

EDUCATION & TRAINING *Services Section*

GEORGIA DEPARTMENT OF HUMAN RESOURCES
DIVISION OF FAMILY & CHILDREN SERVICES



Foster Care Services:

Process, Practice and Policy

Participant Guide



Use Your Pen!

Foster Care

N T G D P C X J T P E V F M C
M O Q U O N B R E E R I O Q X
A R I U A Y P R Y H U S S Y S
B F R T X R M E F G S I T Q R
Q T I F P A D C T F O T E A P
L A O G N O B I H S L O R P C
R V H E U T D D A I C L C V H
Q K N T N D L A G N L P A P M
G C S E C I V R E S S D R A E
Y W R U N S A F E Z Z H E X K
K A R E U N I F I C A T I O N
P N V B J F M J Z A C R M P M

ADOPTION
COURT
GOAL
PERMANENCY
STEP
VISIT

CHILD
CPRS
GUARDIANSHIP
REUNIFICATION
TEAM

CLOSURE
FOSTERCARE
PARENT
SERVICES
UNSAFE

AGENDA

Module 1- Introduction to Foster Care

- Section A- Special Instructions on the use of the Electronic Participant Guide
- Section B - Introductions & Housekeeping
- Section C - Beliefs About Foster Care
- Section D - Case Record Standards

Module 2- Foster Care Policy

- Section A - Introduction to Policy and Permanency
- Section B - Placement Authority
- Section C – Court Process
- Section D- Funding Sources, IV-E & Medicaid

Module 3- Entering Foster Care

- Section A – Impact of Placement
- Section B – Getting Started
- Section C - Meeting the Family
- Section D – IDS and Placement Central

Module 4- Comprehensive Child and Family Assessment

- Section A - Requesting the Assessment
- Section B - Reviewing the Stevens Assessment

AGENDA

Module 5- Case Planning

Section A- Permanency Options

Section B - Goals & Steps

Section C – Stevens Case Plan

Section D - CPRS

Module 6- Case Management

Section A- Activities of Case Management

Section B - The Visit

Section C - Reevaluating the Case Plan

Module 7, Foster Care Case Closure

Section A - Phases of Family Reunification

Section B - Preparing for Case Closure

Section C - Closing the Case

Section D - Course Closure

Evaluation

Post Test

EDUCATION AND TRAINING SERVICES SECTION

DIVISION OF FAMILY AND CHILDREN SERVICES TRAINING PROGRAMS

CLASSROOM STANDARDS, EXPECTATIONS AND ATTENDANCE POLICY

As professional employees with the Department of Human Resources (DHR), Division of Family and Children Services (DFCS), all participants in any DFCS training programs must abide by the DHR Standards of Conduct, which set forth acceptable and unacceptable conduct toward peers, supervisors, managers, and clients. Trainees are encouraged to review the DHR Standards of Conduct found at:

<http://www2.state.ga.us/departments/dhr/ohrmd/Policies/1201.pdf>

The standards and expectations for the professional behavior of trainees in the classroom are as follows:

When Division employees are in training, their conduct must reflect their commitment and service to DHR and DFCS. Time spent in the classroom and in field practice is a normal workday.

Trainers serve in a supervisory role in the classroom. Responding to the trainer in accordance with the DHR Standards of Conduct is standard operating procedure.

Trainees are expected to complete written tests that cover material presented in class.

Trainees are expected to behave in a respectful manner. Examples of behaviors that are unacceptable and will not be tolerated include the following:

- inattentiveness during classroom time as exhibited by holding side conversations, conducting personal business, reading outside material or sleeping
- personal attacks, use of offensive language, argumentativeness, or excessive talking
- use of the Internet for reasons other than classroom activity
- eating food while in the computer lab
- use of cell phones, radios or beepers during class. All such devices must be turned off during class and replies to calls must be made during official breaks.

Engaging in these behaviors or in any behavior deemed disruptive or inappropriate by the trainer may result in an immediate conference with the trainer, notification to the trainee's immediate supervisor, administrator or director, or expulsion from class. The trainer will confer with the appropriate authority prior to expelling a trainee from class.

Trainees are expected to dress in accordance with Personal Appearance During Work Hours per section IV of the DHR Employee Handbook as follows:

While the Department does not specify a Department-wide dress code, employees are expected to be clean and neat in appearance during work hours. As representatives of the State, employees should present a business-like professional image. Dress code policies may be established by DHR organizational units. In certain types of jobs, employees may be required to wear uniforms.

DHR organizations units may designate specific days as “casual days”. Dress on casual days may be less formal, but should always be clean, neat and suitable for the work place.

If lettered or illustrated clothing is worn, it should not promote a particular political, moral, religious, personal or other opinion. Clothing which is obscene, vulgar, offensive or inflammatory is prohibited. Employees may be required to change inappropriate dress or instructed not to wear the same or similar clothing in the future. Employees who do not comply with established dress code standards may be subject to disciplinary action, up to and including separation.

Trainees are encouraged to review the DHR Employees Handbook at:

<http://www2.state.ga.us/departments/dhr/ohrmd/Publications/index.html>

In addition to adhering to the Classroom Standards and Expectations, the following attendance policies apply to all staff while engaged in any training:

Trainees are expected to arrive on time and adhere to the time allotted for breaks and lunch. If an emergency arises that warrants arriving late or leaving early, the trainee must address the emergency with the trainer in concert with approval from the supervisor.

Annual leave should not be requested and cannot be approved during training. Any exceptions must be discussed with the appropriate authority prior to training. The only acceptable excuses for being absent from classroom training are the following:

Sick leave (e.g. emergency illness or medical appointments for acute illnesses). In the case of sick leave, trainees must notify their immediate supervisor in the county office as soon as possible to report their absence from classroom training.

OR

Court leave (e.g. subpoena to court, unexcused jury duty). In the case of court leave, trainees must obtain prior approval from their immediate supervisor in the county office as soon as possible in order to be absent from classroom training.

The county supervisor or administrator is the only employee who can approve a trainee’s leave request. For Centralized Hire trainees, the administrative supervisor is the only employee authorized to approve a trainee’s leave request. The trainer/facilitator **will NOT** approve any leave.

The county supervisor must notify the appropriate authority as soon as possible that a trainee will be absent from class due to sick or court leave. The appropriate authority will notify the trainer of the absence.

Trainees absent from class due to approved sick or court leave may be required to make up all or part of the course depending on the length of the absence and the length of the course. This may affect time frames for their completion of training. The appropriate authority will determine with the trainer whether a trainee will continue a course, after consultation with the trainee's supervisor.

For the purposes of determining expulsion from a class, notification regarding leave or continuation in a class, the appropriate contact via an e-mail is:

- For attendance at any Office of Financial Independence training e-mail: OFItraining@dhr.state.ga.us
- For attendance at any Social Services training e-mail: SStraining@dhr.state.ga.us

I _____ have read and understand the Classroom Standards, Expectations and Attendance Policy for DFCS training programs.

Signature _____ Date _____

MODULE ONE

INTRODUCTION TO FOSTER CARE

PURPOSE:

To orient participants to the training by making them comfortable in the training environment and to introduce them to the purpose of foster care services and case record organization.

LEARNING OBJECTIVES:

After completion of this module, participants will be able to:

- Demonstrate basic skills in the use of the tablet that would be utilized in case management
- Describe the purpose and objectives of the training
- Identify policy mandates regarding how to set up a case file according to the Chapter 70 guidelines
- Describe the purpose and philosophy of the foster care program

SOCIAL SERVICES MANUAL: CHAPTER 70

Case Record Maintenance Review

Definition

The case record is the official agency document and comprehensive account of activities relating to a specific client or family unit. The primary components of the case record are:

- * the case narrative, which is the case manager's written validation and documentation of relevant case contacts; and
- * required forms, formal assessments, social summaries, case plans, court orders, correspondence, information related to medical, psychological, legal and financial aspects of the case, etc.

All narrative documentation contained in the case record is legible, dated, and initialed by the case manager completing the documentation. All narrative documentation is current, within 30 days of occurrence, unless otherwise specified in policy. All other documents contained in the case file are organized in accordance with the requirements specified in Appendix A for the service being provided. All information is filed in the appropriate section of the case record (like materials filed together) and in a chronological manner. Duplicate copies of information are not placed in the case record, or are removed when discovered (ex: Unsigned copies of court orders and case plans removed when the signed order or plan is received). It is preferred, but not mandated, that case records be organized in notebook-style (3-ring) binders. Tabbed, labeled section dividers whenever ongoing services are being provided (ongoing CPS, ongoing APS and all Foster Care records). Cases in intake or investigative status as well as closed cases may be filed in manila folders or similar folders, but care is exercised in assuring that case record organization complies with the appropriate program section contained in Appendix A. The principal of case organization is assure that all case records are easily managed for reviewers, new case managers and supervisors.

Organization of Case Records

Requirement

The organization of case records is Uniform by policy area. It is the Responsibility of the County Director/designee to assure that all social services records conform to this model.

Procedures

Every case record within a specific program area is organized in accordance with the instructions and outline for that program area as contained in Appendix A of this chapter.

Each county provides a system that facilitates the tracking of related files for social services and audit purposes.

For example:

- * when separate files are maintained for members of the same family (ex: siblings in a foster care case, when APS and CPS are being provided within the same Caretaking arrangement, etc.);

SOCIAL SERVICES MANUAL: CHAPTER 70

0.3 Contents Required in All Case Records

Requirement

1. All social services records contain the following documents:

<u>Form Number</u>	<u>Name of Document</u>
450	Basic Information Worksheet
590	Internal Data System
452	Contact Sheet (optional for CPS assessments)
451	Targeted Case Management (not required for CPS and APS assessments)

70.2 Procedures (cont.)

- * when a family moves to another county/state and a copy of the case record is transferred to that county/state for continuing services;
- * when two counties provide services to the same client (PLC when the child is boarded in another county, APS guardianship when the ward is living in another county, CPS when two counties are responsible for components of the investigation, etc.):
- * when homemaker services are provided by the Family Services Worker in support of APS, CPS or Foster Care services; and
- * when more than one volume of a case record exists.

70.3 Procedures

Programmatic requirements dictate which required forms are completed and maintained in the case record. On occasion, it is necessary to duplicate forms completed from the case record for one program for inclusion in the case record of another program (ex: court documents are maintained in both the CPS and Foster Care case records). Each case record contains all pertinent documentation and forms to meet the requirements of the program being administered and assures that the best interest of the client/family unit are met.

2. Additional program-specific forms are listed in Appendix A.

70.4 Timeliness of Case Recording

Requirement

All contacts related to the case are recorded as soon as possible, but no later than thirty (30) days from the date of contact. If specific programmatic policy requires documentation or reporting to be completed within a specific time frame, the time frame required by that policy shall be met.

70.5 Record Management and Retention

Requirement

After services are terminated, Case records are maintained for the period of time specified in accordance with the program administered, unless there is an audit scheduled, in progress or the case is in litigation. If any of these circumstances exist the case record is retained through the completion of the audit, resolution of the findings or completion of litigation.

70.5 Procedures

1. Adoption Records Management

See Chapter 100, Section 113 of the Office of Adoptions Manual for instructions on records management and retention.

2. Foster Care Records Management and Retention

The records of all children placed into foster care for longer than 6 months are retained and safeguarded until the child reaches the age of 23.

For closed foster homes, the case record is retained for up to three years for the purpose of providing an audit trail or to meet other needs. During the third year, upon completion of a review by the Evaluation and Reporting/Services Unit, all closed foster home records May be destroyed. **NOTE; If a grievance procedure or other administrative or judicial action is pending, the case record shall be retained until resolution of the action.**

SOCIAL SERVICES MANUAL: CHAPTER 70

70.6 Procedures (cont.)

3. **Child Protective Services Record Management and Retention**

The retention of Child Protective Services case records is Dependent upon whether the report was screened-out or the Investigation determination was unsubstantiated or substantiated.

- (a) For screened-out reports, the Child Abuse/ Neglect Intake Worksheet (Form #453) is retained in a secured location and filed with other screened-out reports for the purpose of providing an audit trail or to meet other needs. Screened-out reports may be destroyed after three (3) years. Screened-out reports cannot be accessed by other agencies, except as provided by O.C.G.A. 19-7-5.
- (b) For unsubstantiated investigations, the case record is retained for the purpose of providing an audit trail or to meet other needs. Unsubstantiated reports may be destroyed after three(3) years from the date of the last case action. Unsubstantiated case records cannot be accessed by other agencies, except as provided in O.C.G.A. 49-5-41.
- (c) For substantiated investigations, the case record is retained until the youngest child victim in the caretaking group reaches the age of twenty-three (23).

Foster Care/Placement Services

Case File Organization

Three-ring binders, as available, with notated index dividers, will be used to maintain all active cases. The services worker is responsible for maintaining the material according to foster care policy (1011.18) on retention of records. The filing in the binders and folders will be in chronological sequence in each section.

Case files will be organized as outlined below. (Chapter 70 social Services Policy Manual)

Basic Information

- Form 450 - Basic Information Worksheet
- Form 451 - Targeted Case Management
- Form 590 - Internal Data System Forms
 - Initial AFCARS form

Legal

- Court Orders
- Deprivation Petition(s)
- Juvenile Court Complaint(s)
- Subpoenas
- Form 3 – Voluntary Agreement to Place Child in Foster Care (Adoptive Planning)
- Form 5 – Voluntary Agreement to Place Child in Foster Care
- Form 518 – Termination of Voluntary Agreement to Place Child in Foster Care
- Form 7 – Consent to Remain in Care
- Form 9 – Consent to Drive a Motorized Vehicle
- Form 11 – Acknowledgement of DFCS Driving Policy for Youth
- Form 510 – Legal Services Request Report
- Form 572 – Surrender of Rights/Final Release for Adoption (Biological Father)
- Form 573 – Surrender of Rights/Final Release for Adoption (Parent)
- Form 576 – Acknowledgement by Grandparents and /or Guardian
- Form 577 – Acknowledgement of Surrender of Rights
- Form 578 – Mother’s Affidavit
- Form 579 – Adoptive Mother’s Affidavit
- Form 580 – Disclaimer, Denial and Surrender of Rights
- Form 581 – Withdrawal of Surrender
 - Death Certificate
 - Social Security Card

Case Plan

- Family Assessment
- Permanency Time Line
- Family Strengths and resources: Prospect for Early Reunification
- Permanency Prognostic Indicators
- Form 419 – Background Information (Family Medical Info.)
- CPRS – Case Plan Reporting System
- Form 391 – Written Transitional Living Plan (if applicable)
- Form 392 – Judicial Review Report (if applicable)
- Case Review Notification Letters (if applicable)
- J.J./Parental Notification of Access to Records

Placement Documentation

- Form 6 – Family Foster home placement Agreement Between County DFCS
- Form 40 – Agreement Supplement
- Form 448 – Institutional Placement Agreement
- Form 469 – Foster Child Information Sheet
- Form 419 – background Information
 - Long Term Foster Care Agreement
 - Notification Form for Change in Case Plan/Services
 - Home Evaluation
- Form 96 – (ICPC- 100B) Interstate Compact Reports on Placement Status of Child
- Form 97 – (ICPC-100A) Interstate Compact Application Request to Place Child
- Form 749 – Application for admission to Residential Child Care Agency
 - Level of Care Application
 - MATCH Application
 - MATCH treatment plan
 - MATCH utilization review guides

Financial

- Request for Special Board Rate
- Form 122 – Foster Care Referral Form
- Form 123 – Interagency/Interoffice Update and Follow up
- Form 526 – Foster Care Invoice
- Form 527 - Initial authorization of Foster Care
- Form 529 – Authorization of Foster care Change/Termination

Vital Statistics

- Birth Certificate
- Death Certificate
- Social Security Card

Correspondence

Form 713 – interagency/Interoffice Referral/Follow up

Form 5459 – Authorization Release of Information

- Authorization Release of Information
- General Letters
- Incoming/Outgoing
- Permission to Travel

School Records

- Report Cards
- Test/Examination Reports
- Evaluation Reports
- Other Educational Related Documents

Health

Form 535 – Authorization and Claim for Psychological, Psychiatric or Speech Therapy Services

- Physical/Psychological/Psychiatric/Speech/Dental Records
- Immunization Records

Family Services Worker

Form 562- Referral for Family Service Worker/chore Services

Form 502 – Family Service Worker Services,

Form 452 – Contact Sheet used by Family Service Worker (if applicable)

- Accountability Form (if applicable)
- EBT Family Services Worker/Recipient Receipt (if Applicable)
- Handicapped Parking DRS 29 (if applicable)

Service Documentation

Form 452 – Contact Sheet

- Case Record Review Guide

Pictures

- Drawings/Diagrams
- Snapshots/Photos (use manila envelope)

MODULE TWO

FOSTER CARE POLICY

PURPOSE: Participants will be familiar with the authority and process by which children enter foster care, the foster care policy and the online policy manual.

LEARNING OBJECTIVES:

At the completion of this module, participants will be able to:

- Access the online foster care policy site
- Locate specific policy in the Social Services Foster Care section
- Identify and select the appropriate Permanency Option
- Identify and explain the types of Placement Authority
- Explain the Juvenile Court process and purpose of the different types of hearings
- Explain the funding sources: Initial, IV-E, IV-B, SSI and Medicaid
- Indicate the correct funding source using the UAS codes
- Process applications for Medicaid, IV-E and Level of Care
- Identify the purpose, time frames, and complete the foster care forms 527 and 529

PERMANENCY OPTIONS GROUPS

Group One-Reunification

1006.4 – Reunification and 1006.9 – Services to Birth Families

PERMANENCY OPTIONS GROUPS

Group Two- Adoption
1006.5 - Adoption

PERMANENCY OPTIONS GROUPS

Group Three- Guardianship
1006.6 – Guardianship

PERMANENCY OPTIONS GROUPS

Group Four- Permanent Placement with a Fit and Willing Relative

1006.7 – Permanent Placement with a Fit and Willing Relative,

PERMANENCY OPTIONS GROUPS

Group Five- Another Planned Permanent Living Arrangement

1006.8 – Another planned permanent living arrangement

Placement Authority

Voluntary Agreements:

- Voluntary Consent to Place Child in Foster Care
- Consent to Remain in Care
- Voluntary surrender of parental rights;
- Request for short-term emergency care



Court Order:

- Juvenile Court
 - Temporary Custody
 - Termination of Parental Rights
- Superior Court

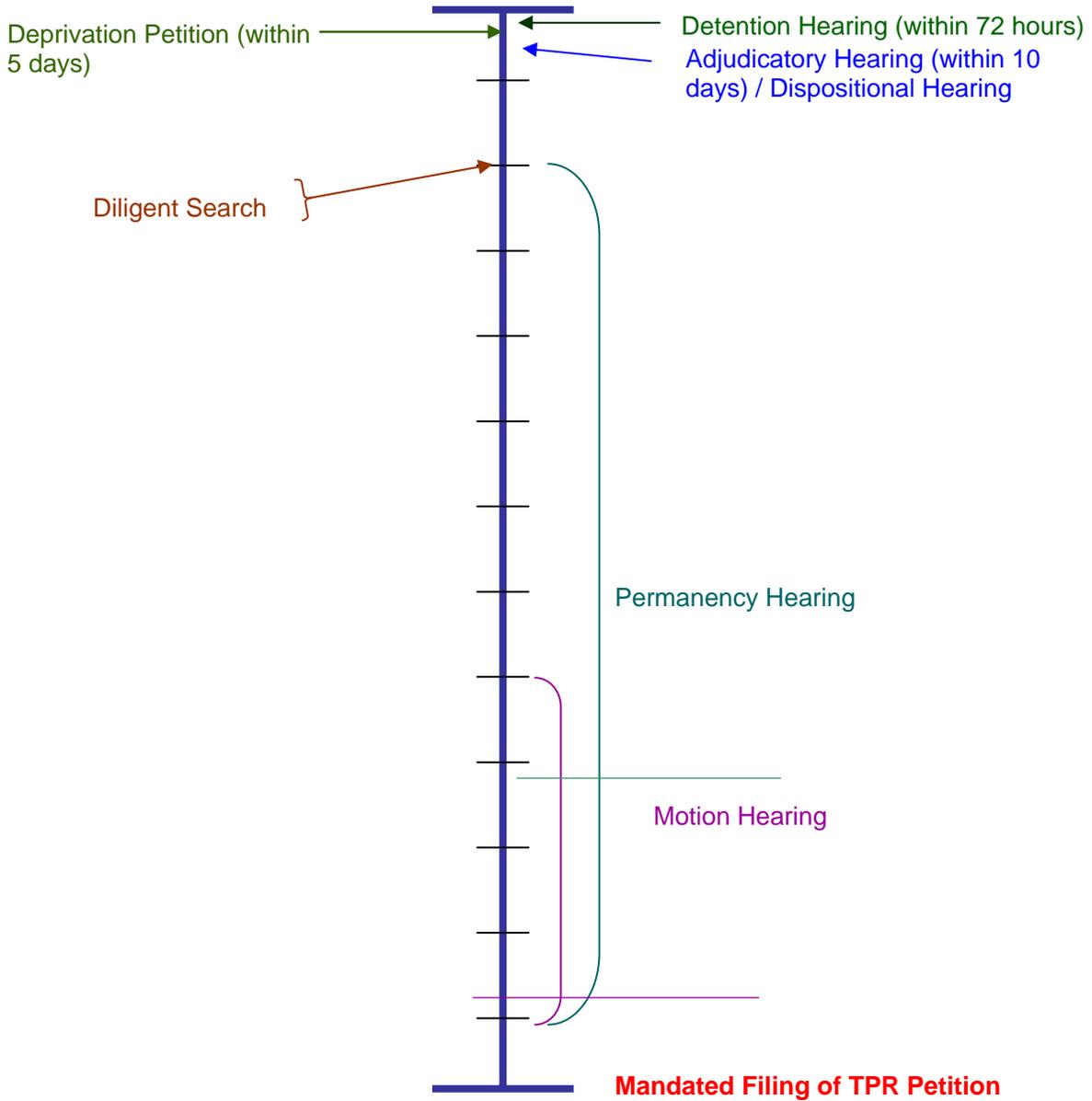
PLACEMENT AUTHORITY

JUVENILE COURT PROCESS

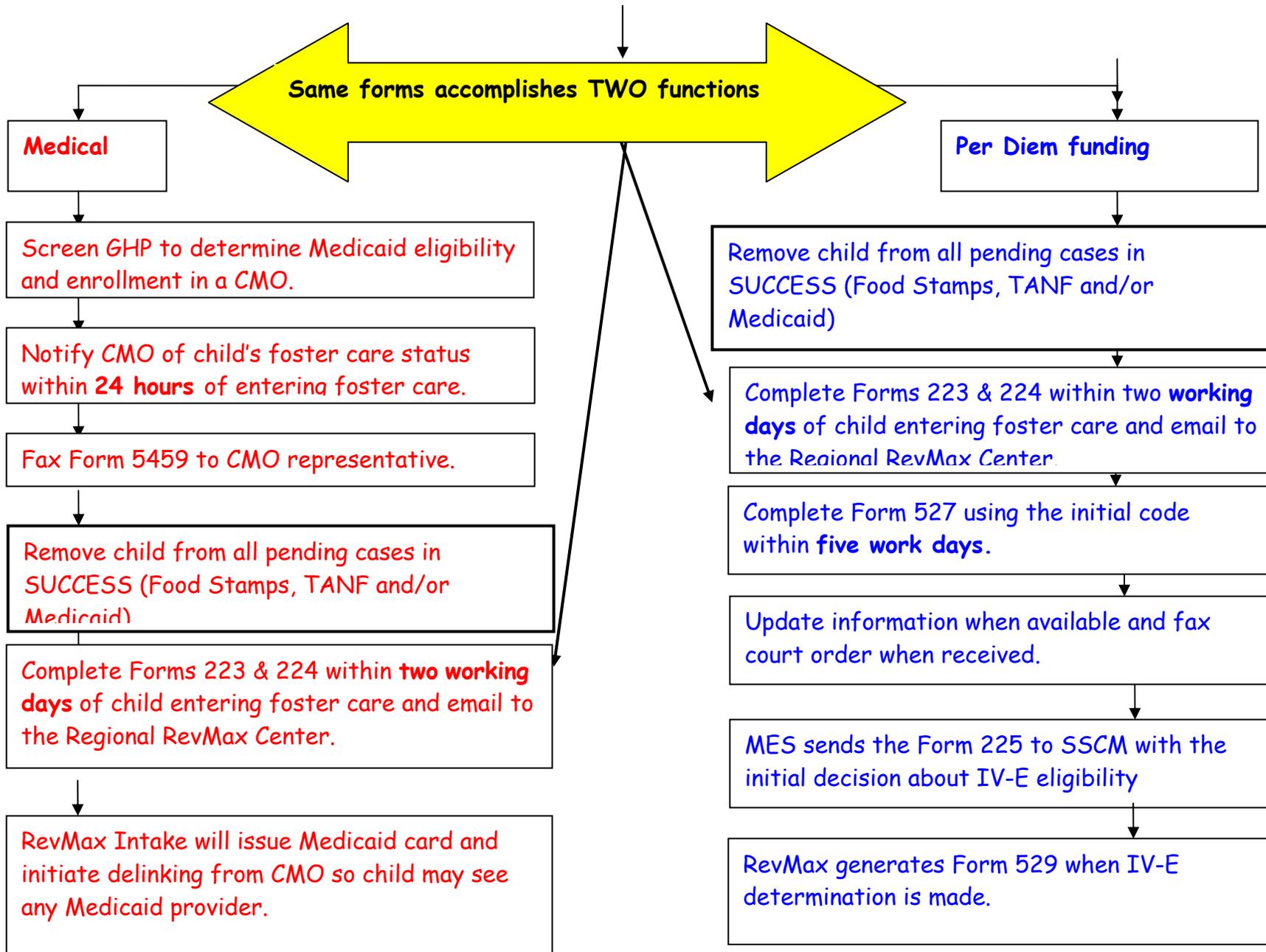
Action	How Accomplished (Process)	Outcome
<p>Child removed from home for his safety and protection and is placed in care</p>	<ul style="list-style-type: none"> • DFCS files a deprivation complaint or petition; or • Court issues an ex parte order or other such order granting authority; or • Law enforcement or officer of the court removes and obtains approval from the court or a designated intake officer authorizing DFCS to take placement responsibility; or • A verbal order is issued by a juvenile court judge (only if followed by a written order which is obtained the first work day after the issuance of a verbal order). 	<p>Child considered in protective custody until an informal detention hearing within 72 hours is held. A written order signed by the judge (or designated court personnel) should be obtained for the case record as the documented legal authority to hold a child.</p>
<p>72-Hour Hearing (Detention Hearing)</p>	<ul style="list-style-type: none"> • Scheduled as a result of the filing of a deprivation complaint or petition. • Purpose is to allow the court to determine whether there is probable cause to believe that the allegations of the complaint are true. 	<p>If probable cause found, the judge may order that the child remains in shelter care. A petition must be presented to the court within five calendar days of the 72-hour hearing. The order issued as a result of the 72-hour hearing must contain the <i>“contrary to the welfare of the child”</i> * or <i>“placement is in the best interest of the child.”</i> * Additionally, any order issued up to 60 days from removal must contain the <i>“reasonable efforts to prevent removal”</i> * finding. See Appendix E for “Model Order for Shelter Care.”</p> <p style="text-align: right;"><i>* IV-E requirement</i></p>
<p>Adjudicatory (10-Day) Hearing</p>	<ul style="list-style-type: none"> • Held within ten calendar days (unless continued by the court) of filing the deprivation petition. • Purpose is to determine whether the allegations in the petition are true and if the child is “deprived” for purposes of the Juvenile Court Code. • A dispositional hearing may be held immediately following the adjudicatory hearing or continued until another date. 	<p>After hearing the evidence, the court will make and file findings regarding the child's deprivation, including whether such deprivation is found as a result of alcohol or other drug abuse. Such findings become the basis of the initial Case Plan for Reunification. Judicial determination may be made at this time (or in a later order) as to whether DFCS is making <i>“reasonable efforts to preserve and reunify families.”</i></p>

Action	How Accomplished (Process)	Outcome
Dispositional Hearing	<ul style="list-style-type: none"> • Purpose is to determine what actions and recommendations are in the best interest of the child now that he/she has been found "deprived." • If available, DFCS should share the results of the Comprehensive Assessment with the court to assist decision-making re: the placement and needed service activities. • The initial Case Plan may be incorporated into the dispositional order of the court (or in a later supplemental order). 	<p>The possible dispositional alternatives are:</p> <ul style="list-style-type: none"> -Permit the child to remain with parent or other custodian, possibly with supervision; -Transfer temporary legal custody to DFCS, another agency or any individual (including a putative father) who has been studied and approved for the care of the child.
Motion Hearing (Extension of Custody)	<ul style="list-style-type: none"> • Held within 12 months from the date the child is removed from the home for purposes of extending custody. It is recommended that DFCS files for a motion hearing within 90 to 120 days of the expiration of the temporary custody order. A permanency hearing may be held at the time of the extension hearing. 	<p>If granted, this single extension of custody is for a period not to exceed 12 months.</p>
(Case Plan) Review Hearing	<ul style="list-style-type: none"> • Held if the parent disagrees with Case Plan and exercises his/her right to request a hearing before the court within 5 days of receipt of the Plan. 	<p>Upon reviewing the Case Plan and hearing evidence, the court may issue a supplemental order to incorporate any changes/revisions.</p>
Permanency Hearing	<ul style="list-style-type: none"> • Held whenever a Non-Reunification Case Plan is submitted to the court, then a hearing shall be scheduled within 30 days from the filing of the Plan; or held within 12 months of removal of the child (whichever comes first) to determine the permanency plan and set the future course of the case. • Thereafter, held every 12 months as long as the child remains in care. (Can be held in conjunction with the Motion Hearing to extend custody.) 	<p>A permanency plan finding is made as well as a judicial determination to the effect that "reasonable efforts to finalize the permanency plan."* Other findings, if applicable, are made with respect to the child in out-of-state placement or for the youth age 14 and over. An order is entered (usually within 30 days of the permanency hearing documenting the court's findings).</p> <p style="text-align: right;"><i>*IV-E requirement</i></p>
Review Hearings	<ul style="list-style-type: none"> • May be held at any time by the court to determine the continued appropriateness of the Case Plan goals / services and the progress to date; overall case outcome for permanency is the focus. 	<p>At the time of every review, DFCS will be expected to indicate whether and when the agency intends to file a petition for termination of parental rights. A supplemental order may be entered if there are Case Plan revisions.</p>

Critical Dates



When a child enters Foster Care



Uniform Accounting System (UAS) Codes

<http://167.193.156.254/FFS/>

UAS	DESCRIPTION
IV-E 501	IV-E Family Foster Care
IV-B 502	Iv-B Child Welfare – Family Foster Care
Initial 503	Initial Family Foster Care
504	IV-E Related Family Foster Care (State)
IV-E 505	IV-E Institutional Foster Care
IV-B 506	IV-B Child Welfare – Institutional Foster Care
Initial 507	Initial Institutional Foster Care
508	State - Adoption Assistance
509	IV-E - Adoption Assistance
510	IV-E Adoptions – Nonrecurring Expenses
511	First Placement/Best Placement Assessment Services
512	Special Services Adoption Assistance
513	Return of Runaways
516	Applicant Services – Child Care
517	TANF Child Care
518	First Placement/Best Placement Wrap-Around Services
519	<i>Not Currently Funded</i>
520	Foster Care Respite Care
521	FFC-Prevention of Unnecessary Out-of-Home Placement
522	Child Welfare – Family Foster Care (State)
525	Medical Exams and Records
526	<i>Not Currently Funded (6/04)</i>
527	TANF Employment Services
IV-E 529	<i>Not Currently Funded (6/04)</i>
IV-B 530	<i>Not Currently Funded (6/04)</i>
531	Foster/Adoptive Parent Support Services
532	APS Emergency Relocation
535	Transitional Child Care
537	TANF Two Parent Families
538	TANF Legal Immigrants
539	Day Care Benefits – Food Stamp Program
541	<i>Not Currently Funded (8/04)</i>
IV-B 542	Enhanced Relative Rate (ERR)
544	Child Care Block Grant
545	Child Care Block Grant/Special Needs
546	Good Works Sheltered Employment
547	Emergency Foster Care Beds
549	Food Stamps E & T ABAWD Transportation
551	Early Intervention and Prevention Services
IV-E 552	Subsidized Guardianship and Enhanced Subsidized Guardianship
553	Relative Care Subsidy (RCS)

	554	GELI Tier Reimb (Ended March 2005)
	555	Pre-Kindergarten Extended Day Child Care (Non-TANF)
	556	Pre-Kindergarten Extended Day Child Care (TANF)
	558	<i>Not Currently Funded (1/2005)</i>
	559	Food Stamp E & T Incidentals for ABAWDS in Work Experience
IV-E	560	IV-E Voluntary Family Foster Care
IV-E	561	IV-E Voluntary Institutional Foster Care
IV-E	562	<i>Not Currently Funded (6/04)</i>
IV-E	563	IV-E Privately Specialized Family Foster Care – Licensed and Approved Private Foster Care Agencies
IV-B	564	State-Privately Supervised Family Foster Care – Licensed and Approved Private Foster Care Agencies
Initial	565	Initial Privately Supervised Family Foster Care- Licensed and Approved Private Foster Care Agencies
	568	<i>Not Currently Funded (8/04)</i>
	569	Food Stamp E & T Incidentals for ABAWDS in Education/Training
	571	Homestead Services
	573	Parent Aide Services
IV-E	574	IV-E Specialized Foster Care – State Approved Per Diem Waivers
IV-E	575	IV-E Voluntary Specialized Foster Care- State Approved Per Diem Waivers
	576	IV-E Related Specialized Foster Care (State)
IV-B	577	Child Welfare Specialized Foster Care State Approved Per Diem Waivers
	578	Child Welfare Specialized Foster Care (State)
Initial	579	Initial Specialized Foster Care State Approved Per Diem Waivers
	583	Educational Related Expenses for Youth 21-25 (ILP)
	584	College/Vocational Related Expenses (State)
	585	Educational and Enrichment Expenses (State)
	586	Transitional Living Program (TL)
	587	Adoption Incentives – Second Grant
	588	Family Services (CPPC Project)
	589	Food Stamp E & T Incidentals for ABAWDS in other Activity
	590	<i>Not Currently Funded</i>
	591	Education and Training Vouchers (ETV) /ILP 100% Federal
	592	Energy Benefits – H.E.A.T.
	593	<i>Not Currently Funded</i>
	594	IV-E Administration Cost/ CPAs
	595	CCI – Parental Custody
	596	CPA – Parental Custody

597 *Wraparound – Parental Custody*
598 *Wraparound – DFCS Custody*
658 *Not Currently Funded*
698 **Disaster Expenditures**

New Programs

705 *IV-E Institutional Foster Care – CCI Treatment Cost*
735 *Child Care TANF Diversion*
763 *IV-E Privately Specialized Family Foster Care –
CPA Treatment Cost*

773 *PSSF – Crisis intervention and Placement
Prevention Services*
774 *PSSF – Family Support Services*
783 *PSSF – Time Limited Reunification Services*
784 *PSSF – Adoption Promotion and Support Services*

873 *C/M PSSF – Crisis intervention and Placement
Prevention Services*
874 *C/M PSSF – Family Support Services*
883 *C/M PSSF – Time Limited Reunification Services*
884 *C/M PSSF – Adoption Promotion and Support Services*

905 *IV-E Institutional Foster Care – CCI Educational Cost*
963 *IV-E Privately Specialized Family Foster Care –
CPA Educational Cost*

Relative Care Reference Guide

Enhance Relative Rate	Relative Care Subsidy	Subsidized Guardianship
<p><u>Prior to an Immediate Placement with Relative:</u></p> <p>Document relationship by (blood, legitimate, marriage, or adoption)</p> <p>Satisfactory screens in Master index (all sites),</p> <p>Satisfactory local criminal check</p> <p>Relative agrees to:</p> <p>Criminal History check (all HH members 18-older)</p> <p>Home Safety Assessment</p> <p>Discipline policy</p> <p><u>Enhanced Relative Rate</u></p> <p>Satisfactory Relative Care Assessment</p> <p>Payment is 80% of the basic family foster care rates</p> <p>Payment begins first month after SSCM authorizes</p> <p>UAS Codes 542</p>	<p>Relative Care Subsidy application and Agreement is signed prior to Juvenile Court transfers/modified temporary custody order from DFCS to the permanent custody of relative until child reaches age 18 and requires a non-reunification order</p> <p><u>Relative Care Subsidy</u></p> <p>Relative resources with incomes above \$150,000 are eligible to receive the \$10 per day subsidy.</p> <p><u>Enhanced Relative Care Subsidy</u></p> <p>The Enhanced Relative Care Subsidy is effective the first full month after SSCM has authorizes payment</p> <p>Relative families that provide income verification less than \$150,000 per year may be approved to receive ERCS.</p> <p>ERCS is 80% of the current family foster care basic rates, based on the age of the child:</p> <p>Children 0-5 years of age, \$11.34</p> <p>Children 6-12 years of age, \$12.80</p> <p>Children ages 13 and over, \$14.60</p>	<p>Child must have been in DFCS custody immediately PRIOR to relative acquiring guardianship status</p> <p>A relative family income eligibility limit applies:</p> <p><u>Subsidized Guardianship \$10.00 subsidy</u></p> <p>Relative families with incomes above \$150,000 are still eligible to receive the \$10 subsidy.</p> <p><u>Enhanced Subsidized Guardianship Subsidy supplement</u></p> <p>Relative families that provide income documentation that family income is under \$150,000 per year to the DFCS SSCM may be approved to receive a subsidy supplement.</p> <p>ESG is at 80% of the current family foster care basic rates, based on the age of the child.</p>

See 1004 and 1016 for full details

Relative Care Supports

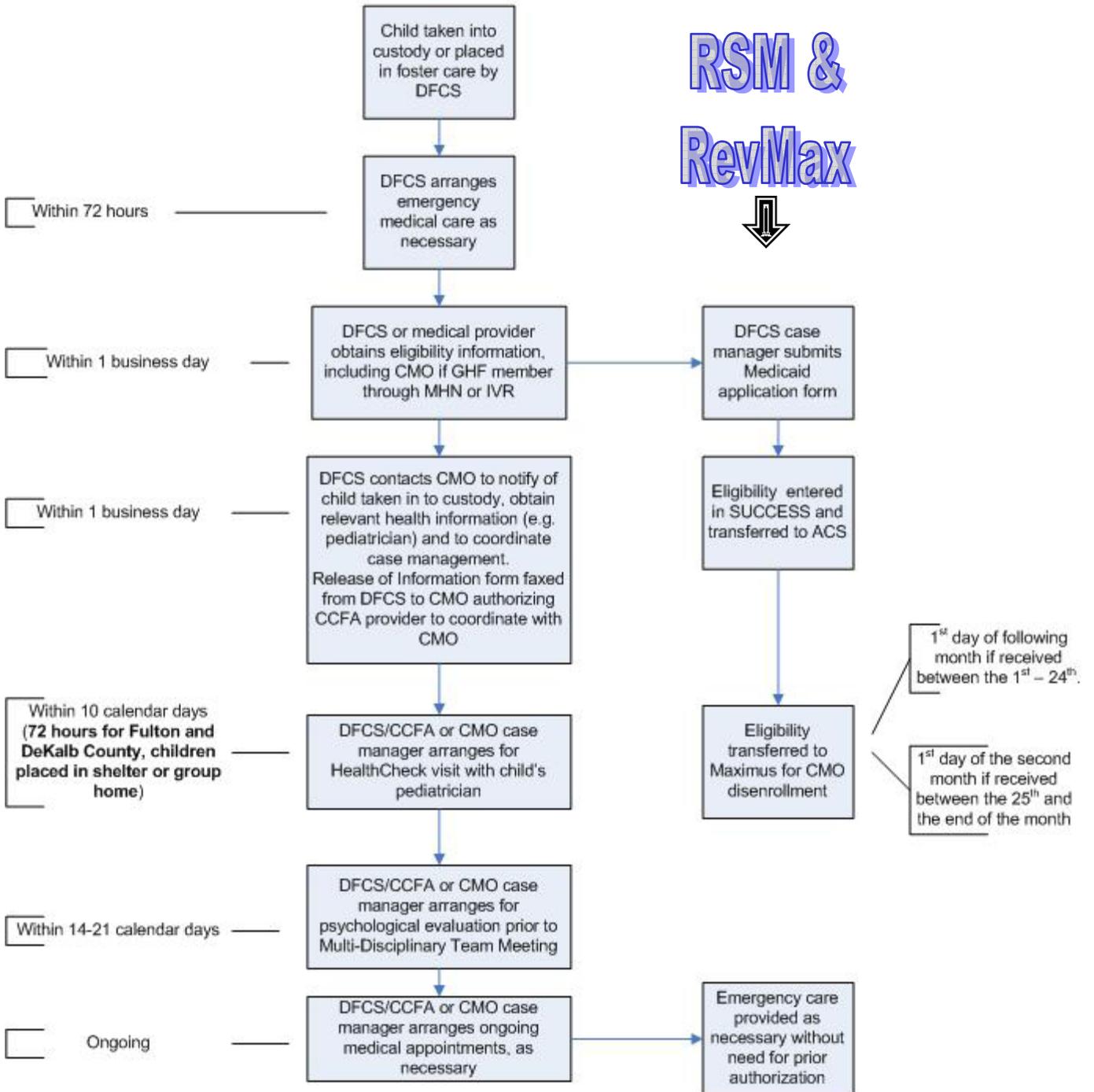
	DFCS Custody		Post DFCS Custody			
Description	Relative Home	Relative Foster Care	Relative Care Subsidy		Subsidized Guardianship	
			RCS 1	RCS2	SGS 1	SGS 2
DFCS Custody	Yes	Yes	No	No	No	No
DFCS Casework reviews/renewals	Ongoing, monthly	Ongoing, monthly	Yearly		Yearly	
Time in Care	Till transfer to another option or permanency		To age 18 or until high school graduation up to age 19			
Biological Parents Per Diem	No	No	No		No	
IV-E Eligible Program	No	Yes	No		No	
New Per Diem	Yes	No	No	Yes	Yes	Yes
Per Diem	80 % of FFC	Family Foster Care; \$14.18, \$16.00, \$18.25	\$10.00	80 % of FFC: \$11.34, \$12.80, and \$14.60	\$10.00	80 % of FFC: \$11.34, \$12.80, and \$14.60
Means Test: Child	No	No	\$400 in benefits		\$400 in benefits	
Means Test: Relative	No	No	No	\$150,000	No	\$150,000
Clothing Allowance	Yes, new	Yes	Yes, new		Yes, new	
Child Care, Supp. Supervision	Yes, new, limited funding	Yes	Yes, new, limited funding		Yes, new, limited funding	
Respite Care	No	Yes	No		No	
Medicaid	Yes, eligibility	Yes, eligibility	Yes, eligibility		Yes, eligibility	
Interstate Placement	Yes, new	Yes	Yes, new		Yes, new	
Non-reunification requirement	No	No	Yes		No	
Wrap-Around Services	Yes, new	Yes	Yes, new		Yes, new	

See 1004 and 1016 for full details

Workflow for Children Placed in Foster Care, Enrolled in Medicaid Care Management Organizations

RSM &
RevMax

↓



Care Management Organization (CMO) Contacts

Please contact the child's CMO for pre-authorization of all non-emergency care, including pharmacy and mental health.

Wellcare of Georgia

Outpatient Department – Foster Care: (866) 231-1821

Additional Assistance:

Nancy Westbrook - Director, Health Services (Corporate)

Phone: 866-231-1821 x1136 fax: 813-262-2957

Adeline Fama, RN Manager Georgia Team 1

Phone: 866-231-1821 x3672 fax: 813-675-2990

Behavioral Health: Magellan Health Services Toll Free # (800) 424-5412

Amerigroup Community Care

Business Hours: Call 1-800-454-3730 and select Case Management to speak with a Social Worker.

After Hours: Call 1-800-454-3730 and select Preauthorization to speak with a Nurse.

For additional assistance contact: Dennis Black, LMSW at 678-587-4840, ext. 74969

Peach State Health Plan

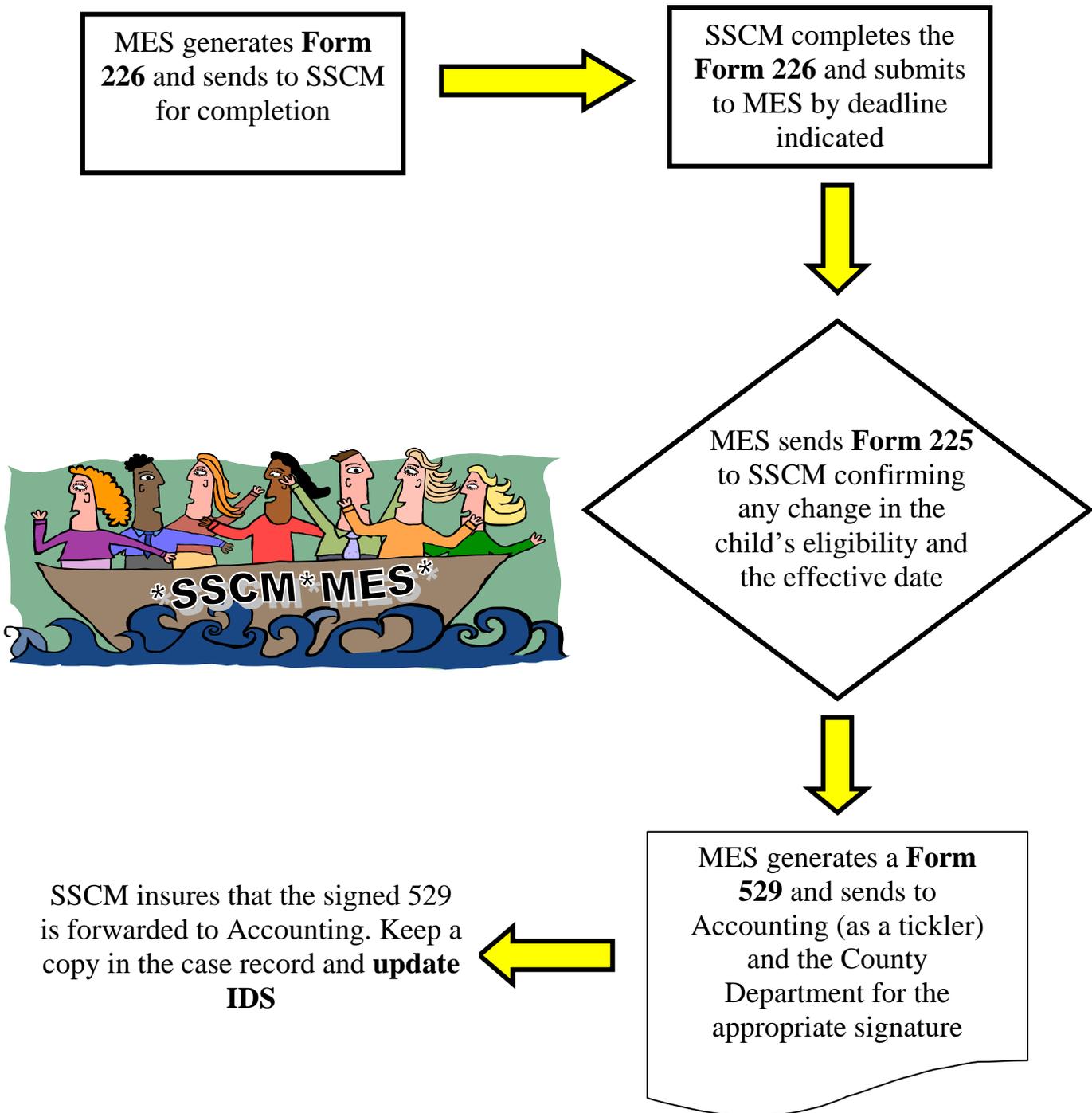
Medical Management/Case Management: 800-704-1483 or 800-504-8573

The following information should be provided to verify member's eligibility:

- Member ID Number (if known)
- Member Name
- Member Date of Birth
- Member Address

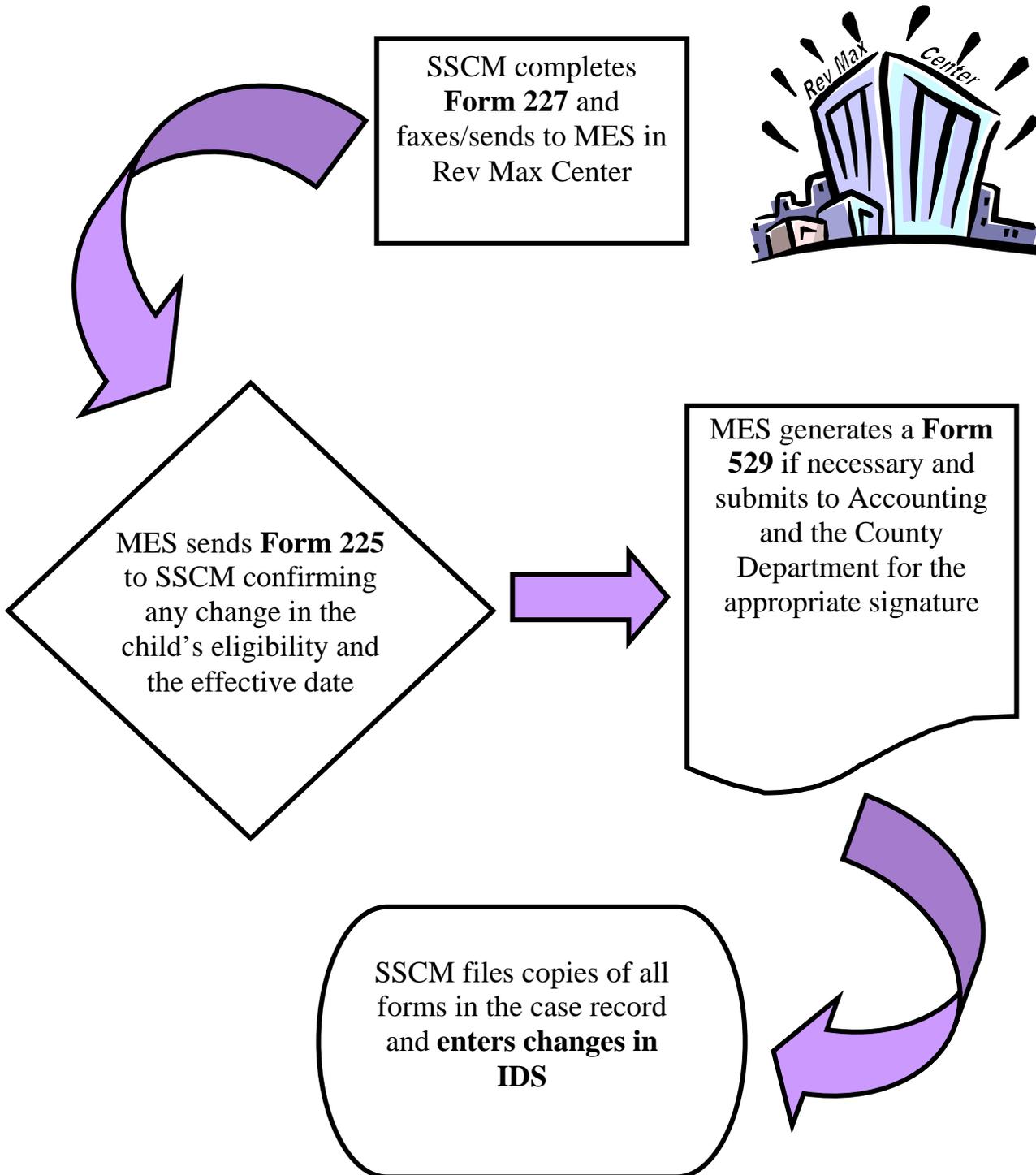
Medicaid and IV-E Re-Determination

(Foster Care Policy 1003.9)



Communicating Changes to the MES

(Foster Care Policy 1003.10)



MODULE THREE THE STEVENS CASE

PURPOSE: To provide participants with a sample case to practice interviewing, documenting and completing the necessary forms.

LEARNING OBJECTIVES:

Upon completion of this module, participants will be able to:

- Identify the purpose, time frames, and complete the foster care forms 13, 40, 124, 223, 224, 450, 469, 527, 529, 531, 590, 3267 and Emergency Intake Form
- Identify information and the required language in the court order
- Demonstrate the application and importance of reading the child protective services history
- Identify the information that needs to be shared with the parent and the information that the SSCM needs to obtain from the parent
- Access the IDS system to complete Form 590, link children in IDS Placement Central and make changes in IDS Placement Central

Identify the times frames for entering data into the IDS system

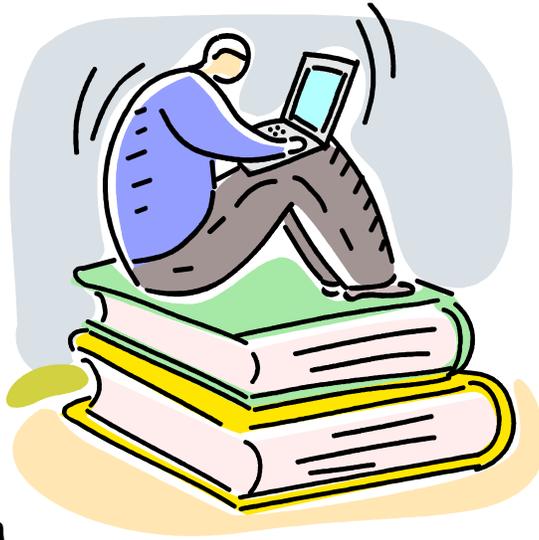
30 DAY PLACEMENT CHECKLIST

AT PLACEMENT		POLICY REFERENCE
<input type="checkbox"/>	Screen with GHP for existing Medicaid	CL 2006-02
<input type="checkbox"/>	Remove child from all pending cases in SUCCESS (Food Stamps, TANF and/or Medicaid)	CL 2007-03
<input type="checkbox"/>	Form 469: Complete with parent and provide to foster parent	1009.2
<input type="checkbox"/>	Emergency Intake Form: Complete with parent and provide to foster parent	1011.2
<input type="checkbox"/>	Form 419, pages 5 & 6: Obtain medical information from parent and provide information to foster parent	1011.2
<input type="checkbox"/>	Form 5459: Release of medical information signed by parent	1011.2
<input type="checkbox"/>	Form 13: HIPAA notice of privacy given to parent	
<input type="checkbox"/>	Form 124: JJ vs. Ledbetter Letter to parent	1013.3
<input type="checkbox"/>	Form 40: Complete with foster parent at placement	1009.2
<input type="checkbox"/>	Form 450: Obtain emergency contact information on parent	Chapter 70
<input type="checkbox"/>	Form 451: Authorize Medicaid services	User's Guide
<input type="checkbox"/>	Form 531: Explain and provide copy to parent	
<input type="checkbox"/>	Request from parent: Special items of comfort for child, child's clothing, pictures of parents, copy of child's birth certificate and Social Security card, any medical insurance information	1009.1
WITHIN 2 DAYS OF THE REMOVAL		
<input type="checkbox"/>	Complete Forms 223, Medicaid and IV-E Application, and Form 224, Removal Home Income and Asset Checklist, as a Word document and send as an email attachment to their respective Regional RevMax Center for all children within two (2) days of entering care. This includes those children where DFCS custody is terminated at the 72 hour hearing.	CL 2007-03
<input type="checkbox"/>	Faxed to RSM project: Form 223 and 224	1003.2&3
<input type="checkbox"/>	Faxed to RevMax: Forms 223 and 224	1003.2&3
WITHIN 24 HOURS OF THE 72 HOUR HEARING		
<input type="checkbox"/>	Form #1: Referral to CCFA provider	1006.1
<input type="checkbox"/>	Notify parents, relatives and foster parents in writing of assessment process	1006.1

30 DAY PLACEMENT CHECKLIST

<input type="checkbox"/>	Notify parents, relatives and foster parents of FTM to be held within 9 days of child's placement	1006.1
<input type="checkbox"/>	Provide CCFA provider with background information and pre-evaluation check list	1006.1
WITHIN 5 CALENDAR DAY OF PLACEMENT		
<input type="checkbox"/>	Form 3267: Complete and refer to district coordinators of Children 1 st for all children less than 5 years of age not already referred by CPS.	1011.2
WITHIN 5 WORK DAYS OF PLACEMENT		
<input type="checkbox"/>	Form 590: complete and enter into IDS system	User's Guide
<input type="checkbox"/>	Link child in IDS Placement Central	User's Guide
<input type="checkbox"/>	Form 527: Initial authorization of Foster Care	1003.1
WITHIN THE 1ST WEEK OF PLACEMENT		
<input type="checkbox"/>	Parent and child visitation	1009.3
WITHIN 9 DAYS OF PLACEMENT		
<input type="checkbox"/>	Family Team Meeting	1006.1
WITHIN 10 DAYS OF PLACEMENT		
<input type="checkbox"/>	Health check for child to include developmental and dental screening	1011.2
WITHIN 16 DAYS OF CCFA REFERRAL		
<input type="checkbox"/>	Notice of MDT meeting and intent to develop case plan to parent	1006.1
WITHIN 21 DAYS OF CCFA REFERRAL		
<input type="checkbox"/>	MDT meeting	1006.1
<input type="checkbox"/>	Initiate home evaluations on any relative identified as a potential resource for child placement	1006.1
WITHIN 30 DAYS OF PLACEMENT		
<input type="checkbox"/>	Submit initial case plan and CCFA to court	1006.1

STEVENS FAMILY



Foster Care Situation
See printed material

Case Notes Worksheet ~



Planning for the First Meeting Worksheet

1. Child's Placement

2. Child Information

3. Update 450

4. Visitation

5. Legal Issues

Interview One – The First Meeting



Location/Setting: The county office conference room just after the 72 Hour Hearing. Jonathan has been in care less than 72 hours at this point.

Participants: Case Manager

Ms. Stevens, birth parent

Purpose: To allow participants the opportunity to practice engaging and building a supportive relationship with the parent while obtaining and/or sharing critical information.

Situation: The foster care case manager and Ms. Stevens will be meeting for the first time. Ms. Stevens is anxious to see Jonathan and know he is ok. Jonathan also wants reassurance that his mother is ok and not mad at him. The case manager wants to begin to fill in information gaps. The role play will focus on the initial meeting between the case manager and Ms. Stevens. The case manager has ask Ms. Stevens to meet 30 minutes prior to the visit time and clearly stated to Ms. Stevens that she will have her full hour with Jonathan.

Directions:

1. The SSCM wants to begin to fill in information gaps and establish a supportive relationship with Ms. Stevens.
2. The first SSCM will have 10 minutes to engage Ms. Stevens and complete the Emergency Intake Form.
3. The trainer will call time after 10 minutes and the pairs will exchange roles.
4. The new SSCM will have 10 minutes to engage Ms. Stevens and complete the Form 469 on their tablet.

Case Action Type: _____ 1 – Initial 2 – Change 3 – Close 6 – Re-Open

Primary Service: _____
1 – Placement 13 – Court Ordered Study
2 – CPS Report Screened Out 14 – OTI (Out of Town Inquiry) – From Another County
3 – CPS Report Accepted for Service 15 – OTI, ICPC – From Another State
4 – APS Report Accepted for Service 16 – CPS Safety Resource
6 – Preventive Services

Case Number: _____ - _____

General: Case Open/Close Date _____ Form Filled Out Date: _____

Case Category: (CPS and PLC Only – Select one only according to primary service of the case)

CPS categories	Placement (PLC) Categories
<input type="checkbox"/> Intake/Investigation	<input type="checkbox"/> 1 – Foster Care
<input type="checkbox"/> On-going/Family Preservation	<input type="checkbox"/> 2 – Foster Care/Boarding +
	<input type="checkbox"/> 3 – Foster Care/ICPC Boarding (Not in GA Custody)+
	<input type="checkbox"/> 4 – Foster Care/Parent Services Only +
	<input type="checkbox"/> 5 – Relative/ICPC Boarding (Not in GA Custody)+
	<input type="checkbox"/> 6 – Adoption
	<input type="checkbox"/> 7 – Adoption/Boarding +
	<input type="checkbox"/> 8 – Adoption/ICPC Boarding (Not in GA Custody)+
	<input type="checkbox"/> 9 – ILP (Independent Living)

Caseworker: _____

THE FOLLOWING QUESTION APPLIES TO PRIMARY SERVICE TYPE 3 – CPS REPORT ACCEPTED FOR SERVICE

17. A 431 will be generated for Initial & Reopen CPS cases. If one is not required please select appropriate reason.

<input type="checkbox"/> 431 Required	<input type="checkbox"/> 431 Not Required	<input type="checkbox"/> 1 – Ongoing case received in transfer
		<input type="checkbox"/> 2 – Request for Assistance
		<input type="checkbox"/> 6 – Courtesy Visit
		<input type="checkbox"/> 7 – Duplicate Case Numbers
		<input type="checkbox"/> 8 – CPS Case Opened in Error/CPS Case Closed in Error

PRIMARY CLIENT

Demographic Info:
Last Name _____ Gender Male Female
First Name _____ DOB _____
Middle Name _____ SSN _____
Suffix (Select One) Jr Sr I II III IV V VI VII VIII IX X XI XII
Hispanic Eth No Yes UTD
SUCCESS ID _____

Race: (Check all that apply) Black/African American White Asian American Indian or Alaskan Native
 Hawaiian Native or Pacific Islander *Unable to Determine

**Unable to Determine should only be used for child abandonment, adult incapacity/refusal*

Address: (Address 1, City, State, Zip required)

Address 1 _____	City _____
Address 2 _____	State _____
Address 3 _____	Zip _____ Ext. _____

THE FOLLOWING SECTIONS APPLY TO PRIMARY SERVICE TYPE 1 – PLC CASES ONLY

PRIMARY CLIENT Cont'd.

Is US Citizen? Yes (U.S. Native Born Citizen) Yes (Not U.S. Born) No

If Yes, (Not U.S. Born) select one type of verification from the following list:

Primary

- U.S. Passport
- Naturalization Certificate (N-550)
- Certificate of Citizenship (N-560)

Secondary

- Report of Birth Abroad/ U.S. Citizen (FS-240)
- Certificate of Birth (FS-545)
- Birth Certificate
- U.S. Citizen ID Card (I-97)
- American Indian Card (Issued by INS) Religious Record of Birth
- Final adoption decree
- Evidence of civil service employment by the U.S. government before June 1976
- Official military record of service showing a U.S. place of birth
- Northern Mariana ID card

Tertiary

- Extract of U. S. hospital record of birth created at least 5 years before the initial application date
- Life or Health or other insurance record showing U.S. place of birth created 5 years before initial application

Quaternary

- Census Bureau records of Birth/parentage
- Medical records of birth/parentage
- Religious Record of Birth
- Bureau of Vital Statistics records of birth/ Parentage
- Local government records of birth/parentage
- Confirmation of Birth

Non-US Citizens *If No, the primary client is not a U. S. Citizen, check type of immigrant status.*

- Documented Immigrant
- Undetermined Immigrant Status
- Undocumented Immigrant

If Documented Immigrant, check type of documented immigrant and the verification provided according to type:

- | | | | |
|--|--------------------|--|--------------------------------|
| <input type="checkbox"/> Refugee | Valid verification | <input type="checkbox"/> I-94 | <input type="checkbox"/> I-551 |
| <input type="checkbox"/> Asylee | Valid verification | <input type="checkbox"/> Asylum Approval Letter | <input type="checkbox"/> I-94 |
| <input type="checkbox"/> Parolee | Valid verification | <input type="checkbox"/> I-94 | |
| <input type="checkbox"/> Cuban Haitian Entrant | Valid verification | <input type="checkbox"/> I-94 | |
| <input type="checkbox"/> Certain Amerasians from Vietnam | Valid verification | <input type="checkbox"/> I-94 | <input type="checkbox"/> I-551 |
| <input type="checkbox"/> Lawful Permanent Resident | Valid verification | <input type="checkbox"/> I-551 | |
| <input type="checkbox"/> Victim of Human trafficking | Valid verification | <input type="checkbox"/> T-Visa | |
| <input type="checkbox"/> Special Immigrant Juvenile Status | Valid verification | <input type="checkbox"/> Court Order | |
| <input type="checkbox"/> Unaccompanied Minor Child | Valid verification | <input type="checkbox"/> Letter from U.S. Dept. of State | <input type="checkbox"/> I-94 |
| <input type="checkbox"/> Child under 5 found in U.S./Parents unknown | Valid verification | <input type="checkbox"/> Vital Records Documents | |

Complete the next two fields for all immigrant status types of non-U.S. Citizens:

Child Country of Origin _____ Date of Consulate Notification _____ *(Date Info. Faxed to State Office)*

For child who is undocumented immigrant, provide country of origin of the child's parents:

Mother Country of Origin _____ Father Country of Origin _____

****See List of Countries on Page 4 of this Form****

Special Characteristics: Check all that apply

- | | | |
|--|--|--|
| <input type="checkbox"/> Not Yet Diagnosed | <input type="checkbox"/> None Diagnosed | <input type="checkbox"/> Diagnosed Mental Retardation |
| <input type="checkbox"/> Diagnosed Vision/Hearing Impaired | <input type="checkbox"/> Diagnosed Physically Disabled | <input type="checkbox"/> Diagnosed Emotionally Disturbed |
| <input type="checkbox"/> Other Medically Diagnosed Condition | | |

Level of Care: Not Applicable Level 1 Level 2 Level 3 Level 4 Level 4W/Ed
 Level 5 Level 5W/Ed Level 6 Level 6W/Ed Level 3 – Assessment 3

Legal and Case Planning
 Legal Status (*Select Only One*) 1 – Temporary Court 2 – Temporary Voluntary 3 – Permanent Court
 4 – Permanent Voluntary 5 – Aftercare/Supervision + (no agency custody)
 6 – Short Term Emergency Care (7 Day)
 Most Recent Case Review _____ Most Recent Permanency Hearing _____
 Date of Court Order Expiration _____ Date of Mother TPR/Relinq/Death _____
 Date of Voluntary Custody Expiration _____ Date of Father TPR/Relinq/Death _____
 Primary Permanency Plan (*Select Only One*) _____ Concurrent Permanency Plan: _____ (*Select only one of 2-6 if concurrent plan*)
 (1) Reunification (2) Live w/Other Relative (3) Adoption (4) Long Term Foster Care (5) Emancipation (6) Guardianship

Placement Info
Placement Type 1 - Parent (non-AFCARS)+ 18-Parent Trial Home Visit 2 – Relative 3 - Relative Foster Home
 4 - Family Foster Home 5 - Independent Living Aftercare+ 7 - Adoptive Home 6 - Group Home
 9 - Child Care Institution 10-ICPC- Relative + (Not in GA Custody) 11-ICPC – Foster Care+ (Not in GA Custody)
 20 -ICPC - Adoption + (Not in GA Custody) 12-Hospital 13-Runaway 14-(R)YDC 15-Other
 19-Emergency Shelter 16- Boarding County+ 17- Placement Services to Parents+

THE FOLLOWING SECTIONS APPLY TO AFCARS CHILDREN (Under 18, not in + placement type or + legal status)
QUESTIONS WITH A ✓MARK ARE ONE TIME AFCARS QUESTIONS – DO NOT UPDATE DURING A SINGLE FOSTER CARE EPISODE

AFCARS

Case Info
Caretaker/s from whom child was removed:
 Family Structure Married Couple Unmarried Couple Single Female Single Male Unable to Determine
 Caretaker 1 DOB _____ If Couple, Caretaker 2 DOB _____
 ✓ Has the child ever been adopted? Yes No
 ✓ If Yes, what was the child's approximate age when adopted?: Less than 2 Years Old 2-5 Years Old 6-12 Years Old
 13 Years Old or Older Unable to Determine

Removal
 ✓ If the child has been in custody before, enter the date the child was first removed _____
 ✓ What is the total number of removals from home the child has experienced? _____
 ✓ If the child was in custody before, what date was the child last discharged from custody? _____
 ✓ Date of most recent removal from home _____

Reasons for removal from home (*Check all that apply*)
 Physical Abuse Child Behavior Problem Sexual Abuse Death of Parent
 Neglect Incarceration of Parent(s) Parent(s) Alcohol Abuse Caretakers Inability to cope
 Parent(s) Drug Abuse Abandonment Child Alcohol Abuse Child Drug Abuse
 Relinquishment Child Disability Inadequate Housing

Placement Info (AFCARS)
 Date of Placement in Current Foster care setting _____ Is the Placement Out of State? Yes No

Financial Support
 IV-E Foster Care IV-A TANF Medicaid Initial No Federal Support
 IV-E Adoption Assistance IV-D Child Support SSI/Other IV-B (State)

Per Diem _____

Foster / Adopt Family Structure (*Required if placement type of relative, relative foster home, family foster home or adoptive home*).
 Family Structure Married Couple Unmarried Couple (*Unmarried couple not applicable if DFCS foster or adoptive home*)
 Single Female Single Male Unable to Determine
 1st Foster/Adopt CT DOB _____ If Couple, 2nd Foster/Adopt CT _____
 1st Foster/Adopt CT Hispanic/Latino Ethnicity _____ 2nd Foster/Adopt CT Hispanic/Latino Ethnicity _____
 Yes No Unable to Determine Yes No Unable to Determine
 1st Foster/Adopt CT Race (*Select all that apply*) _____ 2nd Foster/Adopt CT Race (*Select all that apply*) _____
 Black/African American White Asian Black/African American White Asian
 American Indian/Alaskan Native American Indian/Alaskan Native
 Hawaiian Native or Pacific Islander Unable to Determine Hawaiian Native or Pacific Islander Unable to Determine

AFCARS Discharge Date _____
AFCARS Discharge Reason: 1 – Reunification 2 – Live w/Other Relative 3 – Adoption finalized 4 – Emancipation
 5 – Guardianship 6 – Transfer to another agency 7 – Runaway 8 – Death of Child

AFGHANISTAN	EGYPT	KUWAIT	SAUDI ARABIA
ALBANIA	EL SALVADOR	KYRGYZSTAN	SENEGAL
ALGERIA	EQUATORIAL GUINEA	LAOS	SERBIA
AMERICAN SAMOA	ERITREA	LATVIA	SEYCHELLES
ANDORRA	ESTONIA	LEBANON	SIERRE LEONE
ANGOLA	ETHIOPIA	LESOTHO	SINGAPORE
ANGUILLA	EUROPA ISLAND	LIBERIA	SLOVAKIA
ANTARCTICA	FALKLAND ISLANDS (Islas Malvinas)	LIBYA	SLOVAKIA
ANTIGUA	FAROE ISLANDS	LIECHTENSTEIN	SLOVENIA
ARGENTINA	FUJI	LITHUANIA	SOLOMON ISLANDS
ARMENIA	FINLAND	LUXEMBOURG	SOMALIA
ASHMORE AND CARTIER ISLANDS	FRANCE	MACAU	SOUTH AFRICA
AUSTRALIA	FRENCH GUIANA	MACEDONIA	SPAIN
AUSTRIA	FRENCH POLYNESIA	MADAGASCAR (Malagasy Republic)	SPRATLY ISLANDS
AZERBAIJAN	FRENCH SOUTHERN AND ANATARCTIC LANDS	MALAWI	SRI LANKA (Ceylon)
BAHAMAS	GABON	MALAYSIA	ST. CHRISTOPHER AND NEVIS
BAHRAIN	GAMBIA	MALDIVES	ST. HELENA
BAKER ISLAND	GAZA STRIP	MALI	ST. LUCIA
BANGLADESH	GEORGIA	MALTA	ST. PIERRE AND MIQUELON
BARBADOS	GERMANY	MAN, ISLE OF	ST. VINCENT AND THE GRENADINES
BASSAS DA INDIA	GERMANY (East)	MARTINIQUE	SUDAN
BELARUS	GHANA	MAURITANIA	SURINAME
BELGIUM	GIBRALTAR	MAURITIUS	SVALBARD
BELIZE	GLORIOSO ISLANDS	MAYOTTE	SWAZILAND
BENIN	GREECE	MEXICO	SWEDEN
BERMUDA	GREENLAND	MIDWAY ISLANDS	SWITZERLAND
BHUTAN	GRENADA	MOLDOVA	SYRIA
BOLIVIA	GUADELOUPE	MONACO	TAIWAN
BOSNIA AND HERZEGOVINA	GUAM	MONGOLIA	TAJIKISTAN
BOTSWANA	GUATEMALA	MONTENEGRO	TANZANIA
BOUVET ISLAND	GUERNSEY	MONTSERRAT	THAILAND
BRAZIL	GUINEA	MOROCCO	TOGO
BRITISH INDIAN OCEAN TERRITORY	GUINEA - BISSAU	MOZAMBIQUE	TOKELAU
BRITISH VIRGIN ISLANDS	GUYANA	NAMIBIA	TONGA
BRUNEI	HAITI	NAURU	TRINIDAD AND TOBAGO
BULGARIA	HEARD ISLAND AND MCDONALD ISLANDS	NAVASSA ISLAND	TROMELIN ISLAND
BURKINA FASO (Uvolta)	HONDURAS	NEPAL	TRUST Territory of the Pacific Islands
BURMA	HONG KONG	NETHERLANDS	TUNISIA
BURUNDI	HOWLAND ISLAND	NETHERLANDS ANTILLES	TURKEY
CAMBODIA	HUNGARY	NEW CALEDONIA	TURKMENISTAN
CAMEROON	ICELAND	NEW ZEALAND	TURKS AND CAICOS ISLANDS
CANADA	INDIA	NICARAGUA	TUVALU
CAPE VERDE	INDONESIA	NIGER	UGANDA
CAYMAN ISLANDS	IRAN	NIGERIA	UKRAINE
CENTRAL AFRICAN REPUBLIC	IRAQ	NIUE	UNION OF SOVIET SOCIALIST REPUBLICS
CHAD	IRAQ-SAUDI ARABIA, NEUTRAL ZONE	NORFOLK ISLAND	UNITED ARAB ERMIRATES
CHILE	IRELAND	NORTHERN MARIANA ISLANDS	UNITED KINGDOM
CHINA	ISRAEL	NORWAY	UNITED STATES OF AMERICA
CHRISTMAS ISLAND	ITALY	OMAN	URUGUAY
CLIPPERTON ISLAND	IVORY COAST	PAKISTAN - KARACHI	UZBEKISTAN
COCOS (Keeling) ISLANDS	JAMAICA	PALMYRA ATOLL	VANUATU
COLOMBIA	JAN MAYEN	PANAMA	VATICAN CITY
COMORO ISLANDS	JAPAN (also Ryukyu Islands - North)	PAPUA NEW GUINEA	VENEZUELA
CONGO	JARVIS ISLAND	PARACEL ISLANDS	VIETNAM
COOK ISLANDS	JERSEY	PARAGUAY	WAKE ISLAND
CORAL SEA ISLANDS	JOHNSTON ATOLL	PERU	WALLIS AND FUTUNA
COSTA RICA	JORDAN	PHILLIPINES	WEST BANK
CROATIA	JUAN DE NOVA ISLAND	PITCAIRN ISLANDS	WESTERN SAMOA
CUBA	KAZAKHSTAN	POLAND	WESTERN SHARA
CYPRUS	KENYA	PORTUGAL	YEMEN (Aden)
CZECH REPUBLIC	KINGMAN REEF	PUERTO RICO	YEMEN (Sanaa)
DEMOCRATIC REPUBLIC OF CONGO	KIRIBATI	QATAR	YUGOSLAVIA
DENMARK	KOREA, NORTH	REUNION	ZAIRE
DJIBOUTI	KOREA, REPUBLIC OF SOUTH	ROMANIA	ZAMBIA
DOMINICA	KOSOVO	RUSSIA	ZIMBABWE
DOMINICAN REPUBLIC	KURDISTAN	RWANDA	Unknown
ECUADOR		SAN MARINO	
		SAO TOME AND PRINCIPE	

MODULE FOUR COMPREHENSIVE CHILD AND FAMILY ASSESSMENT

PURPOSE: To introduce the Comprehensive Child and Family Assessment, how to access and evaluate a sample case and prepare for the CPRS.

LEARNING OBJECTIVES:

At the completion of this module participants will be able to:

- Identify critical information contained in the Comprehensive Child and Family Assessment
- Access CCFA Standards using Appendix A of the Foster Care section of the Social Services Manual
- Review and evaluate a Comprehensive Child and Family Assessment according to standards and payment schedules
- Complete a referral for a Comprehensive Child and Family Assessment

Stevens Family Comprehensive Child and Family Assessment



See printed material

MODULE FIVE

CASE PLANNING

PURPOSE: To understand the case planning process using family centered practice techniques and to become familiar with the Case Plan Reporting System (CPRS).

OBJECTIVES:

Upon completion of this module, participants will be able to:

- Analyze a case and identify the appropriate permanency option
- Analyze a case and identify critical areas that need change
- Write goals and steps related to a specific case
- Explain the role of the FTM and MDT
- Become familiar with the CPRS Initial Case Plan process

CRITERIA FOR WELL-DEVELOPED CASE PLAN GOALS

- ✓ **Behaviorally specific** - The goal states required actions or the required circumstances. They state what the family and the case manager believe need to be in place for the child to be safe.
- ✓ **Realistic and within client's capacity** - The goal focuses on what must happen or has to change and is reasonable. Family members need more successes, not failures.
- ✓ **Measurable** - There is a way to know when the goal is achieved. There is something to observe, or conditions to see changing.
- ✓ **Related to agency intervention** – Goals are related to the Areas of Concern identified must change to reduce risk and make the child safe.
- ✓ **Positively stated**- The goal states what actions should happen rather than what actions should stop happening. Positive rather than negative words are used.
- ✓ **Written in simple, clear language** - The words in the goal statement are understandable, and do not have vague or multiple meanings.

CRITERIA FOR WELL-DEVELOPED CASE PLAN STEPS

Steps:

- Identify the specific tasks, activities and services that must be accomplished to achieve the goals
- Build on each other, are small and incremental
- Like goals, are written in positive, concrete, behavioral terms
- Support the family in making change a little at a time

Steps should be...SMART



Steps should specify...



My Goal

My problem is: *(State the behavior that you want to change: i.e. I smoke cigarettes)*

I need to: *(State the behavior you want to have instead of what you are doing: i.e. I need to be a non-smoker)* _____

Here's how I will do it: *(Give yourself specific steps of how you will change your behavior and set deadline for each: i.e. I will list 10 reasons why I need to be a non-smoker by this Friday.)*

1. _____

2. _____

3. _____

4. _____

My accountability partner is: _____

My accountability partner will check on my progress *(specify time: i.e. I will talk to my accountability partner on the telephone every Monday.)* _____

**State of Georgia Case Plan Report
Family and Agency Data Face Sheet
NONE County**

Date Prepared: 12/14/2000

Case review method: Judicial Review **Comments: Sample Initial Case Plan for Foster Care Application Training**

Child Information – Jonathan Stevens

This case plan is in effect from 12/14/2000 to 05/17/2001

Last Name	First Name	DOB	Sex	Ethnicity	Hispanic	Plan type	DFCS case #	Initial or Review
Stevens	Jonathan	03/23/1993	M	White	N	Reunification	43281-01	Initial

Assigned Judge	Date Initial Case Plan (CP) filed
Itsa Judge	12/14/2000

Caretaker Type	Caretaker last name	Caretaker first name
Mother	Stevens	Sarah
Legal Father	Stevens	Chris

Caseworker Last Name	Case Worker First Name
Morris	Karen

Relative type	Relative last name	Relative first name
Grandmother	Wilson	Claudia
Aunt	Wylie	Elizabeth

Caretaker Information

Last Name	First Name	Address	Phone	DOB
Stevens	Sarah	805 North Hill Street Townsville, GA 30700		04/05/1974
Comments:				
Stevens	Chris	12-A Taylor Street Townsville, GA 30700		07/07/1972
Comments: Mr. Steven's whereabouts are unknown. The address given is the last known address.				

DFCS Caseworker Information

Last Name	First Name	Address	Phone	E-mail
Morris	Karen	125 Hope Street Townsville, GA	912-111-2333	myemail@dhr.state.noherland.us
Supervisor's Name			Supervisor's Phone	
Cameron Bran			912-111-2334	

Relative Information

Last Name	First Name	Address	Phone
Wilson	Claudia	66 N. Somers Street Walker, MD 66001	
Comments: Ms. Wilson is being treated for breast cancer. Ms. Stevens has not seen her in over a year, but they talk occasionally on the phone.			
Wylie	Elizabeth	562 2 nd Street Apt. M4 Walker MD 66001	
Comments: Ms. Wylie is Ms. Steven's sister. Ms. Wylie cares for their mother, Claudia Wilson, who has breast cancer.			

State of Georgia Case Plan Report Case Tracking and Legal

Child Name: Jonathan Stevens

Date of 30-day case plan:	12/14/2000
Dates case plan is in effect:	12/14/2002 to 05/17/2001
Date next case plan is due:	03/01/2001
Date child entered care:	11/18/2000
Date of initial authorization for placement:	11/18/2000
Date of emergency shelter care order:	11/18/2000
Custody expiration date:	11/17/2001
Date of detention order (72 hour):	11/20/2000
Date of adjudicatory order:	12/01/2000
Date of dispositional order:	12/01/2000
Anticipated date of achieving permanency:	11/17/2001
Permanency plan:	01-Reunification
Describe the compelling reasons for selection a permanency plan other than (01), (02), (03), or (06):	

State of Georgia Case Plan Report Removal and Separation

Child Name: Jonathan Stevens

Initial reason child(ren) placed in foster care.

Physical Abuse

Neglect

Services offered and provided to prevent removal

CPS services were provided 1-13-2000 through 8-9-2000 after physical abuse was confirmed. Ms. Stevens completed parenting classes and used the discipline techniques learned there, received mental health counseling, developed supports through Parents Without Partners, and received the support and assistance of the DFCS case manager. She achieved all the goals in her case plan and the case was closed 8-9-2000.

Factual description of incident precipitating removal

On 11/18/2000 Jonathan was left alone and started a kitchen fire while trying to cook. He was not injured in the fire, but was found to have bruises in various stages of healing on his back, buttocks, and upper thighs. Ms. Stevens later admitted to leaving Jonathan alone and hitting him with a belt. At the time of the incident, Ms. Stevens could not be contacted, so immediate removal was necessary.

Reasons child(ren) cannot be adequately and safely protected at home (cur. summary)

Ms. Stevens reports she is in need of mental health treatment and is not capable of caring for Jonathan at this time. Also, the home sustained structural damage making it unsafe for a child.

Harm which may occur if child(ren) remains in home (future projection)

Further physical abuse is likely to occur, as Ms. Stevens is not able to cope with Jonathan's behavior at this time. Because of the structural damage, Jonathan would be in danger of injury if present in the home.

Do any of the following conditions exist?

Child has been in foster care for 15 of the most recent 22 months.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Child is an abandoned infant as set forth in O.C.G.A Section 15-11-81(b).	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Parent has committed murder or voluntary manslaughter of another child of the parent	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Parent has aided or abetted, attempted, conspired, or solicited the murder or voluntary manslaughter of another child of the parent.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

If any of the above were answered YES, Georgia law requires that DFCS file a petition to terminate parental rights unless:

___ A relative is caring for the child.
___ A compelling reason is documented why termination of parental rights is not in the child's best interest.
___ DFCS has not provided services necessary for the child's safe return home within the time frames specified in the case plan, in those cases where reasonable efforts must be made.

Details or comments:

State of Georgia Case Plan Report

Reunification Goals

Child Name: Jonathan Stevens

This case plan is in effect from 12/14/2000 to 05/17/2001.

Goal type: Reunification
Reason: Mental/Physical impairment of parent
Change: Sarah Stevens must demonstrate capacity and ability to care for and provide age appropriate supervision for Jonathan Stevens.

Permanency plan comment:

Step	Specific Action	Responsible Person	Priority	To be completed	Status
1	Parent will consistently follow the recommendations of Dr. Doug Millwood, Kynstown County mental Health and other medical care providers beginning 12/14/00.	Sarah Stevens	4	05/17/2001	New
	Comments:				
2	Ms. Stevens will list names and phone numbers of responsible persons who are willing to provide childcare for Jonathan to share with the Case Manager.	Sarah Stevens	6	03/01/2001	New
	Comments:				
3	Ms. Stevens will attend Parents Without Partners the first and third Thursdays of each month starting 12/21/2000.	Sarah Stevens	5	05/17/2001	New
	Comments:				
4	Ms. Stevens will keep an appointment for a psychological evaluation by Dr. Doug Millwood on January 11, 2001 at 3:30PM.	Sarah Stevens	1	01/11/2001	New
	Comments:				
5	Ms. Morris will obtain funding to pay for the psychological examination.	Case Manager: Karen Morris	2	01/11/2001	New
	Comments: Ms. Stevens does not have insurance nor Medicaid.				
6	Ms. Stevens will participate in "Coping With Grief" and other recommended counseling at Kynstown County Mental Health beginning January 3, 2001 at 10:30 AM.	Sarah Stevens	3	05/17/2001	New
	Comments:				

Goal type: Reunification
Reason: Physical abuse
Change: Jonathan Stevens must be safe from physical harm.
Permanency plan comment:

Step	Specific Action	Responsible Person	Priority	To be completed	Status
1	Ms. Stevens will use effective, non-harmful methods of discipline with Jonathan during visits beginning January 18, 2001. Ms. Stevens will discuss these methods with the Case Manager every other week	Sarah Stevens	2	05/17/2001	New
Comments:					
2	Ms. Stevens will review non-harmful disciplinary practices that she learned in Effective Parenting classes and will identify those techniques she used effectively with Jonathan prior to CPS case closure.	Sarah Stevens	1	01/9/2001	New
Comments: A CPS case was opened January 13, 2000- August 9, 2000, during which time Ms. Stevens completed parenting classes and effectively used non-harmful discipline techniques.					
3	After Ms. Stevens successfully handles discipline of Jonathan during scheduled visits and upon recommendation from Kynstown Mental Health, Case Manager will petition the court for unsupervised visits.	Sarah Stevens and Case Manager Karen Morris	3	05/17/2001	New
Comments:					
4	After unsupervised visits are approved by the court, Ms. Stevens will maintain a log of Jonathan's behavior needing correction and the discipline techniques she uses. Ms. Stevens will review the log with the Case Manager during their scheduled visits every other week.	Sarah Stevens	4	05/17/2001	New
Comments:					

Goal type: Reunification
Reason: Neglect
Change: Sarah Stevens must demonstrate the ability to provide a safe, hazard-free home.
Permanency plan comment:

Step	Specific Action	Responsible Person	Priority	To be completed	Status
1	Ms. Stevens will work everyday as scheduled and provide the Case Manager a copy of her check stub beginning 12/15/2000.	Sarah Stevens	1	05/17/2001	New
Comments: Ms. Stevens has full-time employment at the Three Dollar Café in Townsville.					
2	Ms. Stevens will develop a monthly budget, review it with the Case Manager by 12/28/2000, and follow it for the next six months.	Sarah Stevens	2	05/17/2001	New
Comments:					
3	Ms. Stevens will save \$50.00 each week towards the repair of her home starting 12/15/2000 until the repairs are completed.	Sarah Stevens	3	01/31/2001	New
Comments: Ms. Stevens' neighbor, Max Green, has offered to make the repairs with no charge for labor. He estimates the cost of materials to be \$250.00.					
4	Ms. Stevens will confirm a repair schedule with Mr. Green to ensure the home repairs will be completed by January 31, 2001.	Sarah Stevens	4	01/31/2001	New
Comments:					

State of Georgia Case Plan Report

DFCS Standard Goals

Child Name: Jonathan Stevens

This case plan is in effect from 12/14/2000 to 05/17/2001.

Goal type:

DFCS Standard

Change:

DFCS will ensure that the medical, dental, educational, and psychological needs of the child are met.

Step	Specific action	Responsible person	Priority	To be completed	Status
1	At a minimum, DFCS will visit with Jonathan on a monthly basis to monitor the safety, well-being, and other needs of the child. Visits will be meaningful and in the least restrictive environment.	DFCS Case Manager	1	05/17/2001	New
Comments:					
2	DFCS will make meaningful, purposeful, and individualized contacts with Ms. Stevens on a monthly basis	DFCS Case Manager	1	05/17/2001	New
Comments:					
3	DFCS will contact Jonathan's school on a regular basis as needed to ensure his educational needs are being met. DFCS will ensure information about the child is shared between Jonathan's school and the placement resource.	DFCS Case Manager	1	05/17/2001	New
Comments:					
4	Foster Parents and/or DFCS Case Manager will schedule child's medical, psychological, and dental appointments. Case manager will ensure these appointments are noted in Jonathan's record.	Foster Parents and/or DFCS Case Manager	1	05/17/2001	New
Comments:					
5	Foster Parents and/or DFCS Case Manager will provide transportation to medical, psychological and dental appointments.	Foster Parents and/or DFCS Case Manager	1	05/17/2001	New
Comments:					
6	The case manager will ensure that issues about the child that are raised by the placement resource are communicated to the educational, psychological, dental, or medical provider. The case manager will likewise ensure that information from the providers are discussed with the placement resource.	DFCS Case Manager	1	05/17/2001	New
Comments:					
7	Wrap Around Services and/or PUP funds will be utilized as needed to facilitate achievement of the permanency plan.	DFCS Case Manger1	1	05/17/20001	New
Comments:					

Steps for All Parents

Number	Step
1	Parent must sign a release of information
2	Parent must attend all hearings, appointments with DFCS, Case Plan reviews, and scheduled visits with children.
3	Parent must notify DFCS of all changes in: (1) address; 920 phone numbers, including pagers; and (3) jobs within 48 hours.
4	Parent must provide DFCS with the name and location (if known) of relatives and other resources.
5	Targeted case management services will be received to assist individuals in gaining access to and managing needed services.
6	Parent must contact DFCS to schedule an appointment to review/discuss/assess with case manager the parent's progress or lack of progress on case goals. (Frequency to be jointly decided by all parties involved.)

State of Georgia Case Plan Report

Current Placement

Child Name: Jonathan Stevens

County of current placement: KYNSTOWN
State of current placement: GA
Living arrangement: Family Foster Home/Emergency Shelter

Relative name:
If relative placement, relationship to Child:
If relative placement, DFCS home eval. Coml... & approved:

___ Yes ___ No
If no, explain below:

Removal date: 11/18/2000
Has an exhaustive search for relatives been undertaken: X Yes ___ No

Checklist:

Is placement in a safe setting? X Yes ___ No
Is placement least restrictive available? X Yes ___ No
Is placement most family-like available? X Yes ___ No
Is placement appropriate? X Yes ___ No
Is placement in close proximity to parents? X Yes ___ No
Is placement consistent with child's best interest and meets special needs as ident. in Health/Educ./Psych. Sections of case plan? X Yes ___ No

Is child age 14 or older: ___ Yes X No
Is child adjusting in care: X Yes ___ No
Is child able to stay together w/siblings: ___ Yes X No If No, explain below:
N/Applicable, no known siblings
Has child been referred for a First Placement Best Placement Comprehensive Assessment? X Yes ___ No

State of Georgia Case Plan Report Healthcare Provider

Child Name: Jonathan Stevens

Provider name: Dr. Martin Marcus
Provider type: Physician
Records obtained: Yes No
Address: 112 Tower Road
City/State/ZIP: Townsville/ GA/ 30700
Phone / Fax: 706-222-2211

Provider name: Dr. Ted Williams
Provider type: Dentist
Records obtained: Yes No
Address: 324 Hargrove Drive
City/State/ZIP: Townsville/ GA/ 30700
Phone / Fax: 706-222-1110

Provider name: Dr. Myra Kraft
Provider type: Psychologist
Records obtained: Yes No
Address: 100 Parkway, Suite 102
City/State/ZIP: Townsville/ GA/ 30700
Phone / Fax: 706-222-1212

State of Georgia Case Plan Report Health Status

Child Name: Jonathan Stevens

Immunization up to date: Yes No

Immunization record on file: Yes No

Ongoing medical or psychological problems: Yes No

Medical records on file: Yes No

Psychological records on file: Yes No If No, explain below:

Psychological completed 12/14/2000; Dr. Kraft gave verbal findings of minor behavior problems, academically on grade level. Awaiting written report.

Is child receiving ongoing medical or Yes No

Psychological treatment:

Is the Child on any medications: Yes No

Date of last medical exam: 11/28/2000

Date of last dental exam: 12/03/2000

Date of last psychological evaluation: 12/14/2000

If any of the dates above are missing, why:

Other relevant medical or psychological

Jonathan did not have a regular doctor—his health care has been done at Kynstown Co. Health Department. Dr. Marcus' physical found no medical problems and found Jonathan is developmentally on target. Hearing and vision were normal.

Information:

His dental exam revealed three cavities. A follow-up appointment is scheduled for 1/4/2001.

Childhood illnesses: Chickenpox-age 3

State of Georgia Case Plan Report

Education

Child Name: Jonathan Stevens

Is child in school: Yes No

Developmental assessment: If the child is below school age, has there been a Developmental Assessment? N/A

Grade level: 2nd grade

School system: Kynstown County

School name: Kynstown County Primary School

School Address: 115 West Eighth Street

School city/State/ZIP: Townsville, GA 30700

School phone: 912-632-5454

Classroom placement: Regular/Main stream

Attendance: Regularly Attends Truant Not Applicable

Performing at grade level: Yes No Not Applicable

Special Ed needs: Yes No Not Applicable

Has the child changed schools due to removal?

School changed: Yes No Not Applicable

If Yes, explain below:

The only foster home available was in another school district.

School records: Are the school records in the child's file?

Yes No Not Applicable

Educational assessment: Has the child had a 6-month educational assessment?

Yes No

If Yes, enter assessment date:

Comprehensive assessment: Is the child's Education plan based on the most recent Comprehensive Assessment?

Yes No

Placement resource: Has the child's Education plan been discussed with the Placement Resource?

Yes No

Records to Boarding County: Have the Education Records been provided to the boarding county?

Yes No No out of county placement

Supplemental supervision: Yes No

Comment: Changing schools has been difficult for Jonathan. His new school counselor, Ed Newsome, has conferred with Ms. Johnson, Jonathan's counselor at Green Elementary, to develop strategies to help Jonathan in his new school.

State of Georgia Case Plan Report

Visitation

Child Name: Jonathan Stevens

Visits with (name): Sarah Stevens
Visit period: Weekly
Length of visit: One hour
Location of visit: DFCS Office
Supervision required: Yes No If yes, state reason below:
After Ms. Stevens successfully handles discipline of Jonathan during supervised visitation and upon the recommendation of Kynstown Mental Health counselor, CM will petition the court for unsupervised visits.
If Yes, who will supervise?
Case Manager, Karen Morris or Parent Aide

Transportation arrangements: What is the responsibility of DFCS?
The DFCS Parent Aide is responsible for transporting Jonathan to the visits.
What is the responsibility of the parent(s)?

Ms. Stevens is responsible for her transportation to the DFCS office for visits until home visits are possible.

Contact allowed other than visits: There are plans for telephone contact when Ms. Stevens' phone is reconnected.
Cancellation instructions: Were these explained and understood by all concerned? Yes No
Additional instructions: Visits at the DFCS office will be every Thursday at 5-6PM so Ms. Stevens will not miss work. Once the mobile home is determined safe by the Cm, the Parent Aide will transport Jonathan to the Stevens home for supervised visits from 4:30-6PM every Thursday (unless the court approves unsupervised visits before then).

Evaluation of visits so far (quality of interaction): Ms. Stevens came to all three scheduled visits. Initial visits have been stressful with Jonathan being very active and Ms. Stevens yelling at him to sit still. Jonathan talked about things at the foster home and Ms. Stevens talked about work.

Number of visits since last review: 3
Overnight, unsupervised visits granted by court: Yes No

State of Georgia Case Plan Report

Participation and Disclosure

Child Name: Jonathan Stevens

1. Parent(s) participated in the development of this case plan? Yes No
If no, why not?
2. Child(ren) participated in the development of this case plan? Yes No
If no, why not?

FOR PARENTS

Others in attendance during case plan development:

Ms. Mary Nurturing, foster parent, met with Ms. Stevens and the case manager for the development of the case plan. Ms. Nurturing gave an update on Jonathan's adjustment to foster care and her home environment.

Has DFCS referred the child(ren)'s parent(s) to Child Support Enforcement? Yes No
If no, why not?

TO PARENTS:

PLEASE NOTE THAT DFCS EXPECTS YOU TO PAY CHILD SUPPORT WHILE YOUR CHILD IS IN STATE CUSTODY, FAILURE TO PAY CHILD SUPPORT IS A GROUND FOR TERMINATION OF YOUR PARENTAL RIGHTS.

I have received a copy of this case plan report, and the plan has been explained to me. I know that this case plan will become part of the court order unless I request a hearing within five (5) days after I receive it.

Parent Signature _____	Date _____
Signature _____	Date _____
Signature _____	Date _____

I agree to work toward the changes and steps listed in this case plan. I understand that if I fail to cooperate with DFCS, DFCS may decide that my child(ren)'s need for a permanent home requires a new plan, which could include terminating my parental rights.

Parent Signature _____	Date _____
Signature _____	Date _____
Signature _____	Date _____

Check here if parent was present during the development of this case plan, but refused to sign the attached form: _____

Hearing Request submitted: _____

Caseworker Signature _____ Date _____

IN THE JUVENILE COURT OF KYNSTOWN COUNTY
STATE OF GEORGIA

IN THE INTEREST OF:

Jonathan Stevens

SEX: Male

DOB: 3-23-93

File #:

Case #:

A child under 18 Years of Age

SUPPLEMENTAL ORDER INCORPORATING INITIAL CASE PLAN

On December 1, 2000, this Court entered an Order finding the above-named child to be deprived and placing temporary custody and control of said child with the Kynstown County Department of Family and Children Services.

The child was removed from the home on November 18, 2000.

The Department formulated a case plan pursuant to the requirements of O.C.G.A. Section 15-11-58(c). The written report containing the case plan was received by this Court on December 15, 2000. Pursuant to law, the mother was provided with proper notice concerning her right to a hearing on the proposed case plan. No hearing having been requested by any party, and the Court having received the plan and having found it to be an appropriate plan for reunification, the Court does hereby approve the plan as submitted and finds the following elements of the plan essential for reunification of the child with the parent:

3. Mental Health Counseling
4. Development of a safe plan for supervision of Jonathan Stevens
5. Demonstration of the ability to use non-harmful discipline for Jonathan by Ms. Stevens.
6. A safe and hazard free home.

The Court finds that substantial compliance with items 1-4 must be accomplished by the mother before reunification can be achieved.

The parties are hereby ordered to comply with each and every requirement of this Supplemental Order. The child may be returned home only upon the prior approval of the Court pursuant to O.C.G.A. Section 15-11-55.

IT IS SO ORDERED THIS 19th day of December, 2000.

Judge Joe Justice

JUDGE

Kynstown County Juvenile Court

Helpful Hints for CPRS

Navigation

Do not use the browser's back button to move from screen to screen. This causes a lot of things to go wrong. Use the hyperlinks and other navigational tools that are built into CPRS to move through the system. One exception to this is that you **will** use the back button on the browser to close Adobe Acrobat after printing the plan.

Time out

For security reasons, CPRS is set to "time out" after approximately 45 minutes. Timing out will cause any unsaved data to be lost. Scrolling to the bottom of a screen and clicking **Save** will "reset" the clock and begin a count of another 45 minutes.

In the bottom left corner of the screen in the Status bar, the user will see "Session timeout in: ____" followed by a countdown in minutes and seconds. At two minutes prior to the session timeout, a popup window will appear which warns "Your Case Plan Reporting System session is about to time out. Please save your current work in progress or it will be lost. This session will time out in ____ seconds." There will be a textbox counting down the seconds. If the user still does not save their work within that final two minutes, another popup window will appear with the message "Your Case Plan Reporting System Session has likely timed out. You will need to save your work in progress more frequently."

If you do get "timed out" while working on a screen, the information you've entered since the last "Save" will be lost.

Plan Group "Owners"

If someone other than the "owner" opens the plan group, they will receive the message that the plan group is "owned by" another worker and that they should first determine if the other worker is editing the plan group. If the "owner" opens the plan group, there is no message, and they could possibly write-over another person's work, if that person didn't first check with the "owner"

Once a caseworker has been added to a plan group, the name of that caseworker is read-only and cannot be edited. This was done for several reasons, but the most important is that staff continues to "borrow" User IDs and passwords from other staff members. That practice must cease. If a worker uses someone else's User ID, they will not be able to add themselves to the plan group and the wrong user will "own" the plan.

HELPFUL HINTS FOR CPRS (Continued)

Draft and Approved

There are two databases in CPRS – draft and approved.

The draft database should contain only one plan for each child in care. The court plan in the draft database is editable, and the case manager should use the draft plan to make updates to the case as changes occur. When it is time for the periodic review of the plan, the draft case plan is updated with input from the parent/guardian and other interested parties. Then it is printed for the parent/guardian signature.

The approved database will contain multiple plans for each child. Each time the judge approves the plan on-line, at each periodic review, a copy of the plan as it is at that moment is written to the approved database. These copies are read-only and cannot be changed.

Print

The user may now print each child's plan individually in the standard format or in the family view format, which brings the goals and steps and the visitation plan to the front. The user may also print the entire plan group in either format, and can print the diligent search for either child.

The dates at the top of the printed plan will now list the date of the current plan/review, the date of the previous review (if there has been one) and the date the next review is due. These dates will come from the Case Tracking and Legal screen, so it will be necessary for the worker to complete those fields on the CTL screen.

Save

Always select **Save** at the bottom of each page to save any documentation you may have done.

HELPFUL HINTS FOR CPRS (Continued)

Adding a mother to the Plan Group

If you have created a plan group by bringing information from IDS, it will remain in “**Pending**” status until you have added the mother(s) to the plan group and have associated a mother (Ms. Stevens) with each child. To do this:

- From the Plan Group screen, click **Add Caretaker**. This must be the mother, by blood or adoption, of the first child in the group.
- Enter all known information about the mother, and click **Save**.
- To associate the mother with the child, from the Plan Group screen, click **edit** to the right of the child’s name.
- Scroll down the page until you see the mother’s name. Select her name by clicking in the box to the left of her name.
- That will activate her relationship box. Click the radio button for “Mother”.
- Scroll to the bottom and save.
- **Repeat for all children in the sibling group**. The court plan will now be in “**Open**” status.

If you have to leave the plan group before you have “associated” a mother with every child in care, you will still be able to find the plan. When you do the search using the child’s name, be sure you select “**Pending**”.

Court Road Map

The Court Plans Status screen (Court Road Map) will help you navigate through the system, and will also provides a link for notifying the court that the plan is ready for approval.

When the plan is complete, most of the screens will have an “**OK**” on the road map, indicating that you have accessed the screen and saved it to the case plan. It is normal to see an “**X**” for some screens indicating they are not a part of the case plan. It is NOT NORMAL for there to be an “**OK**” in every box, but it is possible.

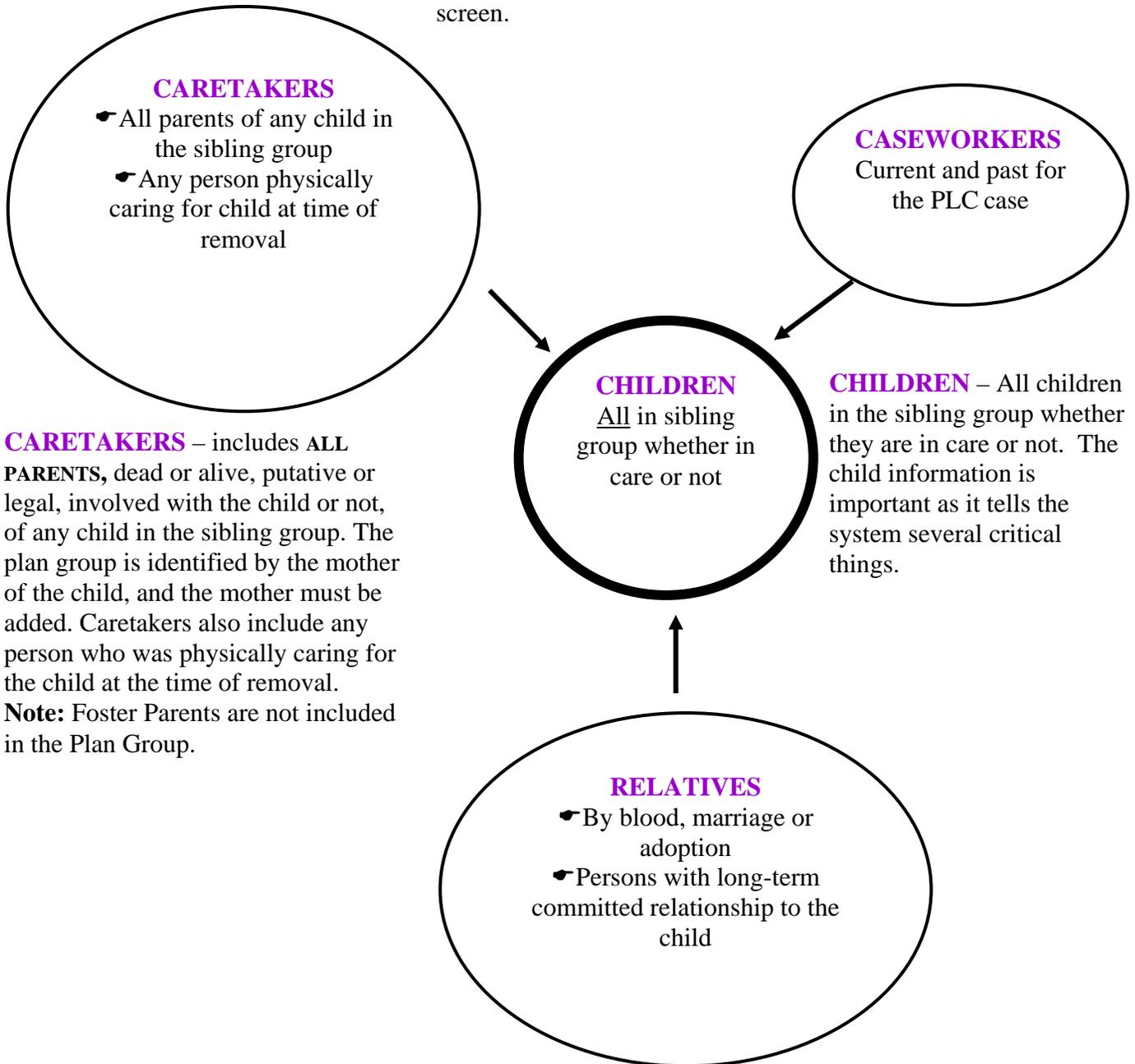
You can go directly from the Road Map to the Child Information screen, by clicking on the child’s name in the Road Map box.

Child’s Plan

You can tell which child’s plan is open when you are in a case detail screen by looking at the top left of the screen. The child’s name will display above the log-out button.

The Plan Group

CASEWORKERS – Any caseworker that has had responsibility for the child while in care. When a worker receives the case in transfer from another worker, they should click **Add Caseworker** and associate themselves with the plan on the child information screen.



CARETAKERS – includes ALL PARENTS, dead or alive, putative or legal, involved with the child or not, of any child in the sibling group. The plan group is identified by the mother of the child, and the mother must be added. Caretakers also include any person who was physically caring for the child at the time of removal.

Note: Foster Parents are not included in the Plan Group.

RELATIVES – All known relatives related by blood, marriage or adoption to any child in the sibling group. Also includes persons with a long-term committed relationship to the child.

Document fully to comply with the requirements of SB 236.

MODULE SIX

CASE MANAGEMENT

PURPOSE: To introduce participants to the activities of case management including the monitoring of case progress.

OBJECTIVES:

After completion of this module, participants will be able to:

- Explain the case management process of assessing and monitoring the case plan.
- Explain the purpose of the Life Book.
- Explain the Case Review process and review the sample case plan to determine any remaining needs.

Visitation

- Creates or maintains family relationships
- Enhances children's well-being
- Affirms the importance of parents in their children's lives
- Promotes accurate assessment of family interaction and risk to the child
- Provides a time and place for family member to learn and practice new behaviors and ways of relating to each other
- Helps family members confront reality.



Highlights of Visitation Policy

- ✓ Contact with parents can occur through visitation, telephone contact and letters.
- ✓ Visitation is a right of the parents, not a privilege. It is the right and responsibility of the parent to maintain contact with the child (1009.4)
- ✓ Upon Placement, a visit between the child and family should occur within the first week following the placement unless rights are terminated or relinquished (1009.3)
- ✓ The parental visitation schedule shall be contained in every case plan with a copy provided to the parent (1009.4). The visitation schedule contained in the plan must be carefully followed.
- ✓ When agency resources allow, visits should be at two-week intervals unless directed otherwise by the court (1009.5).
- ✓ Visits are the most significant means of developing, maintaining or enhancing parent child attachment.
- ✓ The frequency of visits is the greatest predictor of reunification.
- ✓ The child who is visited by a parent makes a more successful adjustment to Foster Care and has a greater sense of well being.
- ✓ The county must obtain prior, written consent of the court for unsupervised, overnight visits with the parent, relative, or person who previously had custody and/or was involved in the maltreatment of the child. Written court consent is also required to re-transfer custody of a child to his parent or relative (1009.6)
- ✓ When the case manager and supervisor determine that parental visits are detrimental to the child, the reasons for ceasing visitation must be well documented in the case record and be supported by professional opinion or court order. The reasons are explained to the parents verbally and in writing. A copy of the JJ letter must be sent reflecting changes in visitation, unless decision was court-ordered. (1009.4, 1013.3, App. P)

Principles of Good Visitation Practice

- ◆ The primary purpose of visitation in most cases is to allow children to maintain relationships with their parents, siblings, and others who cared for them prior to placement. The younger the child, the more frequent the contact must be in order to maintain relationships. Especially for young children, frequency is much more important than length.
- ◆ Visitation plans should change over time dependent on progress toward reunification, with visits typically moving from being supervised to unsupervised, increasing in length, and requiring more responsibility on the part of parents.
- ◆ Family members and foster care providers should be actively involved in developing visitation plans. This not only increases the probability that all participants understand and will comply with the plans but also assures that plans take into account all participants' needs, resources, and concerns.
- ◆ Agency efforts should be directed toward determining optimal visitation plans, that is, plans that will best meet individual children's and parents' needs, and that will complement other aspects of the case plan.
- ◆ Visitation plans should be written and copies provided to everyone who is involved in carrying out the plan.
- ◆ Visitation should never be used as a reward or punishment. Changes in visitation arrangements should reflect assessment of risk to the child and progress toward achieving the permanency goal, not attempts to reward or punish either the child's or the parents' behavior.
- ◆ Visitation should occur in settings that encourage the most natural interaction between family members while minimizing any risk to the child that may exist. It can and should include parental and family participation in normally occurring events in the child's life, for example, school conferences, medical appointments, church programs, and athletic activities.
- ◆ Reunification should not occur until the family has safely completed unsupervised visits of gradually increasing length in the child's home. Without extensive visits, the actual change achieved and risk to the child cannot be adequately assessed.
- ◆ When reunification is not the plan, consideration should be given to continuing connections between parent and child and significant others.
- ◆ When parental rights are terminated and there is to be no continuing contact between parents and child, consideration should be given to a good-bye visit between parents and child, and a determination must be made concerning continuing visits between the child and siblings placed elsewhere.

Questions to Guide Planning and Evaluating Visitation

Presented below are some questions case managers can ask themselves as they plan and evaluate visits. Answers to these questions will help determine how frequently visits should occur, when and where they should be held, who should be involved in them. Whether supervision is necessary, and whether changes in the visitation are needed. The questions below are organized around children, parents, and foster parents. They should be adapted as needed to reflect the particular case situation, for example, placement in kinship care or the need for visits with persons other than parents.

Children

- Child's significant relationships:
 - Who does the child define as family?
 - What relationships are important to maintain or build through visitation, including both those that existed before placement and those that might be created as a result of diligent search?
- Child's chronological and developmental age:
 - How frequently does the child need to have contact with parents and siblings in order to sustain relationships?
 - How able is the child to care for self?
 - How vulnerable is the child to potentially harmful situations?
 - How able is the child to structure his or her own activities?
- Child's requests:
 - For a child who is older, what is the child asking for in terms of visits, and what does this mean?
- Child's reaction to visits:
 - What reactions—positive or negative—does the child have to visits, and what is the meaning of these reactions?
 - If the reaction appears to be negative, is it a normal response to separation or does it suggest problems in the visiting situation or the parent-child relationship?
- Child's developmental tasks:
 - How can visit activities enhance the child's developmental progress?
- Child's therapeutic needs:
 - If applicable, how can visits help achieve therapeutic goals?
- Child's schedule:
 - How can visits encourage parents to be involved in the child's daily routines and in special events?
 - How can visits ease separation reactions by beginning and ending at natural transition points, such as at the beginning and ending of the school day?

Parents

- Parents' behaviors and abilities related to reason for placement:
 - How can visits promote and support the changes necessary for the child to be safe in the parents' home?
 - How can visits enable assessment of the child's safety in the home?
- Parents' compliance with visiting plans:
 - To what extent have parents complied with visiting plans to date?
 - If parents have failed to comply with the plan, what is the meaning of this failure? Are there barriers to visiting that must be eliminated?
- Parents' requests:
 - What do the parents want in terms of visits, and what does this mean?
- Parent's past endangering behaviors:
 - Is there a history of attempted abduction; threatened or attempted harm to the child or other family members; leaving the child unsupervised or in harmful situations; or other endangering behaviors, such as use of illegal drugs in the child's presence?
- Parents' reaction to visits:
 - What reactions—positive and negative—do the parents have to visits, and what is the meaning of these reactions?
 - Are the parents able to refrain from expressing their reactions inappropriately or in a manner hurtful to their child?
- Parents' schedule:
 - How can parents' schedules be reasonable accommodated?
 - How important is visiting in relation to other expectations imposed by the agency?

Family Relationships and Interactions

- How do family members interact during visits? Are the interactions healthy for the child?
- What arrangements can minimize stress or conflict among family members during visits?
- What arrangements will encourage parents to interact with their children rather than with other people during visits?
- How can visit arrangements tap into and build upon the family's social support network?

Foster Parents

- Agency support of foster parent involvement in visiting:
 - Based on agency training and the recruitment and screening process, what do foster parents expect regarding their role in visiting?
 - What concrete help does the agency provide to foster parents involved in visiting? Examples include reimbursement for transportation and care of other children while assisting with one child's visit.
- Foster parent's willingness and ability to assist with visiting:
 - Are the foster parents willing and able to allow visits in their home; to supervise visits in their home or elsewhere and, as requested, to document what occurs; and to teach a parent how to care for the child?
 - Are the foster parents willing and able to provide transportation?
 - If unwilling or unable to assist with visiting, will the foster parents support other agency efforts? If so, in what ways?
- Foster parents' capacity to support visiting:
 - What are the foster parents' attitudes toward the child's parents?
 - Do the foster parents value the child/parent relationship?
 - Can the foster parents appropriately limit their relationships with the child's parents?
 - Can the foster parents objectively record visit interactions?
 - Will the foster parents intervene in a visit as necessary?
 - Will the foster parents maintain confidentiality?
 - What are the foster parents' resources in terms of physical and emotional energy and time?
 - Can the foster parents be flexible and tolerate stress?
 - Can the foster parents recognize their need for assistance, and are they comfortable in asking for help?
- Foster family's schedule:
 - How can visit arrangements minimize disruption of the foster family's schedule?
- Impact of visiting on other children in the foster home:
 - How distressing are one child's visits to other children in the foster home?
 - Does the foster parents' support of one child's visits result in neglect of other children in the home?

Developmentally Related Activities to Use During Visits

Age	Developmental Tasks	Developmentally Related Visitation Activities
Infancy (0-2)	<p>Develop primary attachment</p> <p>Developed object permanence</p> <p>Basic motor development (sit, reach, stand, crawl, walk)</p> <p>Word recognition</p> <p>Begin exploration and mastery of the environment</p>	<p>Meet basic needs (feeding, changing, holding, cuddling)</p> <p>Play Peek-a boo games</p> <p>Help with standing, walking, etc., by holding hand, play “come to me” games</p> <p>Name objects, repeat name games, read picture books</p> <p>Encourage exploration; take walks; play together with colorful, noisy, moving items.</p>
Toddler (2-4)	<p>Develop impulse control</p> <p>Language development</p> <p>Imitation, fantasy play</p> <p>Small motor coordination</p> <p>Develop sense of time</p> <p>Identify and assert preferences</p>	<p>Make and consistently enforce rules</p> <p>Read simple stories; play word games</p> <p>Play “let’s pretend” games; encourage imitative play by doing things together such as “clean house”, “go to the store”</p> <p>Play together at park; assist in learning to ride tricycle; dance together to music</p> <p>Draw together; string beads together</p>

Age	Developmental Tasks	Developmentally Related Visitation Activities
		<p>Discuss visits and visit activities in terms of “after breakfast”, “after lunch”, “before supper”, etc.</p> <p>Allow choices in activities, clothes worn, food eaten</p>
<p>Preschool/ Early School (5-7)</p>	<p>Gender identification</p> <p>Continuing development of conscience</p> <p>Develop ability to solve problems</p> <p>Learning cause-effect relationships</p> <p>Task completion and order</p> <p>School entry and adjustment</p>	<p>Be open to discussing boy-girl physical differences</p> <p>Be open to discussing child’s perception of gender roles; read books about heroes and heroines together</p> <p>Make and enforce consistent rules; discuss consequences of behavior</p> <p>Encourage choices in activities</p> <p>Point out cause-effect and logical consequences of actions</p> <p>Plan activities with beginning, middle, end (as prepare, make cake, clean up)</p> <p>Play simple games such as Candyland, Go Fish</p> <p>Shop for school clothes together; provide birth certificate, medical record required for school entry; go with child to visit school and playground prior to first day; accompany child to school</p>
<p>School-age (8-12)</p>	<p>Skill development (school, sports, special interests)</p>	<p>Help with homework; practice sports together; demonstrate supports of</p>

Age	Developmental Tasks	Developmentally Related Visitation Activities
	<p>Peer group development and team play</p> <p>Development of self-awareness</p> <p>Preparation for puberty</p>	<p>special interests, such as help with collections; attend school conferences and activities; work together on household tasks</p> <p>Involve peers in visit activities</p> <p>Attend team activities with child (child's team or observe team together)</p> <p>Be open to talking with child</p> <p>Discuss physical changes expected; answer questions openly</p>
Adolescence	<p>Autonomy</p> <p>Individuation/Separation from family</p> <p>Remaining connected to the family</p> <p>Skill development (school, sports, special interests, jobs)</p>	<p>Express what characteristics you like and admire about the youth.</p> <p>Separate the youth's attitude, Don't take things personally. Keep "the child" separate from his/her behaviors</p> <p>Overlook antagonistic behavior/attitudes. Don't be afraid to discuss consequences</p> <p>Avoid power struggles. Give choices.</p> <p>Ask for youth's opinions and reasons for opinions</p> <p>Discuss mutual respect and how best to show that to one another</p> <p>Communicate desire to spend time with the youth</p>

Age	Developmental Tasks	Developmentally Related Visitation Activities
		<p>Help with/ask about homework.</p> <p>Develop mutually enjoyable activities (i.e. movies, shared mealtimes, books music, hiking & school activities)</p>

Guidelines for Evaluating the Case Plan

- ☑ Pay attention to new information

- ☑ Don't assume that the client has been deliberately evasive when
new information comes to light.

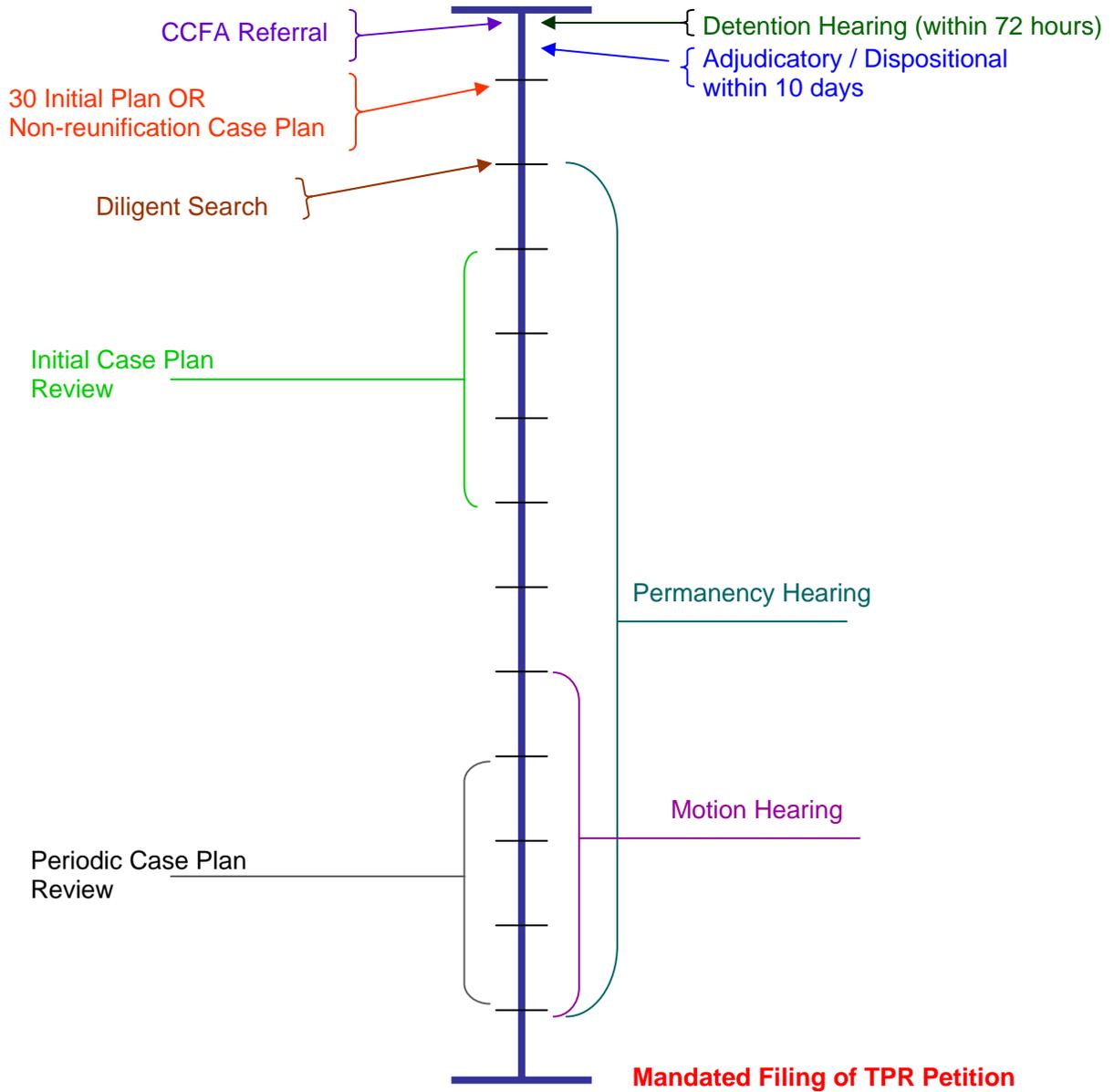
- ☑ Some new information is useful, some is not.

- ☑ Be flexible and willing to change your mind.

- ☑ Keep asking questions.

- ☑ Is there progress?

Critical Dates



MODULE SEVEN CASE CLOSURE

PURPOSE: To provide an opportunity for participants to apply what they have learned regarding closing Foster Care cases.

LEARNING OBJECTIVES:

After completion of this module, participants will be able to:

- Identify criteria for case closure
- Explain the phases of reunification
- Complete documentation to close a foster care case

Reunification

“Family reunification is the planned process of reconnecting children in out-of-home care with their families by means of a variety of services and supports to the children, their families, and their foster parents or other service providers. It aims to help children and families achieve and maintain, at anytime, their optimal level of reconnection—from full reentry of the child into the family system to other forms of contact, such as visiting, that affirm the child’s membership in the family.”

The Reunification Process

Phase I

Bridging: creating a connection between the child’s home and the foster family

Goals:

- Preserving the child’s history
- Informing the child of family events
- Transferring strategies
- Modeling cooperation

Strategies and Tasks:

- Meeting with the foster parents
- Establishing the biological parent-foster parent relationship

Phase II

Opening: re-fitting a child into a family that has adapted to his/her absence and re-shifted his/her roles within the family—takes place on a physical and psychological level; finding tasks for all the members to participate in also helps reunite the family successfully.

- Physical space
- Family image
- Social/educational environment

Phase III

Building: there is usually a honeymoon phase of about two weeks following reunification, and family members need to be encouraged to think about and feel positively about what will happen when the honeymoon is over; the case manager is looking for opportunities to highlight the sense of family that is forming and praise parents and other family members for using new strategies and applying new skills

Tasks:

- Family meetings
- Recreation
- Traditions and rituals
- Others:

Source: Maluccio, A., Warsh R., & Pine,B. (1993). Together again. Washington, DC: Child Welfare League of America.

Reunification Practice

Using the Stevens family, answer the following questions:

Bridging group

- What specific steps would you take to maintain the connection between family members during the placement?
- What are the “red flags” you should be looking for?

Opening group

- How exactly will you go through the reunification process?
- What needs to be said to each of the participants?

Building group

- How will you know if reunification is going well?
- What type of post-reunification supports might be needed?

Reunification Case Considerations

- ? Have the issues that caused the removal been addressed and resolved?
- ? Have the parents made changes in their behavior and circumstances that were making the child unsafe and placing the child at risk?
- ? Have other issues that affect safety and risk been observed and documented?
- ? Has a reduction in risk and an increase in safety to the child been observed and documented?
- ? Have the visits with the child demonstrated the parent's ability to now care for the child?
- ? Has a trial placement been considered as a way to observe changes in the parent's ability to care for the child? Has the court approved this plan?
- ? Is there some confidence that the family will not relapse? Are appropriate supports in place to prevent relapse?
- ? Have reasonable efforts been made to identify, locate, and involve all the parents in the planning process, including both legal and biological fathers?
- ? Has the child's grief and need to reconnect to the family been recognized?
- ? Would this child be removed today?

Thoughts on Termination of Parental Rights

“...defining family reunification as the successful outcome of placement appears to undermine both (1) the essential process of assessing with parents their interests in parenting, and (2) the practitioner’s ability to achieve permanency for children”

Hess, P. & Folaron, G (1991, July/August). Ambivalences: A challenge to permanency for children, *Child Welfare* (Vol LXX n. 4). P. 421

Home life is the highest and finest product of civilization. It is the greatest molding force of mind and character. Children should not be deprived of it except for urgent and compelling reasons”

“Some judges require an overwhelming amount of evidence before they will separate a child from his natural mother, so strong is the assumption that the child must be best off with his mother.”

Geiser, R. (1973). *The illusion of caring: children in foster care*. Boston: Beacon Press.

“...I have come to the conclusion that termination of parental rights is not a wise option unless there is a prospective adoptive parent available for the child. Otherwise, many children will be in the legal and psychological limbo of having no person they can identify as a parent.”

The Honorable Patricia R. Tamilya. (1992). A response to elimination of the reasonable efforts required prior to termination of parental rights status, *University of Pittsburgh Law Review* (Vol. 54:139), PP. 217-218.

Case Closure Strategies

Define roles and relationships early in the casework process.

Help the family utilize their own strengths and resources and learn new ways to help themselves. Involvement with DFCS will end when this has been achieved.

Talk to each member of the family and make sure that everyone feels heard.

Ask family members individually about the progress they think they have made.

Plan for final closure.

Involve the family in planning for closure through case plan discussion and review. Set time frames for case closure.

Gradually decrease the case manager's direct involvement during this period.

Encourage and support the family in learning to manage problems for which they previously turned to the case manager.

Manage conflicted feelings about case closure.

Recognize that when a positive casework relationship has been developed, case closure may be experienced by the family as a loss.

The ending of this relationship may serve to reinforce the family's perception that people "come and go" from their lives at whim, that people are not to be trusted and that there are no permanent relationships. Closure may be viewed as abandonment and may precipitate a regression to previous ways of behaving and relating. Utilizing the approaches to discussing closure identified above can prevent or mitigate this regression.

Help the family carefully examine the impending closure and what has been gained in the casework process.

Recognize, though, that families may be glad and grateful that their involvement with DFCS is ending. Conflicted feelings about case closure are quite natural.

Acknowledge feelings of ambivalence toward case closure by both the case manager and family. Conflicted feelings can be resolved through acknowledgment of and talking about them.

Use self-examination during the closure process to help manage the intense feelings and reactions from the family. For both the family and case manager, impending case closure can trigger deep memories and feelings associated with separation. The case manager's ability to be aware and manage these personal reactions will facilitate a more positive case closure process.

Link the family to natural support systems.

Help the family to use their own inherent strengths, supports and resources that "naturally" exist within their environment.

Recognize that many families view the case manager as a source of support, even though they may never verbalize these feelings. As a result, there may be an increase in family problems and dysfunction when case closure is imminent.

Try to teach the family to rely with confidence on their own strengths and resources, and to access and utilize supports and resources in their families and communities. Such supports can include:

- linkage with family and extended family
- development of friendships
- membership in a church and a relationship with a pastor or minister
- the development of relationships with staff of community centers
- access to other community services

Identify those sources of support that are present within the family's own cultural and reference group. The "natural" sources of support may vary between cultural groups and communities. An eco-map can be drawn with the family to identify these natural support systems.

Encourage attachments to other relationships within the community.

Help family members to establish or strengthen relationships in their own family or community. Linkage with naturally occurring support systems can provide the family with relationships which can exist over long periods of time. Encourage and promote the development of these relationships as part of the case plan.

Help the family to identify potential supports and to develop skills to access them. Participation in groups (including therapy or support groups, education groups, or recreational groups), linkage to programs such as Alcoholics Anonymous, involvement in a church, or family counseling with immediate or extended family members are appropriate.

Remember that each closure is unique and should be addressed with sensitivity for whatever are the needs of the family. Often, the ending of the relationship means that the family has successfully achieved case plan goals and like all successes, it should be celebrated.

Contact all collaterals and other community agencies that have participated in the case, as a matter of courtesy and good practice, to inform them that the case is closing.

Used with permission by American Humane Association.



Case Closure

Activity Sheet

Planning for the interventions that will lead to case transfer or closure is revisited throughout the casework process. The issues will vary depending upon the length of time the case was opened, the dynamics between the case manager and family, and the reason the case was opened initially.

List interventions used in the Steven's Case

All case decisions and activities, including closure, are guided by the case plan. When the case plan is inadequate, the decision to close may not be linked to clear outcomes and criteria. Cases may either be closed prematurely or they may remain open for extended periods of time without careful planning of services.

State a goal or activity that could have kept the Steven's case open, if it had not been successfully completed.

The decision to close a case can be based on multiple factors. There are appropriate and inappropriate reasons to close a case (as well as to keep one open).

List factors that led to the Steven's case closing

Cases are closed when case-specific outcomes are achieved and/or certain criterion is met. Closure can occur after a short involvement with the family or longer involvement.

What could have caused the Steven's case to close sooner?

Decisions about case closure should be based on outcomes. Achieving change outcomes is a strong indication that the case should be closed. Information is gathered from a variety of assessment tools to help you determine whether each outcome level was achieved and a case should be closed.

List information gathered that helped the case reach the outcome level to be closed.

Case transfer and closure are transitions for the case manager. Like all casework decisions, they are the result of a carefully planned process.

What do you use to document a summary of the case that led to closing the case?

How to Write a Closing Summary



1. Reason case was opened for services
2. Case Plan goals achieved to reduce risk
3. Services initiated or put in place to help achieve goals of case plan.
4. Any problems that came up during the life of the case
5. Current status of the family that resulted in risk reduction and completion of goals of case plan (reason why you feel as if the case should be closed)
6. Date and Your Signature
7. Supervisor's signature of approval

Locate Form 452 on your tablet and write a Case Summary for Jonathan Stevens.

Website References:

Education and Training: <http://gadfcs.org/>.

- Training and Field Practice Guide

- Training Resource Library
 - Placement Central and AFCARS

 - IDS

Online Policy Manual: www.odis.dhr.state.ga.us

Forms Online: <http://dfcs.dhr.georgia.gov/formsonline>

Public Health: <http://ph.dhr.state.ga.us>

Georgia Health Partnership: www.ghp.georgia.gov

Shane Salter: http://www.gov.state.ga.us/summit_fl/2003_info.shtml