at any time during the application process. For example: They may decide that fostering is not a good fit for their family; they may develop health problems; or they may change jobs and find that they no longer have time to foster. Social workers document the reasons for withdrawal and, if families seemed to be good prospects for fostering, encourage them to consider reapplying in the future. If at any time during pre-service training or the home study social workers determine that applicants are not suited for fostering they may encourage prospective families to withdraw from consideration. We send letters to applicants confirming their withdrawal.

If serious circumstances warrant denial and a family wants to withdraw, the social worker and team leader in consultation determine which course to take and document the reason in the foster family record.

Denial

If at any time during the home study process social workers determine that they cannot recommend a prospective family for licensure, they discuss their reasoning with the team leader. If the team leader agrees, they help social workers plan how to explain the decision to the family. After sharing the decision with the applicants in person, social workers send the family a letter to document and explain why they denied the application. As appropriate, we inform state agencies when a prospective foster parent has been denied and provide them with a copy of the letter. In some states, social workers must cite statutes that support the denial. In the denial letter, social workers tell applicants that they have the right to appeal the decision. They explain how and in what time frame applicants may begin the appeal process. (*See sample approval, withdrawal and denial letters in Appendix M.*)

Appeal

At the start of the home study, our social workers give prospective foster families the Client's Rights brochure and explain the steps necessary to file an appeal of CFS' decision.

Administrative Procedures

Beginning with a family's initial inquiry through the home study process, the social worker or designee continually updates demographic and psychosocial information in the appropriate computer system. The administrative assistant files all paperwork in the foster family's physical case record and sends any necessary documents to the state.

PLACEMENT PROCESS

Matching

The matching process involves exploring all potential placement resources for youth, including individuals in their natural network, relatives they may not know and non-relative foster families. To find the most suitable and nurturing family for youth, we assess youths' strengths

and needs as well as potential families' strengths, skills and circumstances. Youths' permanency team members may play an active role in the matching process. The social worker and team leader make the initial matching decision and review it with the state social worker and permanency team, if formed.

Once they identify a potential placement, social workers tell the family about the youth – giving them the basic information necessary to make an informed decision about how the youth will fit into their family and if they will be able to meet the youth's needs. This information includes:

- full disclosure of the youth's comprehensive needs
- full disclosure of the youth's current and proposed permanency goals (if different). This knowledge will enable a family to understand what might be expected of them in:
 - helping to reunify and/or reconnect this youth with birth family, or
 - making a commitment to legal permanency, or
 - helping to recruit and transition the youth to another permanent family
- Answers to the following questions:
 - Does the youth have a history of behaviors such as self-harm, aggression or impulsivity that require a high level of parental vigilance and supervision?
 - Does the youth have other challenges, such as poor hygiene, which can be difficult to live with and which require a high level of parental tolerance? In both situations, is the parent able to accept that if changes in these behaviors occur, most often they will happen slowly?
 - What is the school schedule? (e.g., Will the youth continue to attend his or her current school? Does the youth participate in extracurricular or enrichment activities that may impact the foster family's work schedule?)

- Is the youth struggling with identity issues such as sexual identity or orientation and is the family comfortable in assisting the youth with these issues?
- Which important family relationships and other significant connections are essential for the youth to maintain?

Social workers inform families that we place youth with foster parents who:

- speak the same language as the youth (required for at least one parent)
- demonstrate cultural competence with regard to the youth's heritage
- demonstrate a respect for and commitment to diversity, including cultural, racial, ethnic, sexual orientation and religion or spiritual beliefs
- live in proximity to the youth's community of origin whenever possible

Casey Family Services makes every effort to place youth with families of similar ethnicity, race, and cultural background but cannot always do so. Placements take place in accordance with state and federal regulations such as ICWA (Indian Child Welfare Act) and MEPA (Multi Ethnic Placement Act).

Pre-Placement

Our social workers start the pre-placement process after identifying a family that makes an initial commitment to parent the youth. During pre-placement, the youth and family get to know each other and explore their potential fit. Staff and permanency team members describe the youth to the family and the family to the youth to prepare each of them for pre-placement activities. This maximizes the potential for a successful placement and minimizes the chances that the youth will experience additional rejection.

Generally, the youth's ability to adapt to the planned placement determines the length of the pre-placement phase. As time allows, we increase the frequency of

contact (day, overnight and weekend visits) between the youth and family. Following each visit, the social worker uses individual and joint sessions to debrief with the youth, prospective family and current caregiver(s) to assess the readiness of each party for placement, to identify and address any problems that have arisen, and to plan the next step toward placement. The social worker summarizes the pre-placement process in monthly case contact notes.

Sometimes circumstances will necessitate a less extensive pre-placement process. Such situations are likely to require extra support of the youth and family to facilitate successful adjustments. CFS staff coordinates these efforts with state partners.

Placement Commitment

Following the series of pre-placement visits described above, the social worker helps the family and the youth to reach a mutual decision that the youth should join the family. CFS expects the foster family to make an enduring commitment that the youth will remain with them until the youth is either reunified with his or her birth family or another permanency plan is implemented. Alternatives to reunification may include legal guardianship with kin or an unrelated family, or adoption by the foster family or a recruited family. If a plan is developed for a youth to be reunified or go to a new permanent family, we expect the original foster family to keep the youth until they are ready to move to their permanent family and to help facilitate the transition to the permanent family. Once the social worker secures this commitment, a “move-in” date is identified.

Placement Documentation

Social workers record the reasons for a youth’s placement with a particular foster family and the move-in date in case contact notes and the appropriate computer system.

Foster Parent Reports

We expect foster parents to submit monthly reports that document a youth’s progress toward achieving service plan goals and describe any challenging situations they

faced as a family. State contracts may require more frequent reports. After social workers review the reports, they give them to an administrative assistant, who files them in the physical case record.

LIFE SKILLS

Foster parents and family members play the primary role in preparing youth for adulthood. Since many youth in care have missed out on learning essential life skills they will need as an adult, the foster family provides remedial experiences for youth in learning such skills as meal preparation, budgeting or how to search for a job. The role of CFS staff is to train and support parents in teaching life skills to the youth in their care, as well as engaging other members of the youth’s permanency team in doing the same.

Supports for Foster Families

After a youth is placed in a CFS foster home, the social worker meets with the foster parents and youth weekly during the first month. Thereafter, these contacts occur at a minimum frequency of at least once per month although in most cases more frequent contacts will be needed. The frequency of the contacts is determined by the identified needs of the family and youth and the terms of any state contracts. During these visits, the social worker:

- continues to share all relevant and legally permissible information about the youth
- meets alone with the youth and evaluates safety and well-being
- assesses the home for compliance with licensing and regulations, including seeing the youth’s bedroom
- monitors service delivery and progress toward service plan goals
- encourages the foster parent’s participation in the development of the youth’s permanency plan
- helps the foster parent to assess the youth’s need for life skills training and to teach her/him the skills necessary to prepare for adulthood

In their ongoing contact, social workers provide critical support and guidance to foster families facing day-to-day parenting challenges such as adjustment, integration of birth family relationships and behavior management. In addition, our social workers provide on-call crisis intervention support 24 hours a day, seven days a week. We encourage foster parents to participate in foster parent support groups and customized in-service trainings and, based on their specific needs, offer them access to additional support staff and technical assistance. These supports help us retain foster families.

We require all foster parents to be certified in the MANDT System, which teaches skills and strategies for de-escalating, resolving and preventing conflict, aggression and violent behavior. Our staff conducts annual MANDT relational skills training. Whenever the need for physical restraint of a youth is considered a possibility, CFS foster parents are required to obtain additional training from the division MANDT trainer on the sections entitled Conceptual and Technical Skills. Social workers document MANDT training plans and training completion dates in the foster family's case record and in the youth's service plan. (*See Appendix L.*)

ASSESSING A FOSTER FAMILY'S READINESS FOR PERMANENCE

CFS foster families are valued as potential adoptive family resources for youth in their care. We believe that foster parents are potential permanent legal families for youth who cannot be reunified with their birth families or find legal permanency with kin, and we make this clear during pre-service training; ongoing post-placement interactions; and individual, joint and large permanency team meetings.

When foster parents tell us that they are considering or have decided to legalize a youth's membership in their family, or if the youth tells us they want their foster parents to adopt them or assume legal guardianship, we engage all parties in conversations about their readiness for

this transition and commitment to permanence. Social workers use the parent and youth versions of CFS' "Belonging and Emotional Security Tool" (BEST) to guide individual and joint conversations about legalizing the relationship. Our social workers find this tool to be especially useful in discussions with foster families who are ambivalent about legalizing their commitment to youth in their care.

Over the course of their lives, the youth in our care have experienced multiple losses and broken commitments. It is, therefore, critical that we protect them from additional trauma. When families tell a youth that they want to adopt them or assume legal guardianship, our social workers involve the youth and all family and permanency team members in developing plans – including a time frame – for achieving permanence. Once an explicit promise of legal family membership has been made, we expect families to honor this emotional and legal commitment without delay and regardless of challenges that may arise. Understanding that the period between the commitment to permanence and its legalization is often a difficult time for youth and families, and knowing that crises may well occur, social workers help support families to sustain their commitment.

Transitioning to Legal Parenthood

If a foster family decides to become the permanent family resource for a youth, the social worker coordinates closely with the state child welfare agency to help the family meet all state requirements to become a permanent, legal family. The social worker also reviews with the family the post-permanency services and financial assistance that may be available through CFS. (*See Section VII and Appendix G.*)

RESPITE

Respite is the temporary planned care of a youth by another licensed or approved foster parent. With the focus on moving youth to permanency, social workers emphasize developing natural networks among relatives and

friends who are available to provide out-of-home care for youth, much as families typically do for each other. In most situations, the goal is to eliminate the need for formal respite over time. The permanency planning team is often a resource for developing natural care networks. Also, the permanency team may address directly some of the barriers faced by friends or relatives who might be able to provide respite with additional support or resources. All respite must be provided in accordance with state rules and regulations.

Casey Family Services pays respite providers for the services they provide. In general, however, CFS does not pay for relatives of foster parents or other team members to provide respite for foster youth. Respite usually occurs in the home of the licensed respite provider. Respite offers foster parents a break from the challenges of parenting a youth when there is no other resource such as a grandparent able and willing to provide the care. CFS also uses respite in times of crisis when the foster parent is sick or incapacitated. On occasion, it is used when a youth has a specific problem such as unsafe behaviors toward a younger child in the family that temporarily requires the youth to be out of the home. Foster parents sometimes use respite when they have a planned vacation, although care provided by a friend or relative is preferred. In some instances, CFS encourages foster parents who are taking their other children on a planned vacation to include their CFS foster youth.

Respite planning is a part of the quarterly case review process. Foster parents work closely with respite providers who, in turn, often serve as valuable members of the youth's permanency team. While there is no set number of days of respite to which foster parents are entitled, CFS staff and other permanency team members work together to determine the respite needs of a family. The maximum use of respite is usually one weekend per month. However, CFS provides additional respite at the discretion of the social worker and team leader. Respite is not used to punish a youth or to pro-

vide "space" for a youth to think about conflicts with the foster family.

CONTINUING EDUCATION AND DEVELOPMENT

Most state child welfare agencies and CFS expect foster families to develop or increase their knowledge and skills on a regular basis. We require each foster parent in a home to complete 24 hours of training annually (or more, if a state contract requires it). Foster parents accrue professional development continuing education credit hours by attending trainings/workshops at CFS or in the community and reading books/watching videos that we recommend or approve as relevant to fostering. CFS requires annual certification for foster families in both First Aid and CPR. An additional annual requirement is MANDT relational skills training. Periodically CFS sponsors an agency-wide foster parent conference to allow foster parents the opportunity to share their experiences across divisions and to share their expertise both with other foster parents and CFS staff. Foster parent participation in the workshops at this conference counts toward meeting their annual training requirement.

CFS staff who plan to ask a youth or parent to co-present, co-train, or play a role in a public event should follow the agency's Dual Relationships guidelines to avoid any real or perceived conflicts of interest. (*See Appendix H.*)

ANNUAL REVIEW

CFS requires an annual review of every foster parent even when state requirements call for less frequent reviews. As each state's review requirements may vary somewhat, the CFS annual review should be supplemented by any additional content mandated by the state. Annual reviews include documentation of any critical incidents which may have occurred in the time period being reviewed (e.g., foster parent policy violation). In the annual review, the CFS social worker meets with the foster parents to discuss the past year's experience in caring for CFS

youth, develops a training plan for the coming year tailored to the needs and interests of the foster parents, and updates the family's information in the electronic record as needed (e.g., if a birth youth has graduated and left the home, the family household composition is updated). If the review is satisfactory, the social worker summarizes the information gathered and recommends that CFS renew the foster family's license. In those states in which the state licenses the foster family, we submit the appropriate information to the state agency with the recommendation for renewal. If the review is not satisfactory, the social worker consults with the team leader and state agency to determine next steps.

CLOSING A HOME

When a family decides to cease fostering, the social worker closes the family's record in the appropriate computer system and notifies the state agency in writing. If a youth is still living in the foster home when the parents decide to stop fostering, we strongly encourage them to postpone their retirement from fostering until a youth has achieved legal permanence. If this is not possible, we expect the foster parents to continue to care for the youth until they are transitioned into a new home. In a crisis that presents a danger to the youth or family, the social worker meets with the family and a course of action is decided upon in consultation with the team leader and deputy division director. In either instance, the CFS social worker meets with the family to learn the reasons for their decision to stop fostering. The social worker asks for feedback about the family's experience in providing foster care for CFS in order to learn how to strengthen supports and services.

At times, it is necessary for CFS to close a foster home because the foster parents are unwilling or unable to comply with CFS or state policy. A foster home is closed following discussions with the state agency. In any closing, the social worker discusses with the family the reasons for this decision. Following a meeting with the foster parents, the social worker sends written notification to

the family and state agency of the date their home will be closed, the reasons for this decision and information about their right to appeal if they choose to do so (see Client's Rights brochure). The letter will specifically cite any relevant licensing and or regulatory violations. Whenever this occurs, a social worker takes all necessary steps to minimize the trauma to the youth and to make a transition plan with input from the youth and permanency team members.

FORMS

Client's Rights

building community capacity and systems advocacy

INTRODUCTION

Casey Family Services is known for its commitment to improving the lives of at-risk youth and families and the communities in which they live. Our reputation for using best practices, delivering high-quality services, conducting valuable research and advancing sound public policy for youth and families makes us effective community- and systems-level advocates. It also makes us a sought-after resource for training and technical assistance. Casey Family Services is committed to building community capacity to preserve or find and support permanent families for youth of all ages. (See Section VII.)

BUILDING COMMUNITY CAPACITY

The goal of raising awareness about the need for permanent families for youth is addressed by building networks of support in the community, increasing community capacity and strengthening systems of care. Opportunities to raise awareness often arise from work with individual youth and families or from activities that educate the community, which include:

- nurturing established and forming new, strategic partnerships
- reaching out to engage all community organizations with a child and family services mission
- writing articles for local newspapers
- speaking at community meetings
- presenting at conferences
- speaking on television and radio programs
- presenting in schools
- participating in state agency workshops
- providing technical assistance to public or private agencies and other community providers

Part of Casey's mission is to advance positive child welfare practice and policy through the provision of technical assistance and training. Such activities are often enhanced by the participation of clients, former clients, youth and foster parents. Whenever such participation is considered, the agency's dual relationships guidelines must be followed and reviewed with the potential trainer. These guidelines outline the steps staff follow in order to safeguard against any real or perceived conflicts of interest. (See *Appendix H* for details.)

SYSTEMS ADVOCACY

Casey Family Services is committed to engaging in systems-level advocacy that promotes policies and practices to preserve, achieve and support permanent families for youth.

In our systems advocacy work, we promote state and federal laws, regulations, practices and policies that will increase support for youth, their families of origin and/or their new permanent families. For direct service staff, this work may involve:

- advocating for child welfare agencies and courts to change foster youth's permanency goals from APPLA and Independent Living to goals that ensure legal permanency and full family membership
- supporting foster youth involved in state-level advocacy
- participating in efforts to examine and recommend changes in service provision or administrative policy related to family support, preservation, reunification, foster care or adoption
- participating in efforts to promote equitable permanency outcomes for youth of all races and ethnicities
- providing consultation to organizations working to promote legislation that addresses the needs and supports the interests of youth and families

- providing expert testimony on permanency at legislative events

As employees of a charitable foundation, we cannot participate in any lobbying activities in a professional capacity. Division directors are responsible for giving staff clear guidelines on systems advocacy and lobbying. The Planning and Policy Department staff in New Haven, Connecticut, are available to consult on such matters.

Technical Assistance and/or Training Needs: Identification and Response

All division staff route local requests for technical assistance and training (TA) to the division director or designee. The division director or designee contacts the agency, community provider or professional organization making the request within five calendar days. The division director or designee completes the training and technical assistance request form, assigns a staff person to respond to the request based on their expertise and availability. Staff prepare materials, presentations and curricula to meet the identified community need.

FORMS

Training and Technical Assistance Request, Dual Relationships Policy, Evaluation

Since 1997, the Anne E. Casey Foundation has been working to help impoverished families secure adequate incomes, stabilize their finances, accumulate savings and live in vibrant, economically viable neighborhoods through an approach known as building family economic success (FES). The approach involves three key components:

- Asset-building — strategies to help families build wealth and save for the future
- Family economic supports — public and private supports to help families establish credit, reduce debt and increase their financial security
- Workforce development — the skills and education necessary to get good jobs and build careers

As Casey Family Services' family-strengthening work has evolved, it has been influenced by the Foundation's Making Connections and Family Economic Success initiatives. CFS began to integrate, within its clinical work, strands of these approaches that focused on the social and economic stability of families and neighborhoods. With seed money from the Foundation, CFS divisions began to organize community coalitions to develop Earned Income Tax Credit (EITC) campaigns. With additional seed money from the Foundation, CFS' Rhode Island and Massachusetts divisions began testing approaches to assisting low-income families to begin to build assets and improve their economic futures. The work in all divisions has evolved through strong partnerships with community partners and has included:

- financial literacy training;
- credit repair; and
- planning and developing Individual Development Account (IDA) programs that can lead to the purchase of homes, car buying or paying for advanced educational opportunities focusing on the needs of low-income community residents. In addition, CFS is working with local and state teams in Vermont, New Hampshire and Maine to help low-income, rural families improve their economic stability.

Casey Family Services' experience has led to our belief that child welfare agencies should assess the impact of poverty on a family's ability to meet the needs of their children and assist families in addressing issues of economic stability that put children at risk of foster care placement. While FES services have more typically been offered to the community at large, CFS believes that families connected to the child welfare system are in acute need of FES services and that these services will help them become more financially stable and better able to keep their children safe.

Appendix B

practice guidelines to reduce disproportionality and disparate outcomes for children/youth and families of color in child welfare

Casey Family Services is aware of the experiences and outcomes of children and families of color who come to the attention of public child welfare agencies. Research has made clear that children of color are disproportionately represented in foster care. Disproportionality is the over- or underrepresentation of minority youth under age 18 in the child welfare system compared to their representation in the general population. Studies show that African-American children are overrepresented in the child welfare system nationally and in most states of the United States.

Overrepresentation refers to both the percentage of children entering the child welfare system and their length of stay. Although national data do not show an overrepresentation of Latino and American Indian/Alaskan Native children in foster care, these children tend to be overrepresented in the child welfare systems of states where they live in large numbers. White and Asian children in the child welfare system are represented proportionately to their representation in the general child population. Research also shows that children of color fare more poorly in foster care, that is, there are racial disparities in the outcomes they achieve. Disparity refers to (1) inequitable treatment and services for minority children and youth, and (2) poorer outcomes for children and youth of color compared to Caucasian children/youth.

Casey Family Services works to reduce or eliminate disproportionality and disparity in child welfare at all levels: direct services, policy, training and research. This appendix focuses on what direct services staff can do to reduce disproportionality and disparate outcomes for families and children/youth of color.

Staff Training

Casey Family Services is committed to training direct services staff about institutional racism and its impact on decision making, policy and practice. CFS provides training to assist staff in using a common language, analysis and understanding of racism – individual, structural and institutional.

CFS' training program helps staff:

- Understand their own racial and cultural identities and the impact those identities have on their work with families and youth. Through training and supervision, staff members are assisted in understanding their own cultural values and beliefs and the assumptions that they may make about other racial and cultural groups.
- Understand the need for continued family connections and the importance of placing children and youth in situations where their language and cultural heritage are understood.
- Work with parents, children, youth, communities and tribes using culturally appropriate interviewing, genograms, ecomaps, family group decision making and other culturally respectful and inclusive planning and decision-making tools and practices.
- Receive ongoing case consultation on cross-racial and cross-cultural issues.

CFS team leaders and other supervisory personnel use supervision as an opportunity to educate their staff on the disproportionate representation of children/youth in the foster care system and the practices that can result in disparate outcomes for children/youth and families of color in the child welfare system. Team leaders use supervision to help staff assess practice issues through a racial equity lens.

Casey Family Services is also committed to recruiting and supporting foster families that are culturally and linguistically competent in meeting the needs of children/youth of color who the agency services. CFS works with service providers who are able to support children and families of color and who can help expedite safe exits from the foster care system through reunification, placement with relatives, guardianship and adoption.

Practice Approaches

Casey Family Services recognizes the cultural values, beliefs and practice traditions of families, communities and tribes and incorporates these values, beliefs and traditions in family assessment, case planning and the case decision-making process. CFS' comprehensive approach includes:

- A** CFS staff engage parents, youth, children, kin, tribes and others who are significant in the life of the child and family as partners who shape case planning and decision making in ways that build upon cultural strengths. Strengths-based practices shape the following:
 - Intake/initial screening
 - Assessment
 - Service planning and delivery (including identifying culturally competent resources for the child and family and effectively connecting children and families with these resources)
 - Placement with culturally and linguistically competent foster families
 - Family and youth engagement in planning for and achieving the appropriate permanency option based on the individualized strengths and needs of the family
 - Case closure
 - Post-permanency supports that are culturally and linguistically responsive to the needs of birth, kinship and adoptive families
- B** CFS implements its permanency teaming practice to fully engage children/youth, parents, extended family members, other significant individuals in the child's and family's life, and formal supports to plan and make decisions for the child/youth. The teaming process engages children/youth and families, including those of color, and other team members in:
 - Identifying and building on individual and cultural strengths
 - Continuing, strengthening and/or supporting family, community and tribal relationships
 - Planning post-permanency services and supports that are culturally responsive

- C** CFS is committed to preserving families and avoiding the need for children to enter foster care whenever possible. CFS staff work intensively with families to support and strengthen them in meeting their children's safety and well-being needs. CFS' family support and preservation practice is grounded in a recognition of the family's individual and cultural strengths and agency and community support for the family's ability to resolve the problems they are experiencing. Through this work, CFS works to reduce the number of children, including children of color, who must enter foster care.
- D** CFS is committed to safe reunification of children/youth in foster care with their parents whenever possible. CFS staff support families in identifying their individual and cultural strengths and in addressing the issues that brought their child into foster care. Through this work, CFS is able to improve permanency outcomes for children in foster care, including children of color, and reduce disparities.
- E** When children cannot be safely reunified with their parents, CFS is committed to achieving permanence in a timely way through adoption or legal guardianship. CFS supports relatives as permanent resources for children, recognizing that relatives can provide children with family and cultural continuity, maintain children within a home and community environment in which their language is spoken, and keep children safely within their family, community and tribal networks.
- F** CFS is committed to permanency for all children and youth in foster care, including older youth of color for whom permanency outcomes are particularly poor. Through youth-centered casework practice, engaging youth in identifying potential permanency resources in their lives, engaging youth in the permanency teaming process and supporting youth in developing permanency plans for themselves, CFS has achieved permanency for older youth, including youth of color.
- G** CFS is committed to providing and arranging for post-permanency services and supports for reunified families, adoptive families and guardianship families. CFS connects families with culturally and linguistically responsive services and supports to assist families in remaining together.

Conclusion

Casey Family Services works to reduce disproportionality and disparate outcomes for children, youth and families of color served by public child welfare systems through staff training to strengthen cultural competence, in its commitment to family preservation and reunification to keep families together, and in providing and arranging services that meet the needs of families of color. Social workers and other direct practice staff play vital roles in improving the safety, well-being and permanency outcomes for children, youth and families of color whom the agency serves.

initial meetings with permanency planning clients

Initial Meeting with Youth

For the first individual meeting with a youth and subsequent meetings during the assessment process, the social worker explores the following topics according to a youth's age and developmental level:

- Names of family members and significant adults who should be invited to serve on the youth's team. The social worker chooses questions to help the youth think about who is important to him or her, such as:
 - Who are the most important people to you?
 - Who do you love and who loves you?
 - Who would you call in an emergency or to share good news?
 - To whom do you always want to stay connected?
 - To whom do you want to be reconnected?
- Names of professionals who will be integral members of the team. The social worker assists youth in understanding the importance of the state agency social worker, therapist and perhaps the youth's attorney as team members, even if the youth has not named them.
- Names of adults discovered in the case record review. The social worker explores names from the youth's case record, even if not previously named by the youth. The social worker discusses the possibility of including them on the team, understanding that the youth may not remember the adult, may have negative memories or misperceptions, or believe that this adult is not interested.
- Hopes and dreams for the future. The social worker chooses select questions to help the youth understand what, and who, the youth sees in his or her future, such as:
 - What does your life look like in the future?
 - What do you want to achieve in your life?
 - What or who do you need in your life in order to achieve it?
 - Who would you like to have in your life one year, or five years, from now?
 - Readiness for permanency. The social worker selects permanency preparation questions to understand the youth's:
 - Perception of the circumstances that led to foster care placement and the need for permanency planning

- Significant family memberships and relationships
- Vision for future family relationships

Initial Meetings with Parents, Caregivers or Other Significant Adults

At the individual meetings with parents, caregivers and other significant adults and professionals, the social worker discusses the following topics:

- Current relationship with the youth. If the youth has identified this adult as a team member, the social worker helps the adult understand how important he or she is in the life of this youth. When meeting with long-term foster parents of a youth not being reunified with birth family, the social worker begins to explore the foster family's interest in adoption or guardianship. The social worker chooses to explore the nature of this adult's relationship with the youth, and to begin to assess the potential as a permanent resource, such as:
 - How did you come to know each other? How long ago? In what capacity?
 - How do you see yourself being involved in this youth's life in the future? For how long? What would be the nature of the relationship?
- Perception of the youth's needs. The social worker gathers information from each adult about significant needs of this youth related to safety, permanency and well-being.
- Hopes and dreams for this youth. The social worker chooses select questions such as:
 - What do you hope will happen to this youth in the future?
 - What do you hope he or she will achieve?
 - What will be necessary for that to happen?
 - What role do you see yourself playing in that? When, and for how long, do you plan to be involved with this youth?

examples of service plan goals and tasks

Permanency – Primary

REUNIFICATION

GOAL: April and Stephanie will live in a legally permanent home that meets their needs for safety and well-being by the end of this year.

STRENGTHS: April and Stephanie demonstrate their love and affection for their father at visits. Lamar, father to April and Stephanie, loves his children and has a nurturing parenting style. Lamar has utilized services offered by DCF and Casey Family Services to regain custody of his children. He is determined to maintain custody once he receives it.

- *Task 1:* Lamar will comply with his court-ordered steps/DCF treatment plan.
- *Task 2:* April and Stephanie will attend overnight visitation with their father weekly.
- *Task 3:* April and Stephanie's overnight visits with their father will gradually increase from one to three nights per week over the next two months.
- *Task 4:* Lamar will meet weekly with his CFS social worker to assess progress and identify any barriers to reunification.
- *Task 5:* Lamar will contact Ms. Jones, the children's foster mother, biweekly to discuss how the children are doing at home and school.
- *Task 6:* Upon reunification, Ms. Jones will have April and Stephanie over for monthly overnight visits.

Permanency – Concurrent

GOAL: April and Stephanie will live in a legally permanent home that meets their needs for safety and well-being by the end of this year.

STRENGTHS: Lamar has a positive relationship with the current foster parent, Ms. Jones. He has agreed that should reunification not occur or should the children return to state custody, he would like them placed with Ms. Jones under a cooperative adoption agreement. The details of the cooperative adoption agreement have been worked out by both parties and have been put on the record at Superior Court for Juvenile Matters.

- *Task 1:* The CFS social worker will ensure that the DCF social worker files legal paperwork for a TPR and cooperative adoption with the foster mother by the end of September.
- *Task 2:* Lamar and Ms. Jones will enter into a cooperative adoption agreement.

Permanency

GUARDIANSHIP

GOAL: Mr. and Mrs. Taylor will obtain subsidized relative guardianship of Stephanie within the next three months.

STRENGTHS: Stephanie would like to live in a two-parent family and has identified her aunt and uncle, Mr. and Mrs. Taylor, as a possible placement resource. The Taylors have a strong relationship with Stephanie and are open to becoming her legal guardians.

- *Task 1:* CFS and DHHS social worker will meet with Stephanie and the Taylors twice within the next two months to review the guardianship process and discuss their questions or concerns.
- *Task 2:* DHHS social worker will prepare paperwork and review with the Taylors by the end of March.
- *Task 3:* Mr. and Mrs. Taylor will review the paperwork with their attorney and sign within two weeks of receipt.
- *Task 4:* DHHS social worker will file legal paperwork by the end of April.
- *Task 5:* CFS social worker will meet with the Taylors and Stephanie at least twice by the end of April to develop a plan for continued visitation with her paternal grandparents.
- *Task 6:* The Taylors will meet with their attorney by June in order to add Stephanie to their will. In the will, they will also outline with whom she will live should they have an untimely death.

Permanency

ADOPTION

GOAL: Justin will be adopted by April of this year.

STRENGTHS: The Johnsons are interested in adopting Justin. He has been stable in their home for the past year. Birth mother, Gladys, is willing to sign a voluntary termination, so that Justin can be adopted. If this does not occur, DCYF will follow through with legal termination of parental rights. Justin understands that his mother cannot care for him and meet his everyday needs yet he maintains a positive and loving relationship with her. This connection should be maintained.

- *Task 1:* CFS social worker will meet biweekly with Justin to support and answer any questions or concerns regarding his adoption.
- *Task 2:* CFS social worker will meet twice during the next month to help Justin and the Johnsons explore open adoption agreements, i.e., frequency of birth family visits, modality of communication (letters, pictures).
- *Task 3:* CFS social worker will meet with adoptive and birth mother to create a post-adoption agreement for visitation within the next month.
- *Task 4:* Birth mother will meet with DCYF and her attorney to complete paperwork and to attend the court hearing to voluntarily relinquish her parental rights.

Permanency

ADOPTION

GOAL: In preparation for adoption, Justin will complete his lifebook.

- *Task 1:* CFS social worker will review Justin's DCYF record to obtain material for his lifebook.
- *Task 2:* Justin's mother and grandmother will provide pictures and early childhood history to assist with the development of Justin's lifebook. Some of this information will be shared during permanency team meetings and joint sessions.
- *Task 3:* CFS social worker will meet with Justin weekly for four weeks to complete his lifebook, including his adoptive mother at the end of each session to review the lifebook together.

Safety

GOAL 1: Lee will protect her children from physical danger by providing a safe home environment for her children.

STRENGTHS: Lee has requested help from her CFS social worker with home safety issues.

- *Task 1:* Lee will work with the CFS social worker to childproof her house. She will obtain gates, outlet covers and cupboard and window locks.
- *Task 2:* Lee will be physically present to supervise her children while they are outside playing.

GOAL 2: Lee will learn effective parenting techniques to replace her use of physical discipline and threats.

- *Task 1:* Lee will meet with the CFS social worker weekly to learn and practice positive parenting techniques to manage her children's behavior.
- *Task 2:* Lee will attend a parent support group at CFS once per month to gain support and to learn additional effective parenting techniques.

Safety

GOAL: Jocelyn will be able to manage her anger without the use of restraint.

STRENGTHS: Jocelyn, who is nine years old, is transitioning from a psychiatric hospital to her previous foster home. The parents, who are very skilled and patient, are committed to caring for Jocelyn until she can be reunified.

- *Task 1:* Hospital staff will educate and model for the foster family how to recognize Jocelyn's triggers and antecedent behaviors so that they can intervene prior to an escalation of her anger.
- *Task 2:* CFS social worker will identify a community-based therapist to work with Jocelyn's anger issues and continue development of her coping skills.

- *Task 3:* The foster family will attend advanced MANDT training prior to Jocelyn's discharge.
- *Task 4:* The foster family will only use restraint as specified in Jocelyn's safety plan.
- *Task 5:* CFS social worker will review CIR reporting requirements with the foster family by the end of the month.

Physical and Mental Health

GOAL: James will be able to control his diabetes as shown by medically safe, daily blood glucose levels during the next two months.

STRENGTHS: James is a mature adolescent who is motivated to do things on his own.

- *Task 1:* With the assistance of his adoptive mother (who is a nurse), James will learn to give himself insulin shots twice per day.
- *Task 2:* James will see a nutritionist monthly to learn how his diet affects his glucose level and to plan meals and snacks that will enable him to control his blood glucose levels.
- *Task 3:* During bimonthly appointment at the doctor, James and his parents will see a nurse-educator in order to better understand the emotional and medical aspects of controlling his blood glucose levels.

Physical and Mental Health

GOAL: Jasmine, who has nightmares, will increase her hours of sleep from five hours each night to eight hours within the next three months.

STRENGTHS: Jasmine has a history of good sleep in the past, before the recent recurrence of trauma symptoms. Parents care deeply for Jasmine and want to help her.

- *Task 1:* Jasmine will attend weekly psychotherapy to learn at least two ways to help her manage her nightmares and flashbacks.
- *Task 2:* Jasmine and her parents will work with Jasmine's therapist to design a behavioral plan in which they record hours of sleep and use of coping techniques each night.

Physical and Mental Health

GOAL: Kisha will obtain treatment to relieve her depressive symptoms.

STRENGTHS: Kisha has utilized the Family Resource Center in the past and has requested help with her depression following the death of her boyfriend. Kisha realizes her grief is impacting her ability to effectively parent her children.

- *Task 1:* Kisha will schedule an appointment at the Fair Haven Community Health Clinic within the next two weeks.

- *Task 2:* Kisha will meet with the CFS social worker weekly for supportive counseling while awaiting an appointment at Fair Haven Community Health Clinic.
- *Task 3:* CFS social worker will assist Kisha in getting a medication evaluation either with her primary care physician or a psychiatrist within the next week.
- *Task 4:* Kisha will attend a weekly Family Resource Center parent support group to minimize her isolation and increase socialization opportunities.
- *Task 5:* Kisha will identify with the CFS social worker one positive activity she can engage in daily (e.g., walking, talking to friends and family, knitting).

Education/Life Skills

GOAL: Peter will get needed educational services and improve his grade in reading from a D to a C by the end of the school year.

STRENGTHS: Peter is likable and gets along well with his reading teacher. His parents are conscientious about attending Peter's Planning and Placement Team meetings at the school.

- *Task 1:* Peter's parents will request a PPT meeting with the school.
- *Task 2:* CFS social worker will attend the PPT meeting with the parents.
- *Task 3:* Peter will attend the resource room every day to practice his reading.
- *Task 4:* Peter's Uncle Joe, who is a member of his permanency team, will take Peter to the library every other week and he will pick out one book.
- *Task 5:* Peter and one of his parents will read his library book together each day for 20 minutes.

Education/Life Skills

GOAL: Jose will save \$1,200 to buy a used car.

STRENGTHS: Jose has maintained a part-time job for the past six months. He is motivated to own his own car.

- *Task 1:* CFS social worker will meet Jose's relative guardian, Aunt Rose, to identify three budgeting concerns and strategies to help Jose.
- *Task 2:* Rose and Jose will meet weekly to review his income and budget his money.
- *Task 3:* Bill, who is a mentor and member of Jose's permanency team, will help Jose open a bank account by the end of June.
- *Task 4:* Jose will save 20 percent of his weekly income in his new savings account.
- *Task 5:* CFS social worker will apply for matching funds through the Jim Casey Youth Opportunities Initiative.

Education/Life Skills

GOAL: Bob will talk with his Math teacher in a calm voice when he is feeling frustrated with his classroom work.

STRENGTHS: Bob has stated he wants to do well in school and is committed to passing his math class. Bob's foster parents are supportive and make time to help him. Bob has a good relationship with his guidance counselor at school.

- *Task 1:* CFS social worker and foster parents will meet with the educational consultant prior to the scheduled PPT. The educational consultant will provide basic information on special education procedures as well as 504 planning.
- *Task 2:* CFS social worker and Bob's foster parents will meet with the math teacher and guidance counselor to help them understand the difficulties Bob is currently experiencing.
- *Task 3:* The guidance counselor will meet with the math teacher monthly to develop and review effective techniques to support Bob when he becomes frustrated.
- *Task 4:* Bob will meet weekly with his guidance counselor to role play frustrating circumstances and practice the techniques developed in task 3.

Education/Life Skills

GOAL: Sarah will learn about possible careers within the field of forestry and wildlife by the end of the school year.

STRENGTHS: Sarah has a passion and love of camping as well as the outdoors. She hopes to pursue this type of work as a profession.

- *Task 1:* Sarah will meet with her school guidance counselor to explore three professions in forestry and wildlife and the educational requirements for each.
- *Task 2:* CFS social worker will arrange for Sarah to shadow a park ranger for one week this summer.
- *Task 3:* Sarah will attend the CFS wilderness camp this summer for three weeks.
- *Task 4:* A permanency team member will be identified to bring Sarah to and from camp.

Housing, Finances and Employment

GOAL: Robert will obtain employment within the next three months.

STRENGTHS: Robert is motivated to secure employment and contribute to the support of himself and his family.

- *Task 1:* Robert will update and individualize his resume with the assistance of the CFS family support specialist within the next two weeks.

- *Task 2:* Robert will search for employment through the newspaper and other sources as shown by self-report.
- *Task 3:* Robert will use a CFS computer at the Family Resource Center to identify online three employment opportunities per week.
- *Task 4:* Robert and the family support specialist will discuss what it is like to work and will conduct mock interviews prior to job interviews.

Housing, Finances and Employment

GOAL: John and Beatrice will obtain stable housing.

STRENGTHS: John and Beatrice are motivated to ensure their family remains stable.

- *Task 1:* John and Beatrice will meet with the CFS social worker to create a budget to determine how much they can afford to spend on housing.
- *Task 2:* John and Beatrice will apply for subsidized housing.
- *Task 3:* John and Beatrice will look in the newspaper daily for available rental housing.
- *Task 4:* John and Beatrice will use a computer at the Family Resource Center to search the Internet for housing.
- *Task 5:* John and Beatrice will seek out opportunities to work extra hours in order to save money for a security deposit and furniture.
- *Task 6:* John and Beatrice will follow their budget to ensure they are consistently able to pay their monthly rent.

Family and Interpersonal Functioning

GOAL: In order to improve family communication, the Jones family will spend at least five hours per week in activities in which all family members can participate.

STRENGTHS: The Jones family openly expresses their love for one another. Aunt Sue and Uncle Gary have expressed a commitment to raising their niece Jasmine through a relative guardianship arrangement. Jasmine is happy to be living with her aunt, uncle and cousins.

- *Task 1:* The family will sit down and eat dinner together at least three times per week.
- *Task 2:* Jasmine and her cousin, Cindy, will plan an activity for the entire family at least once per month.
- *Task 3:* CFS social worker will facilitate weekly meetings with Sue, Gary, Jasmine and her cousins to talk about family life and resolve ongoing problems and concerns.

Family and Interpersonal Functioning

GOAL: Mary will visit her birth mother, Deborah, by the end of the year.

STRENGTHS: Mary is an intelligent, mature teen who wants to reconnect with her birth mother, Deborah. Her adoptive parents fully support this plan.

- *Task 1:* CFS social worker will review both the public agency case record and the CFS case record again to identify any clinical or safety issues that may need to be considered in a visit between Mary and her birth mother.
- *Task 2:* Social worker will contact Deborah to discuss proposed visit, determine her willingness to participate and obtain her input about the proposed visit.
- *Task 3:* Mary and her adoptive mother, Angie, will meet with CFS worker for two to four sessions to discuss guidelines and plans for this first meeting.
- *Task 4:* Mary will write down at least four questions she wants to ask Deborah during their first meeting.
- *Task 5:* Mary, with her social worker's assistance, will write a letter to Deborah to initiate contact.
- *Task 6:* Adoptive parents will provide or arrange Mary's transportation for the visit.

Example of Permanency Planning Assessment

Instructions: The recommended length of an assessment is 3 to 5 single-spaced pages. Please see *Section V* of the Case Practice Standards Manual for complete information. The written assessment must be completed within 35 business days of case assignment.

Youth's Name: Roy Saunders

Case #: 12345 Division: New Haven Date: 11/17/2005

I. DESCRIPTION OF THE YOUTH (4 TO 6 SENTENCES)

Roy is a 14-year-old male who identifies himself as African American and Hispanic. During our initial meeting Roy told me he sees himself as Latino because he was primarily raised by his grandmother who came from Costa Rica. Roy is slender and approximately five feet tall. He has a medium skin complexion with jet-black hair and brown eyes. Roy told me he was raised as Roman Catholic but has not attended church in a long time. Roy has a warm personality and was eager to tell me about growing up with his grandmother. He loves to read and describes himself as an excellent baker. He especially enjoys baking cookies and hopes to learn how to make homemade pies

II. REASONS FOR REFERRAL (3 TO 5 SENTENCES)

Roy was referred to Casey Family Services for foster care placement as well as permanency planning services. Roy was referred by the local DCF office as well as High Hopes Residential Facility. Roy has been living at High Hopes since being discharged from an inpatient hospitalization program 5 months ago. DCF was unsuccessful in matching Roy with a foster family who could meet his needs. Roy has been stable in his placement at High Hopes.

III. PERMANENCY GOAL (3 TO 5 SENTENCES)

DCF has been Roy's legal guardian for the past 2 years and the permanency plan is adoption by non-relative. DCF changed Roy's goal to adoption after his mother's parental rights were terminated on 1/5/08. Prior to TPR being granted DCF tried to reunify Roy with his mother over the course of a year but were unsuccessful.

IV. REASONS FOR INITIAL REMOVAL (3 TO 5 SENTENCES)

On 9/5/2006 Roy was removed from his maternal grandmother's care after a visiting nurse reported Sally Saunders, maternal grandmother, needed to be admitted to hospice. The VNA reported to DCF Sally and Roy were living in deplorable conditions and there was little to no food in the home. Sally was reported to have terminal cancer and no longer able to care for Roy. DCF investigated and found that Roy was essentially homeless and was placed into foster care. DCF could not locate Roy's mother and no other family members could care for him.

V. PLACEMENT HISTORY NARRATIVE (1/2 TO 1 PAGE, DEPENDING ON THE NUMBER OF PLACEMENTS)

Judy Saunders gave birth to Roy at the age of 17. Shortly after giving birth to Roy, Judy left the family

home and gave her mother informal custody over Roy. Roy lived with his grandmother until 9/5/06, at the age of 12, when he was placed on an emergency basis with DCF foster parents John and Laura Franco. Roy was placed with Mr. and Mrs. Franco for 5 months. The placement disrupted when Roy hurt the family cat. Following this incident Roy was hospitalized for homicidal ideation for 2 weeks at Waterbury Hospital. Upon discharge Roy was placed with Carol Lewis and remained there for approximately one year. Roy was removed from her home when Carol decided to retire and moved to AZ. Roy was then placed with Hank and Tony Morris. Roy lived in this placement for about 3 months. Roy was removed from the placement after a suicide attempt. Roy spent several weeks at Waterbury Hospital's inpatient psychiatric unit for adolescent boys. Roy has been living at High Hope Residential Facility since 6/5/2008.

VI. NETWORK OF FAMILY AND SIGNIFICANT RELATIONSHIPS (1/2 TO 1 PAGE, DEPENDING ON THE NUMBER OF ADULTS)

Roy has many happy memories of living with his grandmother. He fondly recalls the rice and beans she would make for him as well as pineapple upside-down cake. Roy has a profound sense of sadness over the loss of his grandmother who raised him from birth to age 12. Roy told me about many picnics with family in the summer and talked at length about going to Costa Rica with his grandmother when he was 9. Roy refers to his mother by her first name, Judy. Roy is angry with his mother for leaving him when he was a baby and for not being there when his grandmother was in the hospital dying of cancer. Roy has said he does not know anything about his birth father except his name is Samuel Fernandez. Judy has told Roy she had a brief relationship one summer with Samuel. At the end of the summer, Judy reported Samuel moved back to Puerto Rico and never heard from him again. Judy has no other information as to Samuel's whereabouts. Roy discussed having a good relationship with his foster mother Carol Lewis. Roy wanted to move to AZ with her when she retired but Roy stated, "DCF told her no I couldn't move out of state." Roy has said when he is 18, and out of DCF care, he wants to move to AZ to be with Carol. Roy corresponds with Carol by email and occasional phone calls.

VII. PHYSICAL HEALTH AND DEVELOPMENTAL HISTORY (3 TO 5 SENTENCES)

Roy was born positive for opiates and experienced withdrawal symptoms that lasted for a few weeks. Roy was 5 lbs 3 oz at birth. Roy's DCF case record revealed normal growth and development. The DCF filed indicated Judy Saunders began using drugs and alcohol at the age of 15. Judy reported she used drugs during her pregnancy. Roy is a developing 14-year-old boy with no development delays.

VIII. MENTAL HEALTH (5 TO 7 SENTENCES)

Roy has been diagnosed with PTDS and depression. He is currently refusing to take any psychotropic medication. Roy has told his therapist he is afraid of becoming dependent on drugs like his mother. High Hopes is trying to educate Roy as to the benefits of medications. Roy has talked about the difficulty of living with his grandmother while she was undergoing treatment for cancer. Since Sally was very ill, she was unable to wash Roy's clothing, go grocery shopping or cook for him. Roy has unresolved grief issues and at times emotionally shuts down and cannot talk about his grandmother. It is obviously a painful subject for him. Roy has stated firmly he never tried to harm Mr. and Mrs. Franco's cat. He said it was a misunderstanding and he has never hurt any other animals.

IX. FAMILY RISK FACTORS (4 TO 6 SENTENCES)

Roy was admitted to Waterbury Hospital after jumping out of a moving car on the expressway. Roy has said at times he does not want to live and would like to be with his grandmother. Staff at High Hopes have reported most of the time Roy is sad and isolated, however, there are also moments when he becomes angry and can be violent.

X. EDUCATIONAL/VOCATIONAL (3 TO 5 SENTENCES)

Roy is a regular education student who loves reading. Roy likes to read books about adventures and fantasy. While Roy struggles with math he usually averages a “C” or better. Roy hopes to become a chef when he gets older. He has said he would love to attend a trade high school where culinary arts are offered.

XI. INTERPERSONAL/SOCIAL (5 TO 8 SENTENCES)

Roy has a hard time making friends and at time misreads social cues and situations. Roy spends most of his time alone reading. Roy is able to engage nicely with adults on an individual basis. He enjoys spending time cooking in the residential facility and the cook has taken Roy under her wing.

XII. LIFE SKILLS (3 TO 5 SENTENCES)

Roy has adequate daily hygiene. At times he needs to be reminded to take a shower and wear deodorant. Roy keeps his bedroom neat and clean and likes to help the adults with chores. Roy is learning how to wash clothes and in general has a neat, clean appearance.

XIII. CLINICAL CASE SUMMARY (5 TO 8 SENTENCES)

Roy is a 14-year-old boy who has experienced loss and sadness; he is just beginning to talk about the loss of his grandmother and foster mother Carol Lewis. Roy would like to live in a home that will allow him to have a relationship with his mother. Roy is curious about his birth father and would like to connect with him. Although Roy has experienced tremendous loss and sadness, his resilience can be seen in his dream to become a famous chef someday. Roy has said he would like to work with Casey to find a foster home and maybe an adoptive home as well. Roy is worried that parents may not want to adopt a 14-year-old boy. Roy has been diagnosed with PTDS and depression; he is not taking any psychotropic medications. Roy has been assigned a counselor at the residential treatment center and has never been involved in outpatient counseling. Roy is willing to see a therapist once he is placed in foster care.

XIV. PERMANENCY PLAN (2 TO 3 SENTENCES)

Roy has asked the following people to be members of his permanency team: Nicole (Casey), Judy (Birth Mother), Nancy (Cook at High Hopes), Carol Lewis (Previous Foster Mother) and Marie (State Social Worker). During the course of this assessment, a joint session was held between Roy and Marie. Several individual and joint sessions are currently being planned.

CFS Social Worker: _____ Date: _____

CFS Social Worker: _____ Date: _____

CFS Social Worker: _____ Date: _____

Example of Family-Strengthening Assessment

Instructions: The recommended length of an assessment is 5 to 7 single-spaced pages. Please see *Section V* of the Case Practice Standards Manual for complete information. The written assessment and initial service plan must be completed within 30 business days of case assignment.

Family's Name: _____ Sim Youth's Name: _____ Harry and Sandra Sim

Case #: _____ 12345 Division: _____ Massachusetts Date: _____ 2/27/2009

I. FAMILY DESCRIPTION (4 TO 8 SENTENCES, DEPENDING ON THE SIZE OF THE FAMILY)

Tuan Sim is a 46-year-old man of average size and build with jet-black hair, brown eyes and a fair complexion. Tuan identifies himself as being a Vietnamese American. Tuan believes in a Christian faith but reports he is not an active member of any church although the family had previously attended the Church on the Rock. Tuan is a soft-spoken humble man who loves his family very much. Cathy Sim is 40 years old and identifies herself as a mix of European ancestry; she was raised as a Presbyterian but is not currently practicing. Cathy has a petite, slim build with brown hair and blue eyes. Cathy is an outgoing, talkative woman. Tuan and Cathy have been married for the past 10 years.

Cathy and Tuan have two children, Harry age 10 and Sandra age 8. Harry is an energetic boy who loves to ride his skateboard and play X-box games. Harry has brown hair and eyes with a round face and fair complexion. Harry is overweight for a boy his age. Sandra is a shy, quiet young lady who enjoys reading and drawing. Sandra has light brown hair.

II. REASONS FOR REFERRAL (3 TO 5 SENTENCES)

Tuan and Cathy received voluntary services from a CFS EITC tax clinic. They have also received four counseling sessions at CFS with this social worker. The parents requested the counseling services due to marital discord around household responsibilities. Cathy and Tuan were concerned about fighting in front of the children and were trying to work out their differences with some help from CFS. During the counseling sessions, DHHS received an educational neglect report regarding Sandra and Harry. South End Middle School reported Sandra and Harry have missed 20 days of school and were tardy 15 times. DHHS has contracted with CFS to provide the family with preservation and in-home support services for the next six months. Specifically, DHHS wants CFS to help the parents manage parental responsibilities, assist the father in finding a therapist and help the parents find after-school activities for the children.

III. HISTORY OF PRESENTING ISSUES (5 TO 7 SENTENCES)

This year Tuan has had great difficulty getting the kids up in the morning and ready for school mainly due to his struggles with depression (see mental health section for more details). The school has reported on many occasions the children came to school up to two hours late. Cathy is feeling frustrated with Tuan's inability to care for the children while she is at work. Cathy is a Nurse's Aide and works 5:00 am to 5:00 pm four days per week. After the referral was made to DHHS, Cathy's mother has been coming to the home each morning to get the kids off to school on time. The children told the DHHS worker and the school social worker they are worried about their father being sad all the time.

IV. RISK FACTORS RE: CONCRETE NEEDS (4 TO 6 SENTENCES)

The family lives in an economically depressed area where there is gang violence and considerable crime. Cathy was robbed, at gunpoint, after returning from work last year. The parents no longer feel comfortable having the kids wait outside for the school bus. The family owns one car that Tuan uses to drive the children to and from school. Cathy uses public transportation to get to and from work. Cathy has a stable income as Nurse's Aide at the local hospital. The family has had a difficult time paying their adjustable rate mortgage and are considering filing for bankruptcy. The family reported no issues of domestic violence or substance abuse. Cathy has expressed concern that Sandra may also be depressed. The parents reported Sandra spends lots of time alone in her room and has few friends.

V. NETWORK OF FAMILY AND SIGNIFICANT RELATIONSHIPS (1/2 TO 1 PAGE, DEPENDING ON THE NUMBER OF ADULTS)

Tuan's adoptive parents, Jodi and Mark Jones, moved to Arizona approximately a year ago after they retired. When Jodi and Mark were living close by, Tuan reported his parents were very helpful with the kids and a great support to the family. Tuan stays in contact with his parents by email and phone. Although Tuan has no other family living in the area, he feels his parents care about his family and remain concerned. Jodi and Mark Jones want to have the children come out to Arizona for the summer. Cathy and Tuan are considering this. Tuan reported it has been hard for him to make friends and he relies mainly on Cathy and her mother for support. Cathy relies on her mother, Sue Miller, for support as well. Cathy is an only child and has a few close friends at work. Sue Miller lives in the next town over and it takes her 30 minutes, one way, to get to the family's home. Sue has said she is happy to help but feels Tuan needs to "get himself together." Sue has expressed concern over the number of hours her daughter works on top of the demands of being a mother. The parents have stated they appreciate Sue's help; however, at times they feel Sue is critical of Tuan, which can cause additional stress on the family. Harry and Sandra speak affectionately of the grandparents, Grandma Jodi and Pop, in Arizona; it was obvious the children miss them very much. The children also seem connected to Grandma Sue and have stated they like when she drives them to school. The school social worker has discussed with the parents the possibility of an after-school program for the children. The parents are concerned about the cost of the program and are unsure if they can afford it. Harry reported having two best friends at school who he feels he can trust. Sandra reported having no close friends at school but remembers a girl she liked playing with at the church the family attended in the past. Sandra said the girls at her school are all into watching the Disney channel on TV and she prefers to read.

VI. MEDICAL HISTORY (3 TO 5 SENTENCES)

Cathy and Tuan have expressed concern for Harry who is overweight. The pediatrician has recommended a low-fat diet for Harry and increased exercise. In the past, Harry has enjoyed riding his skateboard but due to the problems in the neighborhood his parents don't want him outside alone. Cathy and Tuan have relied upon fast food for dinner, as Cathy is tired when she comes home from work and Tuan has not been able to cook at night. At Harry's last medical appointment, the pediatrician was concerned about his blood pressure. Harry's blood pressure is being monitored by the school nurse. There are no current medical concerns for Tuan, Cathy or Sandra.

VII. MENTAL HEALTH (UP TO 1/2 PAGE DEPENDING ON THE SIZE OF THE FAMILY)

Tuan has struggled with issues of depression and PTSD mainly as a result of leaving Vietnam by boat as a child. Tuan escaped from Vietnam alone in 1973 when his mother put him on a boat with others trying to leave their village. Tuan later learned his mother and father were killed. Tuan ended up in a Cambodian camp for several years until a Christian organization sponsored his citizenship. Tuan was adopted by the couple who sponsored him. Although Tuan's early years were difficult he has overcome much adversity as evidenced by graduating from high school with honors and obtaining a trade degree. Tuan is proud of becoming an electrician and being state certified. Cathy is very supportive of her husband but is feeling frustrated with his inability to get help and remain in treatment, on medication. Tuan has been on and off of medication for many years and has seen several different therapists. He stated the most effective medications were Zoloft and Wellbutrin. Tuan experienced some of the side effects such as weight gain and insomnia. Tuan reported once he begins feeling better he stops taking the medication. Tuan reported he has never had an inpatient hospitalization, only outpatient care. Tuan is requesting help from Casey to find a new therapist. He has said he is willing to get back into therapy and on medication for the benefit of his family. Tuan denies any current suicidal ideation but openly discussed one suicide attempt while living in Cambodia. Tuan discussed putting a rope around his neck but was unable to go through with harming himself. Tuan stated he believed in the promises that America held for him and this desire is what kept him going and alive. Tuan and Cathy report they are social drinkers and both smoked pot when they were in their 20s. Both parents deny any current drug use. Cathy reported no history of mental illness, however she is experiencing a great deal of stress due to the family's current situation. Cathy also feels overwhelmed by her position as a nurse's aide in the emergency department. Her job is stressful and she works long hours. Cathy is trying to take care of herself but has had difficulty finding time. Both Tuan and Cathy are concerned about Sandra having few friends and wanting to be alone in her room often. The parents report Sandra often looks sad and worried. Sandra has never been seen by a therapist or had a mental health evaluation. The parents report Harry tries to hide his feeling by making fun of things and laughing.

VIII. EDUCATIONAL/VOCATIONAL (5 TO 7 SENTENCES)

Cathy is a Nurse's Aide at St. Michael's Hospital. She works in the emergency department and her shift hours are Monday through Thursday 5:00 am to 5:00 pm. Cathy often works extra shifts on Friday and the weekend. Cathy is only able to attend appointments on Friday, which is usually her day off. Tuan is currently unemployed but had previously been an electrician at a local factory. When the factory

closed, Tuan was unable to find work. He has received unemployment in the past. Both Harry and Sandra are regular education students. The school reported the children are average students but do not consistently hand in homework assignments on time.

IX. INTERPERSONAL/SOCIAL (5 TO 8 SENTENCES)

Cathy and Tuan appear to have a loving relationship and only want the best for their family. Tuan has stated he does not feel as close to Cathy and the kids as he once did. Tuan has stated he would like to feel connected and loved by them once again. This social worker observed Sandra likes to be physically close to her mother and often has a worried look on her face. Harry seems to be close to his parents and often chooses to sit by his father's side. The family's main support is the maternal grandmother. The family is not currently involved in any community activities. They have all reported an interest in reconnecting with a church they once attended.

X. CLINICAL CASE SUMMARY (5 TO 8 SENTENCES)

The Sim family is a loving and close-knit unit who genuinely are concerned for one another. Tuan is currently experiencing a major episode of depression that is impacting his ability to care for his children and find employment. Cathy is an overwhelmed working mother who is trying to support her family both financially and emotionally. Harry is an outgoing young man who is quick witted and charming. Harry often seems to be embarrassed by his weight and is quick to make fun of himself. Sandra is a sweet girl who is obviously worried about the condition of her father. She is quick to come to his defense if she thinks anyone is speaking badly of him. Sandra can be extremely quiet and shy, often sitting by her mother's side. The family has limited support and financial resources but is determined to stick together and help one another as best they can. The parents and DHHS are requesting CFS provide in-home parent education, time management support and clinical case management. The family will be invited to participate in any community activities CFS has. DHHS would like to see the children's attendance at school improved before closing their case.

CFS Social Worker: _____ Date: _____

CFS Social Worker: _____ Date: _____

CFS Social Worker: _____ Date: _____

roles in permanency planning

In permanency planning, all participants need to understand that teaming is a youth-focused, family-centered process. The youth's social worker facilitates the teaming process, the youth and family members are included together with key professionals and team participants serve as resources to the youth to achieve the goal of a permanent, legal family within 18 months of referral to the agency.

Role of the Social Worker

GUIDING PRINCIPLE:

The social worker is responsible for facilitating the teaming process for each youth on his or her caseload, including coordinating how all components of the Lifelong Families model are implemented on behalf of this youth and advance progress toward permanency.

The responsibilities of the social worker in permanency planning include the following:

- Develop and facilitate a permanency team for each youth
- Assess and prepare the youth for permanency
- Assess potential permanent parents and lifelong family relationships for the youth
- Identify/recruit, prepare and support a permanent parent
- Transition the youth to the permanent family
- Assist the state worker in legal finalization of reunification, adoption or legal guardianship
- Guide the family and team in developing a plan for post-permanency support

The social worker employs the following critical skills in permanency planning:

- *Advocating* – The social worker believes in every youth's right to family, and ensures that each youth finds a permanent parent and lifelong connections. The social worker is the primary advocate for permanency on behalf of each youth, and assumes a leadership role in educating others (e.g., public agency staff, therapists and group home/residential treatment staff) and engaging them as a partner in the process. A social worker advocates for the youth's needs for safety, permanency and well-being, and makes sure the team planning process addresses those needs. In our advocating role, we partner with state child welfare agencies but may not always agree with them. In these instances, social workers and division managers at all levels advocate for what is in the best interest of the youth.
- *Facilitating* – The social worker convenes and guides the collaborative teaming process and facilitates relationships between youth, parents and family members and among team members. The social worker

does not control the team outcomes but rather facilitates and guides the teaming process – orchestrating the involvement of all team members, setting the pace and continuing the momentum until reaching a timely permanency outcome. The social worker develops relationships with the youth, parents and other team members to help these individuals develop and deepen their relationships with one another and become a family network for the youth that continues long after agency exit.

- *Preparing* – The social worker strategically designs casework interventions that prepare the youth to initiate and develop family relationships and prepare parents and family members to make informed decisions and sustain lifelong commitments to a youth. The social worker uses a variety of permanency preparation tools and techniques. The social worker “leaves no stone unturned” in seeking out potential family relationships and employs a “whatever it takes” attitude in preparing them for parenting this youth. Comprehensive preparation of team members maximizes their participation on the team.
- *Connecting* – The social worker uses his/her relationship with youth as a “bridge” to family relationships, connecting or reconnecting them to family. The youth’s relationship with a primary parent is the central relationship to be developed, strengthened and supported. The social worker builds a relationship with the youth only to the extent that it accomplishes this purpose most efficiently and effectively. The social worker also connects youth or family members to essential resources by mobilizing team members to address needs that emerge during the planning process.
- *Supporting* – The social worker supports the youth in exiting the foster care system to a permanent family safely, securely and as quickly as possible. From the point of case assignment, the social worker is focused on “working his- or herself out of a job” in a youth’s life. All social work activities are geared toward supporting the youth as a successful family member and supporting families in their respective roles as the central figures in the youth’s life, both now and into the future.

Role of the Foster/Resource Parent

GUIDING PRINCIPLE

As the primary caregiver for a youth in foster care, a resource parent plays strategic and essential roles in the youth’s life.

Prior to the permanent placement for a youth in foster care, a resource parent plays key roles. A resource family is always a core participant on the youth’s permanency team and provides valuable information and perspective regarding the strengths and needs of the youth as well as the qualities and skills necessary to successfully parent this youth. The resource family develops and nurtures relationships with the youth’s birth parents and/or family members and other significant adults in the youth’s life. The resource parent is committed to this placement being the youth’s last placement until permanency is achieved, regardless of the youth’s behavior and regardless of what the permanency goal is or how the goal changes during the permanency planning process.

A resource parent as a primary caregiver for a youth in foster care does the following:

- participates as an active member of the youth's permanency team and assists in recruiting an adoptive family if unable to adopt
- supports the youth in reconnecting with birth family or maintaining significant birth family relationships
- helps to reunify the youth with birth parents or birth family members
- adopts the youth if reunification is not possible and maintains openness with the youth's birth family and other significant adult relationships, or transitions the youth to an adoptive or legal guardian family if reunification is not possible
- sustains a commitment to the youth until permanency is achieved
- supports the adjustment of the youth and his or her permanent parent(s) and maintains contact as necessary, appropriate and determined by the youth's team

Role of Permanency Team Members

GUIDING PRINCIPLE

In the youth-focused, family-centered permanency teaming process, the youth and adults who best know him or her work together to understand the youth's comprehensive needs and plan for safety, permanency and well-being.

Building the team begins in the assessment phase and continues throughout service delivery. The youth's permanency team consists of:

- Youth
- Birth parents, birth family members, siblings
- Resource parent or caregiver
- Professionals such as the youth's attorney, guardian ad litem (GAL), court-appointed special advocate (CASA), therapist, clinician, school personnel
- Public agency social worker and/or supervisor
- Casey Family Services social worker(s), team leader and/or family support specialist
- Other significant adults such as former foster parents, mentors, coaches, teachers, godparents, family friends, foster/adoptive parents of the youth's sibling(s), church members, respite families, neighbors of the foster family, etc., who may be a resource for permanency planning
 - Identified by the youth
 - Identified by someone other than the youth

Youth of all ages are integral to their own permanency planning process. The nature and extent of youth participation on the team is determined in part by their age and developmental level. The social worker is expected to maximize the youth's participation at all stages of the teaming process. It is the goal for youth age 12 and older to participate in large team meetings. In some instances, younger youth may also attend

large team meetings. The voices of children are brought into the teaming process via the adults who know them best. There are a variety of practice tools that assist children and youth in expressing their wishes and perspectives, for example: developing an agenda, writing a letter, drawing a picture, sharing a poem or photographs, or making a video.

Team membership may evolve and change over time as the needs of the youth change or as additional significant adults are identified to participate in the permanency planning.

The team's responsibility is to plan collaboratively with the agency for the youth's safety, permanency and well-being. The team's role is as the primary vehicle for decision making throughout the permanency planning process. The youth's team meets continuously until achieving permanency through reunification, adoption or legal guardianship.

The social worker develops and facilitates a permanency team for each youth and convenes four primary types of meetings with team members at strategic intervals throughout the permanency planning process. Each type of meeting has specific purposes in the assessment, engagement and service delivery phases of casework.

The four types of permanency team meetings are the safety parameters meetings, individual meetings, joint meetings and large team meetings.

- *Safety parameters meetings* are used to learn the state agency's perspective regarding safety issues for both the youth and staff, to build consensus with state partners on the goals and next steps in the teaming process, and to develop and nurture positive working relationships with state agency staff on behalf of the youth referred for permanency planning. The first safety parameters meeting is held at the time of referral or immediately after case assignment. This meeting is almost always held in person unless mitigating circumstances exist. Additional safety parameters meetings are held at the time of a case transfer either at CFS or the state child welfare agency and/or when safety issues arise such as recent criminal activity or safety issues are noted during visitation. Safety parameters meetings take place as needed throughout the teaming process.
- *Individual meetings* with youth, parents, family members, caregivers, other significant adults and professionals are used to gather or share information, build relationships and initiate and/or deepen permanency conversations. Individual meetings play a pivotal role in the permanency teaming process by providing an opportunity to discuss and resolve challenging issues prior to the large team meetings. These meetings occur in the initial team-building phase and strategically and as frequently as needed throughout the planning process.
- *Joint meetings* bring two or more team members together to resolve conflict, build or strengthen relationships, facilitate communication or reach consensus. For example, if two team members have deeply held contradictory positions on an issue, one or more individual meetings are held to discuss

their respective positions, followed by one or more joint meetings to see if differences can be reduced or consensus achieved prior to the large team meeting. Another common example of a joint meeting is assisting two family or team members in exploring thoughts and sharing feelings with each other related to their understanding of our commitment to permanency. The social worker uses joint meetings as frequently as needed at strategic points in the planning and/or relationship-building process.

- *Large team meetings* bring together all team members for planning and decision making related to the youth's safety, permanency and well-being. Large team meetings provide the opportunity for individual members to assume a collective identity and express a corporate commitment as this youth's team. Large team meetings lend synergy and increased momentum to the planning process and assure that the individuals whose lives are most affected by the decisions are an integral part of the decision-making process. At this time, the team reviews the outcomes of conversations and/or decisions made in prior individual and joint meetings and achieves consensus on the continued direction of planning. Individual team members are assigned and/or volunteer to complete tasks by the next team meeting or another goal date. It is acceptable for the quarterly review process to be completed as a portion of a large team meeting. Large team meetings of the youth's permanency team include regular review of a youth's clinical needs, which replaces the previous agency practice of treatment team meetings.

The social worker convenes the first large team meeting between 8-10 weeks after case assignment, and continues to convene the meetings at least every 4-6 weeks throughout the permanency planning process. The social worker expands the time interval between large team meetings if multiple individual and/or joint meetings are needed to take the planning to the next level or improve the effectiveness of the large team meetings.

Role of Youth in Permanency Teaming

GUIDING PRINCIPLE

The youth is central to all team planning, meaning that the youth's needs guide the process and the youth's voice is heard and included in the decision making regardless of his or her age.

Meaningfully and prominently including the youth in the teaming process is essential and the following guidelines apply:

- For youth of all ages, ask what his or her team should be discussing in order to get them out of foster care to a permanent family
- Have the youth assist you in creating the agenda for each large team meeting, including agenda items related to safety, permanency and well-being
- Prepare youth age 12 or older to participate in-person in large team meetings
- For youth younger than age 12, in a developmentally appropriate conversation let them know when their team will be meeting, what their team will be discussing and what outcomes/decisions are made at each team meeting. Ask them what they would like their team to know and what they think their team should discuss, and help them process their feelings about outcomes/decisions made.

- For youth younger than age 12, ask the team member who knows the youth best to represent the youth's voice in large team meetings
- As the team facilitator, make sure that all large team meetings and the entire teaming process centers on the youth's individual and comprehensive needs for safety, permanency and well-being
- When team participants insert their own agendas into a large team meeting or attempt to derail the discussion, always gently and purposefully redirect the discussion back to the agenda which is based on the youth's customized needs

visitation/maintaining relationships for youth in care

The Casey Family Services social worker plans all visits in coordination with the legal guardian and documents essential information about each visit in the Case Contact Notes. Research has shown that many youth exiting care – either as a planned or unplanned exit – return to their birth families. CFS’ responsibility is to help prepare youth for lifelong relationships with their birth family and members of their extended family.

Depending on their age and developmental level, youth express their wishes concerning visitation either verbally or through their behavior. Youth at times may be resistant to maintaining birth family relationships; at other times, it may be birth family members who are reluctant to maintain relationships. In both instances, the CFS social worker should help all family members understand the lifelong importance of such relationships. Options for family members remaining connected include telephone calls, letters, email and cards as well as face-to-face visits.

Section I Guidelines for Visitation in Reunification

This section of the appendix focuses on the role of visitation in reunification services. Research strongly supports visitation as the most important factor in achieving a youth’s successful reunification with his/her birth family. It is important to note that visitation – supervised or unsupervised – is essential for helping all youth in care maintain relationships with individuals central to their emotional health and overall well-being. Members of the child’s permanency team play an active role in planning visitation.

SUPERVISED VISITS

CFS staff usually supervise initial visits between parents and their child or children. However, foster parents and other team members are also actively engaged in supervising visits. The major goals of supervised visitation are to:

- Preserve and strengthen the relationship between the parents and the child or children
- Raise the parents’ awareness of their children’s needs
- Teach parents how to meet their children’s needs
- Help the parents enjoy their children and vice versa
- In the case of older children and youth in foster care, help all family members gain practice in being a family again
- Reinforce the parents’ ability to resume parenting responsibilities

Through observation of the supervised visit, CFS staff and/or team members assess:

- How does the parent protect the child and maintain safety in the environment and the child’s interactions with others?

- What are the parent's strengths in parenting this child?
- What behaviors or interactions emerge that offer an opportunity to teach the parent or child functional and adaptive skills?
- When visits take place in the parent's home, is the environment clean, safe, orderly and child-focused?
- Is the parent being physically or emotionally abusive toward the child?
- Are the parents ready for the visit, e.g., are they prepared with food and other items that the child may need?
- Are the parents able to put aside their own problems in order to pay attention to the child?
- What is the level of parenting skill? Are parents able to discipline in a gentle, constructive way?
- What is the quality of the attachment and what are the attachment strengths of both parent and child? Do parents and their children make eye contact and does the parent pay attention to them? Does each child appear comfortable with the parents?

In reunification:

- Parents and children visit with one another at least once a week.
- Each visit is expected to last at least 1½ hours unless the needs of the child dictate otherwise.
- Most regular visits occur on weekdays between 9 a.m. and 8 p.m. However, when reunification is near, staff arrange weekend visits.
- Safety issues influence the choice of the setting for the visits and who is to participate.
- The family's home is the preferred place for family visits, unless there are safety concerns or the parent has no suitable home for visits. When the initial visits do not take place in the parent's home, the goal is for visits to move toward the most natural setting, including, when appropriate, the foster family's home or another team member's home.

The CFS social worker, designated staff member or team member:

- Praises parents when they show empathy regarding the child's feelings and when they set appropriate limits during the visit.
- Models behaviors such as positive reinforcement and limit setting.
- Helps parents develop an understanding of the child's needs by "speaking for the child."
- Asks questions to raise the parent's awareness and to explore new ways of handling situations with their children.
- Looks for "teaching moments" to reinforce parent's strengths and model desired parenting behaviors.

In planning for visits, the child's permanency team takes an active role in assisting the parents and the CFS social worker to:

- Plan activities that support their relationships with their children, such as celebrations and meals together.
- Develop a schedule and transportation responsibilities.
- Plan each visit with parents one week in advance following the evaluation of each week's visit.
- Determine the visit activities and where they will take place.
- Ensure that parents know they are required to pay for visit activities. Often parents are encouraged to plan visits in conjunction with free events, such as children's programs at the local library.

The CFS social worker or designated staff member helps foster parents understand their roles and responsibilities in relation to visitation, including their responsibility to:

- Develop a positive and supportive relationship with the birth parents, including meeting with the birth parents before visits and participating in visits.
- Help plan visits and provide feedback to the birth parents, as part of the permanency team.
- Transport children to and from birth parent visits to ease the child's transition between the two families.

Case documentation includes:

- Feedback to the birth parents about areas of growth on the part of the parents and any continuing concerns or areas that need further development before a child can return home, with particular attention to any safety issues.
- Any missed or cancelled visits on the part of a parent(s) or failure to participate in a visit. When parents miss a visit, CFS staff help parents understand the impact of a missed visit on their child and the potential impact on the reunification plan.

UNSUPERVISED VISITS

The goal is to move toward unsupervised visits. The CFS social worker involves the legal guardian in the decision to move from supervised to unsupervised visits and obtains approval for this shift from the legal guardian prior to scheduling unsupervised visits.

To move from supervised to unsupervised visits, parents need to resolve the jeopardy issues that brought their child or children into foster care, demonstrate a deeper understanding of their child's needs and ways to effectively meet these needs, and exhibit improved and appropriate parenting skills.

Section 2

Maintaining Birth Family and Other Lifelong Connections

This section of the appendix focuses on maintaining birth family and other lifelong supportive relationships for youth served by CFS in all service areas. Such contact is central to a youth's emotional health, positive adjustment, sense of identity and overall well-being, regardless of where the youth is living or who is parenting the youth.

MAINTAINING RELATIONSHIPS

Members of the youth's permanency team play an active role in identifying important adults in a youth's life. The team members also plan and prepare youth for visits as well as transport, supervise and give feedback about visits and other direct contact.

The major goals of visits/contact are to:

- Prevent emotional cut-offs, promote healthy relationship skills and preserve the youth's important attachments.
- Maintain the youth's physical safety while honoring his or her psychological need for belonging, connectedness and an integrated sense of self.
- Facilitate the adjustment of the youth to living with and becoming a full member of his or her permanent family.

In planning contact, team members:

- Take an active role. Individual and joint meetings are used to clarify the thoughts and feelings of the youth and adults regarding contact. Team members use the large team meetings to plan for contact, develop a calendar of visits/contacts and review progress/outcomes related to contact. The plan is documented in the Permanency Team Meeting Summary.
- Team members assist the youth and family members and social worker in securing locations for visits and in providing transportation.
- All team members give consistent messages to the youth regarding visits/contact and provide emotional support to the youth.

The CFS social worker helps the foster parents understand their roles and responsibilities related to visits/contact, including their responsibility to:

- Give accurate information, emotional support, consistent messages and non-judgmental feedback regarding the youth's contact with family members and other significant adults.
- Build positive working relationships with the youth's family members and other significant adults in the youth's life.
- Share responsibilities for transporting youth to visits.
- Participate in permanency team meetings to plan, prepare youth for and review progress/outcomes related to visits/contact.

Appendix G

permanency tools

Multiple tools may be used by Casey Family Services social workers to facilitate permanency discussions with youth and caregivers or other potential permanency resources. These tools may include but are not limited to:

Lifebooks

A lifebook tells the story of a child's history in words and pictures. It helps children remember and understand what happened to them in the past and provides the opportunity to resolve strong feelings about these past events and the losses they have experienced. A lifebook links "the past to the present by helping a child understand how earlier life events affect current perceptions and behaviors." (Vera Fahlberg) It is a therapeutic tool used to clarify a youth's past life events, integrate important family relationships and actualize a permanent family relationship for the youth. It consists of photos of the youth, family members, significant people in the youth's life, places where the youth lived, schools and other memorable places or possessions; letters; drawings by the youth; memorabilia collected by the youth; as well as a narrative recording of the youth's history, chronology of placements; and facts and feelings about the events and people in a youth's life. A lifebook may also include a life journey chart depicting all the places the youth lived from past to present, and continuing into the future with the youth's hopes for the type of family he or she will live with permanently. Lifebook work is completed by a social worker or therapist trained in the three phases, five questions and seven skills of permanency preparation together with a youth's active participation. Ideally, the social worker also includes in the process birth parents, relatives, siblings, foster parents and permanent adoptive or guardian parents, as appropriate. Other creative variations on the same theme include the development of treasure boxes and collages.

Genograms and Ecomaps

A genogram is a social worker's version of a family tree. The organization of the genogram and its use of symbols permit the social worker and client to quickly identify and understand patterns in family history ("How to Read a Genogram"). A genogram lays out multi-generational information regarding gender, age, household composition, sibling constellations, family configurations, life events, relational patterns and family functioning. By providing a picture of the family system over time, hypotheses can be made about likely family issues, roles and relationships. While a genogram captures factual information, it is also a clinical tool useful in assessment and intervention. The process of creating a family genogram clarifies how differently family members may view their history and why, and helps individuals to understand themselves in the context of a family system. Genograms of foster and adopted children display the memberships they often have in multiple family systems and spotlight the task of integrating all these relationships.

An ecomap is a visual representation that shows all the systems at play in a client's life and helps clients readily see the complexity of their lives. Ecomaps provide an "at a glance" diagram of who is involved

with the family or individual, in what ways the involvement takes place, and the systems at play in the social network. Ecological maps, ecomaps for short, usually show connections to the following domains: family, friends, religious group, neighborhood associations, recreation, service providers, employment, social groups, school and health-related services. The ecomap diagram depicts an individual or family at the center of a circle with lines going out from that circle to other circles that represent the connections identified by the client. Directional arrowheads on the lines point in the direction of the energy flow while the strength or weakness of the connection is represented by the boldness of the line. Like genograms, ecomaps are useful in helping children and families view themselves as part of systems that they impact on and are impacted by.

The 3-5-7 Model of Permanency Preparation and Recipes for Success

This approach, developed by Darla Henry, introduces a practice model for preparing youth for permanency. The three components of the model focus on clarification of the youth's life events, answering the five critical questions facing any youth in placement, and identification of the essential skills used in preparing youth for permanence. This model assists youth in grieving losses, formulating self-identify, establishing trust and security through attachments, and building relationships and openness to join a family on a permanent basis.

The Belonging and Emotional Security Tool (BEST)

This tool, developed by Casey Family Services, assists social workers in exploring a youth's sense of emotional security with their current foster parents and the foster parents' sense of claiming and attachment with a youth in their care. The separate parent and youth versions of the tool assist social workers in advancing meaningful permanency conversations and exploring existing relationships for permanence through adoption or legal guardianship. (See BEST tool and instructions for use.)

Permanency Pact

A Permanency Pact is a written agreement between a youth and a caring adult that may be used in the following circumstances:

- a permanent parent for the youth with legal finalization of the relationship (through reunification, adoption or guardianship) still pending
- a permanent parent with an emotional commitment to the youth but without a legal family relationship through reunification, adoption or guardianship
- an adult committed to the youth as a lifelong connection, but not identified as a permanent parent

This agreement outlines what the youth can count on from this relationship going forward. It is based on the Permanency Pact template as developed by Fosterclub.com and then customized to the individual situations and circumstances of the youth and adult. Both parties sign and date the pact and review it with the other permanency team members as appropriate.

The social worker may use a Permanency Pact as an interim step to legal permanency for youth of all ages. Of course, it is important to continue timely forward momentum toward legal permanency.

As a substitute for legal permanency, it is primarily used for older youth when the youth's permanency team has determined that this adult is the optimal permanent parent for this youth and that an emotional commitment without legal permanency is the highest level of permanency that can be achieved for this youth with this parent.

With a lifelong connection, a Permanency Pact explicitly defines the ongoing role of a birth relative, former foster parent, sibling or other significant person in that youth's life. If a youth is reunified, adopted or a family assumes guardianship and also has a Permanency Pact with a lifelong connection, it is important to build the relationships between the permanent parent and the lifelong connection and openly discuss the terms of the lifelong connection's ongoing relationship with the youth.

guidelines for dual relationships and strategic sharing

Dual relationships occur when a Casey Family Services direct service staff member is or has been in a professional role with a client and

- at the same time is in another role with the client, or
- at the same time is or has been in a relationship with a person closely associated with the client, or
- promises to enter into another relationship in the future with the client.

That is, dual relationships can occur simultaneously or consecutively.

Casey Family Services is committed to managing boundary and dual relationship issues in a manner that protects clients and relevant third parties, consistent with prevailing ethical standards in human services. CFS guidelines are designed to avoid conflicts of interest that cause harm.

Guidelines for ethical practice at CFS with regard to dual relationships in permanency planning, conference presentations, advocacy and technical assistance are based on careful review of relevant professional codes of ethics, practice standards and federal and state laws and regulations. CFS staff shall be guided by prevailing ethical standards pertaining to human service professionals' commitment to clients, client self-determination, client informed consent, client confidentiality and privacy and conflicts of interests. (See *National Association of Social Workers Code of Ethics*, rev. ed., 1999.) If there are state or professional regulatory standards for CFS staff that prohibit them from serving as permanency resources or participating in conferences, advocacy events or technical assistance with current or former clients, then such standards shall supersede this policy.

CFS encourages staff to maintain healthy boundaries with clients and foster parents at all times. It is the obligation of CFS staff to be aware of the power differential between staff and clients and foster parents and to establish and maintain appropriate limits and boundaries in these relationships at all times. Any staff conduct that is exploitive, deceptive, manipulative or coercive is unacceptable. If questions arise about what constitutes appropriate limits and boundaries, staff should consult their supervisor.

Dual Relationships and Permanency Planning

In the course of permanency planning for a child or youth in the care of CFS, former and current CFS staff members may be identified as potential permanent family resources. Although it is CFS practice to avoid dual relationships between staff and clients, for some children and youth the search for permanency and lifelong connections may result in a CFS staff member being the best possible permanency resource. In situations when a CFS staff member or another professional involved in the child's life (e.g., the child's psychotherapist) wants to establish a permanent connection with a youth and the youth also wants this connection, the agency will make all reasonable efforts to consider this option, carefully weighing all relevant ethical issues.

This section of the guidelines addresses the issues that should be considered to determine the appropriateness of CFS staff members and other professionals as potential permanent resources for children and youth in the care of CFS. When there are state or professional regulatory standards for staff that prohibit staff and other professionals from serving as a permanent resource for a child, such standards shall supersede this policy.

CASEY FAMILY SERVICES STAFF

The appropriateness of identifying and moving forward with a CFS staff member as a permanent resource for a child in the care of CFS will generally depend on three factors:

- *The type of case:* Reunification, adoption (parental rights already terminated) or foster care (no family involvement or plans to reunify and parental rights not terminated). The nature of CFS' responsibilities to children and youth, parents and extended family will differ, depending on the type of case.
- *The role of the CFS staff member:* Whether the CFS staff member has responsibility for the case, specifically for planning and decision making. When a CFS employee is directly involved in the planning and decision making, there are likely to be ethical concerns related to that staff member's involvement as a permanent resource.
- *The geographic assignment of the CFS staff member:* Whether the interested CFS staff member works within the division with responsibility for the child. Employment by the division that is charged with planning and decision making for the child or youth may raise ethical concerns regarding the staff member's involvement as a permanent resource.

The appropriateness of a CFS staff member serving as a permanent resource for the child (i.e., as an adoptive parent, guardian, mentor, or identified permanent, caring adult) should generally be determined based on these factors. There is no absolute answer as to whether, in a particular case, a CFS staff member will or will not be appropriate as a permanent resource; however, there are general considerations that can guide this assessment.

CONSIDERATION OF CFS STAFF AS PERMANENT RESOURCES: GENERAL GUIDELINES

Reunification cases typically create greater limitations on staff as permanent resources because of the potential (real or perceived) for conflicts of interest regarding the permanency goal for the child. When reunification is an active goal for the child, concurrent permanency planning efforts that support the identification of a CFS staff member as an alternative permanent resource for the child are inappropriate. Even the appearance of such efforts during the reunification process may suggest that "reasonable efforts" to reunify are not being made, which might give rise to ethical and legal concerns. Specifically, should the decision be made to end efforts to reunify and move forward with the CFS staff member as the permanent resource (through adoption or guardianship), the parent might contest the termination of parental rights action on the grounds that reasonable efforts were not made to reunify because the staff member was the preferred resource from the outset. Perceptions of unfairness in permanency planning that gives advantage to CFS staff members also have the potential to undermine the agency's credibility in the community.

	Reunification (as Concurrent Plan)	Adoption (TPR completed)	Foster Care (Reunification/ adoption not goals; goal is guardianship or permanent connection)
Current CFS social worker for child	No	Yes, if the social worker was not involved in planning for TPR	Yes
Former CFS social worker for child	No	Yes, if the social worker was not involved in planning for TPR	Yes
Another CFS social worker in division	No	Yes, if no involvement pre-adoption	Yes
Another CFS social worker in another division	If a relative, may be appropriate	Yes	Yes
Non-social worker in division	No	Yes, if no involvement pre-adoption	Yes
Non-social worker in another division	If a relative, may be appropriate	Yes	Yes

OTHER PROFESSIONALS

In some cases, another professional involved in the child's life, such as the child's psychotherapist, may step forward at a permanency team meeting and express interest in serving as a permanent resource for the child. This individual's interest and the appropriate next steps should be assessed in relation to the:

- type of case (i.e., reunification, foster care, adoption) and
- best practices in child welfare and the human services regarding the appropriateness of any individual as a possible permanent resource for the child (i.e., as an adoptive parent, guardian, mentor or other permanent resource).

In reunification cases in which a concurrent plan is being developed, it is important to avoid conflicts of interest, either real or perceived, that may present themselves. While reunification is an active goal for the child, working with another professional within the teaming process as a viable alternate permanent resource may lead to perceptions of unfair advantage. For example, a parent may perceive that he or she is at a disadvantage when compared to a therapist who may appear to have a better understanding of the child's needs. As discussed earlier in relation to staff, should the decision be made to end efforts to reunify and move forward with the professional as the permanent resource (through adoption or guardianship), the parent might contest the termination of parental rights on the basis that "reasonable efforts" to reunify were not made.

In adoption and foster care cases, these potential conflicts of interest are not as likely. In adoption cases, an interested professional would presumably be referred to the appropriate public child welfare agency for adoption orientation and assessment, with the state agency (not CFS) determining the suitability of the adoptive applicant (the home study process) and ultimately making or approving the decision regarding the “match” of the child and prospective parent. If guardianship is the plan, CFS presumably would assess the interested professional and make a recommendation to the public child welfare agency which, with court approval, would make the ultimate decision to discharge the child from foster care to the individual. In cases of discharge from foster care to a professional who has stepped forward to serve as a permanent relationship for a transitioning youth, it is unlikely that a conflict of interest would arise.

The team leader shall assess the boundary issues involved in permanency planning. The division director or deputy division director shall have final approval of the permanency plan. When necessary, the permanency plan shall be reviewed by the CFS ethics committee, whose membership shall include the director of clinical services, a member of the CFS executive committee, a division director or deputy division director, two team leaders and one outside consultant who shall be knowledgeable in social work ethics.

Dual Relationships in Conference Presentations, Advocacy Events and Technical Assistance

This section of the guidelines addresses three specific situations in which dual relationships with CFS clients may occur: conference presentations, advocacy events and technical assistance. Clients include youth and families.

As noted previously, situations involving dual relationships can present both potential benefits and risks. Through dual relationships, direct service staff may be able to provide clients with opportunities to develop in new ways and to explore new aspects of their abilities and skills. In addition, including clients’ voices and perspectives significantly enhances Casey Family Services’ ability to influence best practices in the field of child welfare. However, because we work extensively with vulnerable children and families, it is important that when we enter into dual relationships with clients, we carefully consider the potential for harm or exploitation. Ethical practice requires that when dual relationships occur we take steps to protect clients, ensure clients’ understanding of the risks and benefits of the activities that are being discussed, and set clear boundaries.

CFS should also be cognizant of boundary issues involving foster parents who may participate in conferences, advocacy events and technical assistance. Clear boundaries with foster parents are important because foster parents consult with CFS staff and are the recipients of other forms of assistance from CFS. At a minimum, staff should inform foster parents of travel arrangements and stipends in advance and should make clear to foster parents that they may decline an invitation to participate in conferences and advocacy events without any negative impact on their relationship with foster children, CFS staff or the agency at large.

Selecting Opportunities for Client Participation

It is important to consider the types of opportunities that are appropriate for client participation in conferences, advocacy events and technical assistance. Opportunities should be selected and offered

to clients based on an assessment of the potential they offer to clients to contribute on issues that are personally meaningful to them and an assessment of possible risks. Staff should take caution in involving clients in presentations, advocacy or technical assistance primarily designed to benefit Casey Family Services (e.g., presentations to funders).

SELECTING CLIENTS

When selecting clients to co-present at conferences or advocacy events or to provide technical assistance, staff should select clients who are at minimal risk of harm or exploitation. Four populations may be at particular risk:

- current clients for whom the social worker is the primary clinical case manager, group or individual psychotherapist, or for whom the social worker has a significant clinical relationship
- youth
- individuals who receive payments from CFS
- birth families

Because of the potential power differential in these situations, clients may feel that they are unable to decline an invitation.

The four populations noted above are not a comprehensive list of those at risk of harm or exploitation. For example, in some situations it may also be inappropriate for the social worker to request participation from a former client for whom the social worker was the clinical case manager or psychotherapist. Youth formerly in CFS foster care who still receive financial support or services are also at risk of harm or exploitation, so staff should be cautious about involving these youth.

Staff are encouraged to select clients with whom they do not have a current primary clinical relationship. In these cases, staff should consult with the client's primary clinical case manager to ensure that the client would benefit from the experience and is not at risk of harm or duress. Except under specific circumstances that may put the individual at risk of harm or exploitation, young adults formerly in care who do not receive support or services from CFS and who are interested in participating in conference or advocacy events generally are considered appropriate candidates for participation. Clients involved in peer support groups or support groups with another staff person in the division may also be appropriate candidates.

When appropriate, CFS staff may also offer foster parents opportunities to be involved in conference presentations and advocacy events. In such instances, staff will provide foster parents with clear and detailed explanations of potential benefits and risks and pertinent boundary issues. Staff should select opportunities for foster parents based on the potential these activities offer to foster parents to contribute on issues that are personally meaningful to them.

The decision to involve any individual should also involve a comprehensive and individualized assessment. The following factors may be relevant in assessing the potential vulnerability of a specific individual, although this is not a comprehensive list:

- age
- level of cognitive and social development
- ability to provide informed assent or consent
- presence of psychiatric illness or developmental challenges that would increase vulnerability
- the sensitive nature of a client's and family's personal issues that participants might discuss in public
- family dynamics (e.g., possible repercussions if the client discusses family issues)
- personality traits that may increase the likelihood of exploitation (such as dependency, poor self-image or an excessive need for approval)

CFS staff shall document in the case record the ways in which clients' participation in conference presentations, advocacy events, or technical assistance are elements of, and consistent with, clients' treatment plans and goals.

Staff should always work with their supervisors to assess the feasibility of a client's participation in conference presentations, advocacy events or technical assistance. The division director or deputy division director shall make the final approval for the client's involvement. When necessary, the CFS ethics committee shall review a client's possible participation.

PREPARING CLIENTS

A key responsibility of staff is to prepare the client for the conference presentation, advocacy event or technical assistance. Once a client decides to participate, their primary clinical social worker may help prepare them. In cases of youth participation, the primary social worker may suggest that the youth contact him/her while the youth is at the conference, advocacy event or technical assistance site. It is important to explore with clients the role that they are being asked to play, obtain appropriate assents and consents from clients (see "Obtaining Informed Consent" below), and provide supports to clients before, during and after their participation, as needed.

With youth, preparation should include "strategic sharing" (see Child Welfare League of America, "Strategic Sharing"). Staff should use the concept of strategic sharing with parents and foster parents, as well. Prior to the presentation or advocacy event, staff should coach clients so that they share only the personal information that is necessary for the presentation, without feeling exploited or harmed in any way. This preparation minimizes the likelihood that clients will reveal too much and then later regret having done so. If there is a question-and-answer session following a presentation, staff should coach and role-play with clients constructive ways to protect their privacy. For example, clients might deflect revealing questions by saying "that is information I would rather not share." When feasible, staff should be available during a client's workshop presentation to assist with managing the question and answer period. Staff should provide information to youth or parents regarding the logistics of travel, when applicable, to the planned presentation or event.

MAINTAINING CONFIDENTIALITY

During presentations or advocacy events, staff shall maintain the privacy of all confidential and privileged information ("protected health information") obtained from clients' counseling or psychotherapy sessions.

ESTABLISHING BOUNDARIES AND PROVIDING SUPPORT DURING TRAVEL

Staff shall maintain boundaries while traveling to and from public presentations, advocacy events or social activities. Clients shall have separate hotel rooms. Staff should not drink alcohol with, or in the vicinity of, clients.

Clients may need support during travel. They may be unaccustomed to being away from home and/or may find the experience to be personally stressful. Staff should be prepared to assist clients with these feelings and facilitate their contact with family or significant others at home. As an example, clients might be provided with a phone card in order to be able to call home if they do not have a cell phone.

A youth's current CFS social worker should not be the staff member who requests the youth's participation. In cases where the current social worker does not accompany the youth to the event, the social worker should participate in preparing the youth and should provide the youth with information as to how to contact him/her while the youth is participating in the conference or advocacy event.

OBTAINING CLIENT INFORMED CONSENT AND ASSENT

Staff should present the attached Invitational Letter to all clients whom staff members would like to solicit for conference presentations or participation in advocacy events. The Invitational Letter explains what is being requested, describes the potential benefits and risks of participating, and establishes the financial arrangements and procedures for reimbursement of travel and accommodations. For youth under the age of 18, staff should present the letter to the individual who under state law or policy must consent to their participation (depending on state law, this individual may be the birth parents, guardians or foster parents). A youth under the age of 18 should give informed assent, that is, agree to participate in the presentation or event after the social worker explains the nature of the event and that the youth is not obliged to participate.

The client (or the appropriate person to give consent to the participation of a youth under the age of 18) should be given at least 72 hours to review the letter before deciding whether to participate. During that time, the staff person should be available to answer questions from the client regarding the nature of the presentation or advocacy event and the travel arrangements. The purpose of this 72-hour period is to ensure that the client does not perceive that the staff person is exerting undue influence regarding the client's decision to participate. When an adult client agrees to participate, he or she should sign an Informed Consent letter; when the client is a minor, the appropriate adult should sign the Informed Consent letter on behalf of the youth, with the youth giving informed assent.

Strategic Sharing

Adapted from Child Welfare League of America

WHAT IS STRATEGIC SHARING?

The concept of strategic sharing came out of an awareness that many youth involved with the foster care system were being asked to "share their stories" as a mechanism to educate others about the experiences of foster youth. While involving youth in a range of activities such as workshops, conferences, training

and other public speaking engagements is an effective strategy for youth involvement, many of the youth participating in these events receive minimal preparation, guidance or support.

In the context of the child welfare system, strategic sharing refers to an approach for preparing and supporting young adults (or other consumers) who are disclosing their personal history and life experiences. This disclosure promotes awareness and educates others about the strengths and weaknesses of the child welfare system while ensuring the young person's personal safety and emotional well-being.

WHAT DO CFS STAFF NEED TO KNOW ABOUT STRATEGIC SHARING?

It is important to remember that strategic sharing is "issue oriented." We should never ask youth to talk about their personal experiences just for the sake of "sharing their stories." Staff need to consider the purpose of the disclosure and the message or issue that they are trying to convey.

Speaking to large groups, conducting workshops and participating in panel discussions involve a range of competencies. If staff are interested in involving youth in these types of activities, then they also have a responsibility to ensure that youth have opportunities to develop the skills, attitudes, behaviors and knowledge needed to be effective in their presentations.

Staff and youth may want to consider running preparation groups or skills-building workshops in which youth have opportunities to learn about the following topics:

- Proper management of private and confidential information concerning youths, family members and other CFS clients
- Communication skills
- Professional appearance and etiquette
- Use of storytelling as a healing medium
- The art of making presentations
- How to be an effective advocate
- Facilitation techniques
- Time management
- Crafting the message
- Understanding the context for system reform efforts, including relevant public policy and promising practices in the field
- Public speaking
- Addressing challenging questions from the audience

While this list is not exhaustive, it provides staff who are interested in supporting young people with a starting point. Staff need to support young people as they share their personal information in a thoughtful and purposeful manner.

Invitational Letter

Dear *(name of CFS client)*:

We would like to invite you to work together with Casey staff member *(name of staff member)* on a presentation *(advocacy event, technical assistance)*. The presentation *(event, assistance)* will take place on *(date)* in *(location)* and is designed to *(purpose)*. We would greatly appreciate your considering participating in this presentation *(event, assistance)*.

We would like you to decide whether to participate based on your thorough consideration of possible benefits and risks. Many individuals who participate in presentations *(advocacy events, technical assistance)* like this one find that they benefit from being able to share important information with others. They enjoy the opportunity to add their voices to discussions of issues that have affected them as well as other youth and families. At the same time, it is also important to point out that participation in presentations *(advocacy events, technical assistance)* can bring more attention to individuals than they anticipated and can be upsetting. For example, in some cases, what individuals share may be incorrectly reported in the media. These situations can cause personal discomfort or distress, particularly with respect to discussing private and personal details in public. If you decide to participate, we will provide you with preparation for this presentation *(advocacy event, technical assistance)* and will be available to support you throughout the event.

We encourage you to talk further with *(name of Casey staff person)* and/or other individuals, including but not limited to other Casey employees, about this invitation. He/she will be happy to answer any questions you have and is available to talk with you about your feelings regarding participation.

Although we are asking you to participate in this event, you are under no obligation to do so. *You may decline for any reason, and doing so will in no way affect the quality or nature of the services you receive from Casey, now or in the future.*

If you decide to participate and the presentation *(advocacy event, technical assistance)* involves travel, Casey will provide you with a CFS staff chaperone, your own hotel room, transportation to and from the presentation *(event, technical assistance)*, and money for meals.

We want to thank you for considering participating in this presentation *(event)*. *(Name of Casey staff person)* will be in touch with you shortly to talk with you further about this invitation.

Sincerely,

Division Director

Informed Consent

I, _____ (*printed name of client*), plan to participate with Casey Family Services in a presentation on (*topic of presentation*) with (*name of Casey staff person*) at (*name of event*) in (*location*) on (*date*) OR at an event regarding (*topic*) with (*name of Casey staff person*) at (*name of event*) in (*location*) on (*date*).

I understand that I am under no obligation to participate in the presentation/event and that if I choose not to participate now or later, my decision will not in any way affect the quality or types of services that I receive from Casey Family Services now or in the future. If I decide to participate, I may change my mind at any time.

The Division Director and my Casey Family Services social worker or other Casey Family Services staff have informed me of the benefits of my participation as well as possible risks of participation. Possible benefits include sharing important information with others and participating in discussions of issues that affect youth and families. Possible risks include feeling emotional discomfort from discussing personal issues in public. I understand both the possible benefits and risks.

I understand that if I participate, Casey Family Services will provide me with staff support and, as needed, transportation to and from the event site; will reserve and cover the cost of a private hotel room if an overnight stay is required; and will provide funds for meals on travel days and for all meals not provided during the event.

This form has been explained to me and I have been given an opportunity to ask questions about it.

Signature of Client

Date

Signature of Authorized Adult if Youth Us under the Age of 18

Date

Division Director

Date

Casey Social Worker or Staff Member

Date

Appendix I

legal issues

A. Duty to Warn

I. POLICY INTENT

The purpose of this policy is to address the safety of children and families, staff and the community as it relates to information received by a Casey Family Services staff member.

II. POLICY STATEMENT

Disclosure of client information without a signed consent can occur for the purpose of protecting the client and/or people in the community. This must occur when the client shares information with a CFS staff member indicating that they may be endangered and/or they may be harmful to others.

Casey Family Services will maintain procedures which will ensure that agency staff are made aware of their duty to inform administrative staff, parents or legal guardians, and community authorities. All release of information made under this Duty to Warn policy will be documented in the client's file. Under the Health Insurance Portability and Accountability Act, the client has the right to receive an accounting of all such disclosures upon request.

Applies to: All Staff

Revised on: February 13, 2004

Date Approved by the Board of Trustees: March 10, 2004

B. A Brief Review of Court and Legal Issues

Casey Family Services social workers providing both Family-Strengthening and Permanency Planning Services may interact with the court at times on a variety of types of cases, including the following:

- Foster care
- Protective services
- Reunification
- Adoption
- Delinquency/status offender matters
- Domestic violence
- Child custody

Social workers are involved with the court in a variety of ways:

- Writing reports for the court on foster care or related cases
- Meeting with the judge and parties outside of the courtroom
- Testifying either through depositions or in court
- Responding to a subpoena to produce records

The attached flow chart from A Child's Journey through the Foster Care System shows the points at which the court is involved in decision making on behalf of a child who is reported as a victim of child maltreatment and enters the foster care system.

KEY PLAYERS IN COURT CASES

The key players in court cases include the:

Judge: The officer who presides in a court and is empowered to make final, binding decisions, or a

Referee, Master, or Hearing Officer: A designee of the judge who is empowered to make certain decisions in a case.

Child's Attorney: An attorney who represents the interests of the child.

Parent's Attorney: An attorney who represents the position taken by the parent(s) as parties to the case.

Agency's Attorney: An attorney who represents the position taken by the agency as a party to the case.

Witness: One who testifies to what he or she has seen, heard, or otherwise observed.

Expert Witness: A witness who has established expertise with knowledge of a subject that is outside the judge's or jury's knowledge or experience.

Court-Appointed Special Advocate (CASA): A trained non-legal advocate who provides the court with information about a child's status and needs, or a

Guardian Ad Litem (GAL): A representative of the child who represents the child's best interests to the court.

THE SOCIAL WORKER AS WITNESS OR EXPERT WITNESS

As a CFS social worker who has worked directly with the family or youth and has direct and personal knowledge of the facts related to the case, your role in most instances will be to testify as a "witness." While defense attorneys may attempt from time to time to minimize your expertise (Just how old are you? How long have you been doing this work? How many families have you actually worked with?), the question of qualification is not before the court. You are qualified because you have firsthand knowledge of the case. The defense attorney cannot object to your "qualifications."

In some cases, an attorney may wish to qualify you as an "expert witness" before the court. This happens when you have the requisite professional expertise and experience to provide the court with information that can aid the court in its decision making. An example might be to testify to the practice standards that

an agency should follow when a child enters foster care. In this case, the attorneys are entitled to question you about your qualifications and it is up to the court to decide whether you are an “expert” and may testify as an “expert witness.” It is unlikely early in your career as a social worker that you will be asked to be an “expert witness.”

PREPARING WRITTEN MATERIALS FOR THE COURT

When preparing reports or other written materials for the court, the following guidelines are helpful:

- Be objective.
- Present the facts. Base conclusions on the stated facts.
- Use proper grammar, spelling and punctuation.
- Remember that the record represents your work and the agency’s work. If it is messy, disorganized or incomplete, it communicates an unfavorable picture of your work.
- Do not maintain “shadow” files. All information on a case should be in the case record.

PREPARING FOR AND MAKING COURT APPEARANCES

It is important to prepare in four areas:

- Prepare regarding the facts of the case
 - Make sure you know the facts and the chronology of the case.
 - Review all notes before the hearing.
 - Meet with your supervisor before going to court to discuss the case and review the agency’s position.
 - If your records have been subpoenaed, take them with you. If they haven’t, don’t take them. Don’t take anything created by a third party, such as a psychologist’s report, because you cannot testify about the work of others and it may be illegal to release such information.
- Prepare with the agency attorney
 - Be clear about how the attorney plans to use you in the case.
 - Review your testimony with the attorney if at all possible.
 - Determine with the attorney approximately when you will be testifying, if possible, to avoid spending the entire day at court waiting to testify.
- Prepare your clients
 - Let your client know that you have been called as a witness and what you will be sharing with the court. Neither your presence nor your testimony should be a surprise to them.
 - While clients may not agree with your testimony, they should have heard you discuss the strengths, concerns and case progress before the court hearing occurs.

- *Do not transport* a client to or from the court hearing. If a verdict is one that causes the client to be angry or upset with you, for your own safety do not get into a confined space with a client, such as an elevator or an automobile.

- Prepare the state child welfare agency

- Be sure your state child welfare partners know how you will be testifying. It is not necessary that they agree, but they should not be surprised by your testimony.

WHEN APPEARING IN COURT

- Wear appropriate dress.
- When you arrive, check in with the clerk so they will know you are present.
- Conduct yourself in a professional manner (quiet while in the courtroom, no gum chewing, cell phone off).
- Answer questions concisely with relevant information.
- Do not add information beyond the scope of the question.
- Stay focused, structured and express yourself clearly.
- Indicate when you need to refer to your notes to answer a question.
- Say “I don’t know” when you don’t know.
- Ask for the question to be repeated if you do not understand the question or need time to consider your answer.
- Pause when there is an objection and do not proceed until the judge rules.
- Even if a cross examination becomes difficult, do not get into an argument with the attorney.
- Maintain a respectful attitude even when you disagree with what the judge rules.
- If a judge renders a verdict with which the client disagrees, he or she may be quite angry with you. Do not engage in an extended discussion of the verdict. Make an appointment to discuss the decision at a later date. Allow the client space and time to reflect on the ruling.

Social workers play a vital role in court proceedings and interact with the court in a variety of ways. It is essential that social workers understand the judicial system and how to effectively prepare and participate in court hearings. Lawyers and judges often need guidance on child welfare issues. Social workers who are well-prepared for their role in the court system are in a position to provide such guidance.

Appendix J

guidelines for using search technologies

Casey Family Services utilizes Accurint by LexisNexis as the search tool for Family Search and Engagement.

Accurint Application Process

1. Staff designated to be Accurint users must complete the online training available on Casey Connections.

- I. Have the new staff person print off the Accurint Training Presentation, Case Number Instructions, Record Keeping Instructions and Websites recommended by Gary Thorpe.
- II. The team leader overseeing the Accurint usage in a division must meet with the staff person and oversee their viewing of the recorded training on the Casey Connections web page (please see above). The team leader watches the training clip with the new staff person to ensure that they understand how to use Accurint as well as our policies and guidelines pertaining to use.
- III. After completing the online training, the new staff person must print off the “Acknowledgement of Appropriate Use of Family Finding Tool” form and sign it, along with the Division Director.
- IV. The signed document must then be scanned into the computer and emailed to Training Administrative Assistant.
- V. Once the signed document has been received, the staff person will be enrolled as an Accurint user and will receive their log in information and password directly from Accurint.

2. Staff are required to add their division number and the case number for which the search is being conducted to the Reference Code area in Accurint.

3. We are required to follow the following guidelines with regards to the Search results documents:

I. Similar to case records

- Keep any personally identifiable information in a secure location (locked file cabinet)
- All records (both electronic and hard copy) must be purged within 90 days of receipt
- Records must be destroyed in a secure fashion (shredding hard copy and/or deleting electronic records)

II. Hard Copy:

- Record is requested from Accurint
- Hard copy is printed and dated
- Hard copy reports held in a folder by child's name

- Folder maintained in a locked file drawer (similar to case records if possible)
- This record is not to become a part of the child's case record and should be held separately
- Accurint files to be purged at the end of each month
- Records 120 days old should be shredded via shredder (tearing up does not suffice)

III. *Note:* Records may be destroyed earlier than the 90-day timeframe if appropriate

4. Staff may also want to utilize regular websites to access information. A helpful list of such websites is below:

- www.accurint.com
- www.vinelink.com/vinelink/initMap.do
This site provides location, by state, for people incarcerated.
- www.birthdatabase.com/query.php
This site will provide a date of birth for the person you are looking for if you know the approximate age.
- www.pipl.com
This is a old site, but still has good info. It is connected to Spokeo, which is a separate site.
- www.zabasearch.com
This is an old site, but still has good info.
- www.inmatesplus.com
This site is separate from Vinelink and sometimes has more detailed information on inmates, including photos.
- www.areacodelocations.info/areacodelist.html
provides quick access to area codes.
- www.virtualgumshoe.com/resources
This website provides several free links to various search engines that are also helpful.
- www.obitlinkspage.com/maine/newspapers
This site is for the Maine newspapers, but you can access all states from it.
- www.facebook.com
Facebook does a lot of family connecting itself and is a great way to connect to people you are trying to locate.
- www.bop.gov
Bureau of Prisons website. This is for the federal prison system.

Appendix K

recruiting non-english speaking foster parents

To: Foster Care Staff

From: Ann Sullivan, Deputy Executive Director, Field Operations

Re: Revision of Language Criteria for Foster Parents

Date: May 27, 2004

The attached revisions have been made to the Case Practice Standards Manual in the section on “Criteria for Foster Parenting.” These changes are in response to recommendations made by the CFS Diversity Council.

CRITERIA FOR FOSTER PARENTING REVISIONS ARE AS FOLLOWS:

- Divisions may recruit foster parents who do not speak English.
- At least one of the foster parents must be able to communicate in the language of any child placed in the home.

These criteria:

1. Focus on the best interest of the children placed in our care
2. Allow for recruitment from a broader base of families for the children we currently serve
3. Support a more culturally based recruitment strategy that aligns with our Strategic Plan and Diversity Plan
4. Allow Casey Family Services to be competitive with state and other private agencies

Divisions are encouraged to recruit foster parents who do not speak English. However, in planning for this change, divisions must consider their ability to support such families, including the ability to:

- Identify necessary resources within the division and community, such as bilingual staff, professional interpreter and translation services, printed literature resources, bilingual therapists and school advocates, etc.
- Develop strategies for recruiting non-English speaking foster families
- Ensure that pre-service training and the home study process meets agency standards
- Identify any additional technical assistance that may be needed by the division

Please file the attached new pages in your Case Practice Standards Manual.

policies and guidelines: foster parents/communications

INCLUDES

Discipline of Foster Children

Electronic Communications

Email Guidelines for all Casey Foster Parents

Family Grievance Policy

Physical Intervention with Foster Children

Release of Client Information

Weapons in Foster Home

Discipline of Foster Children

I. POLICY INTENT

Children in Casey Family Services' foster care programs have been subjected to many negative life experiences that may cause them to exhibit extreme and disruptive behavior while they are in foster care. It is critical that any behavioral challenges created by foster children are responded to in an appropriate manner. The purpose of this policy is to protect, nurture and support the optimal development of children in Casey Family Services foster care programs through the appropriate use of discipline.

II. POLICY STATEMENT

Discipline guides children toward positive behavior and self-control by helping them learn how to get their needs met while respecting the rights and feelings of others.

Discipline should: be used as an educational tool with foster children; emphasize ways to help children develop better self-control; enhance the child's self-esteem; take a positive approach; be selected and carried out with full respect for the child; and be applied in the least restrictive manner possible.

The application of inappropriate or extreme types of discipline can be very damaging to foster children, therefore Casey Family Services prohibits the use of some forms of discipline.

- The use of corporal punishment of children in foster care is prohibited. Corporal punishment includes but is not limited to slapping; spanking; paddling; hitting of any kind; having a child march, stand, or kneel in one spot; or otherwise subjecting the child to physical discomfort.
- The use of verbal abuse, deprivation of sleep, humiliation, the withholding of food and the withholding of birth family visits or threat of removal from the home are prohibited.

Casey Family Services staff will guide foster parents to provide children in foster care with appropriate discipline commensurate with the child's age, stage of development and previous life experiences.

All foster parents will receive training on the appropriate use of discipline.

Applies to: All Foster Care Programs

Date Approved by the Board of Managers: March 26, 1996

Electronic Communications

I. POLICY INTENT

To assist Casey Family Services in ensuring our capacity to generate and share information quickly and effectively across divisions; to enhance our capacity to conduct comprehensive research; and to increase staff productivity through the use of uniform, state-of-the-art electronic systems and tools; and to protect the integrity of the system, the confidentiality of our clients and the good name of the agency.

II. POLICY STATEMENT

Casey Family Services electronic communications systems and tools are the property of the agency and are to be used for agency purposes only. The administration and management of electronic communications systems and tools will be centralized to ensure maximum performance and compatibility. The IT Department in Administration will purchase, maintain, train employees in and monitor the use of all equipment and software.

Each staff member of Casey Family Services is responsible for appropriate use of computer equipment and tools, email and Internet access; for taking proper measures to protect the confidentiality of our clients; and for avoiding actions that might compromise the system.

Applies to: All staff, collaborating partners, vendors and/or consultants, clients, foster parents and volunteers.

External and Media Relations

I. POLICY INTENT

Casey Family Services is committed to the broad dissemination of information that represents our experience, lessons learned and program models. The agency also is committed to raising public awareness and understanding about the issues surrounding vulnerable children and their families, and to participating in dialogue at state, regional and national levels leading to improved children welfare policy and practice.

II. POLICY

The Communications Department, working closely with the Executive Director and the Executive Committee, is responsible for setting Casey Family Services communications goals and strategies; for preserving and enhancing the agency's reputation and image; for shaping core messages; and for coordinating the development of materials that accurately portray and are appropriate for broad consumption.

It is the responsibility of the Communications Department to support and guide divisions in the production of public information materials and in the execution of outreach and advocacy activities designed to promote awareness and understanding of relevant issues and agency-wide programs. The Director of Communications is the primary spokesperson for the agency.

Applies to: All Staff, clients, Foster Parents and volunteers

Electronic Communications

INTRODUCTION

Casey Family Services has established electronic communications policies and procedures to guide employees in the most effective and appropriate use of our systems and tools in sharing, storing and conveying information about our programs, practices, policies and positions.

Electronic technology has revolutionized communications on a global scale. To ensure that Casey Family Services is equipped and ready to operate effectively and responsibly in this age of technology, Casey Family Services has provided staff members throughout the agency with the means to share information and communicate with each other and others outside the agency via Internet email and the World Wide Web.

Electronics communications equipment and tools refers primarily to the systems, services, computer software, computer networks, faxes, online services, electronic bulletin boards, Internet email, Intranet and the Internet. All electronic and telephonic communications using email, Lotus Notes, PBX, Local Area Network, Wide Area Network, voicemail and other systems owned, licensed or operated by Casey Family Services, are considered agency business records, and therefore, agency property. Although incidental and occasional personal use of agency electronic and telephonic communications systems and tools may be permitted with the concurrence of one's supervisor, users automatically waive any claims to privacy. (If a communication is intended to be personal and confidential, alternative means of transmission should be considered.)

Casey has elected to invest in electronic infrastructure in order to:

- Enhance our capacity to conduct comprehensive research analysis
- Improve communications internally and externally
- Promote awareness of critical issues facing vulnerable children and families
- Extend our influence to help shape sound child welfare policies and practices
- Enhance staff professionalism and maximize productivity
- Institutionalize the use of state-of-the-art tools to broaden resources and establish access to libraries of information; list service subscriptions; public and private resources; the media
- Take advantage of opportunities for presenting proposals, conducting meetings, doing advertising, public information, news, research

Appropriate applications of our electronic communications tools will help to advance our strategic goals, more effectively share information and resources, and make an even greater difference in the lives of families and children. At the same time, inappropriate use, or abuse of electronic communication tools may result in loss of productivity, interruption of services, violation of the privacy of our clients, proliferation of inappropriate or abusive matter, negative publicity or lawsuits against the agency.

To protect Casey Family Services and the children and families we serve, the agency has set forth policies and procedures governing the use and applications of agency electronic communications tools.

The Electronic Communications Policy applies to Casey Family Services employees, collaborating partners, vendors and/or consultants, clients, foster parent and volunteers.

POLICY

Casey Family Services Electronic Communications System and Tools are the property of the agency and are to be used for agency purposes only. The administration and management of electronic communications systems and tools will be centralized to ensure maximum performance and compatibility. The IT department in administration will purchase, maintain, train employees in and monitor the use of all equipment and software. Each staff member of Casey Family Services is responsible for appropriate use of computer equipment and tools, email and internet access; for taking proper measures to protect the confidentiality of our clients; and for avoiding actions that might compromise the system.

PROCEDURES

In order to protect the confidentiality of our clients, and all Casey Family Services private information:

- Individuals must not be identified in print or in photography without a properly authorized consent form
- No information about individuals should be transmitted outside the agency without prior authorization

To protect the agency's good name and observe ethical behavior:

- No staff member should use the Web to access or disseminate material that may be considered to be pornographic, discriminatory or disrespectful of any ethnic, religious, economic or political group or figure, or information that is not related to his/her work.

To protect the legal position and preserve the reputation of the agency and the integrity of its image and voice:

- Do not download, store, duplicate, print or use copyrighted material without the copyright owner's written permission.
- Do not use the agency's name, logo, or images for anything other than agency-related use.
- Do not use chatrooms, newsgroups or other sites for any other than official purposes; do not transmit privileged or confidential material at anytime using these means.

- Do not transmit information that is not in compliance with agency-wide external communications and media guidelines.

To preserve the integrity of our computer systems:

- No software of any type including upgrades, games or screen savers that might contain viruses or trojans, or affect the operation of the computer system should be downloaded into CFS computers.
- Do not use the Internet excessively, or for purposes not related to agency business. The act of using the web consumes resources that are shared among all systems. The information is transmitted over our internal network. Downloading large volumes of material or using services such as web audio and video can affect the ability of everyone in the office to do such things as open or save files, or send a print job to the printer. Recognize the potential for these effects and be considerate of other end users.
- Employees must use and protect passwords, IDs, access codes and appropriate encryption devices when transmitting organizational material, using special precautions when handling confidential information.
- Employees must take responsible measures to protect against the transfer of viruses to Casey Family Services electronic computer system, following procedures set by the IT Department.
- In the use of agency-owned laptop computers, employees must use agency-authorized software and diskettes.

To preserve the integrity of our entire electronic communications system:

- As a matter of routine procedure, Casey Family Services will monitor web access to understand usage patterns; guard against viruses; enable successful implementation of a safe, reliable means of electronic research and communication; and protect against improper or harmful use of agency resources.

External Communications and Media Relations

INTRODUCTION

From the first day on the job, every employee of Casey Family Services is both a representative and a spokesperson for the agency. As such, he/she assumes a role that comes with opportunities as well as responsibilities. Whether in casual conversation with friends, or more formal interchanges with colleagues and associates, each staff member may be called upon to clearly and effectively articulate Casey Family Services' mission, goals, programs and services. Whenever speaking about or for the agency, it is essential that each of us acts in ways that protect the integrity of our work, preserve the privacy and dignity of the children and families we serve, and present one clear and consistent "voice."

Casey Family Services has established a broad communications policy to guide employees in the most effective and appropriate representation of our programs, practices, policies and positions through the media, electronic communications (the Internet and Internet email), public outreach and advocacy.

The media are key to enhancing our image and disseminating information and lessons learned. To ensure consistency and effectiveness in our work with the media and in all activities to promote our work whatever the medium or arena, the Director of Communications will facilitate the sharing of best practices and compliance with the policies and procedures outlined below:

POLICY

The Communications Department working closely with the Executive Director and the Executive Committee, is responsible for setting Casey Family Services communications goals and strategies; for preserving and enhancing the agency's reputation and image; for shaping core messages; and for coordinating the development of materials that accurately portray and are appropriate for broad consumption. It is the responsibility of the Communications Department to support and guide division in the production of public information materials and in the execution of outreach and advocacy activities designed to promote awareness and understanding of relevant issues and agency-wide programs.

The director of communications is the primary spokesperson for the agency.

PROCEDURES

To ensure a consistent message and voice and manage inquiries from and responses to media in a timely and coordinated manner:

- All inquiries from national media must be referred immediately to the Director of Communications. The Director then will determine how to best field the inquiries and work with the appropriate staff at Casey Family Services or the Annie E. Casey Foundation to prepare responses.

To maximize opportunities to cultivate and educate members of the media for future reports:

- All contacts with local or regional media must be reported to the Director of Communications in order to maintain continuous and consistent media relations.

To ensure that divisions have a consistent voice and flexibility in cultivating contacts within their own communities and regions, and to ensure adequate preparation and follow-up to media interviews:

- Within divisions, the Division Director is the designated spokesperson with local media. All contacts must be cleared and coordinated through that office. Strategies for local cultivation and story placement should be reviewed with the Director of Communications to ensure consistency with the agency-wide plan. The Director of Communications must be informed of when and where stories will appear, receive copies or tapes immediately and be kept informed of follow-up activities.

To manage and maximize opportunities to work with national media for the benefit of the agency and the entire child welfare field:

- Work with local affiliates of national media (e.g., TV Network affiliate, or local/state AP office) must be coordinated with the Director of Communications. (Stories that appear in these outlets may end up on a national feed.)

To encourage and broaden collaboration and assistance to colleague agencies and facilitate appropriate coordination of messages:

- Collaborative work with other agencies on media issues, special events and/or public appearances must be coordinated with the Director of Communications.

To maximize external relations potential and ensure consistency of message and image:

- All special events that involve the media, public figures and/or celebrities, or that require the presentation of agency-wide strategies or achievements to an outside audience should be coordinated with the Director of Communications.
- All information about agency programs, services, staff and families intended for dissemination on the Internet must be coordinated with and approved by the Director of Communications,
- Proposals for national or regional conference presentations should be reviewed by the Director of Communications as well as the Executive Director and Executive Committee to ensure the broadest possible representation of the agency's work and consistency with its strategic goals.
- Opportunities to present testimony or other forms of information to state or national legislatures or public agency meetings should be reviewed and coordinated with the Director of Communications as well as the Executive Director and Executive Committee.
- External Relations activities spearheaded by the Foundation and involving Casey Family Services staff, children or families should be coordinated with the Director of Communications.
- Production of public information, promotional materials and logo items should be coordinated with the Director of Communications.

Casey Family Services Email Guidelines for all Casey Parents

In this age of digital technology, an email address is almost synonymous with a phone number. Electronic communication plays a big role at work, school and in the home. Email enables people to stay in touch and share pictures and documents across the world. It is quick, easy, convenient and costs very little or nothing at all. While families and staff are encouraged to use electronic communication, we also would like to make you aware of its drawbacks. These guidelines will facilitate appropriate use of email between families and Casey Family Services staff while protecting the confidentiality of our work.

1. IT'S NOT PRIVATE OR SECURE.

Remember that email is not as private as regular mail. Sending an email can be much like having a conversation with someone across the street; they know you're talking to them and who you are, but many people can listen if they choose to. With this in mind, certain types of information should remain private.

Do not disclose any confidential information regarding a foster child or yourself in an email. Also keep in mind that an email may be read by someone other than whom you intended, and it may be forwarded to many other people, either intentionally or accidentally.

Non-confidential information that is *appropriate* for email with Casey staff includes:

- Scheduling appointments, provided these do not contain confidential information as outlined below
- Discussing school issues, such as changes in classes, attendance or tutoring arrangements
- Respite requests and arrangements, provided these do not contain confidential information as outlined below
- Requesting forms or getting clarification on an expense
- Plans for summer activities

Confidential subjects that are *not appropriate* for email include:

- Health, mental health and behavioral concerns
- Alcohol and substance abuse
- Sexual behavior
- Name, date of birth, Social Security number or any personal information relating to the identity of a child in the subject line or body of the email

2. EMAIL SHOULD NOT BE A SUBSTITUTE FOR FACE-TO-FACE MEETINGS.

As easy and convenient as email is, it should not be treated as the only means to communicate with someone, especially when it involves a serious matter. A meeting should be scheduled to discuss any serious matter in depth. You must decide — based on the nature of a problem — which method of communication is the most suitable.

3. ONCE IT'S SENT, IT'S GONE.

Think about what you've written before you send it. Don't say things you'll regret later — there's no way to retrieve an email once it's been sent.

4. DON'T TAKE OFFENSE.

It is easy to misinterpret the message in an email because you cannot see the person's face or hear the tone of voice. You only have written words and your own state of mind at the moment to make sense of an email. If you are not clear on the meaning of something, call or write to the person and ask for clarification. Do not assume or take offense to something that might turn out to be a misunderstanding.

5. FOLLOW ACCEPTED "NETIQUETTE."

"Netiquette" is a combination of the words "net" and "etiquette" and refers to the use of good manners on the Internet. Here are a few rules of good netiquette that you should keep in mind:

- Do not use the child's name in the subject line or in the body of the email.
- Begin your message with a greeting that includes the name of the person to whom you're writing.
- End your message with your own name.
- Don't use all CAPITAL letters. It looks like you're SHOUTING when you do.
- Don't use offensive language or engage in name-calling.
- "Flaming" means expressing excessive anger and outrage via email. Don't do it, and don't respond to it.
- Practice the Golden Rule, "Do unto others as you would like others to do unto you."
- Be as courteous in email as you would in your daily life.
- Treat the person you are emailing with the same respect and kindness as you would with anybody else.

6. RESPECT EVERYONE'S TIME.

Email has become very prevalent in our society — today many people receive more messages by email than phone. Please try to respect everyone's time by not sending long emails or replying to everyone in a group email when it only applies to one specific individual.

7. CHECK YOUR EMAIL REGULARLY.

People may need to hear from you right away — it's just like a phone message. Try to respond to email within 24 hours.

8. DON'T SEND CHAIN LETTERS TO CASEY FAMILY SERVICES STAFF.

You may be asked to forward a chain letter to a number of people in return for great rewards or to avoid an "evil spell." If you choose to participate in a chain letter, please do not include Casey Family Services staff.

9. DON'T OPEN EMAIL YOU RECEIVE FROM UNKNOWN SOURCES.

Computer viruses can now be transmitted as you preview or open an email in email programs such as Microsoft Outlook. They can also be found in attachments from an email. When you receive an email from an unfamiliar source, it is best to just delete it immediately without previewing or opening it. When you send an attachment to someone, be sure to refer to it in the email so the recipient feels safe in opening your attachment.

10. REPORT ANY OFFENSIVE, UNSOLICITED EMAIL TO YOUR INTERNET SERVICE PROVIDER.

If the email contains illegal material (child pornography, obscenities that are intended to abuse or harass, or evidence of a crime), report it to your Internet Service Provider (e.g., Optimum Online, Yahoo!, or AOL).

By following these guidelines, a safe, secure and comfortable environment can be created for the use of email as a valuable tool in our work and lives.

Casey Family Services Email Guidelines for All Casey Parents

I acknowledge receipt of the *Email Guidelines for all Casey Parents*, and hereby agree to abide by the guidelines when using email to communicate with Casey Family Services staff and families.

Name (please print)

Signature

Date

Family Grievance

I. POLICY INTENT

To afford individuals the opportunity for due process as it relates to services provided by Casey Family Services.

II. POLICY STATEMENT

All parents — birth, adoptive or foster — have the right to present disagreements or complaints to Casey Family Services regarding the delivery of Casey services to them or children in the care of the agency. If the grievance has to do with an alleged breach of the privacy or security standards of the Health Insurance Portability and Accountability Act, the client must be provided with information on how to contact the federal Office of Civil Rights.

Applies to: Birth, Foster and Adoptive Families

Original Policy Issued: July 1989

Revised on: February 13, 2004

Date Revision Approved by the Board of Trustees: March 10, 2004

Physical Intervention with Foster Children

I. POLICY INTENT

The intent of this policy is to assure the proper use of physical intervention with children placed in Casey Family Services foster homes to assure the safety of the child and others.

II. POLICY STATEMENT

In situations in which a child's extreme behavior presents a direct and imminent threat to his/her safety or the safety of others, it may be necessary as a last resort, after all other interventions are considered, for a caretaker to physically intervene with a child to keep the child or others safe. Physical interventions include escorting, moving, holding and restraining.

The need for and the use of physical intervention as a clinical strategy must be determined and approved by the treatment team, social worker and supervisor and be written into the child's treatment plan. Foster parents will be trained in appropriate physical intervention techniques when the potential use of physical intervention is deemed necessary and is written into the treatment plan.

Physical intervention is a clinical intervention that should not be used as a form of discipline.

The use of any form of mechanical restraint, such as tying a child to a bed or chair, or locking a child in a room or closet, is prohibited.

The least restrictive means of intervention should always be attempted to manage a child's behavior. An intervention should always be respectful of the child as an individual and comply with applicable state requirements or regulations.

Applies to: All Foster Care Programs

Date Approved by the Board of Managers: March 26, 1996

Date Revision Approved by the Board of Managers:

Release of Client Information

I. POLICY INTENT

Casey Family Services treats all case information regarding children and families receiving services from Casey as confidential. The purpose of this policy is to ensure the confidentiality of this information and to protect the privacy of those children and families receiving services from the agency.

II. POLICY STATEMENT

Casey Family Services staff will treat all case information as confidential.

Casey will not release any information concerning a child or family who are receiving services from the agency without a signed informed consent from a client over the age of 18 or a parent or legal guardian of a minor child, a court order or unless otherwise required by law.

Disclosure of client information without a signed informed consent can only occur in specific circumstances and only in accordance with the agency's Reporting Suspected Child Abuse or Neglect Policy (#95003) or the agency's Duty to Warn Policy (#95004).

Applies to: All Staff

Original Policy Issued: May 19, 1995

Date Revision Approved by the Board of Managers: February 21, 1998

Weapons in Foster Homes

I. POLICY INTENT

Casey Family Services is committed to maintaining a safe environment for all children placed in Casey foster care. The purpose of this policy is to ensure that legal compliance and adequate safety precautions are followed when there are weapons in the foster home. In any circumstance where local law requires more stringent safeguards than those imposed herein, local law shall prevail.

II. POLICY STATEMENT

No weapons shall be stored or used in any Casey foster home — except as permitted under state and local law. Foster parents must notify Casey if they or any resident of the home possess any weapon. “Weapons” include but are not limited to:

- any type of firearms
- swords or large knives (blade 4” or over), including hunting knives
- bows and arrows
- cross bows
- martial arts implements
- explosives, including fireworks
- ammunition
- ceremonial, antique or souvenir weapons as described above

At a minimum, all weapons must be kept in an inoperable condition or in a locked storage space in order to prevent unauthorized use. Firearms must be unloaded and rendered inoperable or unloaded and kept in a locked storage space to prevent unauthorized use. Ammunition, projectiles such as arrows, attachments such as bayonets, or items which can be used to make the weapon operable must be stored and locked separately. Any keys to the locks must be kept out of the reach of children.

Weapons must not be carried in any vehicle in which children are transported unless the weapons have been made inoperable and inaccessible.

It is anticipated that a child’s desire to hunt will depend on the interests and customs of the foster family and community in which he/she lives. Before a child obtains a hunting license, permission must be obtained in writing from the foster parent, the Casey Division Director, as well as the child’s legal guardian. No child in Casey foster care will be given such permission before he/she is 14 years old and has received appropriate training and license. A child between the ages of 14 and 18 must be accompanied by a responsible adult with a valid hunting license whenever he/she is hunting or carrying a weapon.

In certain cases, an exception may be made to the 14-year-old age limit in order to allow a child to participate in well-supervised, structured, institutional activities such as Boy/Girl Scouts or school gun or hunt clubs. Any exceptions must be approved by the foster parent, the Casey Division Director, and the child’s legal guardian.

Applies to: All Foster Care Programs

Date Approved by the Board of Managers: August 7, 1997

Appendix M
sample foster parent applicant denial letters



18 Palmer Street
Lowell, MA 01852-1818
978-937-1877 TEL
800-883-8836
978-937-2262 FAX
www.caseyfamilyservices.org

Allen Casad
Division Director

_____, 20____

Ms. _____
_____ Street
_____, MA _____

Dear Ms. _____ :

We are sorry to inform you that your foster care application has been denied. It is our obligation to determine that each applicant and each adult household member has a background free of conduct which, in our judgment, bears adversely upon the individual's ability to provide for the safety and well-being of children [102 CMR 5.10(5)(c)]. Because we did not receive a written reference from your former mental health therapist supporting the placement of a child in your home, we are unable to move forward with your application.

If you disagree with our decision to deny your application, you may appeal within 30 days of receipt of this notice. Our grievance policy and procedures are outlined in the enclosed Client's Rights brochure. Please do not hesitate to contact me with any questions or concerns.

I wish you the best in your future endeavors.

Sincerely,

_____, LCSW
Social Worker

Enclosure

_____, 20____

Ms. _____

_____ Street

_____, MD _____

Dear Ms. _____ :

Thank you very much for inquiring about the foster care program at Casey Family Services – Baltimore Division, a fully licensed and accredited nonprofit child welfare agency.

Our foster care program is designed to keep young parents and their child together in placement. Because of the focus of the program, the Baltimore Division is currently recruiting for foster parents in East Baltimore with two extra bedrooms. Because you do not have the required extra bedrooms, we are unable to proceed with your application to provide foster care at this time. If you disagree with our decision to deny your application, you may appeal within 30 days of receipt of this notice. Our grievance policy and procedures are outlined in the enclosed Client's Rights brochure.

Again, thank you for your interest in our program. If your housing situation changes in the future and you have additional bedrooms, we would be happy to talk with you again about providing foster care.

Sincerely,

Resource Coordinator

Enclosure

_____, 20____

Ms. _____

_____ Street

_____, MD _____

Dear Ms. _____ :

Casey Family Services would like to thank you for completing the foster parent pre-service training, one of the requirements for becoming a foster parent with our agency.

As we discussed on _____ , 20____ , we are unable to proceed with completing your home study at this time as a result of two factors that were identified during the home study. First, you have experienced multiple major life changes within the last few months and second, you are currently providing adult care to a non-relative in your home.

If you disagree with our decision to deny your application, you may appeal within 30 days of receipt of this notice. Our grievance policy and procedures are outlined in the enclosed Client's Rights brochure. If you have any questions, please feel free to call me at the number listed above.

We have enjoyed getting to know you and appreciate your interest in our program. We encourage you to keep us in mind and, should the factors that we have discussed change, please consider contacting us again to complete the licensing process.

Sincerely,

_____, LCSW-C

Enclosure

_____, 20____

Mr. and Mrs. _____

_____ Street

_____, CT _____

Re: Foster Parent License

Dear Mr. and Mrs. _____ :

We are writing as a follow-up to our conversation on May 5, 20____ and pursuant to section 17A-145-145 of the Regulations of the Connecticut Department of Children and Families (*see attached*). We have reviewed with you our recommendation to close your case as a potential foster parent effective as of May 5, 20____. It is our policy to close the home study for all prospective foster families who have experienced a major life change within the last six months (e.g., the birth of a child or the death of a family member). This in no way reflects upon our perception of your family or your ability to provide foster care.

If you disagree with our decision to deny your application, you may appeal within 30 days of receipt of this notice. Our grievance policy and procedures are outlined in the enclosed Client's Rights brochure. Should you want to reapply for the Foster Parent License after the conclusion of the six-month time frame, please contact me at ____ - ____ - _____. Please note that the pre-service training is honored for one year only.

Thank you again for thinking of Casey Family Services when considering caring for children in foster care. I wish you both the very best.

Sincerely,
Casey Family Services

Social Worker

Enclosure

_____, 20____

Ms. _____

_____ Street

Bridgeport, CT _____

Re: Closing Letter/Foster Care License

Dear Ms. _____ :

Thank you for expressing interest in providing foster care through Casey Family Services. At this time, we are unable to invite you to begin Casey Family Services' licensing process because a member of your household has had allegation(s) of child abuse or neglect substantiated. Connecticut's agency regulation on this issue is:

"(Agency Regulation) Section 17a-145-152 Criminal History; Pending Criminal Actions; History of Child Abuse or Neglect: (a) The granting of a license or approval shall be denied if any member of the household of a foster family or prospective adoptive family has ever had an allegation of child abuse or neglect substantiated;"

If the composition of your household changes and you are still interested in providing foster care through Casey Family Services, please contact me.

If you disagree with our decision to deny your application, you may appeal within 30 days of receipt of this notice. Our grievance policy and procedures are outlined in the enclosed Client's Rights brochure. If you have any questions regarding this matter, please do not hesitate to contact me at 203 - ____ - ____ .

Thank you again for thinking of Casey Family Services when considering caring for children in foster care. I wish you the very best.

Sincerely,

_____, MSW

Home Developer/Foster Care Social Worker

Enclosure

_____, 20____

Mr. and Mrs. _____

_____ Street

Bridgeport, CT _____

Re: Closing Letter/Foster Care License

Dear Mr. and Mrs. _____ :

This letter is to follow up the conversation we had on _____, 20____. At this time, Casey Family Services is not able to proceed with the licensing process because of the changes in your housing situation and the status of your home's construction. The State of Connecticut has stringent regulations (see Agency Regulations; Section 17-145-137 and Section 17-145-139) that foster homes must meet in order to be licensed.

We understand that you plan to complete the work on your home and resume licensing once the home is able to meet the required regulations. When you are ready to resume the process, you will need to attend the "All Day Orientation" and complete the home study with a Casey social worker. Your foster parent pre-service training is valid for one year following the date of completion.

If you disagree with our decision to deny your application, you may appeal within 30 days of receipt of this notice. Our grievance policy and procedures are outlined in the enclosed Client's Rights brochure. If you have any questions regarding this matter, please do not hesitate to contact me at 203 - ____ - ____.

Thank you again for thinking of Casey Family Services when considering caring for children in foster care. I hope that the completion of your home goes smoothly. I wish you the best of luck to you and your family with all future endeavors.

Sincerely,

Casey Family Services

_____, MSW

Home Developer/Foster Care Social Worker

Enclosure

_____, 20____

Ms. _____
_____ Street
Bridgeport, CT _____

Re: Closing Letter/Foster Care License

Dear Ms. _____ :

Thank you for expressing interest in Casey Family Services and becoming licensed as a foster parent. As previously discussed with you on _____, 20____, Casey Family Services is unable to approve your home because of insufficient space in your home. You reported that a family member has moved into your home and is using the bedroom previously set aside for a foster child/youth. The State of Connecticut has stringent regulations (see Agency Regulations; Section 17-145-137 Physical Requirements of Foster and Prospective Adoptive Homes; Section 17-145-139 Children's Bedroom, Clothing and Privacy) that foster homes have to meet in order to be licensed. Please notify us if your situation changes and you wish to continue your pursuit to become a licensed foster parent.

If you disagree with our decision to deny your application, you may appeal within 30 days of receipt of this notice. Our grievance policy and procedures are outlined in the enclosed Client's Rights brochure. If you have any questions, please do not hesitate to contact me at ____ - ____ - ____.

Thank you again for thinking of Casey Family Services when considering caring for children in foster care. I wish you the very best.

Sincerely,

_____, MSW
Home Developer/Foster Care Social Worker

Enclosure

ACCREDITATION:

The formal evaluation of an organization against accepted criteria or standards. A professional society, non-governmental organization or a governmental agency may conduct accreditation activities. Casey Family Services is accredited by the Council on Accreditation (COA), a non-governmental organization.

ADOPTION AND SAFE FAMILIES ACT (ASFA):

Federal legislation enacted in 1997 (P.L. 105-89) to facilitate the adoption of children and shorten time lines for achieving permanence. Regarded as the most significant piece of federal child welfare legislation in almost 20 years, ASFA required numerous changes to state laws and policies by states to remain eligible for federal funds under Titles IV-B and IV-E of the Social Security Act.

ASFA TIME LINES:

ASFA requires that a petition to terminate parental rights be filed when a child has been in foster care for 15 of the most recent 22 months unless a child is in a relative's care, adoption is not in the child's best interests, or there is an exception based upon the state's failure to provide the family of origin with required services. Public and private child welfare agencies use concurrent planning to meet ASFA time lines.

ADVOCACY:

An act performed with or on behalf of others through direct intervention, empowerment or representation. Case advocacy refers to actions taken in relation to a particular individual consumer. Social or systems advocacy refers to actions taken in relation to a common issue affecting a group of persons.

ALTERNATIVE PLANNED PERMANENT LIVING ARRANGEMENT (APPLA):

A legal term used by state child welfare agencies to describe the placement status of youth who have not been reunified or adopted and for whom the plan is to remain in foster care until majority age. APPLA is an undesired permanency goal and should be regularly re-evaluated to determine if a more legally permanent goal is achievable.

ASSESSMENT:

Using professional expertise and skills to collect and analyze data for the purposes of understanding and describing the service needs of an individual, family or group.

BACKGROUND CHECK:

The review of an individual's personal information including an examination of any criminal records, driving records, licensing records and any abuse or neglect history performed prior to approving an individual to be a foster parent or adoptive parent.

BRIEF THERAPY OR TREATMENT:

A form of therapy in which a counselor and a client develop a goal-directed plan to focus on a defined problem for a short period of time.

CAREGIVER:

The provider of physical, emotional and social needs to another person, often dependent and unable to provide for his or her own needs. Caregiver is the generic term used for foster parents.

CASE ADVOCACY (OR CASE-SPECIFIC ADVOCACY):

A social worker's intervention with an external organization arising from direct casework with an individual or family, e.g., advocating for a youth's permanency plan to be changed from APPLA to reunification, adoption or guardianship.

CASE CLOSING:

A voluntary or involuntary process that occurs when an organization no longer assumes responsibility for providing services to a particular individual, group or family. Also known as "termination" or "discharge."

CASELOAD:

All assigned cases for which a social worker has responsibility.

CASE MINING:

A thorough review of a youth's public child welfare case record to identify family members and all significant adults, past and present, who could be contacted to provide important information about the youth, be a potential member of the youth's permanency team, and/or assist in identifying a permanent parent or lifelong connections for the youth.

CASE RECORD:

A written compilation that describes the client and the services delivered. Records can be in hard copy and/or electronic format. The case record is used as a source of information for determining appropriate services, for quality improvement or other evaluation activities, for research purposes, or to demonstrate accountability to funding bodies.

CASE REVIEW:

A regular and periodic examination of a client's service needs, service delivery goals and tasks and progress toward achieving them. The direct service provider and supervisor frequently conduct the case review, but it may also involve others, as in an interdisciplinary or inter-organizational case conference. The client, or the parent or legal guardian in the case of a minor, are included in his/her periodic case review by the team.

CONCURRENT PLANNING:

An approach used in foster care casework that involves the simultaneous identification and assessment of two or more alternative permanency options for a child. In most instances, parent-child reunification is the preferred permanency option.

CONFIDENTIALITY:

An ethical and practice principle that requires the protection of information shared within a professional-client relationship. An organization that upholds confidentiality prohibits personnel from disclosing information about persons served without their written consent.

CONFLICT OF INTEREST:

A conflict between a staff person's self-interest and the interests of a client.

CONTINUOUS QUALITY IMPROVEMENT (CQI):

Continuous Quality Improvement is an organizational process at Casey Family Services in which staff members identify and implement ongoing improvements in service delivery. CQI provides a vital way to assess and monitor the delivery of services to ensure that they are consistent with the organization's mission.

COUNCIL ON ACCREDITATION (COA):

The largest independent accrediting body for organizations that provide high-quality social and behavioral health care services to children, youth, seniors and families in the United States and Canada.

CREDIT REPAIR:

The process of improving one's financial standing among creditors. Examples of activities include reducing debt and improving an individual's ability to access credit.

CRISIS INTERVENTION:

Crisis intervention is the immediate response to the acute needs of a person or family in crisis, including referral to appropriate community resources, advocacy, support or direct assistance.

CULTURAL COMPETENCE:

The degree to which an organization modifies or tailors the system of service delivery to the ethnic, racial, cultural, religious and national diversity in its service population. Sometimes referred to as "cultural sensitivity" or "cultural responsiveness."

CULTURE:

The customs, habits, values, skills, technology, beliefs, and religious, social, and political behaviors of a group of people in a specific period of time.

CUSTODY:

The three aspects of custody are the care, control and maintenance of a child. However, these responsibilities are sometimes divided among different parties. For example, the court can award legal custody to an agency in abuse and neglect cases or to parents in divorce, separation or adoption proceedings. Child welfare departments retain legal custody and control of major decisions for a child in foster care. Foster parents do not have legal custody of the children for whom they provide care.

DEVELOPMENTAL DISABILITIES:

Physical or mental impairments that begin before age 22, and alter or substantially inhibit a person's capacity to do at least three of the following:

1. Take care of themselves (dress, bathe, eat and other daily tasks)
2. Speak and be understood clearly
3. Learn
4. Walk/move around
5. Make decisions
6. Live on their own
7. Earn and manage an income

DISPARITY:

Disparate or inequitable treatment, services and outcomes for minority youth as compared to those provided and experienced by similarly situated Caucasian youth.

DISPROPORTIONALITY:

Over- or underrepresentation of minority youth under age 18 in the child welfare system compared to their representation in the general population.

DUAL RELATIONSHIP:

Dual relationships occur when a direct service staff is or has been in a professional role with a client and, at the same time is in another role with the client, or at the same time is or has been in a relationship with a person closely associated with the client, or promises to enter into another relationship in the future with the client. Dual relationships can occur simultaneously or consecutively. Staff need to maintain appropriate boundaries and avoid forming dual relationships in order to avoid potential conflicts of interest and potential harm to a current or former client.

FAMILY ECONOMIC SUCCESS:

A service to help impoverished families secure adequate income, stabilize their finances and accumulate savings that will allow them to live in economically viable neighborhoods.

FAMILY-STRENGTHENING SERVICES:

An array of services offered by CFS ranging from concrete services, such as budgeting assistance, to clinical interventions designed to strengthen families, reduce the likelihood that they will become involved with child welfare, and reduce the likelihood that their children will enter foster care.

FICTIVE KIN:

Individuals unrelated by either birth or marriage who have an emotionally significant relationship with another individual that takes on the characteristics of a family relationship.

FINANCIAL LITERACY:

The ability to make informed decisions regarding the use and management of money. It is not just knowing how to balance a checkbook or use a credit card, it is knowing how to invest money and make it work for the individual's benefit.

FOSTERING CONNECTIONS TO SUCCESS AND INCREASING ADOPTIONS ACT OF 2008 (PL 110-351):

Federal legislation designed to ensure permanence and improve the well-being of children served by public child welfare agencies. Provisions include support for states providing kinship guardianship assistance and expanded requirements for notification of kin at the time of a child's entry into care.

FOSTER PARENTS:

State- or county-licensed adults who provide a temporary home for children whose birth parents are unable to care for them. Foster parents are not considered employees or agency personnel.

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA):

Federal law enacted in 1996 to protect the security and privacy of Protected Health Information (PHI).

HIGH-RISK YOUTH:

Youth who are at risk of poor school performance or attendance, involvement with the child welfare system or in foster care, involvement with the juvenile justice system, at risk of pregnancy or early parenting, substance abuse, poverty and/or gang involvement.

HOME STUDY:

A systematic process of collecting information and establishing a professional relationship with prospective foster or adoptive parents toward the goal of assessing an applicant's ability to parent foster or adoptive children.

INDIAN CHILD:

As defined in the Indian Child Welfare Act (ICWA), "Any unmarried person who is under age eighteen and is either (a) a member of an Indian tribe or (b) eligible for membership in an Indian tribe and is the biological child of a member of an Indian tribe."

INDIAN CHILD'S TRIBE:

As defined in ICWA, "The Indian tribe in which a child is a member or is eligible for membership or in the case of an Indian child who is a member or eligible for membership in more than one tribe, the Indian tribe with which the Indian child has more significant contacts."

INDIAN ORGANIZATION:

As defined in ICWA, "Any group, association, partnership, cooperation, or other legal entity owned or controlled by Indians, or a majority of whose members are Indians."

INDIAN CHILD WELFARE ACT (ICWA):

Federal legislation passed in 1978 that redefined the jurisdiction of Native American tribes as it applies to custody proceedings involving Native American children. The Act protects Indian cultures and tribal integrity by preventing the unwanted removal of Indian children by state and federal agencies.

INDIVIDUAL DEVELOPMENT ACCOUNTS (IDAs):

Special savings accounts designed to assist low-income people on their path toward asset ownership through matched savings and financial education. IDAs reward the monthly savings of people who are trying to buy their first home, pay for college or start/expand a small business.

INDIVIDUAL MEETING:

Individual meetings are held with one team member to prepare for a large team meeting, share information, clarify misinformation, develop and strengthen relationships, resolve conflict, reach consensus and/or to advance the permanency planning process.

INFORMED CONSENT:

The explicit granting of permission by a client or his/her legal guardian to the service provider and organization to use a specific intervention or participate in research. The consent is predicated on full disclosure of the facts to enable the consumer to make a decision based on knowledge of the risks and alternatives.

INSTITUTIONAL RACISM:

Institutional racism (synonymous with “structural racism”) consists of the many factors that work together to produce and maintain racial hierarchies and inequities within a society or institution.

JOINT MEETING:

Joint meetings are held with two or more team members to prepare for a large team meeting, share information, clarify misinformation, develop and strengthen relationships, resolve conflict, reach consensus and/or to advance the permanency planning process.

LARGE TEAM MEETINGS:

Large team meetings bring together all team members at a time and in a place that maximizes everyone’s participation, especially the youth, parents and family members. Large team meetings help to give all team members a voice in collaborative planning and maintain momentum in decision making toward a permanent legal outcome. Large team meetings strengthen team members as the natural network of family and community support for the youth and his/her permanent family even beyond agency exit.

LEGAL GUARDIAN:

A person who has legal responsibility for the care and management of a person incapable of administering his/her own affairs. In the case of a minor child, the guardian is charged with the legal responsibility for the care and management of the child and of the minor child’s estate.

LEGAL-RISK PLACEMENT:

The placement of a child with a family for the purposes of adoption prior to completing the termination of the birth parents' legal rights to their child.

LIFEBOOK:

A therapeutic tool designed to help a child understand his unique background and history. A lifebook is compiled with assistance from a social worker or foster/adoptive parent, but with the active participation of the youth. The lifebook includes photos, drawings and written narrative. Sections may include, but are not limited to, information about the youth's birthparents, other relatives, birthplace and date, other places where the youth has lived and the significant relationships in each placement, as well as information about the youth's educational experiences.

LIFELONG CONNECTION:

Lifelong connections are in addition to, not in place of, a permanent parent. A lifelong connection is any other safe and caring adult committed to a relationship that is intended to go on indefinitely in the life of a youth. A lifelong connection is not an adult in a paid professional role with the youth. However, if an adult is in a paid professional role with the youth and subsequently makes a personal commitment to remain in this youth's life once he/she is no longer paid to do so, this adult may be identified as a lifelong connection.

LOBBYING:

Lobbying is an attempt to influence public officials in support of, or in opposition to, legislative proposals. Lobbying includes communicating with legislators and their staff directly and encouraging others to contact their legislators. It is illegal for foundations such as the Annie E. Casey Foundation (and Casey Family Services, its direct services agency) to engage in lobbying.

MANDATED REPORTING:

The legal obligation to report specific forms of child abuse to a government authority when a staff person suspects that abuse has occurred. State laws outline specific reporting requirements for mandated reporters to follow. For example, certain professionals, such as licensed clinical social workers, are required to report to state authorities if they see evidence of child abuse or neglect.

MANDT TRAINING:

The MANDT System is a training program that teaches skills and strategies for de-escalating, resolving and preventing conflict, aggression and violence between people.

MATCHING:

The process of identifying the most suitable, safe and nurturing family for a specific child based on an examination of the child's strengths and needs and the strengths and skills of a prospective foster or adoptive family. The matching process includes an exploration of all potential family resources, both known to the youth and those recruited.

NEUTRALITY:

Refers to the facilitator's role in permanency teaming. The social worker facilitates a team process that is open to the range of legal permanency outcomes including reunification, guardianship and adoption. The social worker ensures that all team members have a voice in planning. The facilitator guides the teaming process without leading the group to any pre-determined permanency outcome.

ONLINE SEARCH TECHNOLOGY:

Internet resources used to locate potential permanent parents or connections for a youth by identifying and/or locating adults previously unavailable to the youth or agency.

PERMANENCY ASSESSMENT:

Evaluation of the permanency needs of youth in care which includes the legal options of reunification with birth family, adoption or guardianship by kin or non-kin.

PERMANENCY HEARINGS:

Hearings held by family and juvenile courts no later than 12 months from the time that children enter foster care to establish the permanency goal for a youth.

PERMANENCY PACT:

A permanency pact is a customized written agreement that signifies the lifelong commitment of a caring adult to a youth that does not include legal permanency. The permanency pact was created by fosterclub.com.

PERMANENCY PLANNING:

The process of exploring the full range of permanency options for a youth in care and selecting and implementing the one that will best meet the youth's needs for safety, permanency and well-being.

PERMANENCY TEAM:

A youth's permanency team may include the youth, birth parents, siblings, extended family members, foster parents, other caregivers, legal custodian/state agency, involved professionals and other significant adults willing to help develop and implement a permanency plan for a youth that offers the optimal level of membership in a legal family. A blend of individual, joint and large team meetings are used to engage a youth's permanency team members in planning for safety, permanency and well-being.

PERMANENCY TEAMING:

The process through which the permanency team develops and implements a permanency plan for a youth that will ensure the youth's safety, well-being and membership in a legally secure family.

PERSONS WITH DISABILITIES:

Individuals with physical or mental impairments that result in substantial functional limitations.

PROTECTED HEALTH INFORMATION (PHI):

Any information about health status, provision of health care or payment for health care that can be linked to an individual, e.g., names, photographic images or account numbers.

PSYCHOSOCIAL ASSESSMENT:

A type of professional assessment that includes a multidimensional evaluation of psychological, sociocultural and environmental factors that are components of a presenting problem. It includes results of tests and evaluations, brief descriptions of the problem, an inventory of actual and potential assets and resources, the prognosis, and analysis of what is needed or planned to resolve the problem.

PSYCHOTROPIC MEDICATION:

Medications used to alleviate psychiatric symptoms such as depression, anxiety and thought disorders.

RACE:

A categorization of humans into populations or groups on the basis of various sets of inheritable biological characteristics such as skin color, facial features, hair color or texture, or based on self-identification.

RACISM:

The belief that race accounts for differences in human character or ability and that a particular race is superior to others.

RESOURCE PARENT:

Synonymous with “foster parent.”

RETURN HOME:

The term used for individuals 18 and older as an explanation of where and with whom a young adult is living and maintaining contact since these young adults are emancipated and are no longer in anyone else’s legal custody. The term may be further qualified to indicate a “planned” return home or an “unplanned” return home.

REUNIFICATION:

The term used for the return of a youth under age 18 from foster care to birth parent(s), adoptive parent(s) or to extended family if these family members were the caretakers at the time of the youth’s out-of-home placement.

SAFETY PARAMETERS MEETING:

A discussion held with the custodial agency responsible for foster youth that includes education about the permanency teaming process, clarifies safety concerns — both emotional and physical — and explores the custodial agency’s willingness to participate in joint decision making with the permanency team.

SERVICE GOALS:

Measurable statements that describe the needs that will be addressed by the client and/or the social worker to achieve the highest level of permanence, safety and well-being. Goals include a start date, a target date, an indication whether the goal is new or continued, and a brief description of the personal strengths of the youth and family members that will help them accomplish the goal. Goals are achieved through the accomplishment of specific quantifiable tasks.

SEXUAL HARASSMENT:

Abusive, discriminatory and/or unfair treatment of a person because of his or her sex.

SOCIAL FUNCTIONING:

The degree to which individuals, families and groups are able to cope with interpersonal relationships and problems affecting their day-to-day functioning.

SPECIALIZED FOSTER CARE:

Foster care characterized by individualized and intensive casework services, highly trained foster families and a clear focus on achieving the optimal level of legal permanency for each youth in care regardless of age or special needs.

SPECIAL NEEDS:

Conditions or characteristics of a person that reflect a need for a specific level of care, services or treatment. When the term is used in the context of adoption services, special needs refers to conditions that make a child more challenging to place for adoption. This includes children who are members of sibling groups, older children, children with disabilities and children of certain racial/ethnic backgrounds.

STAKEHOLDER:

Any person, group or organization that has a vested interest in the services provided by the organization. Examples include clients, consumers, personnel, funding organizations, referral organizations, vendors and governmental bodies.

STRUCTURAL RACISM:

Synonymous with “institutional racism.”

SUPERVISION:

The process of providing administrative oversight, education and support to a supervisee with the goal of providing quality services to an agency’s clients.

TERMINATION OF PARENTAL RIGHTS HEARINGS:

A legal proceeding to free a child from a parent’s legal custody so that others can adopt the child. Hearings held by family and juvenile courts to consider whether grounds exist to terminate the rights of a parent.

URGENCY:

Urgency within permanency planning requires maintaining momentum toward legal permanency guided by clearly defined service plan tasks and time frames. The social worker uses the “my child test” to ask herself “if this were my child, would I think that the permanency planning process is going fast enough?”

WORK LOAD:

Refers to all assignments for which a staff person is responsible. For example, with regard to a social worker, it includes all assigned cases, assigned committee participation, training and technical assistance responsibilities, and group work responsibilities among others.

Includes:

- AUTHORIZATION FOR DISCLOSURE OF PROTECTED HEALTH INFORMATION
- BELONGING AND EMOTIONAL SECURITY TOOL (BEST)
- BIRTH PARENT AGREEMENT FOR PERMANENCY TEAM PARTICIPATION
- CASE REVIEW
- CLIENT ACCESS TO RECORDS
- CLIENT'S RIGHTS
- CONFIDENTIALITY AGREEMENT FOR PERMANENCY TEAM PARTICIPATION
- FAMILY-STRENGTHENING SERVICES ASSESSMENT
- FAMILY-STRENGTHENING SERVICES CASE CLOSING SUMMARY
- FAMILY-STRENGTHENING SERVICES FACE SHEET
- FAMILY-STRENGTHENING SERVICES GROUP NOTE
- FAMILY-STRENGTHENING SERVICES SERVICE AGREEMENT
- FAMILY-STRENGTHENING LEVELS OF SERVICE
- FILING TABS FOR PERMANENCY PLANNING AND FAMILY-STRENGTHENING SERVICES CASE RECORDS
- FILING TABS/SECTIONS FOR CFS FOSTER FAMILIES
- MEDICAL SCREENING FORM
- MONTHLY CASE SUMMARY/CONTACTS
- NOTICE OF PRIVACY PRACTICES - ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES
- PERMANENCY PLANNING ASSESSMENT
- PERMANENCY PLANNING SERVICES CASE CLOSING SUMMARY
- PERMANENCY PLANNING SERVICES FACE SHEET
- PERMANENCY PLANNING SERVICES SERVICE AGREEMENT
- PERMANENCY PLANNING SERVICES TEAM MEETING SUMMARY
- REFERRAL FORM
- SAFETY PLAN
- SERVICE PLAN
- TRAINING AND TECHNICAL ASSISTANCE REQUEST FORM
- TRAINING EVALUATION

Authorization for Disclosure of Protected Health Information

Please print

I, _____, the _____
(Name of client, parent/guardian) (DOB) (Relationship, if appropriate)

of _____ authorize _____
(Name of dependent, if appropriate) (DOB) (Name and address of person)

to disclose/receive information to/from _____

(Name/address of the agency and the person/class of person within the agency to receive information)

The disclosure of information authorized is limited to the following: *(initial all that apply)*

_____ Medical or Dental Information: _____

_____ Eligibility of Benefits

_____ Mental Health Treatment Progress, Developmental Disabilities, Diagnosis & Evaluations

_____ Housing Information

_____ Substance Abuse Treatment Progress, Toxicology Results & Evaluations

_____ HIV/AIDS Data

_____ Educational Goals, Progress, PPT & Evaluation Information

_____ Legal Information

_____ Psychological, Psychiatric and/or Interactional Study Information

_____ Autobiography

_____ Home Study Application

_____ Family Care

_____ Social History

_____ Employment Information

_____ Other: _____

It is required for the following purpose(s): _____

RELEASE OF ALCOHOL AND DRUG ABUSE PATIENT REPORTS: This information has been disclosed to you from records protected by federal confidentiality rules (42 CFR Part 2). The federal rules prohibit you from making any further disclosure of this information unless further disclosure of this information is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

RELEASE OF HIV-RELATED INFORMATION: This information has been disclosed to you from records whose confidentiality is protected by state law. State law prohibits you from making any further disclosure of it without the specific consent of the person to whom it pertains, or as otherwise permitted by said law. A general authorization of the release of medical or other information is NOT sufficient for this purpose (P.A. 89-246).

Please note that Casey Family Services cannot ensure that protected health information disclosed to a third party will be safeguarded in a manner identical to our agency, and that the possibility of re-disclosure exists.

Unless revoked on an earlier date, this authorization terminates in six months: _____

(Date or condition upon which consent authorization expires)

I understand that this authorization may be revoked by me/us at any time. If I choose to revoke this authorization, I will do so in writing to Casey Family Services. Further disclosure of information beyond the scope of this authorization is prohibited without specific written authorization.

_____ <i>Name of client and parent/guardian</i>	_____ <i>Signature</i>	_____ <i>Date</i>
--	---------------------------	----------------------

_____ <i>Name of client and parent/guardian</i>	_____ <i>Signature</i>	_____ <i>Date</i>
--	---------------------------	----------------------

_____ <i>Name of client and parent/guardian</i>	_____ <i>Signature</i>	_____ <i>Date</i>
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2/14/05 Note: Your refusal to sign this form cannot be deemed as reason for terminating services.

Belonging and Emotional Security Tool (BEST)

This introductory page is for social workers to orient themselves to using this tool. This introductory page should not be read to the youth or parents responding to the questions.

Research suggests that emotional security is a critical component of successful family permanence for youth in foster care. Casey Family Services is committed to permanence for each youth, including discovering or developing permanent family relationships that provide safety, emotional security and legal family membership. For youth unable to reunify with their families of origin, their closest family or family-like relationships may be with the foster parents with whom they have lived for an extended time. These relationships hold potential for legal permanence through adoption or guardianship.

Casey Family Services developed the Belonging and Emotional Security Tool (BEST) to assist social workers in exploring youth's sense of emotional security with their foster parents and foster parents' sense of claiming and attachment with youth in their care. There are two versions of the BEST — a parent version and a youth version. A youth's and permanent parent's responses to these statements can be used to guide meaningful permanency conversations toward a deepened, more secure and long-lasting parent-child relationship.

Simple yes/no responses to the questions could be used. (In the case of a two-parent family, the youth answers each set of questions twice, first related to one parent and then related to the other parent.)

Or, a rating scale could be used.

The following instructions apply if using a rating scale:

This questionnaire asks you about feelings you have toward this youth/this parent.

For each question, please choose a number (1 through 5) that best describes this youth/this parent.

1	2	3	4	5
completely agree	mostly agree	neither agree nor disagree	mostly disagree	completely disagree

If you “completely agree” with a statement, you would choose 1; if you “mostly agree,” you would choose 2; if you “neither agree nor disagree,” you would choose 3; if you “mostly disagree,” you would choose 4; if you “completely disagree,” you would choose 5. There are no right or wrong answers. Just choose the number that describes how much you agree with the statement about _____ .

BEST YOUTH VERSION

1. My foster parent(s) would not kick me out of the family, no matter what I do. _____
2. My foster parent(s) makes me feel like I belong to the family. _____

3. My foster parent(s) expects to give and receive holiday cards or gifts with me just like everyone else in this family. _____
4. My foster parent(s) would loan or give me money if I really needed it. _____
5. My foster parent(s) wants to talk when something really important or exciting happens to me. _____
6. My foster parent(s) cares deeply about what happens to me. _____
7. It makes me feel happy when we spend time together. _____
8. My foster parent(s) makes me feel I am wanted. _____
9. My foster parent(s) wants me to be home for the holidays. _____
10. My foster parent(s) is someone I feel close to. _____
11. My foster parent(s) loves me. _____
12. My foster parent(s) is someone I trust. _____
13. My foster parent(s) includes me in family photos and portraits. _____
14. My foster parent(s) pays attention to me when I ask for help. _____
15. I care deeply about what happens to my foster parent(s). _____
16. My foster parent(s) includes me in family vacations. _____
17. I love this/these parent(s). _____
18. My foster parent(s) makes me feel like this is my family for life. _____
19. My foster parent(s) will always be someone I can count on for help if I need it. _____
20. My foster parent(s) will do everything to keep the relationship going even when I am no longer living at home. _____

21. My foster parent(s) finds a way to support, stand behind me and believe in me even when I'm wrong. _____

22. My foster parent(s) has done everything I need to make me feel like I belong. _____

Consider the following items only if there are other youth in the family:

23. My foster parent(s) treats me as well as the other youth in the family. _____

24. My foster parent(s) likes me as much as other youth in the family. _____

25. My foster parent(s) gives me gifts that are just as good as the other youth in the family get.

BEST PARENT VERSION

1. I would not kick this youth out of the family, no matter what. _____

2. This youth belongs to this family. _____

3. I expect to give and receive holiday cards or gifts with this youth just like everyone else in this family. _____

4. I would loan or give this youth money if he/she really needed it. _____

5. When something really important or exciting happens to this youth, I want to talk with him/her about it. _____

6. I care deeply about what happens to this youth. _____

7. It makes me feel happy when we spend time together. _____

8. I let this youth know he/she is wanted. _____

9. I want this youth to be home for the holidays. _____

10. I feel close to this youth. _____
11. I love this youth. _____
12. I trust this youth. _____
13. I include this youth in family photos and portraits. _____
14. I pay attention to this youth when she/he asks for help. _____
15. This youth cares deeply about what happens to me. _____
16. I include this youth in family vacations. _____
17. This youth loves me. _____
18. I let this youth know he/she will be in this family for life. _____
19. I let this youth know he/she will always be able to count on my help. _____
20. I will do everything to keep this relationship going even when the youth is not living at home.

21. I find a way to support, stand behind or believe in this youth even when he/she is wrong.

22. I have done everything I can to make this youth feel he/she belongs to this family. _____
- Consider the following items only if there are other youth in the family:**
23. I treat this youth the same as I treat other youth in the family. _____
24. I like this youth the same as other youth in the family. _____
25. I give this youth gifts that are just as good as the gifts that the other youth in the family get.

Birth Parent Agreement for Permanency Team Participation

I agree, as the parent of *(name of youth)* _____, to participate in a permanency team process and to work together with Casey Family Services and other individuals to plan for the safety, permanency and well-being of my child.

So that the permanency team process will be helpful to my child, I have met with Casey Family Services to discuss the important people in my child's life.

- I understand that Casey Family Services may contact extended family members of *(name of youth)* _____ and other significant adults and invite them to participate in the permanency team process.
- I understand that Casey Family Services will not share information about me and my family that is confidential without first obtaining my permission.
- I understand that Casey Family Services will ask each person whom the agency contacts to act in good faith and respect my privacy and confidentiality, and that of my family.
- I understand that Casey Family Services may be required to disclose information shared during the permanency team process and that when necessary, they will make every effort to notify me first. Some of the reasons that they may need to disclose information include:
 - The investigation of a new allegation of abuse or neglect
 - As required by the court
 - A belief that a person intends to harm him/herself
 - A belief that a person intends to harm others

I have read and understand all of the above information and all my questions were addressed to my satisfaction.

Printed Name of Parent: _____

Signature of Parent: _____ Date: _____

WITNESS

Printed Name: _____

Signature: _____ Date: _____

Case Review

Date: _____

I. Demographic Information

Name of Family or Youth: _____

☐ Male ☐ Female DOB: _____ Race/Ethnicity: _____

Legal Guardian (*If applicable*): _____

CURRENT PLACEMENT OR PARTICIPANT ADDRESS

Name: _____

Address: _____

Phone: _____ Date of current placement (*If applicable*): _____

Date of referral: _____

STATE SOCIAL WORKER

Name: _____

Address: _____

Phone: _____

CFS

Case No.: _____ Division: _____

Social Worker: _____ Family Support Specialist/Worker: _____

II. Critical Incidents During Review Period

A. Critical Incidents during this period? ☐ Yes ☐ No

Type: _____ Date: _____

Type: _____ Date: _____

Type: _____ Date: _____

B. Critical Incidents Narrative

III. Significant Events and Changes During Review Period

A. Significant Events and Changes

TEAM MEMBERS PRESENT:

Name *Relationship*

Signature *Date*

Name *Relationship*

Signature *Date*

.....

<hr/> <i>Name</i>	<hr/> <i>Relationship</i>
<hr/> <i>Signature</i>	<hr/> <i>Date</i>
<hr/> <i>Name</i>	<hr/> <i>Relationship</i>
<hr/> <i>Signature</i>	<hr/> <i>Date</i>
<hr/> <i>Name</i>	<hr/> <i>Relationship</i>
<hr/> <i>Signature</i>	<hr/> <i>Date</i>
<hr/> <i>Family Support</i>	<hr/> <i>Specialist/Worker Relationship</i>
<hr/> <i>Signature</i>	<hr/> <i>Date</i>
<hr/> <i>Social Worker</i>	<hr/> <i>Relationship</i>
<hr/> <i>Signature</i>	<hr/> <i>Date</i>
<hr/> <i>Team Leader</i>	<hr/> <i>Relationship</i>
<hr/> <i>Signature</i>	<hr/> <i>Date</i>
<hr/> <i>Division Director</i>	<hr/> <i>Relationship</i>
<hr/> <i>Signature</i>	<hr/> <i>Date</i>

Client Access to Records

I. POLICY INTENT

Casey Family Services collects, generates and maintains information about children and families that we serve. The purpose of this policy is to ensure that our clients have access to information pertaining to them in their case records.

II. POLICY STATEMENT

Clients of Casey Family Services are permitted to review their case records. Such review will take place in the presence of professional Casey Family Services staff, and in such a manner that protects the confidentiality of information on other family members and other individuals contained in the record, to the best of Casey's ability.

If Casey Family Services believes that disclosure is not in the client's best interests or believes disclosure would endanger an individual, Casey shall notify the client in writing of the reasons for such refusal to disclose. Any refusal to disclose information must be approved by the Executive Director of Casey Family Services.

Clients may insert statements, information, photos or other material into the case record, including information about their problems, and services they receive, or would like to receive. If the agency includes responses to the client's statements in the record, it is done with the client's knowledge.

Casey allows minor clients access to information in their case records as is appropriate to their age and developmental level, and as such access is consistent with existing law.

Applies to: All Programs

Date Approved by the Board of Managers: February 24, 1996

Confidentiality Agreement for Permanency Team Participation

I agree to participate in a permanency team process for *(name of youth)*

_____.

I understand that permanency team meetings include individuals who work together to plan on behalf of the safety, permanency and well-being of this youth.

I understand that it is very important that we all feel able to talk freely in permanency team meetings, therefore:

- I agree that the information that is discussed is private and is to be treated as confidential.
- I agree that I will not disclose to anyone, anything said or done during the permanency team process, or any information that I receive during the permanency team process, unless team members agree that it may be disclosed.

I understand that all team participants are asked to treat the information that is discussed as private and confidential. I also understand that it is possible that a team participant may share information with others not included in the team process, in spite of their agreement not to do so.

I also understand that Casey Family Services may be required to disclose information shared, or things that occur, during the permanency teaming process. Some of the reasons that Casey Family Services may disclose this information are:

- In the investigation of a new allegation of abuse or neglect, should such information arise
- As required by the court
- A belief that the individual intends to harm him/herself
- A belief that a person intends to bring harm to others

I agree to the above and sign below, showing my agreement.

Printed Name: _____

Signature: _____ Date: _____

WITNESS

Printed Name: _____

Signature: _____ Date: _____

Family-Strengthening Services Assessment

Family's Name: _____

Case Number: _____ Date: _____

Youth's Name: _____ Division: _____

I. DESCRIPTION OF THE FAMILY _____

II. REASONS FOR REFERRAL _____

III. HISTORY OF PRESENTING ISSUES _____

IV. FAMILY RISK FACTORS _____

V. NETWORK OF FAMILY AND SIGNIFICANT RELATIONSHIPS _____

VI. MEDICAL HISTORY _____

VII. MENTAL HEALTH _____

VIII. EDUCATIONAL/VOCATIONAL _____

IX. INTERPERSONAL/SOCIAL _____

X. CLINICAL CASE SUMMARY _____

CFS Worker: _____ Date: _____

CFS Team Leader: _____ Date: _____

CFS Deputy Division Director: _____ Date: _____

Family-Strengthening Services Case Closing Summary

I. Demographic Information

Name of Family: _____ Division: _____

Address: _____ City: _____ State: _____

Phone Number: _____ Family Income: _____

CFS

Case Number: _____ ☐ Planned ☐ Unplanned

Social Worker: _____ Date of Closure: _____

CURRENT ADULT HOUSEHOLD MEMBERS

<i>Name:</i>	<i>Gender:</i>	<i>Employment Status:</i>
1.	<input type="radio"/> Male <input type="radio"/> Female	<input type="radio"/> Employed <input type="radio"/> Retired <input type="radio"/> Unemployed <input type="radio"/> Unknown
2.	<input type="radio"/> Male <input type="radio"/> Female	<input type="radio"/> Employed <input type="radio"/> Retired <input type="radio"/> Unemployed <input type="radio"/> Unknown
3.	<input type="radio"/> Male <input type="radio"/> Female	<input type="radio"/> Employed <input type="radio"/> Retired <input type="radio"/> Unemployed <input type="radio"/> Unknown
4.	<input type="radio"/> Male <input type="radio"/> Female	<input type="radio"/> Employed <input type="radio"/> Retired <input type="radio"/> Unemployed <input type="radio"/> Unknown

CHILDREN/YOUTH CURRENTLY LIVING IN HOUSEHOLD

<i>Name:</i>	<i>Gender:</i>
1.	<input type="radio"/> Male <input type="radio"/> Female
2.	<input type="radio"/> Male <input type="radio"/> Female
3.	<input type="radio"/> Male <input type="radio"/> Female
4.	<input type="radio"/> Male <input type="radio"/> Female

II. Reasons for Initial Referral (Brief narrative description of why services were requested)

III. Referral Source

IV. Does family currently receive CPS services?

☐ Yes ☐ No Dates of Involvement: _____

Reason for Involvement:

V. Reasons for CFS Closure

VI. Services Received from CFS

VII. Summary of Services Provided

DETAILED SERVICES PROVIDED *(Please check all that apply)*

- | | |
|---|--|
| <input type="radio"/> Information & referral | <input type="radio"/> Translation/ interpretation |
| <input type="radio"/> ISO | <input type="radio"/> Brief informal support (4 sessions only) |
| <input type="radio"/> Parenting education | <input type="radio"/> Before-/after-school program |
| <input type="radio"/> FES programs | <input type="radio"/> Advocacy/support |
| <input type="radio"/> Family events/activities | <input type="radio"/> Assessment |
| <input type="radio"/> Individual, family &/or group treatment | |

RECEIVING SERVICES FROM OTHER AGENCIES *(Please check all that apply)*

- | | |
|---|--|
| <input type="radio"/> Dept. Mental Health | <input type="radio"/> Dept. Mental Retardation |
| <input type="radio"/> DOH | <input type="radio"/> Judicial Adult |
| <input type="radio"/> Judicial Youth | <input type="radio"/> Social Security |
| <input type="radio"/> Social Services | <input type="radio"/> Community Provider |
| <input type="radio"/> CPS | <input type="radio"/> None |
| <input type="radio"/> Other: | |

SUBSTANCE ABUSE SERVICES ☐ Yes ☐ No

DOMESTIC VIOLENCE SERVICES ☐ Yes ☐ No

DOES FAMILY RECEIVE ANY OF THE FOLLOWING FINANCIAL ASSISTANCE SERVICES *(Please check all that apply)*

- | | |
|---|---|
| <input type="radio"/> Child Care Assistance | <input type="radio"/> Medicaid |
| <input type="radio"/> EITC | <input type="radio"/> Public Housing |
| <input type="radio"/> Food Stamps (SNAP) | <input type="radio"/> SSI |
| <input type="radio"/> Social Security | <input type="radio"/> Adoption Subsidy: <input type="radio"/> CFS <input type="radio"/> State |
| <input type="radio"/> Head Start | <input type="radio"/> TANF: <input type="radio"/> Public Welfare <input type="radio"/> Child Only |
| <input type="radio"/> Subsidized Choice Voucher | <input type="radio"/> WIC |

VIII. Summary of Current Functioning

A. PERMANENCY

B. SAFETY

C. EDUCATIONAL/LIFE SKILLS

D. FAMILY AND INTERPERSONAL FUNCTIONING

E. PHYSICAL/MENTAL HEALTH

IX. Aftercare Plan

Social Worker: _____

Signature: _____ Date: _____

Team Leader: _____

Signature: _____ Date: _____

Family Strengthening Services Face Sheet

Family Name: _____

Case Number: _____ Level of Service: _____

Division: _____ CFS Worker: _____

Completed by: _____ Date: _____

PARENTS
☐ Married ☐ Single ☐ Civil Union ☐ Divorced ☐ Separated ☐ Estranged ☐ Widowed
*Parent 1:**Parent 2:*

Name		
Street		
City, State, Zip		
Directions		
Home		
Work		
Other		
Email		
Occupation		
Race/Ethnicity		

CURRENT ADULT HOUSEHOLD MEMBERS

<i>Name:</i>	<i>Relationship to Parent 1</i>	<i>DOB</i>	<i>Race/Ethnicity (Optional)</i>	<i>Occupation (Optional)</i>

CHILDREN WHO CURRENTLY LIVE IN THE HOME

* Codes: 01 = Adopted Child, 02 = Biological Child, 03 = Foster Child, 04 = Kin/Relative, 05 = Step Child, 06 = Guardianship

Name: _____ DOB: _____ Sex: _____ *Code: _____ SSN: (Optional) _____ Insurance # or State ID #: _____ Name of School: _____ Grade: _____ Race/Ethnicity: _____ Child Placing Agency: _____	<i>01 - Adopted Child Information</i> <input type="radio"/> Pre-adopt or <input type="radio"/> Post-adopt <input type="radio"/> Public or <input type="radio"/> Private <input type="radio"/> Domestic or <input type="radio"/> International <input type="radio"/> Open or <input type="radio"/> Closed Is there birth family contact? _____
Name: _____ DOB: _____ Sex: _____ *Code: _____ SSN: (Optional) _____ Insurance # or State ID #: _____ Name of School: _____ Grade: _____ Race/Ethnicity: _____ Child Placing Agency: _____	<i>01 - Adopted Child Information</i> <input type="radio"/> Pre-adopt or <input type="radio"/> Post-adopt <input type="radio"/> Public or <input type="radio"/> Private <input type="radio"/> Domestic or <input type="radio"/> International <input type="radio"/> Open or <input type="radio"/> Closed Is there birth family contact? _____
Name: _____ DOB: _____ Sex: _____ *Code: _____ SSN: (Optional) _____ Insurance # or State ID #: _____ Name of School: _____ Grade: _____ Race/Ethnicity: _____ Child Placing Agency: _____	<i>01 - Adopted Child Information</i> <input type="radio"/> Pre-adopt or <input type="radio"/> Post-adopt <input type="radio"/> Public or <input type="radio"/> Private <input type="radio"/> Domestic or <input type="radio"/> International <input type="radio"/> Open or <input type="radio"/> Closed Is there birth family contact? _____

CHILDREN WHO CURRENTLY LIVE IN THE HOME

* Codes: 01 = Adopted Child, 02 = Biological Child, 03 = Foster Child, 04 = Kin/Relative, 05 = Step Child, 06 = Guardianship

Name: _____ DOB: _____ Sex: _____ *Code: _____ SSN: (Optional) _____ Insurance # or State ID #: _____ Name of School: _____ Grade: _____ Race/Ethnicity: _____ Child Placing Agency: _____	<i>01 - Adopted Child Information</i> <input type="radio"/> Pre-adopt or <input type="radio"/> Post-adopt <input type="radio"/> Public or <input type="radio"/> Private <input type="radio"/> Domestic or <input type="radio"/> International <input type="radio"/> Open or <input type="radio"/> Closed Is there birth family contact? _____
Name: _____ DOB: _____ Sex: _____ *Code: _____ SSN: (Optional) _____ Insurance # or State ID #: _____ Name of School: _____ Grade: _____ Race/Ethnicity: _____ Child Placing Agency: _____	<i>01 - Adopted Child Information</i> <input type="radio"/> Pre-adopt or <input type="radio"/> Post-adopt <input type="radio"/> Public or <input type="radio"/> Private <input type="radio"/> Domestic or <input type="radio"/> International <input type="radio"/> Open or <input type="radio"/> Closed Is there birth family contact? _____
Name: _____ DOB: _____ Sex: _____ *Code: _____ SSN: (Optional) _____ Insurance # or State ID #: _____ Name of School: _____ Grade: _____ Race/Ethnicity: _____ Child Placing Agency: _____	<i>01 - Adopted Child Information</i> <input type="radio"/> Pre-adopt or <input type="radio"/> Post-adopt <input type="radio"/> Public or <input type="radio"/> Private <input type="radio"/> Domestic or <input type="radio"/> International <input type="radio"/> Open or <input type="radio"/> Closed Is there birth family contact? _____

CHILDREN WHO CURRENTLY LIVE IN THE HOME

** Codes: 01 = Adopted Child, 02 = Biological Child, 03 = Foster Child, 04 = Kin/Relative, 05 = Step Child, 06 = Guardianship*

Name: _____ DOB: _____ Sex: _____ *Code: _____ SSN: (Optional) _____ Insurance # or State ID #: _____ Name of School: _____ Grade: _____ Race/Ethnicity: _____ Child Placing Agency: _____	<i>01 - Adopted Child Information</i> <input type="radio"/> Pre-adopt or <input type="radio"/> Post-adopt <input type="radio"/> Public or <input type="radio"/> Private <input type="radio"/> Domestic or <input type="radio"/> International <input type="radio"/> Open or <input type="radio"/> Closed Is there birth family contact? _____
Name: _____ DOB: _____ Sex: _____ *Code: _____ SSN: (Optional) _____ Insurance # or State ID #: _____ Name of School: _____ Grade: _____ Race/Ethnicity: _____ Child Placing Agency: _____	<i>01 - Adopted Child Information</i> <input type="radio"/> Pre-adopt or <input type="radio"/> Post-adopt <input type="radio"/> Public or <input type="radio"/> Private <input type="radio"/> Domestic or <input type="radio"/> International <input type="radio"/> Open or <input type="radio"/> Closed Is there birth family contact? _____
Name: _____ DOB: _____ Sex: _____ *Code: _____ SSN: (Optional) _____ Insurance # or State ID #: _____ Name of School: _____ Grade: _____ Race/Ethnicity: _____ Child Placing Agency: _____	<i>01 - Adopted Child Information</i> <input type="radio"/> Pre-adopt or <input type="radio"/> Post-adopt <input type="radio"/> Public or <input type="radio"/> Private <input type="radio"/> Domestic or <input type="radio"/> International <input type="radio"/> Open or <input type="radio"/> Closed Is there birth family contact? _____

Family-Strengthening Services Group Note

Name of Group: _____ Date: _____

Leader(s) Present: _____

Theme of Group: *(include skills taught or learned, task accomplished, exercises or activities performed)*

Summary of Group Process: _____

Plan or Agenda for Next Group: _____

Family-Strengthening Services Service Agreement

GUIDANCE ON COMPLETING THE FAMILY-STRENGTHENING SERVICE AGREEMENT DOCUMENT

All FSS cases require a CFS Family-Strengthening Service Agreement. The service agreement should be completed during initial meetings as outlined in the Case Practice Standards Manual, *Section IV: Case Assignment, Opening the Case Record and Caseloads*.

The purpose of this agreement is to outline the working relationship between Casey Family Services (CFS) and the client and/or family.

As part of this agreement, a Service Plan that contains strengths, goals and tasks, which form the basis of services, will be developed with the assistance of the client and/or family. The Service Plan will be updated accordingly to reflect the changing need(s) of the client and/or family.

_____ agrees to:

Name of Client and/or Family

- Work cooperatively with CFS staff in developing goals, tasks and services.
- Meet regularly with CFS staff to work together on accomplishing those goals.
- If unable to meet with CFS staff, cancel the appointment by calling no later than the day before the meeting.
- Participate in agreed-upon activities/services.
- Attend other important meetings concerning their child(ren).

Casey Family Services agrees to:

- Adhere to CFS Client's Rights and Notice of Privacy Practices.
- Attend all important meetings concerning the client, youth and/or family.
- Meet with the parent(s), child(ren) and/or guardian to facilitate provision of services as agreed on. This may include:
 - a. Provide counseling to achieve goals.
 - b. Assist families to locate and use community services
 - c. Provide parent(s) with the knowledge and skills necessary to be successful parent(s)
 - d. Assist parent(s) in better understanding their own needs and those of their children
 - e. Other: _____

CFS staff must, by law, report incidents of abuse and neglect.

Signatures:

<i>Name</i>	<i>Date</i>
-------------	-------------

<i>Name</i>	<i>Date</i>
-------------	-------------

Casey Family Services Staff:

<i>Name</i>	<i>Title</i>	<i>Date</i>
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<i>Name</i>	<i>Title</i>	<i>Date</i>
-------------	--------------	-------------

<i>Name</i>	<i>Title</i>	<i>Date</i>
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Family-Strengthening Levels of Service Summary Table

COMMUNITY SUPPORT ACTIVITY	LEVEL 1 (LIMITED SERVICES)	LEVEL 2	LEVEL 3
<p><i>Examples:</i></p> <ul style="list-style-type: none"> • Document translation • Information and referral • Tax preparation/ EITC • Computer usage • Family community events 	<p><i>Examples:</i></p> <ul style="list-style-type: none"> • GED/Pre-GED courses • ESOL classes • Support groups • After-school programs • Psychoeducational groups • Brief informal support of four or fewer meetings 	<p><i>Examples:</i></p> <ul style="list-style-type: none"> • Clinical services • Educational/ advocacy activities • Individual and family counseling • Permanency teaming 	<p><i>Examples:</i></p> <ul style="list-style-type: none"> • Intensive therapeutic services • Case management services • Crisis work
<ul style="list-style-type: none"> • ETO Program Enrollment <i>for translation and information and referral</i> • ETO Track Attendees <i>for family and community events</i> • Sign-in Sheet <i>only for tax preparation and incidental computer usage consumers not receiving other Casey services</i> 	<ul style="list-style-type: none"> • Enrollment/Referral Form • Notice of Privacy Practices • Service Agreement • Client's Rights Form 	<ul style="list-style-type: none"> • Assessment • Initial Service Plan • Enrollment/Referral Form • Notice of Privacy Practices • Client's Rights Form • Release of Information Form • Face sheet • Service agreement 	<ul style="list-style-type: none"> • Assessment • Initial Service Plan • Enrollment/Referral Form • Notice of Privacy Practices • Client's Rights Form • Release of Information Form • Face sheet • Service agreement

Filing Tabs for Permanency Planning and Family-Strengthening Services Case Records

Documents filed in the front of binder:

- CFS record of assignment
- Face Sheet
- Clients Rights (*Includes all youth 14 and older*)
- Notice of Privacy Practices (*Includes yearly letter to state commissioners and youth 18 and older*)

Documents should be filed in chronological order:

REFERRAL/INTAKE INFORMATION

- Initial referral information received from state agency including:
- Social history/summary, forms received from state agency, admission/evaluation/discharge summary from residential placements/group home/Permanency Planning or Family Strengthening Assessment

PLACEMENT/RESPITE

- History of CFS placements including respite

SUB TAB: FOSTER PARENT REPORTS

- Any report from foster/respite parents

LEGAL

- Envelope on front of tab for documents which cannot be three-hole punched
- SS cards/birth certificates/legal documents (custody orders, orders of commitment, etc.), guardian consent for placement

RELEASES

- Authorizations to receive or disclose information, third-party requests for information, state authorized permission to travel, consents to participate in permanency teaming

NARRATIVE

- Case contact notes printed from Case Book (including documentation of supervision and group notes), monthly, transfer and closing summaries, any printed emails

SUB TAB: PERMANENCY TEAMING

- Permanency team meeting summaries, permanency team meeting minutes

CFS SERVICE PLANS/CASE REVIEWS

- CFS service plans and case reviews printed from Case Book, service agreements, family visitation plans, Ansell-Casey Life Skills Assessment, Permanency Review Form

CRITICAL INCIDENT REPORTS/SAFETY PLANS

- CIR reports, safety plans, behavior plans, copies of written abuse/neglect reports filed with state CPS agencies

PSYCHOLOGICAL/PSYCHIATRIC/SUBSTANCE ABUSE

- Any psychological/psychosexual/psychiatric or substance abuse assessments, evaluations, quarterly reports from mental health substance abuse providers

MEDICAL

- Well-child care documentation, immunizations, dental records, medication log, medical records, state medical permission to treat, authorization to administer medications by school personnel, copy of insurance card

EDUCATION

- Planning and placement team (PPT) minutes, PPT log, Individualized Education Plan (IEP), 504 plan, report cards, birth-to-three notes, surrogate parent documentation, reports from tutors, educational evaluations

CORRESPONDENCE

- Any letters sent or received, invitation letter to case reviews and permanency team meetings

NOC

- Any notices of change

FINANCIAL

- Approval for youth related expenses, clothing, child care, etc.
- Approved level of care from state

STATE AGENCY REPORTS

- Copies of any reports received after referral, state treatment plans and case reviews

SUB TAB: STATE AGENCY COMPUTER DOCUMENTATION

- Printed reports/data entry from state agency computer

SPECIAL DOCUMENTS

- Life Story and Trauma Narratives, copies of certificates from permanency pacts, pictures of youth/family, artwork created by the youth other forms not designated in another section

BIRTH FAMILY INFORMATION

- Section at the end of the youth record create separate sections for each birth family member and use additional tabs within the section

Filing Tabs/Sections for CFS Foster Families

Record of case assignment

INITIAL APPROVAL PAPERWORK/PLACEMENT RECORD

- CFS face sheet, placement record, application, initial approval paperwork including: pet vaccinations, pool compliance, etc., initial approval letter/certificate, landlord letter, lead paint/building inspection, references, Copy of ID, Legal Status/Marital status, insurance papers, reference

A. HOME STUDY

Include original home study including any updates

BACKGROUND RELEASES/CHECKS ON HOUSEHOLD MEMBERS

- All background check paperwork for initial approval and reapproval (includes state and federal fingerprint results, local police, DMV, criminal), state CPS background check, any release of information forms for background checks
- Criminal background check results for babysitters

MEDICAL INFORMATION

- All medical information, immunizations, physical, etc.

FINANCIAL INFORMATION

- Initial financial information/documentation of income
- Reapproval financial information, documentation of any changes in financial information
- CFS financial agreements: child care, etc.

REAPPROVALS/ANNUAL REVIEW/LICENSES

- Include the original foster care license
- Reapproval paperwork
- Approval letters increasing/decreasing capacity
- Any state forms related to reapproval of home
- New household member paperwork:
- New household member assessment
- Household member questionnaire
- Marriage license or Divorce Decree
- Three references (if new parent)

SUB TAB: NARRATIVE

Documentation of significant interactions with foster parents

TRAINING INFORMATION

- Annually 24 hours per parent per year
- Training logs
- Proof of training completed/sign-in sheets
- Proof of infant/child CPR
- Concerns regarding lack of training
- Proof of HIPAA training
- Proof of Praesidium Training

AGREEMENTS/RELEASES

- Confidentiality agreement
- Disciplinary agreement
- Foster family agreement
- Foster care provider(s) agreement
- Waiver request/approval
- No photo agreements
- Client's rights/Grievances
- Copy of placement agreement
- Service agreements

CIRS/STATE REGULATORY COMPLIANCE/STATE TREATMENT PLANS/GRIEVANCES

- Documentation of regulatory and policy compliance
- Foster Parent CIR's
- State CPS investigations/results
- Grievances filed by foster parents including results

RESPIRE INFORMATION

- Service agreement with respite provider (*if applicable*)

CORRESPONDENCE

- Letters sent and received

MISCELLANEOUS

- Foster Parent Satisfaction Surveys
- Fire escape plan (to be updated if family moves)
- Chart audits

SUB TAB: NOTICE OF CHANGE

Medical Screening Form

Name of Child/Youth: _____

DOB: _____ Date of CFS Placement: _____

- 1 Does child/youth have any active medical or psychiatric condition (including allergies) of which we are aware? If so, describe.
- 2 Is child/youth receiving any current medication or other treatment of which we are aware? If so, describe.
- 3 If the child/youth is on prescription medication is there at least one week's supply available and are instructions for its administration clear? If "no" to either question, note plan for correction.
- 4 Does the child/youth appear to be sick or present any physical complaints, or is there any history of physical problems in the last 24 hours? If so, describe.
- 5 Does any problem noted in #4 appear to require immediate medical assessment? If "yes", describe plan to obtain care.
- 6 Does child/youth present any evidence of acute emotional distress? If so, describe.
- 7 Are there concerns around potential risk of harm to self or others? If so, describe.
- 8 Do problems noted in #6 and/or #7 warrant immediate mental health assessment? If so, describe plan to obtain care.

Staff Signature

Date

**A medical screening is required for any youth within 72 hours of his/her placement into CFS foster care. This form is to be completed by a CFS social worker or family support specialist within 72 hours of a youth's placement in a CFS foster home.*

Monthly Case Summary/Contacts

I. Demographic Information

Name of Family: _____ Month: _____

Name of Youth: _____ ☐ Male ☐ Female

Race/Ethnicity: _____ Legal Guardian: _____

Social Security No: _____

Name of School: _____ Current Grade Level: _____

CURRENT PLACEMENT

Name: _____ Phone: _____

Address: _____

Date of Current Placement: _____

STATE SOCIAL WORKER

Name: _____ Phone: _____

Address: _____ Month: _____

CFS

Case No.: _____ Division: _____

Social Worker: _____

Family Support Specialist/Worker: _____

II. Case Contacts

Date:	Contact Type:	<input type="radio"/> Youth in group
	<input type="radio"/> In Person/	<input type="radio"/> Parent in group
	<input type="radio"/> Phone/	
	<input type="radio"/> Email/	
	<input type="radio"/> Letter/	

Contact by (*CFS staff name/title*):

Name of contact:

Description:

Date:	Contact Type:	<input type="radio"/> Youth in group
	<input type="radio"/> In Person/	<input type="radio"/> Parent in group
	<input type="radio"/> Phone/	
	<input type="radio"/> Email/	
	<input type="radio"/> Letter/	

Contact by (*CFS staff name/title*):

Name of contact:

Description:

Date:	Contact Type:	<input type="radio"/> Youth in group
	<input type="radio"/> In Person/	<input type="radio"/> Parent in group
	<input type="radio"/> Phone/	
	<input type="radio"/> Email/	
	<input type="radio"/> Letter/	

Contact by (*CFS staff name/title*):

Name of contact:

Description:

Date:	Contact Type: <input type="radio"/> In Person/ <input type="radio"/> Phone/ <input type="radio"/> Email/ <input type="radio"/> Letter/	<input type="radio"/> Youth in group <input type="radio"/> Parent in group
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Contact by (*CFS staff name/title*):

Name of contact:

Description:

Date:	Contact Type: <input type="radio"/> In Person/ <input type="radio"/> Phone/ <input type="radio"/> Email/ <input type="radio"/> Letter/	<input type="radio"/> Youth in group <input type="radio"/> Parent in group
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Name of contact:

Description:

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Name of contact:

Description:

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Name of contact:

Description:

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Description:

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Name of contact:

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Date:	Contact Type: <input type="radio"/> In Person/ <input type="radio"/> Phone/ <input type="radio"/> Email/ <input type="radio"/> Letter/	<input type="radio"/> Youth in group <input type="radio"/> Parent in group
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Contact by (*CFS staff name/title*):

Name of contact:

Description:

Date:	Contact Type: <input type="radio"/> In Person/ <input type="radio"/> Phone/ <input type="radio"/> Email/ <input type="radio"/> Letter/	<input type="radio"/> Youth in group <input type="radio"/> Parent in group
Contact by (<i>CFS staff name/title</i>):		
Name of contact:		
Description:		
<div>III. Monthly Summary</div>		
CFS Worker Date		
Team Leader Date		

Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

If you have any questions about this Notice please contact our Privacy Officer at Casey Family Services, 127 Church Street, New Haven, CT 06510 or via e- mail at HIPAAprivacy@caseyfamilyservices.org. You may also contact the Office of Civil Rights at <http://www.hhs.gov/ocr/hipaa/> or 1-800-368-1019.

OUR PLEDGE REGARDING PROTECTED HEALTH INFORMATION (PHI)

“Protected health information” is information about you, including demographic information, that may identify you and that relates to your past, pre- sent or future physical or mental health condition and related health care and social services. We understand that your PHI information is personal. We are committed to protecting your PHI and to sharing minimum necessary information required to accomplish this purpose. We create a record of the care and services you receive through Casey Family Services. This notice applies to all of the PHI compiled about you while receiving services from our agency.

This Notice of Privacy Practices describes how we use and disclose your protected health information to carry out social services/treatment, payment, or operations and for other purposes that are permitted or required by law (see in the body of the Notice). It also describes your rights to access and control your protected health information.

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice, at any time. Whenever there is a material change to the uses and disclosures of protected health information, we will promptly revise and distribute our Notice or the Revised Notice will be available for you at your next visit to the agency.

I. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

When you come into our agency there are some forms that you will need to complete and data that you will provide. Your protected health information may be used and disclosed by our agency, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing services to you.

Your protected health information may also be used and disclosed to pay your social service and health care bills and to support the delivery of services.

Following are examples of the types of uses and disclosures of your protected health care information that we may make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office.

A. TREATMENT: We may use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. We will also share information that you provide with supervisors or our internal team members so that they can assist in determining the best services for you.

B. PAYMENT: Your protected health information may be used, as needed, to obtain payment for the services that we provide. This may include certain activities that your health insurance plan or service funder may undertake before it approves or pays for the health care or social services we recommend for you such as; making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. We may also disclose your information to another provider involved in your care as part of ensuring your eligibility for services.

C. OPERATIONS: We may use or disclose, as-needed, your protected health information for our own social service operations in order to provide quality services to all consumers, to assess staff training needs, or to ensure the efficiency of program operations. This may include such activities as:

- Quality assessment and improvement activities,
- Employee performance review activities,
- Training programs including those in which students, trainees, or practitioners under supervision,
- Accreditation, certification, licensing, or credentialing activities,
- Review and auditing, including compliance reviews, record reviews, legal services and maintaining compliance programs, or
- Business management and general administrative activities.

In certain situations, we may also disclose client information to another provider or health plan for their health care or social service operations.

D. OTHER USES AND DISCLOSURES: As part of treatment, payment, and delivery of social services, we may also use or disclose your protected health information for the following purposes:

- To remind you of an appointment,
- To inform you of potential treatment alternatives or options,
- To inform you of health-related benefits or services that may be of interest to you.

II. OTHER PERMITTED USES AND DISCLOSURES

- *Others Involved in Your Healthcare or Social Services:* We may use or disclose protected health information to your guardian or personal representative or any other person that is directly responsible for your care. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your care.

- *Communication Barriers:* We may use and disclose your protected health information if we attempt to obtain an authorization from you but are unable to do so due to substantial communication barriers that we cannot overcome and (using our professional judgment) we determine that you intend to provide authorization.

III. OTHER REQUIRED USES AND DISCLOSURES

We may use or disclose your protected health information in the following situations without your authorization. These situations include:

A. IN CONNECTION WITH JUDICIAL AND ADMINISTRATIVE PROCEEDINGS: We may disclose your protected health information in the course of any judicial or administrative proceedings in response to an order of a court or magistrate as expressly authorized by such order or in response to a signed authorization.

B. TO A DESIGNATED HOSPITAL TO WHICH A CLIENT IS INVOLUNTARILY COMMITTED: We may disclose protected health information to assure continuity of care.

C. TO REPORT ABUSE, NEGLECT OR DOMESTIC VIOLENCE: We are required to notify government authorities in cases of abuse, neglect, or domestic violence. We will make this disclosure only when specifically required or authorized by law.

D. SOCIAL SERVICE OVERSIGHT ACTIVITIES: We may disclose protected health information to a social service or health oversight agency for activities authorized by law, such as audits; civil, administrative or criminal investigations, proceedings or actions; inspections; licensure or disciplinary actions; or other activities necessary for appropriate oversight as authorized by law. We will not disclose your health information if you are the subject of an investigation and your health information is not directly related to your receipt of health care, social services, or public benefits.

E. IN A MEDICAL OR PSYCHOLOGICAL EMERGENCY: We may disclose protected health information to direct medical service or mental health personnel if in our professional judgment a medical or psychological emergency arises.

F. FOR RESEARCH PURPOSES: Under certain circumstances, we may disclose health information about you for research purposes, subject to a special approval process. We may also allow potential researchers to review information that may help them prepare for research, provided they agree to specific privacy protections.

G. WHEN LEGALLY REQUIRED: We will disclose your protected health information when we are required to do so by any Federal, State or local law.

H. IMMINENT THREAT TO HEALTH OR SAFETY: Consistent with applicable federal and state laws, we may disclose your protected health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

I. TO STATE DEPARTMENTS OF CHILD WELFARE, MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES. We will disclose protected health information for social service or health oversight activities as identified by these agencies.

J. FOR ALL OTHER DISCLOSURES OF YOUR PHI WE MUST OBTAIN A WRITTEN AUTHORIZATION FOR RELEASE OF INFORMATION FROM YOU. This authorization must include:

- Specific person to whom the information is being released
- Purpose of the release
- Date of the release -time frame
- Specific information or documents that are being released
- Opportunity to revoke consent.

IV. YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION

Following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

A. RIGHT TO INSPECT AND COPY: You have the right to inspect and receive a copy of your protected health information. If we perceive that providing you access to your record constitutes a danger to self or a danger to others, we can use our professional judgment regarding access.

B. RIGHT TO REQUEST RESTRICTIONS: You have the right to request a restriction of your protected health information. This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment, or social services or healthcare operations. You may also request that any part of your case record not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

We are not required to agree to a restriction that you may request. If we believe it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. If we agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment.

C. RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS: You have the right to request to receive confidential communications from us by alternative means or at an alternative location. You must make this request in writing. We will accommodate reasonable requests. We may also condition this

accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. We are not required to honor your request, but if we do not do so, we will explain in writing.

D. RIGHT TO AMEND: You may have the right to amend your case record. This means you may request an amendment of the information in your record for as long as we maintain this information. This request must be in writing and provide a reason for the amendment. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, we will do so in writing. You have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact your social worker if you wish to request an amendment.

E. RIGHT TO AN ACCOUNTING OF DISCLOSURES: You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information. This right applies to disclosures for purposes other than social services/treatment, payment, or operations as described in this Notice of Privacy Practices. By law it excludes disclosures we may have made to you, to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 16, 2003. You may request a shorter time frame.

F. RIGHT TO A PAPER COPY OF THIS NOTICE: You have the right to obtain a paper copy of this disclosure notice from us, upon request, even if you have agreed to accept this notice electronically.

V. COMPLAINTS

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated. You may file a complaint in writing with us by notifying our Privacy Officer of your complaint. We will not retaliate against you for filing a complaint.

You may contact the Privacy Officer at HIPAAprivacy@caseyfamilyservices.org for further information about the complaint process.

VI. CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for PHI information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in our office. The notice will contain on the first page, in the top right-hand corner, the effective date. You will be offered a copy of the current notice when you visit our offices for services.

VII. EFFECTIVE DATE

This Notice of Privacy Practices is effective 1/7/04.

Acknowledgement of Receipt of Notice of Privacy Practices

Please Print

I acknowledge that I have reviewed and been offered a copy of the Casey Family Services Notice of Privacy Practices.

Name of Client: _____

Signature: _____ Date: _____

If not signed by the client, please indicate relationship:

- ☐ Parent or guardian of minor client
- ☐ Guardian or conservator of an incompetent client

Please Note: Your refusal to sign this document will not impact your ability to receive services.

FOR CASEY FAMILY SERVICES USE ONLY:

Date acknowledgement received:

- ☐ Client refused to sign
- ☐ Communications barrier prohibited obtaining the acknowledgement

If acknowledgement was not received, please document the reason you were unable to obtain:

Name of staff person

Title

Signature

Permanency Planning Assessment

Youth's Name: _____

Case Number: _____ Date: _____ Division: _____

I. DESCRIPTION OF THE YOUTH _____

II. REASONS FOR REFERRAL _____

III. PERMANENCY GOAL _____

IV. REASONS FOR INITIAL REMOVAL _____

V. PLACEMENT HISTORY NARRATIVE _____

VI. NETWORK OF FAMILY AND SIGNIFICANT RELATIONSHIPS _____

VII. PHYSICAL HEALTH AND DEVELOPMENTAL HISTORY _____

VIII. MENTAL HEALTH _____

IX. FAMILY RISK FACTORS _____

X. EDUCATIONAL/VOCATIONAL _____

XI. INTERPERSONAL/SOCIAL _____

XII. LIFE SKILLS _____

XIII. CLINICAL CASE SUMMARY _____

XIV. PERMANENCY PLAN _____

CFS Worker: _____ Date: _____

CFS Team Leader: _____ Date: _____

CFS Deputy Division Director: _____ Date: _____

Family-Strengthening Services Case Closing Summary

I. Demographic Information

Name of Family or Youth: _____

☐ Male ☐ Female DOB: _____

Race/Ethnicity: _____ Legal Status: _____

Social Security No.: _____

CFS

Case Number: _____ Division: _____

Social Worker: _____ Family Support Specialist/Worker: _____

Date of Initial CFS Placement: _____ Date of Final CFS Placement: _____

Date of Closure: _____ ☐ Planned ☐ Unplanned

Reason for Closure: _____

II. Reasons for Initial Referral

III. Reasons for Closure

IV. Summary of Services Provided

PLACEMENT HISTORY PRIOR TO CFS

CFS PLACEMENT HISTORY

AGE	DATE	TYPE OF PLACEMENT	NAME OF CARETAKER	CITY/STATE	REASON FOR PLACEMENT CHANGE

V. Summary of Current Functioning

A. PERMANENCY

B. PHYSICAL AND MENTAL HEALTH

Does the child/youth have a mental health diagnosis? ☐ Yes ☐ No

If yes, what is the diagnosis?

C. ACADEMIC/VOCATIONAL

D. INTERPERSONAL/SOCIAL

E. LIFE SKILLS

VI. Aftercare Plan

Complete for each exiting youth based on your discussions and observations.

Complete each item, regardless of legal permanence.

Does the closing youth have at least one permanent family relationship (*i.e., committed and likely to endure*)?

☐ Yes ☐ No

If yes, with whom does the youth have this (these) relationship(s)? (*Please check all that apply*)

- ☐ Birth parent/sibling ☐ Extended birth family
☐ Adoptive family ☐ Guardianship family
☐ Casey foster family ☐ Other foster family
☐ Other non-related family. Describe: _____

Which of the following family resources would the closing youth likely identify as ongoing supports?
(*Please check all that apply*)

- ☐ Birth parent/sibling ☐ Extended birth family
☐ Adoptive family ☐ Guardianship family
☐ Casey foster family ☐ Other foster family
☐ Other non-related family. Describe: _____

Did the youth reunify (under 18) or return home (18 and over) to a birth parent or a caregiver with whom the child resided prior to formal involvement in the child welfare system?

☐ Yes ☐ No

Reunification/Return Home Date: _____

If yes, select the best description of family relationship from list below: (*Please check all that apply*)

- ☐ Birth parent/sibling ☐ Extended birth family
☐ Non-related family/fictive kin ☐ Adoptive family
☐ Other non-related family. Describe: _____

Did CFS prepare the youth and family in advance of the reunification/return home? ☐ Yes ☐ No

Did CFS agree with the reunification/return home? ☐ Yes ☐ No

Was there a TPR (termination of parental rights) granted? ☐ Yes ☐ No

If yes, provide most recent date: _____

Did the youth exit to an adoptive family? ☐ Yes ☐ No

Adoption Date: _____

If yes, select the best description of family relationship from list below: *(Please check all that apply)*

- ☐ Extended birth family ☐ Casey foster family
☐ Other foster family ☐ Non-related family/fictive kin
☐ Other non-related family. Describe: _____

Did the youth exit to a family with guardianship? ☐ Yes ☐ No

Adoption Date: _____

If yes, was the guardianship federally subsidized? ☐ Yes ☐ No

If yes, select the best description of family relationship from list: *(Please check all that apply)*

- ☐ Adult sibling ☐ Extended birth family
☐ Casey foster family ☐ Guardianship family
☐ Other foster family ☐ Non-related family/fictive kin
☐ Other non-related family. Describe: _____

Social Worker: _____

Signature: _____ Date: _____

Team Leader: _____

Signature: _____ Date: _____

Permanency Planning Services Face Sheet – Not in CIS

Name: _____ Child ID Number: _____

YOUTH SECTION

Division: _____ SSN: _____

Current Placement: _____ Date Placed: _____

Place of Birth: _____ DOB: _____ Age: _____

Gender: _____ Weight: _____

Race/Ethnicity: _____ Religion: _____

Primary Language: _____ Secondary Language: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____

Street: _____ Home Phone: _____

City, State, Zip: _____ Work Phone: _____

STATE CONTACT INFORMATION

Local Office: _____

State Worker: _____ Phone: _____

Supervisor: _____ Phone: _____

SCHOOL INFORMATION

Current School: _____ Current Grade: _____

Contact: _____ Phone: _____

Street: _____

City, State, Zip: _____

MEDICAL INFORMATION

Allergies: _____

Significant Medical Conditions: _____

<i>Medication</i>	<i>Dose</i>	<i>Frequency</i>	<i>For Condition</i>

FAMILY INFORMATION

	<i>Parent 1</i>	<i>Parent 2</i>
Name:		
Maiden Name:		
Street:		
City, State, Zip:		
Home Phone:		
Employer:		
Occupation:		
Work Phone:		

SIGNIFICANT OTHERS

Name: _____ Relationship: _____

Street: _____ Phone: _____

City, State, Zip: _____

Name: _____ Relationship: _____

Street: _____ Phone: _____

City, State, Zip: _____

Name: _____ Relationship: _____

Street: _____ Phone: _____

City, State, Zip: _____

Name: _____ Relationship: _____

Street: _____ Phone: _____

City, State, Zip: _____

Name: _____ Relationship: _____

Street: _____ Phone: _____

City, State, Zip: _____

Name: _____ Relationship: _____

Street: _____ Phone: _____

City, State, Zip: _____

FINANCIAL INFORMATION

Insurance Provider: _____ Primary Care Provider: _____

SSA Number: _____ SSI Number: _____

STATUS INFORMATION

Legal Custodian: _____

Legal Status: _____ Legal Status Date: _____

Initial Out-of-Home Placement: _____ Reason for Placement: _____

REFERRAL INFORMATION

Referral Agency: _____

Contact: _____ Phone: _____

Supervisor: _____ Phone: _____

Street: _____ Date of Referral: _____

City, State, Zip: _____ Reason for Referral: _____

CASEY PLACEMENTS

Name and Address: _____

Phone: _____ Placement Type: _____

Date Placed: _____ Date Removed: _____

Reason for Change: _____

Name and Address: _____

Phone: _____ Placement Type: _____

Date Placed: _____ Date Removed: _____

Reason for Change: _____

Name and Address: _____

Phone: _____ Placement Type: _____

Date Placed: _____ Date Removed: _____

Reason for Change: _____

Name and Address: _____

Phone: _____ Placement Type: _____

Date Placed: _____ Date Removed: _____

Reason for Change: _____

Name and Address: _____

Phone: _____ Placement Type: _____

Date Placed: _____ Date Removed: _____

Reason for Change: _____

Name and Address: _____

Phone: _____ Placement Type: _____

Date Placed: _____ Date Removed: _____

Reason for Change: _____

PREVIOUS PLACEMENTS

Name and Address: _____

Phone: _____ Placement Type: _____

Date Placed: _____ Date Removed: _____

Reason for Change: _____

Name and Address: _____

Phone: _____ Placement Type: _____

Date Placed: _____ Date Removed: _____

Reason for Change: _____

Name and Address: _____

Phone: _____ Placement Type: _____

Date Placed: _____ Date Removed: _____

Reason for Change: _____

Name and Address: _____

Phone: _____ Placement Type: _____

Date Placed: _____ Date Removed: _____

Reason for Change: _____

Name and Address: _____

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Date Placed: _____ Date Removed: _____

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Reason for Change: _____

Name and Address: _____

Phone: _____ Placement Type: _____

Date Placed: _____ Date Removed: _____

Reason for Change: _____

Name and Address: _____

Phone: _____ Placement Type: _____

Date Placed: _____ Date Removed: _____

Reason for Change: _____

Name and Address: _____

Phone: _____ Placement Type: _____

Date Placed: _____ Date Removed: _____

Reason for Change: _____

Social Worker: _____

Signature: _____ Date: _____

CFS Permanency Planning Services Service Agreement**GUIDANCE ON COMPLETING THE PERMANENCY PLANNING SERVICES SERVICE AGREEMENT DOCUMENT**

MOST, if not all, PPS cases will require a CFS Permanency Planning Service Agreement. The service agreement should be completed during initial meetings as outlined in the Case Practice Standards Manual, Section IV: Case Assignment, Opening the Case Record and Caseloads.

The agreement must be completed when CFS is working with an identified permanent parent or potential permanent parent/resource.

The purpose of this agreement is to outline the working relationship between Casey Family Services (CFS) and the client and/or family.

As part of this agreement, a Service Plan that contains strengths, goals and tasks, which form the basis of services that will be developed with the assistance of the client and/or family. The Service Plan will be updated accordingly to reflect the changing need(s) of the client and/or family.

_____ agrees to:

Name of Client and/or Family

- Work cooperatively with CFS staff in developing goals, tasks and services.
- Meet regularly with CFS staff to work together on accomplishing those goals.
- If unable to meet with CFS staff, cancel the appointment by calling no later than the day before the meeting.
- Participate in agreed upon activities/services.
- Attend other important meetings concerning their child(ren).

Casey Family Services agrees to:

- Adhere to CFS Clients Rights and Notice of Privacy Practices.
- Be available by phone, including after-hour emergencies.
- Attend all important meetings concerning the client, youth and/or family.
- Meet with the parent(s), child(ren), and/or guardian to facilitate provision of services as agreed on. This may include:
 - a. Provide counseling to achieve goals
 - b. Assist families to locate and use community services.
 - c. Provide parent(s) with the knowledge and skills necessary to be successful parent(s)
 - d. Assist parent(s) in better understanding their own needs and those of their children
 - e. Other: _____

CFS staff must, by law, report incidents of abuse and neglect.

Signatures:

_____	_____
<i>Name</i>	<i>Date</i>

_____	_____
<i>Name</i>	<i>Date</i>

Casey Family Services Staff:

_____	_____	_____
<i>Name</i>	<i>Title</i>	<i>Date</i>

_____	_____	_____
<i>Name</i>	<i>Title</i>	<i>Date</i>

_____	_____	_____
<i>Name</i>	<i>Title</i>	<i>Date</i>

CFS Permanency Planning Services Service Agreement

Name of Youth: _____

Date of Meeting: _____ Location of Meeting: _____

Agenda for the Meeting

Was there a written agenda for this team meeting? ☐ Yes ☐ No

If so, attach a copy of the agenda. Indicate that a copy is attached. ☐ Yes ☐ No

Content of Meeting

Summary of Team Discussion Highlights:

Safety

Service Plan Goal Reviewed:

Summary of Progress:

Next Steps:

Permanency

Service Plan Goal Reviewed:

Summary of Progress:

Next Steps:

Well-Being

Service Plan Goal Reviewed:

Summary of Progress:

Next Steps:

Date of Next Team Meeting: _____

Team Meeting Worksheet

TASKS TO BE COMPLETED	TIME FRAME FOR COMPLETION	TEAM MEMBER RESPONSIBLE
1		
2		
3		
4		

Names/Signatures of Team Members Attending

Youth Signature: _____

CFS Social Worker Signature: _____

State Social Worker Signature: _____

Name (*please print*): _____ Relationship to Youth: _____

Signature: _____

Name (*please print*): _____ Relationship to Youth: _____

Signature: _____

Name (*please print*): _____ Relationship to Youth: _____

Signature: _____

Name (*please print*): _____ Relationship to Youth: _____

Signature: _____

Name (*please print*): _____ Relationship to Youth: _____

Signature: _____

Casey Family Services Referral Form

Referral No.: _____ Division: _____ Referral Date: _____ Re-Referral: ☐ Yes ☐ No

☐ Self-Referral: _____ ☐ Third-Party Referral: _____

INFORMATION ABOUT REFERRED FAMILY/YOUTH

Name: _____

Primary Language of Consumer: _____

Street: _____

City: _____ State: _____ Zip: _____

Home: _____ Work: _____

Cell: _____ Email: _____

Name of Youth: _____ Date of Birth: _____

Primary Language of Youth: _____ Gender: _____

Name of Youth: _____ Date of Birth: _____

Primary Language of Youth: _____ Gender: _____

Name of Youth: _____ Date of Birth: _____

Primary Language of Youth: _____ Gender: _____

Name of Youth: _____ Date of Birth: _____

Primary Language of Youth: _____ Gender: _____

Name of Youth: _____ Date of Birth: _____

Primary Language of Youth: _____ Gender: _____

Name of Youth: _____ Date of Birth: _____

Primary Language of Youth: _____ Gender: _____

THIRD-PARTY OR COLLATERAL INFORMATION

Name of Third Party or Collateral: _____

Agency: _____ Relationship to Consumer: _____

Street: _____

City: _____ State: _____ Zip: _____

Home: _____ Work: _____

Cell: _____ Email: _____

1. Did the caller refer to a specific family?

☐ Yes ☐ No

If yes, name(s): _____

2. Did the caller refer to a specific youth?

☐ Yes ☐ No

If yes, name(s): _____

Does the youth being referred have a mental health diagnosis? ☐ Yes ☐ No ☐ Unknown

If yes, what is the diagnosis? _____

I. REASON FOR REFERRAL (*Brief summary of presenting problems or why services are being sought*)

How did the caller hear about this service? _____

Has the caller ever:

1) Worked with Casey previously? ☐ Yes ☐ No

2) Contacted Casey previously? ☐ Yes ☐ No

If previous CFS case:

Family ID: _____ Youth ID: _____

Jeopardy Issues/ Reason for Referral to CPS: _____

If Referred by CPS agency, are they currently involved ☐ Yes ☐ No

II. SERVICE REQUESTED (*check all that apply*)

<i>A. Family Strengthening</i>	<i>B. Permanency Planning</i>
<input type="radio"/> Family Resource Center	<input type="radio"/> Foster Care Placement
<input type="radio"/> Technical Assistance	<input type="radio"/> Kinship Foster Care
<input type="radio"/> Family Preservation	<input type="radio"/> Permanency Services
<input type="radio"/> Family Advocacy and Support	<input type="radio"/> Reunification Services
<input type="radio"/> Case Management Young Parents	<input type="radio"/> Technical Assistance
<input type="radio"/> Post-Permanency Services	

- ☐ No plan for service:
- ☐ Service requested outside of contract requirements
 - ☐ Service not provided by Casey (document unmet need in Section III)
 - ☐ Information/referral services provided – please specify:
 - ☐ Unable to meet youth's/family's needs
 - ☐ No CFS foster home available

☐ Placed on waiting list

III. SUMMARIZE RESPONSE AND NEXT STEPS (*Enter summary of response and next steps*)

☐ Assigned for follow up – name of CFS worker: _____

Comments (*Clarifying comments*) _____

Name of CFS Staff Taking Referral

Date

Name of CFS Staff Taking Referral

Date

Safety Plan

Plan Start Date: _____ Plan Review Date: _____

Child/Youth Name: _____ Case No.: _____

Sex: _____ D.O.B.: _____

PARENT(S)/CAREGIVER(S)

Name: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Street: _____ City: _____

State: _____ Zip Code: _____

OTHER YOUTH IN HOME

<i>Name</i>	<i>Sex</i>	<i>Age</i>

A. FOR WHAT REASONS ARE WE CREATING A SAFETY PLAN?*(e.g., to help youth manage anger safely without hitting his parents)***B. WHAT SITUATIONS ARE LIKELY TO BRING ABOUT THE RISKY BEHAVIOR?***(e.g., arguments with parents about not doing homework)***C. WHAT ARE SOME CLUES THAT CHILD/YOUTH IS ABOUT TO ENGAGE IN RISKY BEHAVIOR?***(e.g., youth paces, clenches fists, raises voice)*

1. _____ 2. _____

3. _____ 4. _____

D. YOUTH'S AND FAMILY'S RISK MANAGEMENT STRENGTHS

(e.g., youth and parents care for and respect one another)

E. WHAT INTERVENTIONS ARE WE PROPOSING TO REDUCE THE RISKY BEHAVIOR?

(e.g., allowing youth to leave the room and having parents take a "time out")

F. AT WHAT POINT WILL YOU INVOLVE SUPPORTS OUTSIDE OF FAMILY?

(e.g., crisis intervention services, police)

H. LIST OF OUTSIDE SUPPORTS AND CONTACT INFORMATION:

<i>Name</i>	<i>Telephone</i>

SIGNATURES

Child/Youth: _____

Parent/Caregiver: _____

Parent/Caregiver: _____

Social Worker: _____

Team Leader: _____

Other Team Members *(please list)*: _____

Service Plan

Family Name: _____

Service Provided: _____ Case No.: _____

Youth's Name: _____ Sibling's Name(s): _____

Date: _____ Division: _____ CFS Worker: _____

*Note: PPS cases require a primary and concurrent permanence goal. FSS cases do not have any domain requirements.***Permanency (Primary)**

GOAL: _____

Start Date: _____ Target Date: _____ Status: _____

Client/family strengths to assist with goal: _____

<i>Tasks</i>	<i>Person Resp.</i>	<i>Start Date</i>	<i>Target Date</i>	<i>Status</i>
1.				
2.				
3.				
4.				

Describe process:

Permanency (Concurrent)

GOAL 1: _____

Start Date: _____ Target Date: _____ Status: _____

Client/family strengths to assist with goal: _____

<i>Tasks</i>	<i>Person Resp.</i>	<i>Start Date</i>	<i>Target Date</i>	<i>Status</i>
1.				
2.				
3.				
4.				

Describe process:

GOAL 2: _____

Start Date: _____ Target Date: _____ Status: _____

Client/family strengths to assist with goal: _____

<i>Tasks</i>	<i>Person Resp.</i>	<i>Start Date</i>	<i>Target Date</i>	<i>Status</i>
1.				
2.				
3.				
4.				

Describe process:

GOAL 3: _____

Start Date: _____ Target Date: _____ Status: _____

Client/family strengths to assist with goal: _____

<i>Tasks</i>	<i>Person Resp.</i>	<i>Start Date</i>	<i>Target Date</i>	<i>Status</i>
1.				
2.				
3.				
4.				

Describe process:

Safety

GOAL 1: _____

Start Date: _____ Target Date: _____ Status: _____

Client/family strengths to assist with goal: _____

<i>Tasks</i>	<i>Person Resp.</i>	<i>Start Date</i>	<i>Target Date</i>	<i>Status</i>
1.				
2.				
3.				
4.				

Describe process:

GOAL 2: _____

Start Date: _____ Target Date: _____ Status: _____

Client/family strengths to assist with goal: _____

<i>Tasks</i>	<i>Person Resp.</i>	<i>Start Date</i>	<i>Target Date</i>	<i>Status</i>
1.				
2.				
3.				
4.				

Describe process:

Physical and Mental Health

GOAL 1: _____

Start Date: _____ Target Date: _____ Status: _____

Client/family strengths to assist with goal: _____

<i>Tasks</i>	<i>Person Resp.</i>	<i>Start Date</i>	<i>Target Date</i>	<i>Status</i>
1.				
2.				
3.				
4.				

Describe process:

GOAL 2: _____

Start Date: _____ Target Date: _____ Status: _____

Client/family strengths to assist with goal: _____

<i>Tasks</i>	<i>Person Resp.</i>	<i>Start Date</i>	<i>Target Date</i>	<i>Status</i>
1.				
2.				
3.				
4.				

Describe process:

Family and Interpersonal Functioning

GOAL 1: _____

Start Date: _____ Target Date: _____ Status: _____

Client/family strengths to assist with goal: _____

<i>Tasks</i>	<i>Person Resp.</i>	<i>Start Date</i>	<i>Target Date</i>	<i>Status</i>
1.				
2.				
3.				
4.				

Describe process:

GOAL 2: _____

Start Date: _____ Target Date: _____ Status: _____

Client/family strengths to assist with goal: _____

<i>Tasks</i>	<i>Person Resp.</i>	<i>Start Date</i>	<i>Target Date</i>	<i>Status</i>
1.				
2.				
3.				
4.				

Describe process:

Educational and Life Skills

GOAL 1: _____

Start Date: _____ Target Date: _____ Status: _____

Client/family strengths to assist with goal: _____

<i>Tasks</i>	<i>Person Resp.</i>	<i>Start Date</i>	<i>Target Date</i>	<i>Status</i>
1.				
2.				
3.				
4.				

Describe process:

GOAL 2: _____

Start Date: _____ Target Date: _____ Status: _____

Client/family strengths to assist with goal: _____

<i>Tasks</i>	<i>Person Resp.</i>	<i>Start Date</i>	<i>Target Date</i>	<i>Status</i>
1.				
2.				
3.				
4.				

Describe process:

Housing, Finances and Employment

GOAL 1: _____

Start Date: _____ Target Date: _____ Status: _____

Client/family strengths to assist with goal: _____

<i>Tasks</i>	<i>Person Resp.</i>	<i>Start Date</i>	<i>Target Date</i>	<i>Status</i>
1.				
2.				
3.				
4.				

Describe process:

GOAL 2: _____

Start Date: _____ Target Date: _____ Status: _____

Client/family strengths to assist with goal: _____

<i>Tasks</i>	<i>Person Resp.</i>	<i>Start Date</i>	<i>Target Date</i>	<i>Status</i>
1.				
2.				
3.				
4.				

Describe process:

TEAM MEMBERS

Name: _____ Relationship: _____

Signature: _____ Date: _____

Name: _____ Relationship: _____

Signature: _____ Date: _____

Name: _____ Relationship: _____

Signature: _____ Date: _____

Name: _____ Relationship: _____

Signature: _____ Date: _____

Other (*Specify*): _____

Signature: _____ Date: _____

Family Support Specialist/Worker: _____

Signature: _____ Date: _____

Social Worker: _____

Signature: _____ Date: _____

Team Leader: _____

Signature: _____ Date: _____

Training and Technical Assistance Request Form

Date: _____ Division: _____

Social Worker: _____

Contact Person: _____ Phone: _____

Agency: _____ Fax: _____

Street: _____ Email: _____

State: _____ Zip Code: _____

Type of training requested: _____

Learning objectives: _____

Requested dates of training: _____ Time: _____ Number of attendees: _____

Is this training developed? ☐ Yes ☐ No

If no, what is the necessary timeframe needed to develop this training?

Additional comments:

Have we provided training to this agency previously? ☐ Yes ☐ No

If yes, when and what was the training?

How did the caller hear about the Post-Adoption Services Program? (*check all that apply*)

☐ State agency ☐ Other agency/professional ☐ Attended previous training ☐ Other (specify)

Comments:

Team Leader: _____ Date: _____

Director/Deputy Director: _____ Date: _____

Training assigned to: _____ Date: _____

Training date/time: _____ ☐ Approved ☐ Not Approved

Director/Deputy Director Casey Center: _____

Training Evaluation

Name of Training: _____ Dates: _____

Trainer(s): _____ Location: _____

LEARNING OBJECTIVES:

Instructions: Please rate how well each learning objective was met.

<i>Participants will be able to demonstrate and/or describe</i>	<i>Excellent</i>	<i>Good</i>	<i>Fair</i>	<i>Poor</i>
Content:				
• Adequate in scope				
• Organized to facilitate learning				
• Activities helped accomplish objectives				
• Quality materials and visual aids				
Trainer's Delivery:				
• Good preparation				
• Engaging presentation style				
• Respectful of participants' contributions				
Relevance to Job:				
• New skills readily applicable				
• New skills will enhance services				
Setting:				
• Comfortable				
• Adequate equipment in working order				

What is the most important thing you learned in this training?

Would you recommend this training/trainer to others? Why?

Additional comments/suggestions for improvement:

Appendix P

child advocacy and ombudsman websites

STATE	ORGANIZATION NAME	WEBSITE
<i>Alabama</i>	Department of Human Resources	www.dhr.alabama.gov
<i>Alaska</i>	Office of the Ombudsman	www.state.ak.us/ombud
<i>Arizona</i>	Arizona Ombudsman-Citizens' Aide	www.azleg.gov/ombudsman/contact.asp
<i>Arizona</i>	Division Children, Youth, and Families (DCYF) Family Advocate	https://egov.azdes.gov/cmsinternet/main.aspx?menu=154&id=3383
<i>Arkansas</i>	The Foster Parent Ombudsman Department of Health & Human Services	www.arkansas.gov/dhs/chilnfam/AreaManagers.htm
<i>California</i>	Office of the Foster Care Ombudsman	www.fosteryouthhelp.ca.gov/Complaints1.html
<i>California</i>	Children's Services Operation Bureau	www.dss.cahwnet.gov/cfsweb/PG1327.htm
<i>Colorado</i>	Colorado Office of the Child's Representative	http://coloradochildrep.org
<i>Connecticut</i>	Office of the Child Advocate	www.ct.gov/oca/site/default.asp
<i>Delaware</i>	Office of the Child Advocate	http://courts.delaware.gov/childadvocate/
<i>Florida</i>	Florida Child Advocate Tallahassee Office	http://floridachildadvocate.com/
<i>Florida</i>	Florida Child Advocate South Florida Office	http://floridachildadvocate.com/
<i>Georgia</i>	Office of the Child Advocate	http://oca.georgia.gov
<i>Hawaii</i>	Child and Family Service	www.childandfamilyservice.org
<i>Idaho</i>	Family Advocates	www.familyadvocate.org
<i>Illinois</i>	Advocacy Office for Children & Families	www.state.il.us/dcfs/contactUs.shtml
<i>Indiana*</i>	Southern Indiana Child Advocacy Center	http://floydcountyprosecutor.org/criminal/southern-indiana-child-advocacy-center/
<i>Iowa</i>	Iowa Child Advocacy Board	https://childadvocacy.iowa.gov/
<i>Iowa</i>	Iowa Citizens' Aide/Ombudsman	www.legis.state.ia.us/ombudsman/

STATE	ORGANIZATION NAME	WEBSITE
<i>Kansas</i>	Kansas Chapter of Children's Advocacy Centers	http://kscac.org/index.html
<i>Kentucky</i>	Northern Kentucky Children's Advocacy Center	www.nkycac.org/
<i>Kentucky</i>	Office of the Ombudsman Cabinet for Health & Family Services	http://chfs.ky.gov/os/omb/
<i>Louisiana</i>	The Child Advocacy Program (CAP)	http://mhas.louisiana.gov/web/14/childadvocacy wwwprd.doa.louisiana.gov/LaServices/PublicPages/ServiceDetail.cfm?service_id=3412
<i>Maine</i>	Child Welfare Services Ombudsman	www.mainechildrensalliance.org/am/publish/OMBabout.shtml
<i>Maryland</i>	Harford County Child Advocacy Center (CAC)	www.harfordcac.org/
<i>Massachusetts</i>	Office of the Child Advocate	www.mass.gov/childadvocate/
<i>Michigan</i>	Office of Children's Ombudsman	www.michigan.gov/oco
<i>Minnesota</i>	Office of the Ombudspersons for Families	www.ombudsfamilies.state.mn.us/
<i>Mississippi</i>	Office of Human Relations & Citizen Complaints Jackson County Courthouse	www.jacksongov.org/content/3277/3310/3346/default.aspx
<i>Missouri</i>	State of Missouri Office of Child Advocacy	www.oca.mo.gov/
<i>Montana</i>	Citizen's Advocate Office	www.citizensadvocate.mt.gov/default.asp
<i>Nebraska</i>	Ombudsman's Office	http://nebraskalegislature.gov/contact/ombud.php
<i>Nevada</i>	Nevada State Advocate for Missing and Exploited Children	http://ag.state.nv.us/support/child/child_advocate/main.htm
<i>New Hampshire</i>	NH DHHS Office of Ombudsman	www.dhhs.nh.gov/oos/ombudsman
<i>New Jersey</i>	Department of Children and Families Office of Advocacy	www.state.nj.us/dcf/about/divisions/oa/
<i>New Mexico</i>	New Mexico Children, Youth & Families Department Constituent Affairs	www.cyfd.org/node/12
<i>New York</i>	The Public Advocate Office	http://pubadvocate.nyc.gov

STATE	ORGANIZATION NAME	WEBSITE
<i>North Carolina</i>	N.C. Department of Administration Youth Advocacy & Involvement Office	www.doa.nc.gov/yaio/advocacy.htm
<i>North Dakota</i>	The Village Family Service Center	www.villagefamily.org
<i>Ohio</i>	Lucas County Children Services Ombudsman	www.co.lucas.oh.us/index.aspx?NID=160
<i>Oklahoma</i>	Office of Client Advocacy	www.okdhs.org/contactus/comp
<i>Oregon</i>	Oregon Department of Human Services Governor's Advocacy Office	www.oregon.gov/DHS/aboutdhs/gao.shtml
<i>Pennsylvania</i>	Children's Advocacy Center of Northern Pennsylvania	http://nepacac.com/index.html
<i>Pennsylvania</i>	Juvenile Law Center	www.jlc.org/
<i>Rhode Island</i>	Office of the Child Advocate	www.child-advocate.ri.gov/index.php
<i>South Carolina</i>	Governor's Office of Ombudsman Office of Children's Affairs	www.oepp.sc.gov/ca/index.html
<i>South Dakota</i>	South Dakota Department of Social Services Constituent Liaison	http://dss.sd.gov/constituentliaison/index.asp
<i>Tennessee</i>	Tennessee Commission on Children & Youth	www.state.tn.us/tccy/ombuds.shtml
<i>Texas</i>	Texas Health & Human Services Commission Office of the Ombudsman	www.hhs.state.tx.us/OMB
<i>Texas</i>	Children's Advocacy Centers of Texas	www.cactx.org
<i>Utah</i>	Office of Child Protection Ombudsman	www.hsocpo.utah.gov
<i>Vermont</i>	The Commissioner's Office Department for Children and Families	http://dcf.vermont.gov/contactDCF
<i>Virginia</i>	Child Advocacy Center Child & Family Services Division	www.arlingtonva.us/departments/HumanServices/services/family/HumanServicesServicesFamilyChildAdvocacyCenter.aspx
<i>Virginia</i>	Children's Advocacy Centers of Virginia	http://173.254.28.17/~cacvaorg/
<i>Washington</i>	Office of the Family and Children's Ombudsman	www.governor.wa.gov/ofco/default.asp
<i>West Virginia</i>	West Virginia Department of Health & Human Resources	www.wvdhhr.org
<i>Wisconsin</i>	Wisconsin Council on Children & Families	www.wccf.org
<i>Wyoming</i>	Wyoming Children's Action Alliance	www.wykids.com

retention and disposition of child welfare records

CHILD ABUSE AND NEGLECT FILES

<i>Maine</i> ¹	Un-substantiated: retain for no more than 18 months following findings unless a new referral is received during the retention period (Title 22, section 4008(5))
<i>New Hampshire</i> ²	Screened out report: retain for one year Unfounded report: retain for three years from date determined to be unfounded. Founded report: retain for 7 years from date petitioner has exhausted due process rights to appeal determination (Title XII: 169-C: 35a)
<i>Vermont</i> ³	If the commissioner determines after investigation that the reported facts are unsubstantiated, after notice to the person complained about, the records shall be destroyed unless the person complained about request within 1 year that it not be destroyed. If no court proceeding is brought within 1 year of the date of the notice to the person complained about, the records relating to the unsubstantiated report shall be destroyed. All registry records relating to an individual child shall be destroyed when the child reaches the age of majority. All registry records relating to a family or siblings within a family shall be destroyed when the youngest reaches the age of majority. (Ann. Stat. Tit. 33, §4916)
<i>Rhode Island</i> ⁴	All records concerning reports of child abuse and neglect: destroyed 3 years after the date of a final determination by either the family court or the department that the reported child abuse or neglect did not in fact occur. (Gen. Laws §40-11-13.1)

¹ Sources: Maine General Laws; Maine State Archives, Record Retention and Disposition Schedule (2006)

² Sources: New Hampshire Statutes; Interview with Gail Degoosh, Foster Care Specialist, Department of Health and Human Services, October 4, 2006

³ Sources: Vermont Statutes; Interview with Tanya Marshall, Assistant State Archivist and Cindy Walcott, Deputy Commissioner for Family Services, Vermont Department for Children and Families, October 4, 2006.

⁴ Sources: Rhode Island Statutes; Interview with Gwen Stern, State archivist, October 4, 2006; Dorothy Hultine, Chief of Standards Practices, Department of Children, Youth and Family Services, October 17, 2006; email correspondence with Fredrick Aurelio, Chief of Contracts, Department of Children, Youth and Family Services, October 17-18, 2006

CHILD ABUSE AND NEGLECT FILES

<i>Massachusetts</i> ⁵	The name and all other identifying characteristics relating to any child that is contained in the central registry, or to his parents or guardian, shall be removed 1 year after the department determines, after an investigation that the allegation of serious physical or emotional injury resulting from abuse or neglect cannot be substantiated. If the allegations are substantiated, identifying information shall be removed when the child reaches the age of 18 years, or 1 year after the date of termination of services to the child or his family, whichever date occurs last. (Ann. Laws CH. 119 §51F)
<i>Connecticut</i> ⁶	Records containing unsubstantiated findings shall remain sealed, except that such records shall be made available to department employees in the proper discharge of their duties. Records containing unsubstantiated findings shall be expunged 5 yrs from the completion date of the investigation if no further report is made about the individual. If the department receives more than one report on an individual and each report is unsubstantiated, all reports and information pertaining to the individual shall be expunged 5 yrs from date of the more recent investigation. (Gen Stat. § 17a-101k)
<i>Maryland</i> ⁷	The local department shall expunge a report of suspected abuse or neglect and all assessments and investigative findings within 5 yrs after the date of referral if the investigation concludes that the report is unsubstantiated and no further reports of abuse or neglect are received during the 5 years and within 120 days after the date of referral if the report is ruled out, and no further reports of abuse or neglect are received during the 120 days. (Family Law, § 5-707 (b))

CHILDREN IN NEED OF SERVICES (CHINS) CASE FILES

<i>Maine</i>	Retained in agency for 5 years after last child turns 18; then kept on microfiche for 20 years, then destroyed.
<i>New Hampshire</i>	No requirement for private agencies (law is silent)
<i>Vermont</i>	No requirement

⁵ Sources: Massachusetts Statutes; Massachusetts Statewide Records Retention Schedule 06-06, Massachusetts Archives, Secretary of the Commonwealth (2006)

⁶ Sources: Connecticut Statutes; Interviews with Eunice Dibella, State Administrator's Office, October 4, 2006; June O'Brentsky, Village for Children and Families, October 4, 2006; and Jim McPherson, Regulatory Consultant, Department of Children and Families, October 13, 2006.

⁷ Sources: Maryland Statutes; Interview with Kim Moreno, Maryland State Archives, October 11, 2006.

<i>Rhode Island</i>	For the Department of Children, Youth and Family Services: Family Services Case Records: Permanent; For private agencies: 6 years. (Master Contract ¶21)
<i>Massachusetts</i>	Retain 3 years
<i>Connecticut</i>	No requirement
<i>Maryland</i>	No requirement for public or private agencies

FAMILY AND CHILD PROTECTIVE SERVICES CASE FILES (IN HOME SERVICES)

<i>Maine</i>	
<i>New Hampshire</i>	No requirement for private agencies (law is silent)
<i>Vermont</i>	No requirement
<i>Rhode Island</i>	For the Department of Children, Youth and Family Services: Family Services Case Records: Permanent; For private agencies: 6 years. (Master Contract ¶21)
<i>Massachusetts</i>	Intact family records: permanent. Volunteer family records: 3 years. Single service (day care, home-making, and babysitting): 3 years. Services refused, found ineligible, referred or otherwise deferred: 3 years.
<i>Connecticut</i>	No requirement
<i>Maryland</i>	No requirement for public or private agencies

FOSTER CARE CASE FILES

<i>Maine</i>	Retain in agency until last child turns 18 or leaves care between 18 and 21, then on microfiche for 100 years; then destroyed.
<i>New Hampshire</i>	No requirement for private agencies; NH DHHS has an internal policy of retaining records until three years after child has left foster care.
<i>Vermont</i>	No requirement for private agencies; State maintains foster care records permanently
<i>Rhode Island</i>	For the Department of Children, Youth and Families: (1) Family Services Case Records: Permanent; contract provisions with private providers detail retention requirements for private agencies (2) Child Placement Records: (when child receives specific behavioral health programs or Medicaid funded services): Retain until the child reaches age 21 plus 3 years; contract provisions with private providers detail retention requirements for private providers.

<i>Massachusetts</i>	Permanent
<i>Connecticut</i>	Permanent
<i>Maryland</i>	No requirement for public or private agencies

ADOPTION AND FOSTER HOME STUDIES RECORDS

<i>Maine</i>	Adoptive families: Retain at agency until adoption is finalized and case is closed; then packed for archives; retain at record center for 100 years, then destroyed. Foster families: retain at agency for 5 years after inactive unless license revoked- then retain 30 years after revoked; retain at records center an additional 5 years and then destroyed.
<i>New Hampshire</i>	No requirement for private agencies; NH DHHS retains permanently.
<i>Vermont</i>	No requirement for private agencies.
<i>Rhode Island</i>	For the Department of Children, Youth and Family Services: Service Provider Licensing Records: retain 10 years after last contract; For Private agencies: 6 years. (Master Contract ¶21)
<i>Massachusetts</i>	Where child was placed and file not part of adoption or foster care file: permanent. Where child was not placed: 5 years.
<i>Connecticut</i>	Permanent
<i>Maryland</i>	Public agencies: not directly addressed but may be considered part of foster care and adoption record; if so, permanent Private agencies: no requirement.

ADOPTION CASE FILES

<i>Maine</i>	Retain at agency until adoption is finalized and case is closed; then packed for archives; retain at record center for 100 years, then destroyed.
<i>New Hampshire</i>	Permanent (170-B)
<i>Vermont</i>	Permanent (Title 15-A)
<i>Rhode Island</i>	Not expressly addressed in DCYF Retention Schedule. Appears that these records fall within Family Services Case Records: Permanent retention for DCYF; For private agencies: 6 years. (Master Contract ¶21)
<i>Massachusetts</i>	Permanent when child is a ward of the state
<i>Connecticut</i>	Permanent
<i>Maryland</i>	Permanent

critical incident report descriptions and type by program

1. **ABUSE (NEGLECT) REPORT/EXTERNAL:** The filing of an abuse/neglect report by a CFS staff member on any external caretaker, exclusive of CFS foster parents.
2. **ABUSE (NEGLECT) REPORT/INTERNAL:** The filing of an abuse or neglect report on a CFS staff member or a CFS foster parent.
3. **ANIMAL CRUELTY:** Inflicting pain or injury that is believed to be deliberate on an animal.
5. **DANGEROUS WEAPONS:** The possession of an unlawful or dangerous weapon or the presence of a dangerous weapon on CFS property.
6. **DEATH:** The death of a youth or of a person receiving services from CFS.
8. **HOMICIDAL IDEATION:** Thoughts or verbalizations of credible intent to kill or seriously injure someone. Depending on state requirements this may necessitate a duty to warn.
9. **FIRE PLAY:** A common childhood behavior involving curiosity about fire and exploration of its properties. Does not include deliberate destruction of property by fire or deliberate intention of doing so.
10. **FIRE SETTING:** Lighting of fires that is believed to be deliberate and which may involve significant destruction of property or material.
11. **HOSPITALIZATION/MEDICAL:** Admission to a hospital of a youth in the care of CFS for physical health reasons.
12. **HOSPITALIZATION/PSYCHIATRIC:** Admission to a hospital of a youth in the care of CFS for mental health reasons.
13. **SERIOUS ILLNESS:** Newly diagnosed serious illness or medical condition (e.g., serious allergies, heart condition, Fetal Alcohol Syndrome, traumatic brain injury), or a significant change in the status of an existing medical condition.
14. **SERIOUS INJURY OR ACCIDENT:** Serious accident/physical injury or an injury that occurs on CFS property, which necessitates the evaluation and/or care by a medical provider.
16. **MEDICATIONS:** Any error administering prescription medication to a youth. Such errors may include ingesting an incorrect medication or being administered too much or not enough of a prescribed medication.

17. **PREGNANCY:** The pregnancy of a youth, or the responsibility for a pregnancy by a youth.
18. **PROPERTY DAMAGE:** Damage or destruction to CFS or foster parent property. Property damage should be in excess of \$500 in the aggregate.
19. **RESTRAINT:** The use of any physical force or physical restraint technique that attempts to prevent a youth from being self-injurious or harmful to others, and/or to assist a youth in regaining control.
20. **RUNAWAY 18 AND OLDER:** A youth absent without permission from a CFS foster home or program activity overnight and /or a missing person's report has been filed with the local police. Runaway 17 and younger – A youth absent without permission from a CFS foster home or program activity overnight or for a developmentally significant period of time and /or a missing person's report has been filed with the local police.
21. **SCHOOL SUSPENSION:** The suspension of a youth from a school setting for one or more full days.
22. **SELF-INJURIOUS BEHAVIOR:** The deliberate and intentional self-inflicted cutting, burning, marking or scarring, or risky behavior that is differentiated from any specific suicidal intention.
23. **PROBLEMATIC SEXUAL BEHAVIOR:** Any allegation of problematic sexual behavior involving a youth. This includes acts of sexual play and exploration as well as sexually abusive or sexually coercive behavior toward other children. This does not include sexual behavior that is consensual in accordance with the laws of the state in which the youth resides.
24. **SUBSTANCE ABUSE:** The use of any illegal or intoxicating substance.
25. **SUICIDAL BEHAVIOR:** Attempted suicide or reports of suicidal ideation. Verbalization of credible intent to kill himself or herself.
26. **TRANSPORTATION ACCIDENT:** Any auto accident, whether or not an injury occurs.
27. **VIOLATION OF POLICY OR REGULATIONS BY AGENCY FOSTER PARENTS:** Any action or behavior by a CFS foster parent that is a violation of licensing requirements or CFS policy or regulations that does not rise to the level of a child abuse or neglect report (e.g., spanking a child, providing caretaking services for another agency).
28. **PHYSICAL AGGRESSION:** Physical aggression, causing injury of a person or animal. For example, a CFS youth punches his foster mother in the face, giving her a "black eye."
29. **FAMILY RISK FACTOR:** An event in the foster, birth or adoptive family that presents serious risk to the youth, such as psychiatric hospitalization of a foster parent, domestic violence or abuse of another youth in the home.
30. **VICTIM OF VIOLENCE:** Victim of physical or sexual aggression. For example, a CFS youth is raped or physically assaulted by a peer. Do not include in this category youth under the age of 18 who are the victims of abuse or neglect; use "Abuse and Neglect Internal" or "Abuse and Neglect External" for these incidents.

31. **ILLEGAL ACTIVITY:** Suspected involvement and or arrest for the commission of a crime.
32. **DISPLACEMENT/DISRUPTION:** The move of a youth from a foster home which is not consistent with the service plan.
33. **END OF PREGNANCY:** The end by live birth, still birth, miscarriage or abortion of a pregnancy of a youth or of a pregnancy that is the responsibility of a male youth.
34. **MENTAL HEALTH EMERGENCY:** An urgent psychiatric concern of a youth in CFS care that necessitates immediate evaluation by a medical or mental health professional.
35. **OTHER:** Any other significant behavioral, medical or program emergency or significant case event as determined by the Division Director, Director of Clinical Services, Executive Director or their designees.

CASEY FAMILY SERVICES

The direct services agency of the Annie E. Casey Foundation