DSS Policy #97-003
Revised: 09/06/2000

SERVICE PLANNING AND REFERRAL AT A GLANCE

SERVICE PLAN TYPES

- ***New*** - Initial, full plan developed by assessment/case management worker within 55 working days after case is assigned for assessment for any type of case (i.e., protective, voluntary, CHINS, court order)
- ***Renewal*** - Revised service plan developed within 6 months after New, Annual or Goal Change plan. Only 1 Renewal plan may be completed following a New, Annual or Goal Change plan
- ***Annual*** - Full plan developed when New, Annual or Goal Change plan has been in effect for 12 months
- ***Goal Change*** - Revision of existing plan due to child(ren)'s goal change
- ***Emergency*** - Developed when child(ren) placed prior to the completion of assessment/New service plan
- ***Interim*** - Completed as a result of supported investigation on case not currently open for services when determination of overall risk to child(ren) is moderate or high and child(ren) will remain in the home. Developed by investigator during investigation if overall risk is high, or by assessment/case management worker during first visit with family if overall risk is moderate
- ***Changes/Updates*** - Additions to/revisions of plan (e.g., change in provider, increase/decrease in service/visitation frequency, completion/addition of task/service) made between completion of New, Annual, Goal Change or Renewal service plan

SERVICE PLAN COMPONENTS

- ***Participants:*** in most cases includes parent(s)/guardian(s)/other caretaker(s), reported/non-reported and referred/non-referred child(ren) in the family, DSS, substitute care and other service providers
- ***Agreement Timeframe*** (*cannot exceed 6 months*)
- ***Problem Statement***: describes reason(s) services being/will be provided to family
- ***Goal(s)*** and projected date of goal achievement
- ***Outcome(s)*** and projected date of achievement identified for *each* family member who will be service plan participant; specify what must be accomplished to achieve Service Plan Goal and/or case to close]
- ***Change indicator(s)*** to be addressed within service plan timeframe (*usually 6 months*) for *each* outcome(s); identified for *each* family member who will be service plan participant
- ***Services and Tasks*** which support achievement of change indicator(s), outcome(s) and goal(s), to be provided/accomplished within service plan time frame (*usually 6 months*); (not every service plan participant needs to have services/tasks)
- ***Visitation Plan*** specifies visits and other contacts (e.g., phone calls, letters) between child(ren) in placement and her/his parent(s) and siblings
- ***Signature*** of investigator/assessment/case management worker and her/his supervisor, parent(s), mature child 14 or older, substitute care provider(s)
- ***Completion Date:*** date service plan presented/mailed to family
- ***Comments:*** include family member(s) comments, reason for absence of and attempts to obtain family member(s) signature(s)
- ***Service Plan Supplement for Placement:*** completed at, or prior to, placement for **all** placements
- ***6 Week Placement Review:*** conducted *within 30 working days* after **all** placements to assess appropriateness of the placement, continued need for placement and to ensure that service plan addresses problems which led to placement and child(ren)'s goal

SERVICE PLANNING AND REFERRAL ON FAMILYNET

- All requests, approvals, authorizations and payments for DSS contracted and placement services are made and managed on FamilyNet
- Service(s) may be requested at any time for an open case
- Referral designates primary service participant (e.g., head of household/other adult responsible for participation, child receiving child care/substitute care services)
- Completed referral electronically routed to staff person(s)/gatekeeper for approval
- The "Service Approval Tickler" requires that a link be made between the primary service participant and change indicator(s) (for all contracted services except regular foster care) *within 72 hours*
- FamilyNet generates service referral and Service Plan Referral Details Letter [with identified change indicator(s) and outcome(s) to be achieved by service] which is forwarded to provider
- During month prior to FCR, FamilyNet generates progress evaluation requests to contracted providers; case management worker/supervisor consider provider evaluations, dictation notes, and case management worker's observations to assess progress and update service plan
- Approval for a service on FamilyNet may not exceed 1 year; extension tickler provided during month prior to scheduled service end date
- Termination date of DSS contracted/placement services entered by responsible gatekeeper/case management worker terminates service authorization/payment

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SERVICE PLANNING AND REFERRAL POLICY

Service planning is a fundamental component of social work practice and is intended to be a dynamic, interactive process which involves the Department, family members, substitute care and other service providers. The service plan represents a time-limited agreement between the Department, the family and those providing services to the family, which includes a shared understanding of why the family is involved with the Department and identifies the goal(s), projected date of goal achievement and outcome(s) to be achieved by the Department's intervention with the family. The service plan includes the related change indicator(s) by which family members demonstrate they have achieved the identified outcome(s). The service plan specifies the expectations negotiated with the family regarding participation in services and completion of tasks which support the family member's ability to effect these changes, achieve the service plan goal and eventually close the case; it also includes the tasks for the Department, substitute care and other service providers. The service plan reflects the direction of a case, guides case practice and provides information for decision-making. To the greatest extent possible, the service plan is written in the family's preferred language, in a manner that is clearly and easily understood by the involved parties.

DSS contracted services and placement services managed by the Department are accessed through the *Service Referral* screen on FamilyNet. Following approval of a DSS contracted or placement service (except regular foster care), a link is made on FamilyNet between the service and the change indicator(s) which it is intended to address; a service referral letter is sent to approved providers which includes the indicator(s) and related outcome(s) to be addressed. In conjunction with each case's regularly scheduled Foster Care Reviews, providers of appropriate services are requested to provide evaluations of progress toward achievement of the identified change indicators. The case management worker refers directly to non-contracted service providers for services and requests progress evaluations directly from them.

Federal law 42 USC sec. 675 requires service planning to occur following the opening of a case and also requires that the service plan be reviewed at least once every 6 months. In addition, the Department ensures that the service plan is revised and updated as necessary between Foster Care Reviews to reflect the family's participation in services and progress made toward completion of tasks, demonstration of change indicators, and achievement of the outcome(s) and the casework goal(s).

POLICY

It is the policy of the Department that an initial full service plan is developed within 55 working days after date case is assigned for assessment for every case which will remain open following assessment; and that a service plan be developed for every case in which placement occurs, or when the overall risk is moderate or high and the child(ren) will remain in the home. To the greatest extent possible, the service plan is developed jointly with the family. In most cases, the service plan involves the parent(s)/guardian(s) or other caretaker(s); the reported child(ren) and/or the child(ren) who is the subject of a voluntary application for services or a court order; other children in the family; DSS; and, in cases where children are in placement, the substitute care providers. Other service providers also may be included in the service plan.

Definitions

DSS Service Plan Goal identifies the purpose of the Department's involvement with a family. In most cases a single goal is established for a family; in some instances there may be more than one goal to reflect the plan for a specific child(ren) in the family:

- **Stabilize Intact Family** - The purpose of services is to strengthen, support and maintain a family's ability to provide a safe and nurturing environment for the children and to prevent the out-of-home placement of children who are at imminent risk of harm. Services are directed toward strengthening and/or developing patterns of behavior and communication to contribute to the overall well-being of the children in the home. Families who have this goal identified include those situations in which a child or adolescent needs a short-term placement for up to 30 calendar days.

- **Reunify Family** - The purpose of services is to reunite a child in out-of-home placement with a parent(s)/guardian(s).
- **Establish Alternative Permanent Plan** - These goals are used when the intent of services is to provide the child(ren) with a safe, nurturing, permanent living arrangement other than with her/his parent(s)/guardian(s). An alternative permanent plan is identified at a Permanency Planning Conference (See Interim Policy and Procedures for Permanency Planning, March 1, 1993) when, despite efforts to achieve the expected goal of stabilizing an intact family or reunifying the family over a period of time, the problems detailed in the initial family assessment or previous Foster Care Review have not been alleviated and have resulted in continued/increased risk of abuse and/or neglect to the child(ren) in the family. The end result of these goals is to provide a child(ren) with the safest, most nurturing long term/permanent living arrangement possible. **There are 5 types of Alternative Permanent Plans:**
  - **Adoption:** A process by which a court establishes a legal relationship of parent and child between persons who are not so related by birth, with the same mutual rights and obligations that exist between children and their birth parents.
  - **Guardianship:** When an identified individual receives custody of a child pursuant to MGL c. 201 and assumes authority and responsibility for the care of that child.
  - **Long Term Substitute Care:** If neither adoption nor guardianship is appropriate, long term substitute care may be identified, primarily for a child under age 16 years. This goal also is used for a child in placement who will not be returning home, or a child in placement who is terminally ill. For each child for whom long term substitute care is the identified goal, case dictation must include documentation which details the unique circumstances necessitating this goal.
  - **Living Independently:** This goal is applicable to adolescents, age 14 years and older, who need assistance in developing a comprehensive set of concrete daily living skills which will prepare the adolescent for young adulthood and enable her/him to live interdependently in the community. The goal of Living Independently is used for adolescents who are in out-of-home placement (foster care, residential treatment, or an independent living arrangement). This goal is chosen when other permanency planning options have been considered (particularly adoption and guardianship) but are determined not to be viable due to the adolescent's age and situation.
  - **Long Term Care With An Adult Service Agency**: This goal is used primarily for youth, age 16 years and older, who have handicapping conditions and/or other special needs and whose case management responsibility will transfer to the DMH, DMR or to another adult service agency under MGL c. 688.

Outcome Monitoring: The system of identifying and tracking achievement of client outcomes and change indicators. Outcome monitoring has been developed to:

- Focus case practice by developing expectations in measurable terms;
- Clarify expectations for clients;
- Improve the effectiveness of contracted providers by providing specific information and expectations during the referral process;
- Assist DSS staff in determining whether clients are making progress in achieving the outcomes and change indicators detailed in their service plans; and
- Provide a standard, consistent and more informed method for measuring client progress during Foster Care Reviews.

DSS Service Plan Outcomes: Specify what must be accomplished in order to achieve the identified DSS Service Plan Goal and/or to close the case. An outcome(s) must be identified for each family member who is a participant in the DSS Service Plan; outcomes are **not** identified for placement providers or DSS. Several outcomes may need to be achieved to accomplish the goal.

DSS Service Plan Change Indicators: Reflect the measurable *changes* in the functioning of a family member(s) which must be demonstrated within the specified timeframe of the service plan agreement (usually 6 months) in order to achieve an outcome. One or more change indicators must be identified for each outcome established in the service plan. A change indicator must be identified for each family member who is a participant in the service plan; change indicators are **not** identified for placement providers or DSS.

DSS Service Plan Tasks: Identify the *actions* participant(s) [e.g., parents, child(ren), DSS, substitute care provider(s) and other parties] will take or services in which they will participate within the specified timeframe of the service plan agreement (usually 6 months) including: start date, frequency and length of participation to achieve a change indicator. Tasks and/or services are developed/provided to support clients' ability to achieve change indicators and outcome(s). Not all service plan participants need to have service plan tasks.

Provider Treatment Plan Goals: Correlate to DSS service plan change indicators as included in the DSS Service Referral Details Letter.

Provider Treatment Plan Objectives: The identified sequential, interim steps toward achieving the Provider Treatment Plan Goal (DSS service plan change indicators). Treatment Plan Objectives are stated in measurable language.

Provider Treatment Plan Tasks: State the intervention(s) which will be delivered by the provider to attain Provider Treatment Plan Objectives. Tasks specify the participant(s), actions to be taken, start date, frequency and length of participation to achieve each task.

Gatekeeper. An individual(s) designated by the Area or Regional Director who is responsible for:

- providing a liaison between the Area/Regional Office and providers;
- educating field staff regarding available resources and alternatives;
- monitoring contract utilization to ensure that area resources are being used efficiently;
- evaluating appropriateness of service referral requests;
- matching requested service with appropriate provider;
- suggesting alternative services or providers to better match consumer needs;
- approving, denying or waitlisting requests based on appropriateness of request and resource availability;
- managing waitlist to ensure most critical needs are met first;
- verifying and/or entering based on information from the provider, actual start and end dates, and ensuring that FamilyNet reflects accurate, updated information;
- assisting procurement and program development staff in various contract monitoring and other quality assurance evaluation activities; and
- participating in needs assessment activities to support identification and development of needed services, in terms of quality, quantity and service types.

Start Dates: Reflect the date when a goal, outcome, change indicator, task, service and/or visitation schedule is initiated. When a Renewed, Annual, Goal Change, or service plan Changes/Updates are developed, start dates remain the date when the goal, outcome, etc. was initiated. New start dates are established when new goals, outcomes, change indicators, tasks, services and/or visitation schedule are identified.

Procedures for Service Planning

1. **Developing a Service Plan.** In most cases, the service plan involves the parent(s)/guardian(s) or other caretaker(s); the reported child(ren) and/or the child(ren) who is the subject of a voluntary application for services or a court order; the other children in the family; DSS; and, in cases where children are in placement, the substitute care providers. Other service providers are may be included in the service plan.

   Service plan outcomes are identified which specify what must be accomplished in order to achieve the DSS Service Plan Goal and/or to close the case. Change indicators, services and tasks are developed to reflect what the family members and other parties involved in developing the plan are to address within the specified timeframe of the service plan agreement (usually 6 months) to achieve the identified outcome(s) and accomplish the service plan goal.

   In those situations in which the whereabouts of a parent is unknown, tasks related to locating the parent are assigned to the assessment/case management worker responsible for the case.

In certain cases including, but not limited to, situations involving domestic violence in which the service plan includes information which may compromise the victim's safety, or custody situations in which parents have conflicting interests, consideration should be given to developing 2 service plans.

The assessment/case management worker, using all available information known to the Department through the case record and her/his involvement with the family, and in consultation with her/his supervisor:

- develops the problem statement—i.e., a statement which describes the reason(s) why services are being or will be provided to the family;
- determines the time period that the service plan agreement will address (in most cases, 6 months);
- determines the goal(s) of the service plan;
- determines the outcome(s) for *each* member of the family who will be a participant in the service plan (the outcome categories and respective definitions are included in Appendix A, "Outcomes", of this policy);
- identifies the relevant change indicator(s) for *each* member of the family who will be a participant in the service plan for each of the selected outcomes (the change indicators are included in Appendix B, "Change Indicators", of this policy);
- identifies specific contracted and non-contracted services and tasks which support the achievement of the selected change indicator(s) and outcome(s) (not every service plan participant needs to have identified tasks/services);
- determines what the plan for visitation and other contacts (e.g., telephone calls, letters) will be for each child(ren) in placement and her/his parent(s)/guardian(s) and siblings; and
- discusses the presentation of the service plan to the family and those aspects of the plan the assessment/case management worker may negotiate with the family.

2. **Involving the Family.** The assessment/case management worker arranges to meet with the family members who are participants in the service plan to review and negotiate the service plan draft and to sign the plan. During the meeting, the assessment/case management worker explains to the family the purpose and process of service planning, the specific reason(s) why services are being provided and the goal of the service plan. The assessment/case management worker then reviews and discusses the following aspects of the plan with the family and negotiates the plan with family members according to the parameters established with her/his supervisor:
   - the outcome(s) to be achieved by each family member;
   - the change indicator(s) to be accomplished by each family member for each identified outcome;
   - the specific contracted and non-contracted services and tasks to be included in the plan to achieve the identified change indicators and outcomes; and
   - the participant(s) [e.g., parents, child(ren), DSS, substitute care provider(s)], start date, frequency and length of participation for each service and task included in the plan.
3. **Visitation Plans.** For each child(ren) in placement, the assessment/case management worker reviews and discusses with the family the specific schedule for visitation and other forms of contact (e.g., phone calls, letters) that will occur between the child(ren), her/his parent(s) and any sibling(s).

   In situations when the child(ren)'s visitation with her/his parent(s) or other family members has been suspended or terminated, the visitation plan includes an explanation of the suspension or termination of services. [See DSS Regulation, 110 CMR 6.04 (5)]
4. **Comments and Signatures.** Following the review of the service plan with the family, the assessment/case management worker signs the plan. The parent(s)/guardian(s) and any mature child 14 years of age or older who are participants in the service plan are provided with an opportunity to sign the plan and to make any comments in the comment section of the plan. If any or all of the family members are unwilling to sign the plan, the assessment/case management worker negotiates with the family to resolve the area(s) of disagreement.

   In situations where a family member(s) is in partial agreement or disagreement with the plan, the individual may sign the plan to indicate that she/he has reviewed the plan and note in the comment

section of the service plan the area(s) of disagreement and/or the level of intended participation in services. If any family member(s) is unwilling or unavailable to sign the service plan, the assessment/case management worker documents the reason for the absence of this signature in the comment section of the plan, and the date the plan was presented or mailed to the family member. If any family member(s) disagrees with the service plan, the assessment/case management worker also informs the individual that she/he may seek a review of the service plan by using the Department's grievance procedure. [See DSS Regulation 110 CMR 6.07 (2) and *Policy #94-001*, Fair Hearing and Grievance Policy]

Following the presentation of the service plan to the family, the assessment/case management worker obtains her/his supervisor's signature on the service plan.

The case management worker ensures that a copy of the entire plan, including the Service Plan Supplement for Placement for any child(ren) in placement, is provided to the family.

The following chart identifies the various types of service plans and provides for each type a definition specifying the circumstances under which it is developed. The chart also details the components of each service plan type, the procedures by which each is developed, and its completion date.

Service Plan Types

NEW Service Plan

Definition: The initial, full service plan is developed *within 55 working days* after date case is assigned for assessment for any type of case (i.e., protective, voluntary, CHINS, court order) which will remain open after assessment.

Components:

- Timeframe of the agreement (cannot exceed 6 months);
- Problem statement;
- Goal(s) and projected date of goal achievement;
- Identified outcome(s) and related change indicator(s), and projected date of achievement (every family member who is a participant involved in the service plan must have at least one identified outcome and change indicator);
- Tasks for family members, DSS, substitute care and other providers which support achievement of change indicators, outcomes and goal; and
- Services to be provided.

Procedures:

- The assessment/case management worker develops the New service plan based upon assessment information, including the results of any assessment completed by a Multidisciplinary Assessment Team (as available within the 55 working day timeframe).
- The assessment/case management worker signs and presents/mails the New service plan for review and signatures of family participants who are age 14 or older, any substitute care provider for children in placement, and her/his supervisor.
- Includes any client or DSS comments.

Completion Date: The date the New service plan is presented/mailed to the family.

Service Plan RENEWAL

Definition: The revised service plan developed *within 6 months* after the completion date of every **New, Annual or Goal Change service plan.** *Only one service plan Renewal may be completed following* a **New, Annual or Goal Change service plan.**

Components: Review and update (as appropriate) same components included in New service plan; complete change/update section to reflect family's current situation.

Procedures: Same as New service plan except participants sign in the renewal section.

Completion Date: The date the service plan Renewal is presented/mailed to the family.

Service Plan Types, Continued

ANNUAL Service Plan

Definition: The full service plan developed when a **New, Annual or Goal Change service plan** has been in effect for 12 months.

Components: Same as New service plan.

Procedures: Same as New service plan.

Completion Date: The date the Annual service plan is presented/mailed to the family.

GOAL CHANGE Service Plan

Definition: Revision of an existing service plan due to a child(ren)'s goal change.

Components: Same as New service plan.

Procedures: Same as New service plan; includes the results of any assessment completed by a Multidisciplinary Assessment Team.

Completion Date: The date the Goal Change service plan is presented/mailed to the family.

EMERGENCY Service Plan

Definition: The service plan developed to govern delivery of placement services when a child(ren) is placed prior to the completion of the assessment and the New service plan.

Components:

- the timeframe of the agreement (cannot exceed date of development of the New service plan);
- services to be provided to family members by DSS, as appropriate;
- specific tasks and completion dates for the Department and appropriate family members; and
- visitation schedule for children in placement.

Procedures:

- Signed by the investigator/case management worker responsible for the placement, her/his supervisor and the family participants age 14 or older;
- Includes any client or DSS comments.

Completion Date: The date the Emergency service plan is presented/mailed to the family.

INTERIM Service Plan

Definition: Completed as a result of a supported investigation on a case **not** currently open for services when the overall risk is *moderate* or *high* and the child(ren) will remain in the home. Developed by the *investigator* during the investigation if the overall risk is *high*, or by the *assessment/case management worker* during the first visit with the family if the overall risk is moderate.

Components:

- Same as the Emergency service plan except that no visitation plan is required;
- documents the specific services and/or actions which will be implemented by all parties to ensure the current safety of the child(ren) and to reduce the level of risk.

Procedures:

- Signed by the investigator/worker responsible for the plan, her/his supervisor and the family participants age 14 or older;
- Includes any client or DSS comments.

Completion Date: The date the Interim service plan is presented/mailed to the family.

Service Plan Types, Continued

Service Plan CHANGES/UPDATES

Definition: Additions to and/or revisions of the outcome(s), change indicator(s), task(s) or service(s) that are made at any time between completion of the New, Annual, Goal Change or service plan Renewal, including those changes which are made due to the recommendations of a Multidisciplinary Assessment Team. Examples of **service plan Changes/Updates** include a change in service provider, increase or decrease in frequency of participation in a service or in a visitation schedule, completion or addition of a task or service. May NOT include a change in the service plan goal; when the service plan goal changes, a Goal Change service plan must be developed.

Components: Same as the New service plan.

Procedures:

- Changes/updates are entered on FamilyNet and case record copy of New, Annual or Goal Change service plan and initialed and dated by the case management worker and the family participants age 14 years or older.
- Includes any client or DSS comments.

Completion Date: Is not recorded as a service plan type with a completion date on FamilyNet.

5. **Review of Service Plan with Substitute Care Provider(s).** In those cases with a child(ren) in placement, the assessment/case management worker reviews the plan with the substitute care provider(s) and obtains her/his signature(s) on the service plan. The assessment/case management worker ensures that a copy of the entire plan, including the Service Plan Supplement for Placement, is provided to any substitute care provider(s).

6. **Mailing Service Plans.** In situations when despite the efforts of the assessment/case management worker to meet with the family to review the service plan, a parent(s) is unwilling or unavailable to meet to discuss the plan, the assessment/case management worker sends a copy of the service plan to the family and documents the reason for the absence of the parent(s)/guardian(s) signature in the comment section of the plan. The assessment/case management worker also documents in dictation the efforts made to meet with the family and/or the reason for the parent's/guardian's unavailability and the date the service plan was mailed.

7. **Risk and Service Planning.** When the overall risk is *moderate or high* and the child(ren) will remain in the home, a service plan is developed or the existing plan is reviewed and updated, as necessary, to clearly document the specific services and/or actions which are to be implemented by all parties to ensure the current safety of the child(ren) and reduce the level of risk.

8. **Service Plan Review.** The case management worker, in consultation with the supervisor, reviews and revises the service plan, as necessary, on a regular basis and in conjunction with each foster Care Review, following a supported 51A on an open case and when circumstances warrant.

Procedures for Service Referral

9. **Making a Service Referral.** Requests for all DSS contracted services and placement services managed by the Department are made on the *Service Referral* screen. A contracted or placement service(s) may be requested at any time. For each service requested, the assessment/case management worker designates the primary service participant (e.g., head of household or other adult responsible for family's participation in family-based services; child receiving child care or substitute care services). When a service is approved prior to the completion of a full service plan, a "tickler" will be generated reflecting the due date of the New service plan.

   The assessment/case management worker refers directly to non-contracted services.

10. **Approval of DSS Contracted or Placement Services Managed by the Department.** Following completion of a request for any DSS contracted or placement service managed by the Department, the service referral is electronically routed to the appropriate staff person(s) and gatekeeper for approval.

    Following gatekeeper approval of the service, the designated individual (i.e., responsible gatekeeper or case management worker) enters the service start date in the *Actual Start Date* field of the *Enter/Exit* screen.

11. **Linking Services to Outcomes.** Following gatekeeper approval of a DSS contracted or placement service (except regular foster care), FamilyNet generates a tickler to the assessment/case

management worker to link the service with the change indicator(s) that the service is intended to address. The assessment/case management worker links the primary service participant (e.g., head of household or other adult responsible for family's participation in family-based services; child receiving child care or substitute care services) to the service on the *Service Plan Tasks* screen within 72 hours after receipt of a service approval tickler.

The assessment/case management supervisor ensures that appropriate links are made on FamilyNet between contracted services (except regular foster care) and change indicators when reviewing service plans for approval.

12. **FamilyNet Generated Service Referrals to Contracted Providers.** Following gatekeeper approval of the service, FamilyNet generates the service referral which is forwarded to the contracted provider.

    Following the linking of the change indicator(s) with the contracted service by the assessment/case management worker, FamilyNet generates the Service Plan Referral Details Letter to the contracted service provider which includes the change indicator(s) and related outcome(s) to be achieved by the service. The letter is sent to the provider and provides the basis for development of the provider treatment plan goals and objectives.

13. **Outcome Monitoring and Case Review.** During the month prior to the next scheduled Foster Care Review, FamilyNet generates progress evaluation requests to contracted providers asking them to assess each family member's progress toward achievement of the change indicator(s) specified in the Service Referral Details Letter. Providers are asked to return the evaluations to the case management worker prior to scheduled Foster Care Reviews with a goal achievement rating for each identified change indicator(s). The case management worker and supervisor assess each family member's progress toward achieving outcomes during Foster Care Reviews by considering any provider evaluations, along with dictation notes as well as the case management worker's observations. The case management worker updates the family's service plan, as necessary, to reflect this progress.

14. **Extension of Services through FamilyNet.** Approval for a service on FamilyNet may not exceed one year. In the month prior to the scheduled service end date, a tickler will be provided to the case management worker. The case management worker requests extension of service authorization in the *Service Referral Renewal* screen.

15. **Terminating Services through FamilyNet.** When the decision is made that a DSS contracted service or placement service managed by the Department will be terminated, the designated individual (i.e., responsible gatekeeper or case management worker) enters the service termination date in the *Actual End Date* field of the *Enter/Exit* screen. Entering the exit date terminates authorization and payment for the service.

Procedures for Placement and Permanency Planning

16. **Service Planning for Emergency/Unanticipated Placement.** In those situations when a placement occurs in a case prior to the completion of the assessment and the New service plan, an Emergency service plan and Service Plan Supplement for Placement are completed at the time of placement by the investigator/worker responsible for the placement. A New service plan is developed within 55 working days after the date the case is assigned for assessment.

    In those situations when an emergency/unanticipated placement occurs in a case having a completed service plan, the service plan is updated to reflect the placement, or a Goal Change plan is written if the child(ren)'s goal changes as a result of the placement, and the Service Plan Supplement for Placement is completed at the time of the placement.

    The service plan is signed by the placing worker, family participants 14 years of age or older, and substitute care provider(s).

17. **Service Planning for Non-Emergency/Anticipated Placement.** In those situations when a planned placement occurs in a case having a completed service plan, the service plan is revised or rewritten and the Service Plan Supplement for Placement is completed prior to the initial placement of the child(ren) in substitute care by the case management worker.

    The plan is signed by the case management worker, family participants 14 years of age or older, and substitute care provider(s).

A copy of the entire plan, including the Service Plan Supplement for Placement, is provided to the parent(s)/guardian(s) and substitute care provider(s) by the assessment/case management worker responsible for the case.

18. **Service Plan Supplement for Placement.** The Service Plan Supplement for Placement is completed at, or prior to, placement for **all** placements. If more than one child is placed, each child is specifically addressed in the Service Plan Supplement for Placement. If children are not placed together, a separate Service Plan Supplement for Placement must be completed for each child.

    The Service Plan Supplement for Placement is initialed and dated by the assessment/case management worker and client(s) and includes any comments by assessment/case management worker and/or client.

    The completion date of a Service Plan Supplement for Placement is entered on the Supplement; it is not recorded on FamilyNet.

19. **6 Week Placement Review.** The placement review is conducted within 30 working days after **any** placement to assess the appropriateness of the placement, the continued need for placement and to ensure that the service plan addresses the problems which led to placement and the child(ren)'s goal. The 6 Week Placement Review includes the following activities:
    - contacting the parent(s)/guardian(s), placement resource(s), and any other collateral contacts to discuss the above-mentioned issues;
    - entering any contacts made with parents, placement resource(s), and any other collateral contacts in dictation;
    - reviewing and revising the service plan, as necessary, to reflect the placement; and
    - revising and/or updating the Service Plan Supplement for Placement, as necessary.

    The date by which the above activities are completed is entered on the Service Plan Supplement for Placement as the date of the 6 Week Placement Review.

20. **Changing a Service Plan Goal.** A service plan goal is changed following the placement of a child(ren) (except for situations in which a child or adolescent needs a short-term placement for up to 30 calendar days); or following a Permanency Planning Conference. (See Interim Policy and Procedures for Permanency Planning, March 1, 1993)

21. **Service Planning for Permanency Planning Cases.** When the Department identifies a goal of adoption for a child(ren) in a family, a Goal Change service plan is developed. The assigned adoption worker develops a separate service plan with specific tasks related to the child's needs and achieving the goal of adoption. The case management worker develops a service plan with the parent(s) which reflects the goal of adoption and the parent's response to the established goal [i.e., in situations where the parent(s) is contesting the adoption, the service plan continues to include the outcomes, change indicators and tasks which the parent(s) needs to achieve during the timeframe of the service plan to address the problems which led to DSS involvement, placement of the child(ren) and the goal of adoption].

    When the Department identifies a permanent plan for a child(ren) other than adoption (e.g., guardianship, long-term substitute care, living independently, long term care with an adult service agency), the case management worker develops a Goal Change service for the child(ren) and parent(s). The service plan addresses:
    - the child(ren)'s needs and specific tasks related to achieving her/his permanency planning goal;
    - the parent's response to the established permanent plan [i.e., in situations where the parent(s) is in disagreement with the permanent plan, the service plan continues to include the outcomes which must be accomplished to achieve the identified DSS service plan goal; and change indicators and tasks which the parent(s) need to achieve during the timeframe of the service plan to address the problems which led to DSS involvement, placement of the child(ren), and the permanent plan].

    In situations where all of the children in the family share the same permanency planning goal, the parent's service plan goal is the same as the child(ren)'s. In situations where the children in the family do not share the same goal, the parent(s) goals include all of the children's respective service plan

goals. The parent(s)' service plan outcomes, change indicators and tasks include those of **all** of the children in the family who are service plan participants.

22. **Termination of Service Provision to Parents.** In situations where there is a decree dispensing with the need for the parent's consent to the adoption of the child(ren) and the parent(s) has filed an appeal, the Area Director convenes a case conference which includes the Area Director; Area Program Manager, supervisor, case management worker, Deputy or Regional Counsel and trial attorney for the case for the purpose of determining whether the Department will continue providing services to the parent(s).

Appendix A: Outcomes

Listed below are the **Outcome Categories** which are identified on the Service Plan and the Progress Supervisory Review forms. Each **Outcome Category** includes a description of what must be done or demonstrated to indicate that the **Outcome** has been achieved.

Outcome Categories	Description of Outcome to be Achieved
1. Provide/Receive Basic Care	Provide adequate physical necessities and a safe living environment. This includes provision of food, clothing, shelter and medical care and ensuring child's attendance in school.
2. Obtain Services for Child with Handicapping Condition	Identify, refer and/or access support and/or specialized services to meet the particular needs of a child with a handicapping condition.
3. Provide Supervision	Ensure the monitoring of a child's activities by a responsible caretaker taking into account the child's age and developmental level. Supervision includes the presence of a responsible caretaker and the ability of that person to provide limit-setting and structure which promote the child's well-being.
4. Strengthen Parenting Skills	Improve ability to parent using techniques which respond to the child's developmental needs (e.g., ability to manage child's behavior, ability to set reasonable expectations, etc.)
5. Improve Parent/Child Relationship	Improve interaction between parent and child (e.g., establish better communication in order to alleviate parent/adolescent conflict, demonstrate ability to effectively manage child's behavior).
6. Recovery from Alcohol/Drug Abuse/Misuse	Eliminate drug and/or alcohol abuse/misuse which has contributed to risk for the child.
7. Safety/Protection of Child from Sexual Abuse	Assure the child's continued safety and well-being by providing protection from the alleged perpetrator and/or eliminating the sexually abusive behavior.
8. Safety/Protection of Child from Physical Abuse	Assure the child's continued well-being by providing protection from the alleged perpetrator and/or eliminating the physical abuse.
9. Safety/Protection of Child from Domestic Violence	Participate in safety planning to protect child and self from domestic violence or eliminate abusive behavior toward non-offending partner and the child.
10. Assist Child in Recovery from Past Abuse/ Neglect/ Loss	Assist child in overcoming the affects of past sexual, physical, and emotional abuse and/or neglect (e.g., assist child in dealing with post traumatic stress or changing problematic behaviors which are the result of past inflicted harm).
11. Resolve Child's Need for Placement	Assist parent in providing a home which meets the safety and well-being of the child; **OR** achieve the alternative permanent plan.
12. Strengthen Parental Management of Adolescent Behavior	Improve ability to parent using techniques which respond to the developmental needs of an adolescent.
13. Improve Adolescent Social Adjustment/Functioning	Assist in improving adolescent's relationship with adults and peers and/or ability to function interdependently in the community.

Appendix B: Outcomes and Change Indicators

Outcome I: Provide/Receive Basic Care

A. Nutrition, Clothing and Household Management Indicators

Parent will:

Ensure that children receive adequate nutrition.

Ensure that children have clean clothes that are age, size and weather appropriate.

Budget money for food, rent and utilities.

Provide a home that has adequate facilities for cooking, eating, sleeping, and bathing.

Ensure home is safe from physical hazards.

Ensure that home is reasonably clean and sanitary.

Maintain predictable routines in order to structure family life.

B. Child Safety/Health Care Indicators

Parent will:

Ensure that children's medical and dental needs are met.

Ensure that child maintains appropriate hygiene.

Ensure that child receives all relevant early intervention screenings.

C. Child Growth and Development Indicators

Child Will:

Demonstrate progress or achieve age appropriate developmental milestones.

Demonstrate progress or achieve age appropriate physical and motor development.

Demonstrate progress or achieve age appropriate cognitive, speech and language development.

Demonstrate improvement in area of identified developmental or motor delay.

D. Child's Psychological/Emotional Functioning Indicators

Child Will:

Experience a more positive self image.

Experience less depression/sadness.

Experience less anxiety/fear.

Experience less self-consciousness/shyness/withdrawal.

Experience fewer and/or less intense mood swings.

Experience less suicidal ideation.

Experience less psychotic thinking.

E. Child's Behavioral Functioning Indicators

Child Will:

Demonstrate fewer tantrums.

Demonstrate less aggressive behaviors (biting, kicking, hitting).

Demonstrate less self destructive behaviors.

F. Child's Social Functioning Indicators

Child Will:

Demonstrate increased participation in group activities.

Demonstrate age appropriate communication skills.

Demonstrate sociable peer relationships.

Demonstrate age appropriate thinking and problem-solving skills.

Demonstrate age appropriate understanding of how others are affected by their words/behaviors.

Improve ability to attend to age appropriate tasks.

Improve ability to participate in and complete activities.

Improve capacity to develop trusting relationships with teachers and other caregivers.

Outcome II: Obtain Services for Child with Handicapping Condition

Parent will:

Follow through with referrals to agencies that serve children with handicapping conditions.

Advocate on behalf of their handicapped child to obtain appropriate services.

Cooperate with services.

Provide maintenance care to child with handicapping condition.

Provide treatment care to improve functioning of child with handicapping condition.

Outcome III: Provide Supervision

Parent will:

Ensure that children are supervised by a responsible caretaker at all times.

Ensure that children are engaged in safe and age appropriate activities.

Be aware of children's whereabouts, companions, activities, and the time of their return home.

Establish and maintain age appropriate curfews.

Outcome IV: Strengthen Parenting Skills

A. Behavioral Management Indicators

Parent will:

Demonstrate an understanding of the age appropriate behaviors of their children.

Establish and enforce reasonable rules and limits.

Use non-threatening language to explain limits and expectations.

Implement consequences that are naturally related to unacceptable behavior.

Use positive reinforcement to create positive behaviors.

Demonstrate ability to manage her/his own anger.

B. Developmental Stimulation Indicators

Parent will:

Regularly engage children in age appropriate activities that will promote development.

Respond to children's social behaviors in a manner that encourages further development.

Ensure that the children's role within the family is consistent with their age and development.

C. Involvement in Child's Treatment Indicators

Parent will:

Support children's participation in treatment to resolve emotional distress.

Ensure that children attends all appointments and arrives on time.

Actively participate in treatment with their children as indicated.

Communicate to school/child care program children's progress in treatment.

D. Involvement in Child's Schooling/Child Care Indicators

Parent will:

Assist young children in getting ready for school.

Ensure that children attend school or child care regularly and arrive on time.

Be at pick up and drop off on time when transportation is provided.

Assume responsibility for one way transportation of child to or from child care.

Ensure that children are picked up from child care, school or after-school program on time.

Arrange for participation in appropriate after-school activities.

Ensure children complete homework assignments, and help with homework if needed.

Attend conferences, parent/child related activities, and meet with teachers.

Communicate to child care program important occurrences in home life affecting child.

Participate in TEAM evaluations and/or Developmental Assessments.

Outcome V: Improve Parent/Child Relationship

A. Parent/Child Interaction Indicators

Parent will:

Discuss issues with the children in a calm and supportive manner.

Listen to the children's feelings and point of view when discussing issues.

Communicate affection, caring and support toward the children.

Child will:

Communicate and discuss issues with their parent in a calm and respectful manner.

Express anger verbally and not with aggressive behavior.

Listen to their parent's point of view when discussing issues.

Follow rules, obey curfews, and accept consequences when rules are broken.

Not engage in dangerous, harmful, illegal or destructive activities.

Outcome VI: Recovery from Alcohol/Drug Abuse/Misuse

Parent will:

Acknowledge that she/he or partner abuses/misuses substances.

Acknowledge that their substance abuse/misuse places their children at risk.

Stop all substance abuse/misuse.

Maintain sobriety.

Maintain a substance free home environment for their children.

Provide verification to the Department of progress in treatment.

Provide the Department with a concrete relapse prevention plan.

Ensure that children are not exposed to individuals involved with drugs.

Child will:

Acknowledge that she/he abuses substances.

Stop all substance abuse/misuse.

Maintain sobriety.

Attend treatment to address parent(s) chemical dependency.

Provide verification of progress in treatment to address substance use.

Develop and follow a relapse prevention plan.

Outcome VII: Safety/Protection of Child from Sexual Abuse

Non-Abusing Parent will:

Make reasonable efforts to ensure that abusing adults do not have access to their children.

Ensure children's participation in evaluations to determine if abuse has occurred.

Ensure that children attend recommended treatment.

Recognize other parent/caretaker as an abusive caretaker.

Follow all conditions of court orders and probation.

Abusing Parent/Caretaker will:

Acknowledge responsibility for sexually abusing the child or children.

Stop sexually abusing children.

Stop all sexually oriented behavior toward children.

Provide verification to the Department of progress in treatment.

Provide the Department with a concrete relapse prevention plan.

Follow all conditions of court orders and probation.

Outcome VIII: Safety/Protection of Child from Physical Abuse

Non-Abusing Parent will:

Make reasonable efforts to prevent caretakers from physical abuse of the children.

Acknowledge harmful effects of physical abuse on the children.

Ensure child's participation in physical abuse evaluations and follow recommendations.

Ensure that child attends treatment to address issues resulting from abuse.

Abusing Parent/Caretaker will:

Acknowledge responsibility for abusing the child or children.

Acknowledge harmful effects of physical abuse on the children.

Develop understanding of what triggers abusive behavior.

Stop using physical discipline with children.

Develop skills in use of non-abusive discipline techniques.

Provide verification to the Department of progress in treatment.

Provide the Department with a concrete relapse prevention plan.

Follow all conditions of court orders and probation.

Outcome IX: Safety/Protection of Child from Domestic Violence

Non-Abusing Parent will:

Participate in services to understand/address domestic violence issues.

Participate in safety planning to protect self/child from an abusive adult/parent/caretaker.

Discuss with case management worker when service plan/safety plan is no longer effective.

Be educated regarding the effects of domestic violence on children.

Abusing Parent/Caretaker will:

Stop all partner abuse.

Be educated regarding the effects of domestic abuse on children.

Participate in an evaluation and treatment program for batterers and follow all recommendations.

Follow all conditions of court orders and probation.

Outcome X: Assist Child in Recovery from Past Abuse, Neglect, Loss

Parent will:

Appropriately acknowledge responsibility for harm caused to child from abuse/neglect.

Understand the impact of abuse/neglect on their children's psychosocial development.

Child will:

Demonstrate a decrease in maladaptive behaviors related to past abuse/neglect.

Outcome XI: Resolve Child's Need for Placement

A. Parent Visits Indicators:

Parent will:

Attend family visits regularly.

Arrive for visits on time.

Perform basic child care activities during visits (e.g., feeding, bathing, dressing, changing, etc.).

Plan and engage child in age appropriate activities during visits.

Bring age appropriate snacks for visits.

Discuss with child, in a positive manner, the child's activities in placement.

Encourage positive separation at the end of the visit.

B. Parent Behavioral Indicators

Parent will:

Participate in an assessment of the family's ability and resources needed to reunify.

Provide verification to the Department of progress in treatment.

Improve problem-solving skills.

Improve parent/child communication skills.

Improve attentiveness toward the child(ren).

Improve knowledge and skills to set and enforce reasonable rules.

Improve knowledge of realistic expectations of the child based on stage of development.

Improve consistency in use of appropriate discipline.

Improve ability to provide for all basic care needs.

Improve ability to protect the child from harm.

Develop a support system for assistance in times of crisis.

C. Child Behavioral Indicators

Child will:

Stop running.

Stop incidences of explosive/assaultive behavior.

Stop self-abusive/suicidal behavior.

Stop sexual offending behavior.

Stop inappropriate sexual behavior.

Stop self-endangering behaviors.

Stop fire-setting.

Improve disordered eating problems.

Stop substance abuse.

Stop property destruction.

Stop truancy.

Stop tantrums.

Stop verbal threats.

Stop stealing.

Reduce incidences of noncompliance with rules.

Reduce time spent being isolated or withdrawn.

Take medication appropriately.

D. Child Psychological/Emotional Functioning Indicators

Child will:

Improve self-esteem.

Decrease depression/sadness.

Decrease anxiety/fear.

Decrease self-consciousness/shyness.

Decrease suicidal ideation.

Decrease psychotic thinking.

Experience fewer and/or less intense mood swings.

E. Child Social Functioning Indicators

Child will:

Show increased involvement in healthy recreational activities/hobbies.

Show increased participation in chore activities.

Develop healthy peer relationships.

Develop better communication/problem-solving skills.

Develop a better understanding of how others are affected by their words/behaviors.

F. Child Educational, Vocational and Independent Living Functioning Indicators

Child will:

Attend school regularly.

Show academic progress.

Behave appropriately in school.

Pay attention in class.

Do homework regularly.

Improvement in skill areas identified in most recent ILS assessment.

Demonstrate an ability to live independently and self-supporting.

Complete high school, vocational training, or GED program.

Obtain a job and report regularly for work.

G. Child with a Service Plan Goal of Adoption or Guardianship

Child will:

Demonstrate readiness to transition to an adoptive or to a guardianship family.

Transition into an adoptive or into a guardianship family.

Demonstrate attachment to adoptive or guardian family.

Demonstrate behavioral and emotional capacity to be a legal, permanent member of a family.

Demonstrate the capacity to remain in the legal family without continued case management services.

Outcome XII: Strengthen Parent Management of Adolescent Behavior

A. Parent/Adolescent Communication Indicators

Parent will:

Discuss issues with adolescent in a calm manner that avoids the use of blaming.

Listen to the adolescent's feelings and their point of view when discussing issues.

Reinforce positive behaviors by emphasizing when the adolescent has done something well.

Assist adolescent in addressing emotional issues that lead to at risk behaviors.

B. Limit-Setting Indicators

Parent will:

Monitor adolescent's completion of daily routines.

Establish rules and consequences that are appropriate to the adolescent's age.

Consistently enforce rules and consequences.

Explain rules and consequences to the adolescent in non-threatening language.

Discuss unacceptable behaviors with the adolescent in a positive manner.

Stop using discipline that is physically harmful.

Stop using discipline that is emotionally or psychologically harmful to the adolescent.

Use positive reinforcement to encourage positive behavior.

Outcome XIII: Improve Adolescent Social Adjustment/Functioning

Adolescent will:

Address emotional issues that interfere with developing independent life skills.

Maintain a bank account.

Obtain a driver's license.

Obtain a part time job.

Participate in grocery shopping.

Participate in shopping for clothing.

Share responsibility for cleaning common living space.

Establish and maintain a budget that includes paying a portion of living expenses.

Attend regular medical appointments.

Attend school daily and complete homework assignments.

Perform the educational tasks expected while at school.

Not engage in any illegal acts.

Follow rules.

Accept reasonable consequences and restrictions when rules are broken.

Obey reasonable curfews.

Not engage in behaviors that are dangerous to themselves.

Not verbally or physically assault siblings, parent, or peers.

Assume family roles that are appropriate for age.

Seek help when needed.

Tasks for DSS and Provider(s)

DSS Tasks

DSS will:

Visit the home at least monthly and view/interview all of the children.

Visit the child in placement at least monthly.

Facilitate family visitation.

Follow procedures for locating parents whose whereabouts are unknown.

Make all necessary service referrals and monitor the provision of services.

Monitor progress of all family members toward achievement of service plan outcomes.

Maintain regular contact with all collaterals.

Continuously assess the needs of the family and update services as needed.

Attend case conferences.

Placement Provider Tasks

Placement provider will:

Ensure child receives regular and emergency medical and dental care.

Provide timely assessments and treatment plans.

Provide written documentation as specified.

Ensure that appropriate services/treatments are provided to the child.

Ensure that appropriate services/treatments are provided to the family.

Maintain regular contact with the case management worker.

Attend all foster care reviews and case conferences.

Work cooperatively with the Department in effecting the service plan goal.

Facilitate family visitation.

Provide transportation.

Ensure educational needs of the child are met.

Pre-Adoptive/Guardianship Parent(s) Tasks

Pre-Adoptive/Guardianship Provider(s) will:

Participate in and cooperate with an Adoptive/Guardianship Assessment/Homestudy.

Demonstrate the ability and motivation to met the specific present and future needs of the identified child.

Demonstrate the ability and motivation to integrate the child as a permanent member of her/his family.

Demonstrate the ability and motivation to advocate within the community to secure appropriate services for the child.

Demonstrate the ability and motivation to assist the child with loss, rejection and identity which are inherent in the adoption and guardianship processes.

Demonstrate the ability and motivation to function without the continued need for case management services.

Demonstrate the ability and motivation to maintain important, safe connections to the child's birth family, as appropriate.

Child Care Provider Tasks

Child Care Provider will:

Ensure child is safe from harm during day/evening while in care.

Assess child's health, growth and development.

Provide timely assessments of child's developmental progress.

Maintain regular contact with parent(s)/guardian(s).

Provide transportation as needed.

Maintain regular contact with case management worker.

Attend case reviews and/or provide written assessments for case review.

Provide linkages/referrals to Team Meetings and other resources as appropriate.

Provide parent education opportunities on child development topics.