



CDSS

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DEPARTMENT OF SOCIAL SERVICES

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GOVERNOR

March 26, 2010

ALL COUNTY INFORMATION NOTICE NO. I-24-10

TO: ALL COUNTY WELFARE DIRECTORS
ALL CHILD WELFARE SERVICES
PROGRAM MANAGERS
CHIEF PROBATION OFFICERS

SUBJECT: PERMANENCY PROTOCOLS FOR IMPROVED PERMANENCY
OUTCOMES

REASON FOR THIS TRANSMITTAL

- State Law Change
- Federal Law or Regulation Change
- Court Order
- Clarification Requested by One or More Counties
- Initiated by CDSS

The purpose of this All County Information Notice (ACIN) is to, again, distribute the Permanency Protocols developed by the California Department of Social Services (CDSS) and counties participating in the 11-County Pilot Project in 2005. These protocols identified three research based practices that appeared to show improvement in permanency outcomes of foster care children. These protocols are being redistributed to demonstrate the states' continued commitment to improving permanency outcomes for foster care children as outlined in California's Program Improvement Plan (PIP).

Background:

In 2003, CDSS launched the 11-County Pilot Project. The Pilot Project was intended to achieve fundamental system change, reframing the role of the county child welfare services agency as an organization, county social workers, other agencies, and the children and families themselves. Additionally, the Pilot Project's purpose was to provide a new framework for enhancing service delivery by state and county child welfare services programs in order to improve the state's outcomes in relation to safety and permanency as outlined in the state's 2003 PIP goals.

The pilot counties (Los Angeles, Sacramento, Contra Costa, San Mateo, Stanislaus, Placer, San Luis Obispo, Humboldt, Tehama, Glenn and Trinity), in collaboration with CDSS developed, implemented and tested the following three strategies which were consistent with the state's PIP goals: 1) Standardized Safety Assessment,

2) Differential Response and 3) Permanency and Youth Transition. These strategies included research-based practices that had been implemented in other states and, in some California counties. Research showed these approaches achieve positive improvement in safety, permanency and well-being outcomes.

If there are any questions about the contents in this ACIN and the 11-County Pilot Project in regard to the Permanency and Youth Transition strategies and the Permanency Protocol document, please contact the Concurrent Planning Policy Unit at (916) 657-1858. In addition, the 11-County Pilot Project Final Evaluation Report can be found listed under “Featured Links” heading on CDSS’ Children and Family Services Division website located at <http://www.childsworld.ca.gov>.

Sincerely,

Original Document Signed By:

KAREN B. GUNDERSON, Chief
Child and Youth Permanency Branch
Children and Family Services Division

Attachment

Child Welfare System Improvements

Deliverable: Improve Permanency Outcomes

- Expand Team Decisionmaking
- Enhance Family Participation In Case Planning
- Increase Youth Inclusion In Case Planning

FINAL

June 8, 2005

Permanency and Youth Transition Workgroup

Action Step 3	Performance Improvement Goals (AB 636 PIP)	Deliverables	Budgeted Items
<p>Develop an individualized, inclusive, team-based case planning process for supporting family restoration and transition planning to be applied throughout the life of a Child Welfare Services case.</p>	<ol style="list-style-type: none"> 1. Children are maintained safely in their homes whenever possible. 2. Children have permanency and stability in their living situations without increasing reentry to foster care. 3. The family relationships and connections of the children served by the CWS will be preserved, as appropriate. 4. Decrease rate of children re-entering foster care. 5. Increase percentage of children who have two or fewer placements 	<p>Improve Permanency Outcomes</p> <p>CDSS and 11 Counties will in 04/05:</p>	<p>11 Counties in 04/05:</p> <p>\$2,539,362 budgeted for 11 counties to support the following activities:</p> <ul style="list-style-type: none"> • Finalize protocols • Implement protocols
		<p><u>Expand Team Decision Making</u></p> <ul style="list-style-type: none"> • Finalize team decision-making protocols in each of the 11 counties. • Implement a team decision-making protocol in a targeted sub-set of cases in each of the 11 counties. <p><u>Enhance Family Participation in Case Planning</u></p> <ul style="list-style-type: none"> • Finalize protocols to enhance family participation in case planning in each of the 11 counties. • Implement a family participation protocol in a targeted sub-set of cases in each of the 11 counties. <p><u>Increase Youth Inclusion in Case Planning</u></p> <ul style="list-style-type: none"> • Finalize protocols to include youth in case and transition planning each of the 11 counties. • Implement a protocol for including youth in case and transition planning in a targeted sub-set of cases in each of the 11 counties. 	
		<p>CDSS will in 04/05:</p>	
		<ul style="list-style-type: none"> • Coordinate communication between the 11 counties to advise counties of the protocols being developed; facilitate sharing of issues and solutions, and advance understanding of these promising as they develop. 	

Permanency and Youth Transition Protocol Implementation Guide

This guide is intended to provide a conceptual framework within which counties may develop county-specific procedures for implementing the Child Welfare System Improvements.

The strategic steps of the protocol implementation are:

1. Develop a planning and implementation team that is inclusive of families, agency staff at all levels, community partners and other key stakeholders.
2. Establish a goal, such as SIP outcomes, CDSS Deliverables, etc. What specific outcomes/changes would you hope to accomplish by implementing family engagement.
3. Identify target population for initial implementation.
4. Identify a model/strategies/practice changes to be implemented or expanded.
5. Identify needed workforce skills and training.
6. Identify needed resources.
7. Develop a work plan inclusive of evaluation and training components.
8. Implement.
9. Monitor and evaluate.
10. Modify and expand accordingly.

TEAM DECISIONMAKING MEETING

Team Decisionmaking Meeting is a strength based “Family to Family” model that arises from the belief that a child’s well being is best served by an inclusive collaboration of family, community and child welfare agency rather than by a unilateral public agency decision. These meetings provide a forum for making critical decisions regarding removal of children from their homes, changes in out-of-home placement and permanency planning (including reunification). A Team Decisionmaking Meeting will take place at all placement decision points in order to keep the child safe in the least restrictive environment that meets the child’s needs. Team Decisionmaking Meeting philosophy embraces the importance of the family’s perspective and involvement, stresses full participation of all attendees, and encourages “straight talk.”

Decision Point/Case Activity	Goals	Strategy	Resources/References
<ul style="list-style-type: none"> • Emergency or considered Removal: Scheduled when the social worker assesses that the child (ren) is at high risk for abuse/neglect, or no later than one working day after the emergency placement of a child. 	<ul style="list-style-type: none"> • Reduce the likelihood of placement. • Increase the likelihood of relative placements. • Keep siblings together. • Keep family connected to community. • Increase client engagement. 	<ul style="list-style-type: none"> • Team Decisionmaking Meeting (TDM), Family to Family 	<ul style="list-style-type: none"> • TDM Protocol • Desk Guide • Family 2 Family website www.f2f.ca.gov • “Lab” counties: Contra Costa, Glenn, Humboldt, Los Angeles, Placer, Sacramento, San Luis Obispo, San Mateo, Stanislaus, Tehama, Trinity • F2F Domestic Violence Protocol
<ul style="list-style-type: none"> • Placement Disruption/Change: Scheduled when potential disruption of placement is recognized, safety issues exist, or move from current placement is believed necessary to benefit the 	<ul style="list-style-type: none"> • Reduce the likelihood that the child will change placements. • Reduce the likelihood that the child will move into a more restrictive placement. • Engage foster parents 	<ul style="list-style-type: none"> • Team Decisionmaking Meeting (TDM), Family to Family 	<ul style="list-style-type: none"> • TDM Protocol • Desk Guide • Family 2 Family website www.f2f.ca.gov • “Lab” counties: Contra Costa, Glenn, Humboldt, Los Angeles, Placer, Sacramento, San Luis

<p>children.</p>	<p>in decision making.</p> <ul style="list-style-type: none"> • Increase client engagement. 		<p>Obispo, San Mateo, Stanislaus, Tehama, Trinity</p>
<ul style="list-style-type: none"> • Reunification: Scheduled when risk level is reduced and there is recognition that the parent(s) can protect and provide safety for the child. 	<ul style="list-style-type: none"> • Reduce the likelihood of reentry after exit from placement. • Increase client engagement. 	<ul style="list-style-type: none"> • Team Decisionmaking Meeting (TDM), Family to Family 	<ul style="list-style-type: none"> • TDM Protocol • Desk Guide • Family 2 Family website www.f2f.ca.gov • “Lab” counties: Contra Costa, Glenn, Humboldt, Los Angeles, Placer, Sacramento, San Luis Obispo, San Mateo, Stanislaus, Tehama, Trinity
<ul style="list-style-type: none"> • Permanent Plan: Scheduled when a lack of progress by the parents in reducing risk for the child suggests the need for permanent placement. 	<ul style="list-style-type: none"> • Reduce the likelihood of long-term foster care. 	<ul style="list-style-type: none"> • Team Decisionmaking Meeting (TDM), Family to Family 	<ul style="list-style-type: none"> • TDM Protocol • Desk Guide • Family 2 Family website www.f2f.ca.gov • “Lab” counties: Contra Costa, Glenn, Humboldt, Los Angeles, Placer, Sacramento, San Luis Obispo, San Mateo, Stanislaus, Tehama, Trinity

**Team Decisionmaking
Meetings
(TDM)**

Desk Guide

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Team Decisionmaking Meeting (TDM) Staff

CONTACT INFORMATION

(Complete for Individual County Team Members)

TDM staff is committed to making the TDM process a success. They are available to answer questions and provide information via telephone and email. Please contact them if you need any assistance

FACILITATOR (S): (Name, phone, email address)

SCHEDULER:

PROGRAM MANAGER/SUPERVISOR:

OTHER:

<p>County Philosophy</p>	<p>Team Decisionmaking Meeting (TDM) is a strength based “Family to Family” model that arises from the belief that a child’s well being is best served by an inclusive collaboration of family, community and child welfare agency rather than by a unilateral public agency decision. These meetings provide a forum for making critical decisions regarding removal of children from their homes, changes in out-of-home placement and permanency planning (including reunification). A Team decisionmaking meeting will take place at all placement decision points in order to keep the child safe in the least restrictive environment that meets the child’s needs. Team decisionmaking philosophy embraces the importance of the family’s perspective and involvement, stresses full participation of all attendees, and encourages “straight talk.”</p>
<p>Definition and Purpose</p>	<p>Team decisionmaking meeting includes family members, foster parents (if the child is in placement), service providers, tribe/tribal representative, other community representatives, and staff from the child welfare agency. The meeting is a sharing of all information about the family that relates to the protection of the children and functioning of the family (www.aecf.org).</p>
<p>Goal</p>	<p>The goal of TDM is to reach consensus about a plan that protects the children and preserves or reunifies the family. (www.aecf.org).</p>
<p>Team Composition</p> <p>(This list is not all-inclusive. Any individual identified by the family or child as a support person may also be invited. Service providers may include Foster Family Agency (FFA) staff and outside agency mental health providers, in addition to service providers identified by the social worker or TDM staff.)</p>	<ul style="list-style-type: none"> • Parents/Guardians • Care provider (if the child is in placement) • Potential care provider (mentor, relative, etc.) • CWS social worker and social worker supervisor • Other CWS staff consultants (substance abuse specialists, VFM social workers, court specialists, etc.) • TDM Facilitator • Child (as appropriate) • Youth (at youth’s discretion) and when appropriate • Youth’s support people • Family members • Community partners • Tribal representatives for children of Indian ancestry • Service providers • Educational partners • Mental Health providers • Public health nurse (for TDMs with significant medical issues)
<p>Types of TDMs and Time Frames</p>	<p>1. Emergency Placement – When a child has been removed due to an emergency, a TDM needs to be scheduled within the first 48 hours. If a child is removed on the weekend, a TDM</p>

<p>Types of TDMs and Time Frames (cont.)</p>	<p>should be held the next working day, whenever possible.</p> <ol style="list-style-type: none"> 2. Imminent Risk of Removal – When a child is at risk of removal, a TDM needs to be scheduled prior to the removal whenever possible. 3. Placement Disruption/Change of Placement – A TDM needs to be scheduled prior to a potential placement change, including those initiated by a 7-day notice. Following an emergency change of placement, a TDM should be scheduled as soon as possible to assess the reason for the placement disruption and the appropriateness of the new placement. 4. Exit from Placement – When a child is exiting from placement, a TDM will be held. The social worker, the family and other pertinent participants meet to develop a safety and transition plan to support the family’s success.
<p>Social Worker Role</p>	<ul style="list-style-type: none"> • When it is determined that a TDM is appropriate, the social worker will consult with their supervisor, the care provider, the birth parents, and the tribe/ tribal representative to schedule the meeting and to identify support persons and others who should be invited. • Complete the first page of the TDM referral form and provide to the social worker/county specified person. • When the date and time of the TDM is confirmed, the social worker/county specified person would confirm with the care provider and birth parents. • A scheduler or facilitator may assist, if needed, in making contact with the family and/or care provider(s). • Prepare to present a summary of the situation, focusing on strength-based comments. • Be on time to the meeting and make necessary plans to stay for the length of the meeting without interruption. • Speak to the family, not about them. • If consensus is not reached, the social worker will be asked to consider all of the information and make a final decision regarding the child’s placement. • Complete the TDM survey form at the end of the meeting. Comments help the TDM staff make changes to the process for the benefit of all the participants. • Narrate contact information; TDM outcomes and action plan from the meeting in CWS/CMS. • Update case plan as needed to reflect the action plan. • Complete all action plan tasks assigned to the social worker within the time frames specified and monitor follow through in open cases.
<p>Social Worker Supervisor Role</p>	<ul style="list-style-type: none"> • Consult with social worker about appropriateness of scheduling a TDM and suggestions for attendees.

<p>Social Worker Supervisor Role (cont.)</p>	<ul style="list-style-type: none"> • Consult with the social worker about available dates and times and arrange to participate in the meeting whenever possible, especially to support new staff or for difficult or sensitive cases. • Be prepared to help set a tone of openness, respect, and creative problem solving in the meeting. • Be on time to the meeting and make necessary plans to stay for the length of the meeting without interruption. • Complete the TDM survey form at the end of the meeting. Comments help the TDM staff make changes to the process for the benefit of all the participants. • Communicate with staff to ensure that the placement decision and action plan is followed.
<p>Scheduler Role</p> <p>(In the absence of the Scheduler, a Facilitator will take on the responsibility of scheduling a TDM)</p>	<ul style="list-style-type: none"> • Ensure that the TDM referral form is received and contact the social worker. • Give any needed support to the social worker in preparing for the TDM. • Invite agency staff, community partners, and service providers identified by the social worker. • Confirm date and time of TDM with the social worker and social worker supervisor. • Enter TDM results into the database. • Schedule follow-up meeting if necessary.
<p>Facilitator Role</p>	<ul style="list-style-type: none"> • Maintain necessary supplies for TDM meetings. • Arrive early to set up for the meeting. • Complete consent form. • Review purpose of TDM and ground rules. • Ensure that all participants have an opportunity to share their input and ask questions. • Utilize group process and TDM skills to guide the meeting toward a consensus agreement of a plan in the child's best interest. • Document the Safety Plan on the Summary Report Form and make copies for all participants.
<p>Care Provider Role</p>	<ul style="list-style-type: none"> • Provide information about the situation that prompted a TDM to be held. • Be open-minded about the possibility of maintaining the placement. Know what the placement would need to look like in order for the child to remain in the home. • Be on time to the meeting and make necessary plans to stay for the length of the meeting without interruption. • Provide specific information about the child's strengths and safety concerns related to the child. • Participate in the meeting as a team player (care provider's input is very important to the process).

<p>Care Provider Role (cont.)</p>	<ul style="list-style-type: none"> • Assist the team in coming up with a decision that is in the child’s best interest and maintains the child in the safest, least restrictive environment that meets the child’s needs. • Complete the TDM survey form at the end of the meeting. Comments help the TDM staff make changes to the process for the benefit of all the participants.
<p>Community Partner Role</p>	<ul style="list-style-type: none"> • Be on time to the meeting and make necessary plans to stay for the length of the meeting without interruption. • Know what resources are available in the community and be prepared to share information about community resources with the family. • Participate in the meeting as a team player. • Assist the team in coming up with a decision that is in the child’s best interest and maintains the child in the safest, least restrictive environment that meets the child’s needs. • Complete the TDM survey form at the end of the meeting. Comments help the TDM staff make changes to the process for the benefit of all the participants.
<p>Service Provider Role</p> <p>(Service Providers may include, but are not limited to, tribes, substance abuse specialists, domestic violence experts, mental health clinicians, SB163, CVRC and others.)</p>	<ul style="list-style-type: none"> • Be on time to the meeting and make necessary plans to stay for the length of the meeting without interruption. • If the family is not currently receiving services, be prepared to offer any services that may benefit the family. • If the family is already receiving services, be prepared to share information about the progress of services and what additional services can be provided if necessary. • Provide strength-based assessment of the family to maximize the family’s success. • Participate in the meeting as a team player. • Assist the team in coming up with a decision that is in the child’s best interest and maintains the child in the safest, least restrictive environment. • Complete the TDM survey form at the end of the meeting. Comments help the TDM staff make changes to the process for the benefit of all the participants.
<p>Foster Family Agency (FFA) Staff Role</p>	<ul style="list-style-type: none"> • Prepare FFA care providers for the TDM process. Let the care providers know the purpose of the TDM and encourage them to come prepared with strengths about the child and the family. • Be on time to the meeting and make necessary plans to stay for the length of the meeting without interruption. • Provide specific information about the child’s behaviors. If the child’s behaviors are the cause for a 7-day notice to be given, provide a behavioral picture of the child and what interventions have been successful or unsuccessful. • Be open-minded about the possibility of maintaining the

<p>Foster Family Agency (FFA) Staff Role (cont.)</p>	<p>placement and be supportive of the FFA care provider’s decision to keep a child or have the child removed from the home.</p> <ul style="list-style-type: none"> • Know if there is any agency policy that would prevent the child from remaining in the placement. • Participate in the meeting as a team player. • Assist the team in coming up with a decision that is in the child’s best interest and maintains the child in the safest, least restrictive environment that meets the child’s needs. • Complete the TDM survey form at the end of the meeting. Comments help the TDM staff make changes to the process for the benefit of all the participants.
<p>Safety Concerns and Domestic Violence Logistics</p>	<ul style="list-style-type: none"> • If there are any safety concerns regarding any of the meeting participants, it is the social worker’s responsibility to alert TDM staff of the concerns so that necessary steps can be taken to ensure the safety of all meeting participants. <p>Domestic Violence – In cases of domestic violence when a restraining order is in place, the person being restricted by the court will not attend the TDM. Arrangements for his/her input to be heard will be made prior to the TDM through a telephone call, in writing, or at a separate meeting.</p>
<p>Structure of a TDM</p>	<ol style="list-style-type: none"> 1. Introduction (Introduction of participants, purpose and goals, ground rules) 2. Identify the Situation (Define the concern) 3. Assess the Situation (Strengths and safety concerns) 4. Develop Ideas (a.k.a. Brainstorming) 5. Reach a Decision (Consensus among the participants in creating a plan that keeps the child safe in the least-restrictive placement that meets the child’s needs) 6. Recap/Evaluation/Closing (Is a follow-up meeting needed?)

<p>Action Plan/ Safety Plan and Placement</p>	<p>A. Create an Action Plan</p> <ul style="list-style-type: none"> • If imminent risk is present, the child shall be removed from the home and an action plan will be created. <p>B. Create Safety Plan for Child.</p> <ul style="list-style-type: none"> • This is a group process led by the Team Facilitator that factors in current and potential future risks to the child (ren). The goal is to create a back-up plan for the child and family should the risk arise that compromises the child’s safety. The Safety Plan is charted by the facilitator for TDM members to review. Part of the Safety Plan outlines consequences should the Safety Plan fail. • Facilitator is responsible for having all parties sign the Safety Plan form. • Facilitator is responsible for making copies of the Safety Plan and distributing it to the parents at the conclusion of the meeting, if possible or as soon possible following conclusion of the meeting. <p>C. Identify all Potential Placements.</p> <ul style="list-style-type: none"> • Relatives, Non-Related Extended Family members, and tribally approved homes are identified in the event of the need for placement. The parents are strongly encouraged to identify all potential placement options. The Parents’ Support Person also plays a critical role in the identification of potential placements and they may be considered for placement options.
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<p>How Decisions are Reached and the Review Process</p>	<p><i>The TDM outcome is reached by consensus on the placement/safety plan decision. A new TDM needs to be held if information surfaces that would affect the placement decision.</i></p> <p>CONSENSUS OF ALL PARTICIPANTS IS THE DESIRED OUTCOME.</p> <p>Prioritized Decisionmaking Method:</p> <ol style="list-style-type: none"> 1. Consensus of all TDM participants 2. Children’s Services staff consensus 3. Social worker decision <p>If an agreement cannot be reached by Children’s Services employees present, a review may be requested for the</p>
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<p>How Decisions are Reached and the Review Process (cont.)</p>	<p>following reasons:</p> <ol style="list-style-type: none"> 1. The safety of the child is in question 2. Someone feels the placement is not the <u>least restrictive</u> option that meets the child’s needs. 3. The plan created is in violation of Department policy or legal statutes <p>Review Process:</p> <ol style="list-style-type: none"> 1. Any TDM participant for one of the reasons listed above may initiate the review process. 2. The TDM facilitator will contact the designated program manager/supervisor for a decision. 3. The facilitator will advise the meeting participants of the decision and seek their support of the plan determined to be in the child’s best interest. 4. Action plan will be documented, stating that consensus was not reached and which program manager/supervisor made the decision.
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Enhanced Family Participation in Case Planning

The goal of California child welfare agencies is to restore families and build parental capacity by performing inclusive and comprehensive case planning that actively engages families in building on their existing strengths and resources to mitigate the issues that brought them to the attention of the child welfare agency.

Engagement of family, including parents, guardians, youth, and extended family in the case planning process is instrumental to developing outcome-oriented plans designed to reach identified goals. Effective family engagement rests on the premise that families are the experts on themselves, and their own family history and culture, that their culture is a source of strength, and that families can make sound decisions to keep their children safe when supported. Relationships are the key to change. The case planning process should be result-oriented, comprehensive, relationship based, inclusive, and behaviorally specific. Effective family engagement in case planning includes the family's perception of their situation, their challenges, opinions, their strengths, and areas of service need. The strategies listed below are current suggested practices and counties are not limited to these suggestions.

Decision Point/Case Activity	Goals	Strategies	Resources/References
Initial Investigation	<ol style="list-style-type: none"> 1. Parent is informed of their rights and responsibilities in the case planning process 2. Parent is engaged in a collaborative and supportive manner from the first contact to establish cooperative foundation for future relationships. 3. Parent is fully and actively involved in assessing family concerns, defining family strengths and possible solutions and resources together with the worker. 	<ul style="list-style-type: none"> • In person contact with parents, children & other critical family and extended family members • Family Engagement Interviewing Strategies 	<ul style="list-style-type: none"> • WIC 16501.1(f) • Division 31 Regulations 31-201, 31-206 • ACIN I-64-03 • ACIN I-78-98 (Best Practice Guidelines for Assessment of Children and Families) • ACIN I-28-99 (Wraparound Standards) • Training/Family Engagement Interview Strategies

Decision Point/Case Activity	Goals	Strategies	Resources/References
Removal/Initial Placement	<ol style="list-style-type: none"> 1. Parent is involved in identifying safety issues & placement resources within the family, tribes, and community. 2. Parent & caregiver develop a mutually supportive relationship & share information in the best interest of the child. 3. Parent, caregiver and social worker develop a visitation plan that accommodates the parent, meets the needs of the child, & supports the parent/child relationship. 	<ul style="list-style-type: none"> • Team Decisionmaking Meeting (TDM), Family Group Decision Making (FGDM), Family Group Conferences (FGC), Family Decision Meeting • Ice-Breaker Meetings • Foster Parent/Relative Caregiver Training* 	<ul style="list-style-type: none"> • Family 2 Family, www.f2f.ca.gov, Annie Casey Foundation www.aecf.org, New Zealand, FGC Model; Resource counties: Contra Costa, Stanislaus, San Mateo, San Luis Obispo, Placer, Sacramento, Los Angeles • Annie Casey Foundation www.aecf.org • Family Engagement Interviewing Curriculum, Strength Based Family Centered Curriculum, Regional Training Academics • Illinois Dept. of CFS, CWLA • CA Institute for Mental Health, Family/Professional Partnership Implementation Guide

Decision Point/Case Activity	Goals	Strategies	Resources/References
Placement Changes/Disruptions	<ol style="list-style-type: none"> 1. Parent involved in efforts to stabilize child's placement, ideally through meeting with new caregiver during preplacement process and developing a mutually supportive relationship in which information is shared the best interests of the child. 2. Parent, caregiver, and social worker develop a visitation plan that accommodates the parent, meets the needs of the child, and supports the parent-child relationship. 	<ul style="list-style-type: none"> • TDM, FGDM, FGC, Administrative Reviews, Wraparound meetings, System of Care (SOC) • TDM • Ice-Breaker Meetings 	<ul style="list-style-type: none"> • Family 2 Family_ www.f2f.ca.gov, Annie Casey Foundation_ www.aecf.org, New Zealand FGC Model; Contra Costa, Sacramento & Stanislaus for Admin. Reviews; Contra Costa for Child Welfare SOC; Ice-Breaker Meetings; Stanislaus, San Luis Obispo • Family 2 Family_ www.f2f.ca.gov, Annie Casey Foundation_ www.aecf.org • Annie Casey Foundation www.aecf.org • Family Engagement Interviewing Curriculum, Strength Based Family Centered Curriculum, Regional Training Academies

Decision Point/Case Activity	Goals	Strategies	Resources/References
Case Plan Development and Updates	<ol style="list-style-type: none"> 1. The social worker and family share responsibility for identification & achievement of case plan goals. 2. Case planning process includes full disclosure of all options & consequences, i.e., permanency options. 3. Parents retain parental responsibilities whenever possible. 4. Parents are empowered & understand their rights & responsibilities in the case planning. 5. Parents understand their rights & responsibilities in the court process. 6. Family involvement is maximized throughout the life of the case. 	<ul style="list-style-type: none"> • FGDM, Family Team Meetings; Administrative Reviews, Linkages-Coordinated Case Planning • Concurrent Planning Team Meetings • Parents supported in attending school, medical, child related meetings • Orientation Meetings/Brochures/Parent Mentors/Advocates • Brochures, Parent Education specific to service timeframes, court processes, & access to adoption • Administrative Reviews, Emancipation Case Conferencing, Permanency Mediation, Post Adoption Contact Agreements • Early Intensive Support Services to Birth Parents 	<ul style="list-style-type: none"> • Resource Counties: Placer, Contra Costa, Sacramento, Stanislaus, San Luis Obispo, Los Angeles • Strength Based, Family Centered Curriculum, Training Academies • Annie E. Casey, Parents Anonymous • Resource Counties: Sacramento, Contra Costa, San Mateo, Los Angeles • Promising Practices in Concurrent Planning; UC Berkeley Child Welfare Permanency Reform • California Youth Permanency Project Permanency Strategies • DHHS, ACF Resource Guide for Rethinking Child Welfare Practice Under the Adoption and Safe Family Act (ASFA) of 1997 • Child Welfare Institute, Ideas In Action

YOUTH INVOLVEMENT IN CASE PLANNING

Safety is the first priority for every youth and a permanent family is the first choice for all youth. The best option for youth is to remain with their families when it is safe and for reunification with the youth's birth family taking into consideration the youth's wishes as appropriate in terms of development and age. Permanency for youth is vital, urgent and on going and is a daily focus for all social workers who work with youth. At each interaction with youth permanency must be discussed with the youth with the focus on establishing reunification, adoption, or guardianship. Integral to establishing permanency options is defining, with the youth, a permanent life long connection to a trusted, caring adult. Preparing youth for a self-sufficient adulthood is the responsibility for everyone who is involved in the life of youth in care. The meeting described below is intended to be a six-month check-in and is not in any way to be the only time these issues are discussed with the youth.

Decision Point/Case Activity	Goals	Strategies	Resources/References
Initial Investigation	<ol style="list-style-type: none"> 1. Youth is informed of their rights and responsibilities in the case planning process. 2. Youth is engaged in a collaborative and supportive manner from the first contact to establish cooperative foundation for future relationships. 3. Youth is fully and actively involved, at age appropriate levels, and conversations are held in language understandable to youth. 	<ul style="list-style-type: none"> • In person contact with parents, youth, children, and other critical family, extended family members and tribal representatives. • Family engagement interviewing strategies • Youth engagement interviewing strategies 	<ul style="list-style-type: none"> • WIC 16501.1 (f) • Division 32 Regulations 31-201, 31-206 • ACIN 1-64-03 • ACIN 1-78-98 (Best Practice Guidelines for Assessment of Children and Families) • Training/Family Engagement Interview Strategies • TDMs • California Foster Ombudsman Program • EMQ Children & Family Services Workgroup with Sacramento DHHS

Decision Point/Case Activity	Goals	Strategies	Resources/References
Removal/Initial Placement	<ol style="list-style-type: none"> 1. At age appropriate levels, youth is involved along with the parent in identifying safety issues placement resources and options for permanency within the family and community. 2. Youth is involved along with parent and caregiver in sharing information. 3. Parent, Caregiver, youth and Social Worker develop a visitation plan that accommodates the parent, meets the needs of the youth and supports the parent/child relationships. 4. Youth attends same school when this is in their best interest. 	<ul style="list-style-type: none"> • Team Decisionmaking Meeting (TDM), Family Group Decision Making (FGDM), Family Group Conferences (FGC), Family Decision Meeting. • Ice Breaker Meetings • Foster Parent/Relative Caregiver Training • Same community placements • Collaboration with schools to arrange transportation. 	<ul style="list-style-type: none"> • Family 2 Family, www.f2f.ca.gov, Annie Casey Foundation • www.aecf.org, New Zealand, FGC Model • Annie Casey Foundation www.aecf.org • California Foster Ombudsman Program • Family Engagement Interviewing Curriculum; Strength Based Family Centered Curriculum; Regional Training Academies • Illinois Dept. of CFS, CWLA • CA Institute for Mental Health, Family/Professional Partnership Implementation Guide • AB 490/McKinney-Vento Act

Decision Point/Case Activity	Goals	Strategies	Resources/References
Placement Changes/Disruptions	<ol style="list-style-type: none"> 1. Youth is involved in decisions and efforts to stabilize placement. And insure options for permanency. 2. Parent, caregiver and youth develop and mutually supportive relationship, share information, consistently parent, and involve youth in activities consistent with age of youth. 3. Constantly monitor to ensure lowest level of care with links to permanency. 	<ul style="list-style-type: none"> • TDM, FGDM, FGC, Administrative Reviews; Wraparound meetings, System of Care (SOC) Mediation Services. • Parent Education Classes • MTFC Foster Homes • Caregiver Training and Support 	<ul style="list-style-type: none"> • California Permanency for Youth Project • Family 2 Family_ www.f2f.ca.gov, Annie Casey Foundation • www.aecf.org, New Zealand FGC Model; Contra Costa, Sacramento & Stanislaus for Admin. Reviews; Contra Costa for Child Welfare SOC • Multi Dimensional Therapeutic Foster Care • LFC: Lifelong Family Connections Mass. Families for Kids

Decision Point/Case Activity	Goals	Strategies	Resources/References
<p>Case Plan Development and Updates</p>	<p>If youth is involved in Family Reunification - refer to family engagement strategies. These strategies are for youth in the Permanent Planning Process.</p> <ol style="list-style-type: none"> 1. Accept the youth as the primary authority in identifying important persons while always ensuring safety of the youth as the first priority. 2. Case planning for permanency includes life long planning and a commitment that no youth leaves care without life long permanent connection to a trusted, caring adult. 3. Legal Permanency includes reunification, adoption, or guardianship. 4. Case plan includes short and long term goals. 5. Case plan can be included in 	<ul style="list-style-type: none"> • Starting at age 10 involve and actively assist youth in identifying significant permanent persons and lost connections in the child’s life with a goal of establishing legal permanency. • Meet with youth and significant permanent persons identified by youth (preferably quarterly, more often if possible) for the purposes of case planning. • Case Planning discussions must include: • Permanency Connections <ul style="list-style-type: none"> • Family • Siblings • Peers/Social • Foster Parents 	<ul style="list-style-type: none"> • AB 490/McKinney-Vento Act • CA Permanency for Youth Project • “You Gotta Believe” Program of New York • Adolescent Connections Pilot Project Colorado State County • NWICF: Connected and Cared For Northwest Institute for Children and Families – University of Washington. • Chafee Act • CYC • Connected By 25 Program • Casey Family Programs • National Resource Center – University of Oklahoma • ILP Regulations

	<p>court reports and entered in CWS/CMS.</p> <p>6. Case plan includes the TILP once youth is 16 and additional elements, not included in TILP are addressed.</p> <p>7. Case plan needs to include elements at age appropriate stages.</p> <p>8. Encourage youth to Attend Court Hearings:</p> <ul style="list-style-type: none"> • Notify youth of court dates • Arrange transportation • Clarify their right to participate • Provide youth a copy of report • Mail court report to youth in their name • Include clear (youth language) explanation for youth about reports and court process • Educate foster parents, local judges and on State level Judicial Council of intent to help youth participate, understand and feel welcome in the court process. 	<ul style="list-style-type: none"> • Group Home • Holiday Plans • Community • Tribe (as applicable) • Personal Life Documents • Education • Extra Curricular Activities • Health <ul style="list-style-type: none"> • Mental • Medical • Family Planning • Parenting • Employment • Housing • Transportation • Preparation Package: <ul style="list-style-type: none"> • Close positive and lasting relationship with at least one adult, • Healthy sense of cultural and personal identity, • Other supportive relationships and community connections, • Access to physical and mental health services, • High school diploma, equivalency certificate or GED • Income sufficient to meet basic needs, and • A safe and stable living situation • Emergency plans/contacts 	<ul style="list-style-type: none"> • Foster Care Ombudsman Program • California Youth Connection
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	<p>9. Preserve Documents:</p> <ul style="list-style-type: none"> • Youth provided with a secure file folder to keep all documents • These documents shall include copies of school records, immunizations, report cards, transcripts, etc. • Youth keep this folder wherever they move • Youth take this folder with them when they leave foster care • Foster parents, group homes and social workers are educated about the importance of memories and documents for youth • Caretakers are encouraged to take pictures and keep other important childhood memories for youth and place them in this folder 	<ul style="list-style-type: none"> • Financial Planning • Important Dates: <ul style="list-style-type: none"> • Next court date • Family Birthdays • Social workers will identify experiential needs of youth from case plan and develop dates and time lines to implement hands on learning activities. 	
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**Permanency and Transition Workgroup
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