

CASE PLANNING

Case Planning Overview

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Policy

The Department of Children and Families shall develop case plans for all children under its supervision using a family-centered, trauma-informed approach in:

- assessing families' strengths and areas of need,
- providing services to address those needs, and
- providing ongoing monitoring of their progress.

Legal references: 42 U.S.C. 675; Law 113-183; Conn. Gen. Stat. §17a-15.

See also: "Case Planning Practice Guide."

Purpose and Goal of Case Planning

Case planning shall be an essential part of working with families and shall be an ongoing process. Case plans shall provide a road map to assure safety, permanency and well-being for families and children.

Case planning is required by law.

The goal of case planning shall be to assess and address the family's needs in a culturally- and linguistically-responsive manner through engagement and partnership with family members and service providers. Family engagement and the assessment process shall be ongoing, beginning with the initial DCF contact with the family and continuing throughout the life of the case until case closure.

Case planning occurs through a "trauma lens" that includes a recognition and appreciation of the high prevalence of trauma that is often experienced by children and families served, coupled with an understanding of the profound neurological, biological, psychological, cognitive and social effects of trauma and violence on the child and family. Case planning is planful, purposeful, anticipatory and proactive, aimed at reducing or eliminating the potential for further harm or re-traumatization.

Principles of Case Planning

- Everyone desires respect.
 - Everyone needs to be heard.
 - Everyone has strengths.
 - Judgments can wait.
 - Partners share power.
 - Partnership is a process.
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Family Case Plans

Initial and ongoing family case plans shall be developed for:

- all families with an open case in ongoing services including unsubstantiated transfers and Family Assessment Response cases;
 - families with an open case in the Voluntary Services Program;
 - families with an associated child in placement whose permanent or concurrent plan is reunification; and
 - families with an associated child in placement (regardless of the child's permanency plan) for whom DCF is providing services (other than visitation) to address a parent's or guardian's identified needs.
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Child in Placement Case Plan

Initial and ongoing child in placement (CIP) case plans shall be developed for:

- children who are at home but committed to DCF;
- youth age 18 and older while the DCF case remains open; and
- children in out-of-home care regardless of age or placement type when the legal basis for the placement is:
 - Voluntary Services Program placement;
 - a court order (96 hour hold, order of temporary custody, abuse/neglect/uncared for commitment, probate court order, TPR/statutory parent); or
 - a voluntary placement agreement

Contents of the Family Case Plan

A family case plan shall include:

1. an assessment of the family's strengths and needs;
2. a description of service provision to address their needs; and
3. a discussion of ongoing progress.

Family case plans shall be developed with the family and shall be written in the primary language of the family or transcribed onto an audio CD, digital thumb drive or other approved recording device.

Assessment means an evaluation of the circumstances that resulted in DCF involvement and that recognizes patterns over time, examines child and family strengths and protective factors, identifies and addresses the needs of the child and family, considers contributing factors (*e.g.*, domestic violence, substance use, cognitive limitations, traumatic events experienced by the child and caregivers and the impact on their functioning and well-being, mental health) and incorporates information gathered through other means (*e.g.*, collateral contacts).

The family case plan shall include a comprehensive assessment of the strengths and needs of all relevant family members for use in developing appropriate goals, plans and interventions. Services that are appropriately matched to the family members' strengths and needs shall be identified. Services shall be individualized, effective and provided in a timely manner. The family case plan shall include the current level of functioning of each parent and child across the following areas:

- reason for involvement (initial or subsequent);
- household relationships (include significant relationships outside of the household);
- resource management and basic needs;
- parenting skills;
- history of child abuse and neglect of adults as children (trauma history, impact on functioning and current trauma-related assessment and treatment needs of the parent);
- mental health and coping skills (adults) and emotional/behavioral (children - trauma history, impact on functioning and current trauma-related assessment and treatment needs of the child);
- physical health;

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Contents of the Family Case Plan (Continued)

- substance use;
- social support systems (include extended relationships outside of the household);
- education and development (children); and
- other life experiences including employment, housing stability and cultural, ethnic and linguistic considerations.

The Summary Assessment section of the family case plan shall highlight the most significant issues within the family, identify what action needs to occur in response to the assessment and what the family, providers and DCF are going to do, or have done, to address those issues and needs.

Family feedback is not merely a reflection of DCF's perspective of the family's position. Rather, it shall include each family member's participation in the development of the case plan, their perceptions of DCF involvement, their strengths and needs, the interventions offered and any comments made.

The case planning goal for the family shall address the overall goal for the adults and children within the home. It shall include a plan that can be followed in the event that circumstances require the removal of the children or result in the inability to reunify.

Case objectives shall support the case planning goal. Objectives for the parents, guardians and children in the home shall be clearly stated, prioritized and measurable. The objectives, within the Case Objective section of the case plan, shall be consistent with the family assessment and any court-ordered specific steps. Objectives shall be supported by the Structured Decision Making (SDM) Family Strengths and Needs Assessment.

The progress toward each objective shall be evaluated by the Social Worker, the family and service providers. The Progress section of the case plan shall reflect the status during the last six-month review period. Provider feedback shall be incorporated into the plan.

Barriers to achieving progress, as well as how the barriers will be addressed, shall be noted.

Actions steps are meant to create change in behavior and, therefore, shall be specific, measurable, achievable, realistic and time-limited. For each objective, actions steps shall be included for each parent and child, the service provider(s) and DCF.

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Contents of the Child in Placement Case Plan

A child in placement (CIP) case plan shall include:

- an assessment of the child's strengths and needs,
- a description of service provisions to address the needs, and
- a discussion of the monitoring of ongoing progress.

Case plans shall be written in the primary language of the family (or transcribed into audio) and shall be developed with the child and family.

The safety, permanency and well-being of the child shall be the primary considerations in developing the CIP case plan.

Within six months of out-of-home placement, DCF shall develop a concurrent permanency plan for each child in placement with a poor prognosis for reunification.

Legal reference: Conn. Gen. Stat. §17a-110a.

The CIP case plan shall include a comprehensive assessment of the child's strengths and needs for use in developing appropriate goals, plans and interventions. Services that are appropriately matched to the child's strengths and needs (including cultural, racial and other ethnic needs such as hair and skin care) shall be identified. Services shall be individualized, effective and provided in a timely manner.

The CIP case plan shall include:

- the reasons for placement and continued placement; and
- a description of the child (including strengths and protective factors).

The CIP case plan shall note the child's current level of functioning across all areas:

- physical health;
- emotional/behavioral (including history of child's exposure to or witnessing of any traumatic life events and current reactions and trauma-related assessment and treatment needs related to maltreatment and removal from the home);
- educational and developmental, including suspensions, expulsions, absenteeism, grade level performance and what supports or services are being provided to improve academic performance;
- substance use; and
- social supports.

The progress toward each objective shall be evaluated by the Social Worker, the family, the child and the service providers. Provider feedback shall be incorporated into the plan. The "Progress" section of the case plan shall reflect the status during the six-month review period. Barriers to achieving progress, as well as how the barriers will be addressed, shall be noted.

Actions steps are meant to create change in behavior and, therefore, shall be specific, measurable, achievable, realistic and time-limited. For each objective, actions steps shall be included for each parent, the child, service provider(s) and DCF.

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Normal Childhood Activities Assessment

Children placed in out-of-home care shall be encouraged and permitted to fully engage in normal childhood activities.

Caregivers of children in out-of-home care shall be provided with sufficient information regarding children in their care in order to make decisions within the "reasonable prudent parent standard" (RPPS). In order to facilitate these decisions, the Child in Placement Case Plan must contain an assessment of the child's:

- age;
- maturity;
- mental and physical health;
- developmental level;
- behavioral propensities; and
- aptitude.

The child's Social Worker shall document in the case plan the child's interest in, and pursuit of, normal childhood activities that are age-appropriate or developmentally-appropriate, including the opinions of the child's parents regarding the child's participation in these activities. The opinions of the child's parent shall be shared with the out-of-home care provider so the opinions of the parent may be considered in the provision of care to the child.

The overall assessment of the child as documented in the Child in Placement Case Plan shall be shared with the out-of-home caregiver in order to provide the caregiver with the information necessary to make careful, and sensible parental decisions that maintain the health, safety and best interests of a child while permitting the child to engage in normal childhood activities that are age- and developmentally -appropriate.

CIP Case Plans for Adolescents

The case plan shall be developed in consultation with the adolescent. For children age 14 years and over, the case plan and computer record narrative shall document that the adolescent has been informed of his or her rights in the following areas:

- education;
- health;
- visitation;
- court participation;
- annual credit report; and
- Youth Bill of Rights

The adolescent shall be asked to sign the DCF-780, "Youth Rights Form" as an acknowledgement that he or she has been provided with these rights. Should any of these rights be modified, the Social Worker shall notify the adolescent and explain the changes. The Social Worker shall ensure that the adolescent signs and dates a new DCF-780.

The adolescent shall be informed that he or she can have two people of his or her choosing (other than the Social Worker and foster parent) participate in the development of the case plan.

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CIP Case Plans for Adolescents (Continued)

The adolescent's case plan shall describe the services to help him or her transition to adulthood.

The Social Worker shall ensure that all other current DCF policies and practice guides pertaining to case planning are implemented for adolescents age 14 years and old, as may be pertinent.

The Social Worker shall ensure that the adolescent is aware of the name and contact information for his or her attorney and is informed in a timely manner of any relevant court activities to which the adolescent may have the right to participate.

The Social Worker shall make every effort to ensure that the adolescent attends the ACR in person or through teleconferencing.

Adolescents aging out of DCF care shall be provided with their:

- birth certificate;
- Social Security card;
- driver's license or identification card;
- health insurance information;
- DCF-782, "Letter verifying placement in foster care"; and
- medical records.

Time Frames for Case Plan Completion

Case plans shall be developed and approved in a timely manner. Initial case plans shall be developed within 60 calendar days.

Initial In-Home Family Plans

Day One of the time frame for completion shall be calculated as follows:

- for child protective services cases (Investigation and Family Assessment Response), the date of approval of the intake protocol; and
- for Voluntary Services cases, the date the family is determined to be eligible for services.

The draft initial case plan (with SDM FSNA) shall be due to the Social Work Supervisor 14 calendar days prior to the scheduled Family Case Planning Conference (CPC), which shall be held by day 60.

The initial family case plan shall be finalized and approved in the computer system by the Social Work Supervisor within ten calendar days of the CPC.

The family and attorneys shall be provided with copies of the completed and approved case plan by day 75.

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Time Frames for Case Plan Completion (Continued)

Initial Children in Placement Plans:

Day One for all CIP case plans (CPS, Voluntary Services Program, adolescent) shall be the date of placement.

Draft initial CIP case plans (with SDM FSNA, as applicable) shall be due to the Social Work Supervisor 14 calendar days prior to the scheduled ACR/CPC.

The initial CIP case plan shall be submitted to the ACR unit seven calendar days prior to the scheduled ACR/CPC. The initial ACR/CPC shall be held by day 60.

ACR supervisors shall complete the Administrative Case Review Instrument (ACRI - a SharePoint document) within 15 calendar days of the ACR.

The Social Worker and Social Work Supervisor shall review the ACRI in supervision and incorporate the feedback into the case plan and case planning.

The CIP case plan shall be finalized and approved in the computer system by the Social Work Supervisor within ten calendar days of receipt of the ACRI.

The family and attorneys shall be provided with copies of the completed and approved case plan within five calendar days of the approval.

Note: If the case plans require translation into languages other than English, translation contracts require four to ten days for completion.

Ongoing In-Home and CPS Case Plans

Subsequent case plans shall be completed no later than the 180th day from the initial Case Planning Conference or Administrative Case Review. SDM tools (FSNA, risk reassessment, reunification assessment) shall also be completed by this time.

Subsequent case plans shall be initialized in the computer system as soon as possible after approval.

Interim Planning Meeting

An interim planning meeting shall be held on or about the 90th day from the last scheduled ACR/CPC to review progress toward the objectives and action steps of the current case plan. The meeting shall include all family participants and service providers engaged with the family and the children.