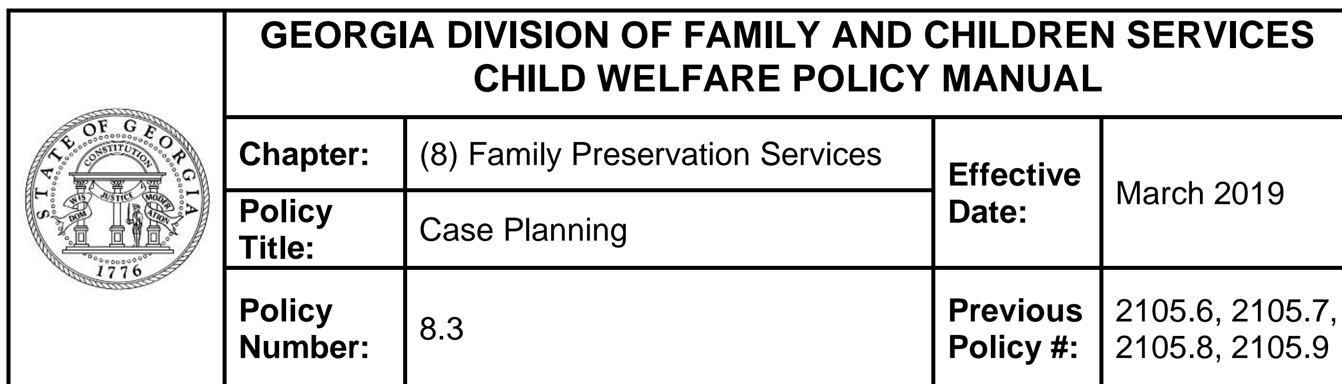

	GEORGIA DIVISION OF FAMILY AND CHILDREN SERVICES CHILD WELFARE POLICY MANUAL			
	Chapter:	(8) Family Preservation Services	**Effective Date:**	March 2019
	Policy Title:	Case Planning		
	Policy Number:	8.3	**Previous Policy #:**	2105.6, 2105.7, 2105.8, 2105.9

CODES/REFERENCES

O.C.G.A. § 15-11-22 Agreement to Mediate; Procedures
O.C.G.A. § 15-11-29 Protective Orders
O.C.G.A. § 15-11-150 Authority to File Petition
O.C.G.A. § 15-11-201 Case Plan; Contents
O.C.G.A. § 15-11-202 Reasonable Efforts by DFCS to Preserve or Reunify Families
Adoptions and Safe Families Act of 1997
Family Preservation and Support Services Act of 1993, PL 103-66
Indian Child Welfare Act (ICWA) of 1978 (P.L. 95-608)
Preventing Sex Trafficking and Strengthening Families Act of 2014 (P.L 113-183)

REQUIREMENTS

The Division of Family and Children Services (DFCS) shall:

1. Assist the family in constructing a way to think about the problem (safety concern) that promotes real change.
2. Work collaboratively with the family to identify the behaviors that need to occur or the necessary skills a family must have to predict safety more accurately (consensus) and to establish partnership with the family focused on change.
3. Use the case assessments to build the case plan.
4. Engage the following individuals or entities in the case planning process:
   a. Family members: To improve family conditions through enhancing the caregiver's protective capacities and gaining an understanding of what they have identified as problem behaviors that interfere with their ability to provide proper care and protect their children.
   b. Collaterals (formal and informal support system): To gather their ideas about what needs to happen for safety to be restored.
   c. The Office of Family Independence (OFI): When financial concerns threaten safety and family stability.
   d. The Indian tribe: To initiate participating in case planning if the child is subject to the Indian Child Welfare Act (ICWA) or a member of a Georgia tribe in accordance with policy 1.6 Administration: Indian Child Welfare Act and Transfer of Responsibility for Placement and Care to a Tribal Agency.
5. Incorporate the following into the case plans, when applicable:
   a. Safety plan to address immediate safety issues.
   b. Plan of Safe Care.
   c. The orders of the court when a child adjudicated as a Child In Need of Services (CHINS); or when a protective order is in place.

   d. Measures to address identified “at risk” behaviors in a family that may have a negative impact on a youth’s successful transition to adulthood.
   e. Measures to address the safety and therapeutic needs of any child who has been identified as a known or suspected victim of sex trafficking.
6. Develop the initial case plan in partnership with the family during the Family Team Meeting (FTM) held within 45 calendar days of the case transfer staffing or progression of the case to the FPS stage (whichever occurs first) (see policy 19.3 Case Management: Solution-Focused Family Team Meetings).
7. Develop quality case plans that are solution focused and have the following common characteristics:
   a. Outcomes: Goals that are broken down into outcomes at both the family and individual level which clearly define behaviors family members will use instead of the harmful or unproductive behaviors.
      i. Family level outcomes (FLO) describes what the family will be doing in everyday life to successfully resolve the problem or meet the child’s needs. FLOs must be behaviorally specific and directly related to known situations that threaten child safety.
      ii. Individual level outcomes (ILO) describes the new behavior that an individual will demonstrate in order to successfully participate in the family-level outcomes. Individual-level objectives shall be directly related to the family event(s) or situations that need to improve.
   b. Tasks: Outcomes are broken down into detailed sequential steps and are:
      i. Obtainable.
      ii. Cover both case management issues and everyday family behavior; and
      iii. Have clear descriptions of who will be involved in each step, what will be done and when the task is to be done.
8. Engage the family to develop a personalized action plan for addressing the FLOs and ILOs. The action plan must contain the everyday life tasks that will take place to change the conditions that lead to the unsafe situation; and include what will be done, who will do it, and when they will do it using the five relapse prevention skills (see policy 19.14 Case Management: Action Planning).
9. Expect and anticipate a reoccurrence of behavior that has been identified as high-risk. Relapses or setbacks shall be assessed, and families be coached relapses and setbacks.
10. Engage in timely and frequent conversations with involved treatment providers around the case plan outcomes.
11. In partnership with the family, complete a case evaluation every 90 days or more often as necessary to formally review progress toward case plan outcomes and/or modify the case plan.

PROCEDURES

Case Plan Development

The Social Services Case Manager (SSCM) will:

1. Review, analyze and consider:
   a. DFCS history, including patterns of behavior, number and severity of previous reports, family support systems, services previously provided to the family, attitude

toward DFCS interventions, and any other relevant information contained in the case record (see policy 19.10 Case Management: Analyzing DFCS History).
   b. The Foster Care Family and Child Plan, when applicable, in order to determine specific FLO and ILO that may need to be incorporated into the FPS case plan, when the case is transferred from Foster Care to FPS.
   c. Current investigation documentation:
      i. Family Functioning Assessment (FFA)
      ii. Genogram
      iii. Safety Plan (see policy 19.12 Case Management: Safety Plan & Management)
      iv. Plan of Safe Care (see policy 19.27 Case Management: Plan of Safe Care for Infants Prenatally Exposed to Substances or a Fetal Alcohol Spectrum Disorder [FASD])
      v. Assessments/evaluations from service providers or other agencies currently or previously involved with the family
      vi. Court orders
2. Identify the family's developmental stage(s) and tasks including what task(s) the family is having difficulty managing.
3. Prepare for the initial FTM in accordance with policy 19.3 Case Management: Solution-Focused Family Team Meetings).
4. Gather information about family functioning by contacting collaterals that can provide pertinent and purposeful information (see policy 19.16 Case Management: Collateral Contacts).
5. Engage and prepare the family for the case planning process by reviewing, discussing and identifying:
   a. Who should be involved in case planning.
   b. The family's participation and preparation for the initial FTM, in accordance with policy 19.3 Case Management: Solution-Focused Family Team Meetings).
   c. Identified present danger situations and impending danger safety threats.
   d. Safety plan inclusion in family plan.
   e. Consensus built around the everyday life situation(s) that interferes with the caregiver's ability to provide proper care and protect their child(ren) (safety and risk).
   f. Family strengths and diminished caregiver protective capacities.
   g. Family's genogram to identify formal/informal supports that are needed to enhance caregiver protective capacities and to ensure child safety and alleviate risk factors.
   h. The purposeful contact standards (initial and subsequent) for the family.
6. Engage the Indian Tribe, when applicable.
7. Participate in a supervisory staffing with the Social Services Supervisor (SSS).
8. Conduct and/or participate in the FTM to include discussion of:
   a. Any positive changes the family has achieved related to child safety, permanency, and/or well-being to date.
   b. The difficult task or situations that led to child safety issues and the case being opened for ongoing FPS.
   c. What the "old plan' was for the family and strategies to develop a "new plan" for dealing with the difficult task or situation impacting child safety.
   d. Exceptions to the difficult task or situation that can be used to build strategies with the family on how to better handle similar situations.
   e. Formal and/or informal services or assessment recommendations.
   f. Building a consensus on exactly what needs to change to achieve child safety;

g. Family support system and resources that can be utilized;
h. ILO and FLO's and tasks related to identified areas of need, including but not limited to:
    i. Child vulnerabilities, including behaviors that are applicable to children/youth considered to be at high risk for exploitation, runaway or homelessness;
    ii. Child/youth wellbeing needs;
    iii. Caregiver protective capacities;
    iv. Present danger situations and/or impending danger safety threats;
    v. Current safety plan sufficiency;
    vi. Conditions for Return (when applicable);
    vii. Plan of Safe Care (when applicable);
    viii. Safety and therapeutic interventions for any child who is suspected to be or has been identified as a victim of sex trafficking (see policy 19.17 Case Management: Service Provision);
    ix. Court ordered services, if applicable;
    x. Non-negotiable services;
    xi. Substance use/abuse treatment and relapse planning (see policy 19.26 Case Management: Cases Management Involving Caregiver Substance Abuse or Use);
    xii. Domestic Violence/Intimate Partner Violence (DV/IPV) services (see DV/IPV Protocol in Forms and Tools);
    xiii. Orders of the court for a child adjudicated as a Child In Need of Services (CHINS).
i. Action plans that include the five relapse prevention skills (see policy Case Management: Action Planning).
j. Services/supports required to address the behavior specific needs of the caregivers and child(ren) impacting safety, permanency and/or well-being.
k. Purposeful and collateral contact standards needed to support case plan outcomes and child safety.

NOTE: Case plan outcomes should be developed in partnership with both the youth and the caregiver(s) when the case involves a runaway or at-risk youth or a victim of sex trafficking.

9. Document the case plan in Georgia SHINES within 72 hours of the completion of the FTM.
10. Obtain the signatures and provide a signed copy of the case plan to the family within five business days of the completion of the FTM.
11. Submit the case plan in Georgia SHINES to the SSS for approval.
12. Continuously assess progress toward achievement of case plan outcomes by:
    a. Engaging the family during purposeful contacts as outlined in policy 8.2 Family Preservation Services: Purposeful Contacts with Families Receiving Family Preservation Services.
    b. Engaging relevant collateral contacts as outlined in policy 19.16 Case Management: Collateral Contacts.
    c. Engaging formal and informal (family's natural helpers) providers as outlined in policy 19.17 Case Management: Service Provision.
13. Recognize and celebrate behavioral changes that reinforce child safety and well-being with the family.
14. Update the case plan to reflect outcomes or tasks completion dates.

15. Formally review the case plan progress as often as necessary but at minimum every 90 calendar days via case evaluation (see policy 8.4 Family Preservation Services: Case Evaluation).
16. Participate in monthly supervisor staffings to discuss progress made toward the achievement of case plan outcomes and action plan tasks.
    NOTE: Supervisor staffings should occur more frequently than monthly when issues arise that need to be addressed immediately and swiftly.

The Social Services Supervisor (SSS) will:

1. Review case documentation including DFCS history and current assessments to ensure all information is known when making decisions related to case planning.
2. Participate in FTMs conducted with the family to develop the case plan and address any case plan outcome achievement concerns.
3. Ensure contacts standards (purposeful and collateral) are established at a level to sufficiently assess progress toward case plan outcomes to ensure safety and determine family functioning (see policy 19.15 Case Management: Developing Contact Standards for Purposeful Contacts and Collateral Contacts).
4. Use the Georgia SHINES Family Preservation Monthly Status report to track the case plan completion.
5. Ensure the initial case plan is developed within 45 calendar days of the transfer staffing or the case being stage progressed to Family Preservation stage in Georgia SHINES.
6. Review case plans to ensure it addresses the identified safety threats and focuses on the everyday life tasks that are challenging for the family.
7. Approve the case plan in Georgia SHINES, following the SSCM obtaining all appropriate signatures from family members.
8. Maintain the focus on case plan outcomes by:
    a. Steering conversations with the SSCM back to everyday life tasks that is challenging for the family; and
    b. Assisting the SSCM in tracking the sequence of problematic behavior patterns.
    c. Assisting the SSCM in assessing caregiver behavioral change to determine if enhancement of caregiver protective capacity and child safety has concerned.
9. Thoroughly review case documentation to evaluate the adequacy of Family Preservation Services being provided to successfully progress the family toward achievement of case plan outcomes including lasting behavioral changes.
10. Ensure case plans are updated to reflect outcome completion as often as necessary but at minimum every 90 calendar days at case evaluation (see policy 8.4 Family Preservation Services: Case Evaluation).
11. Assist the SSCM with evaluating and managing case planning relapses or setbacks.
12. Conduct monthly or more frequent supervisor staffing with the SSCM to evaluate the sufficiency of the case plan and progress toward case plan outcomes (see policy 19.6 Case Management: Supervisor Staffing).

Case Planning Involving Domestic Violence (DV)/Intimate Partner Violence (IPV) or Sexual Abuse

In cases that involve DV/IPV or sexual abuse, the SSCM will:

1. Establish the first family level outcome addressing how the family will prevent the child

from being harmed again:
   a. Physical/Emotional harm; or
   b. Sexual assault.
2. Establish an individual level outcome for the perpetrator addressing their offending behavior.
3. If the assessment indicates the non-offending parent has failed to protect the child(ren), develop an individual level outcome for the non-offending parent that addresses overcoming his/her barriers to protecting the child(ren).
4. A second family level outcome (FLO) can be developed around managing the developmental stage of everyday life the family finds challenging.
   NOTE: The perpetrator cannot participate in the second family level outcome until they have demonstrated substantial progress on their ILO related to the sexual abuse/DV/IPV.

Managing Case Planning Relapses/Setbacks

Following notification or observation of the relapse/setback, the SSCM will assess the relapse/setback:

1. Avoid taking action prior to thoroughly assessing the relapse/setback.
   NOTE: This does not eliminate the need to address safety, however, it will require identifying what went wrong to assist in determining with the family whether the child(ren) will remain in the home, or require an out of home safety plan.
2. Determine with the SSS which of the following two categories describes the situation:
   a. A crisis has occurred and an adjustment to the safety or case plan is required to ensure safety; or
   b. The current plan is sufficient but case momentum and direction is at risk.
3. For a crisis that involves the development of a new safety plan or revision to the case plan:
   a. Safety is paramount and must always be maintained and assessed.
   b. Interview family members to track the sequence of events that occurred prior to the event, entering the event and while attempting to manage the event. Identify the factors present at the time things stopped happening according to the plan.
   c. With the family, identify what specifically went wrong. Refer to the action plan, what tasks were supposed to occur and what tasks did and/or did not occur.
   d. Conduct a case evaluation as outlined in policy 8.4 Family Preservation Services: Case Evaluation;
   e. Use the information from the assessment of the relapse/setback and the case evaluation to:
      i. Determine what changes to the safety plan or case plan need to occur; and
      ii. Assist the family and/or the provider(s) in the revision of the plan.

   NOTE: The relapse/setback maybe assessed in the form of a formal investigation and/or by the assigned SSCM.
4. For a setback where the safety plan is not appropriate, but case momentum and direction is at risk, with the SSS:
   a. Drill down into the situation. Does the family have a lot of problems? Few supports? Lack of organizational skills? Is the family involved with multiple treatment providers competing for the family's attention? Is attention being focused on issues unrelated

to present safety? Are these unrelated issues taken attention away from the presenting problems or issues vital to safety?

   b. Determine if new issues arose that need to be added to the family plan and must be addressed prior to case closure. Determine if the new issues be related to the existing treatment outcomes in lieu of creating a new outcome.

5. Initiate and participate in FTMs as needed to address case plan outcome achievement or lack thereof.
6. If the relapse/setback cannot be managed without court involvement, initiate court action as outlined in policy 17.1 Legal: The Juvenile Court Process to ensure child safety.
7. Participate in mediation based on a written agreement sanctioned by a juvenile court, in consultation with the Special Assistant Attorney General (SAAG), when applicable (see policy 17.4 Legal: Mediation).

PRACTICE GUIDANCE

A case plan is a plan that is designed to ensure that a child receives protection, proper care and case management and may include services for a child, parents, guardian or legal custodian. A complete review of the investigation as well as all other DFCS history is fundamental to begin case planning. The case plan is a deliberate, reasonable and mutually agreed upon strategy to enhance caregiver protective capacities and eliminate present danger situations and/or impending danger safety threats. The plan must provide a clear understanding of the reason for DFCS involvement with the family (consensus around family issues), changes which would constitute successful intervention (FLO's and ILO's), and the method for facilitating change (action plans). The case plan must be developed collaboratively with the family and providers based on a thorough understanding of the strengths and needs unique to a family. Family Team Meetings (FTM) and Multi-Disciplinary Team (MDT) meetings are effective ways to engage natural and formal supports to enhance case plan development. Case plans are unlikely to result in desired outcomes if the family is not invested in them; therefore, the family must be actively involved in the case planning process if change is to occur. The most critical aspect of case planning involves establishing a partnership with caregivers and obtaining consensus regarding the family and individual level outcomes. Although case plan outcomes should be established after gaining consensus with the family, there are situations where a consensus may not occur prior to the development of the case plan.

The FLO describes what the family will be doing in everyday life to successfully resolve the safety problem. It is recommended that families manage no more than two FLOs per case plan to prevent the family being overwhelmed and help them to focus on the most pressing issues that may be impacting child safety and well-being. Establish the most important outcomes first. With each established FLO there must be correlating ILO. ILO(s) should be specifically related to addressing a caregiver's underlying issues that create an unsafe home environment for the child(ren). These personal self-management issues may be related to:

1. Anger or control
2. Substance abuse
3. Sexual behaviors
4. Emotional stability
5. Criminal behavior

Each FLO and ILO must have an associated action plan which is a personalized plan targeting the most high-risk situations. For example, DFCS involvement is related to inadequate supervision and education neglect, but upon further assessment, it is determined that the caregiver has a substance abuse issue. Two FLOs will be developed with the family, one around ensuring adequate supervision of the child(ren) and the other to ensure the education needs of the children are being met. Only one ILO will be developed around the caregiver addressing substance abuse which is their underlying issue contributing to the maltreatment. An action plan will be established for each FLO and ILO (see policy 19.14 Case Management: Action Planning). At subsequent case evaluations, assess whether additional safety outcomes can be incorporated into the case plan, as the initial outcomes are achieved.

Outcomes that the family would like to address that are not related to safety are considered secondary level outcomes. Secondary level outcomes maybe discussed with the family and resources may be provided to assist the family with meeting these outcomes. However, secondary level outcomes should not hinder the achievement of outcomes that impact child safety. Secondary level outcomes may be noted on the case plan, however, there is no associated action plan.

Case Planning Involving Domestic Violence (DV)/Intimate Partner Violence (IPV) or Sexual Abuse

Case planning involving domestic violence (DV), intimate partner violence (IPV) and sexual abuse must be managed differently than those that do not contain these elements. The primary focus of these types of cases is ensuring the child is not re-harmed, rather than the family's challenges with everyday life tasks. Therefore, the first FLO will address how the family will prevent the child from being physically (DV/IPV cases) or sexually (sexual abuse cases) harmed. The family's plan may include tasks related to the non-offending parent ensuring that the perpetrator does not have contact until recommended by the treatment provider. Other family members or supports may have tasks on the plan to assist the non-offending caregiver in enforcing a "no contact" plan. An individual level outcome for the perpetrator around sexual offending or DV/IPV will be established; and if the assessment reveals the non-offending parent has failed to protect, an ILO will be developed for the non-offending parent addressing his/her personal hurdle to protecting the children.

Although the primary focus in these types of cases is keeping children free from physical or sexual harm, a second family level outcome (FLO) can be established around managing the developmental stage of everyday life the family finds challenging. However, the perpetrator cannot participate in the second family level outcome until he/she has received treatment and demonstrated substantial progress on their ILO related to their self-control issues (sexual abuse/DV/IPV).

It is important to remember that service provision will be key in helping the family move forward with ensuring safety in the home as well as assessing behavioral changes that impact safety. SSCMs must work in partnership with community-based service providers to:

1. Identify treatment approaches for the perpetrator of child abuse and neglect that have demonstrated effectiveness in regards to future abusive or neglectful behavior.
2. Identify treatment approaches for the child victim that have been proven effective in reducing the impact of abuse and neglect on the child and assist in the child's resiliency. And

3. Identify treatment approaches that will assist the non-offending caregiver in creating and maintaining positive outcomes that impact the family and the child(ren) in the home.

Assessment of Children's Needs

The assessment of children's needs is a part of case planning. The needs of children can be assessed through observation and a formal evaluation conducted by a provider. The SSCM must consider the following components as part of an ongoing assessment of child functioning, when applicable:

1. Child development;
2. Medical;
3. Vision;
4. Dental;
5. Hearing;
6. Mental health;
7. Observations;
8. Education;
9. Substance abuse;
10. Sexuality;
11. Legal;
12. Cultural connections;
13. History of running away;
14. Suspicion or known exposure sexual exploitation (CSEC);
15. The youth's voice (opinion, wishes, expectations, goals, viewpoints, etc.); and
16. Social/Other needs

Documenting and Celebrating Case Plan Progress

Documenting and celebrating is vital in solution based casework and case plan evaluation. Case managers should document and celebrate progress and completion with specific tasks of each action plan throughout the life of the case. Action plans include how each tasks will be measured allowing the case manager to review documentation of behavioral change and provide opportunities to acknowledge changes and celebration of achievement with the family. The case manager may also include suggestions for celebrating specific task completion while completing the action plan. In order to begin celebrating with families the SSCM must remember to notice and document what the behavioral change. The following examples can be used to recognize and celebrate change:

1. Case managers can anticipate change by helping the family search for and recognize the new story that is emerging about them.
2. Case managers can verbally acknowledge the progress the family is making in working their action plans which can help the family to feel encouraged and supported by the case manager.
3. Case managers can use T-charts to compare the old unsafe and unproductive behaviors with safe and productive new ones, which help to capture and reinforce change.
4. Scheduling a family team meeting that will focus on the significant and meaningful changes the family has made can be vital in reinforcing change and celebrating the family.

5. Case managers can take the time to have a celebration party planned with the family and treatment providers to highlight their progress. You may include food, balloons and certificates to celebrate the families' achievements.
6. Case managers may write and mail the family a card detailing their progress and acknowledging their efforts and commitment to reaching their outcomes.

While these are only a few examples, case managers can be creative with their families in the celebrating process by discussing different ways the family would like to celebrate as well.

Managing Setbacks

Setbacks are defined as the reoccurrence of a problem behavior that is considered high risk. Setbacks are a normal occurrence and can be managed while continuing case progression. A case manager and supervisor's ability to thoroughly assess a family's setback and normalize them within the context of action plan, can assist in their ability to help move the family forward and assist them in utilizing newly learned skills. Preparing ahead of time for setbacks can help case managers respond appropriately to them. Some possible setbacks may include:

1. Maintaining cleanliness of the home;
2. Ongoing attendance at school;
3. Personal hygiene for children;
4. Consistently attending needed medical appointments;
5. Missed appointments with service providers or;
6. A new report alleging abuse or neglect.

To assess and manage setbacks, the SSCM must first assess how the setback affects safety in the home and determine whether the current safety plan is sufficient to ensure safety or if a new one needed. It is important for the SSCM to gather information surrounding the setback and discuss information with their supervisor to determine next steps. Setbacks can evoke emotions for both the family and the SSCM, therefore the SSCM should be diligent in controlling their feelings around the setback to help the family move forward.

FORMS AND TOOLS

Intimate Partner Violence (Domestic Violence) Guidelines & Protocol