



DIVISION OF CHILDREN AND FAMILY SERVICES

CASE PLAN

This case plan is to help ensure that a child(ren) has a safe, healthy, and permanent home. It sets out needs, strengths, responsibilities, services, and dates for actions to be addressed and completed.

Creation Date	09-17-2021	Revision Date	12-19-2021
Case Type	Child Protective Services	Case Number	22222222
County	Marion (Yellville)	Case Name	MILLS

CASE PLAN PARTICIPANTS

Parent(s)/Caregiver(s)

<u>Name</u>	<u>Gender</u>	<u>DOB</u>	<u>Relationship</u>	<u>To</u>	<u>Involved In Case Plan Development</u>	
Kimberly Mills	F	03-19-1985	Mother (Biological)	Paula Mills	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Paul Mills	M	07-10-1980			Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Donna Smith	F		Relative		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

Children

<u>Name</u>	<u>Gender</u>	<u>DOB</u>	<u>Age</u>	<u>Involved In Case Plan Development (if age appropriate)</u>	
Paula Mills	F	01/11/2011	10 y	Yes <input type="checkbox"/>	No <input type="checkbox"/>

CASE PLAN GOAL

<u>Name</u>	<u>Goal</u>	<u>Concurrent Goal</u>
Paula Mills	Reunify with parent or principal caretaker	Placement with relatives or fictive kin

REASON FOR AGENCY INVOLVEMENT:

Harm Statement: It was reported that on August 21, 2021, Kimberly Mills overdosed on meth and lost consciousness while cooking dinner, causing the kitchen to catch fire. A neighbor smelled smoke and called police who entered the home and found Paula scared of the fire and worried for her mother's health.

AGENCY EFFORTS TO PREVENT THE REMOVAL OF THE CHILD(REN) FROM THE HOME:

DCFS completed a relative search and found Paula's father, Paul Mills, incarcerated and unable to ensure Paula's safety. DCFS located maternal aunt, Donna Smith, assessed Donna's home, and placed Paula in Donna's home. DCFS provided substance misuse treatment services for the family previously when Paula was 6 resulting in successful reunification and case closure.

LIST COMPELLING REASONS(S) WHY TERMINATION OF PARENTAL RIGHTS IS NOT IN THE CHILD(REN)'S BEST INTEREST:

Kimberly has a good natural support system in Donna, Donna's partner Ann, Kimberly's brother, and Kimberly's mother. Kimberly also has a desire to develop her safety and support network through the addition of a sponsor and substance misuse support group.

VISITATION PLAN

CHILD(REN) - PARENT(S)/GUARDIAN(S) VISITATION:

Paula and Kimberly have a minimum of 4 hours per week of bonding and interaction in the home of Donna Smith. What's working well during family time is Kim's overall consistent demonstration of age-appropriate discipline and planning of interactive activities with Paula. Kim attends all family time as scheduled and is sober for all family time. Paula demonstrates a respect for her mother by following directions and showing affection in the form of hugging and verbal, "I love you's".

CHILD(REN) - SIBLING(S) VISITATION:

No siblings in care. No half siblings to visit with.

KIMBERLY MILLS

A. CANS/FAST IDENTIFIED NEED OR STRENGTH

Y Neglect

HISTORY:

Harm and Worry Statements: Mr. and Mrs. Mills, DCFS, Donna, Ann, and Sam are all worried that Paula will continue to experience her needs going unmet and fear for her safety and the safety of her mother if Mrs. Mills continues to use meth without asking for help from the support network to keep Paula safe.

IN ORDER TO ADDRESS THIS IDENTIFIED NEED/STRENGTH:

Goal Statement: Paula will always be cared for by her mother, Kim, who will always ask for help if the urge to cope using mood altering substances (such as meth) becomes a reality (Kim decides to use drugs) and starts to get in the way of taking care of Paula.

Action Steps: Kim agrees to:

- Keep in contact with Donna, Ann, or her mom weekly so the support network can help Kim identify when she is being triggered and the Network can provide help caring for Paula, as necessary.
- Call Donna or another network member for help in caring for Paula if a trigger arises for Kim and Paula needs alternate supervision to ensure she is cared for by an appropriate, alert and oriented adult.

B. CANS/FAST IDENTIFIED NEED OR STRENGTH

Y DISRUPTION IN CAREGIVER

HISTORY:

Harm and Worry Statements: DCFS and Donna are worried that Paula has been involved with DCFS twice in her 9 years and may experience a permanent disruption in caregivers if Mrs. Mills doesn't rely on her network to protect Paula when Mrs. Mills is triggered to use meth. Paula is worried about the well-being of her mom and dad if she loses connection with them and is unable to know they are ok. DCFS notes that the parent/child bond is strong and is working well for the Mills family.

IN ORDER TO ADDRESS THIS IDENTIFIED NEED/STRENGTH:

Goal Statement: Paula will have a sense of safety and security about her parent's well-being when Mr. and Mrs. Mills have routine contact with Paula each week.

Action Steps:

- Mrs. Mills agrees to coordinate family time with Donna each week and to arrive on time and provide full care for Paula during family time. Mrs. Mills agrees to be alert and attentive to Paula for the entire family time session.
- Donna agrees to provide DCFS with a record of family time on the Family Time Planning and Reflection Worksheet, to include a schedule and attendance as well as description of interactions between Paula and Kim.
- Kim agrees to increase the amount of family time each week and demonstrate protective capacity by being alert and free of mood-altering substances during family time.

Service	Responsibility	Due Date-Timeframe	Status	Status Date
Family Time/Visitation	Parent/Caregiver	12-30-2021		

C. CANS/FAST IDENTIFIED NEED OR STRENGTH

2 Social Resources

3 Employment/Educational Functioning

HISTORY: Harm and Worry Statements:

Mrs. Mills and Donna and Ann are worried Paula could experience homelessness, lack of adequate nutrition, or social instability when Mrs. Mills lost her employment. Mrs. Mills used meth as a coping skill when her anxiety was out of control and scared Paula when she overdosed on meth. DCFS, Donna, and Sam are worried that Mrs. Mills did not use her network when her anxiety was out of control to manage triggers and provide assistance to the family causing Paula to be scared for her mother's life when Mrs. Mills overdosed on meth. Paula was confused about who would be providing her care and scared for her own well-being when she was taken into foster care.

IN ORDER TO ADDRESS THIS IDENTIFIED NEED/STRENGTH:

Goal Statement: Paula will feel safe and secure in the care provided for her when Kim uses positive coping skills and always reaches out to the network for help when triggered.

Action Steps: Kim agrees to:

- Work with DCFS to increase her Network by completing the COSS Tool and Genogram with FSW
- Contact network members to help with Paula's care when feeling triggered to use meth or other mood-altering substances as a coping skill
- Add a substance misuse sponsor and substance misuse support group to her network within 30 days
- Work with Department of Workforce Services to obtain and maintain employment
- Therapist Sam agrees to assist Kim in identifying a sponsor and support group
- Network agrees to reach out to Kim and other network members if Kim is triggered and is not making use of supports her network may come together to develop a plan for support for Kim and Paula.

Service	Responsibility	Due Date-Timeframe	Status	Status Date
Crisis Intervention	Network Custodian	02-28-2022		
Employment Services	Parent/Caregiver	12-19-2021		
Counseling Services/Med Mgmt	DCFS/Referral Parent	09-25-21	Completed On-going	

D. CANS/FAST IDENTIFIED NEED OR STRENGTH

3 Substance Use

3 Duration of Use

HISTORY:

Harm and Worry Statements: Since Mrs. Mills started using meth as a teen and has experienced relapse twice in Paula's lifetime, Mr. and Mrs. Mills and all network members are worried that Mrs. Mills' relapse will continue to put Paula in situations where Paula is unsafe, scared for her mother's safety, and traumatized.

IN ORDER TO ADDRESS THIS IDENTIFIED NEED/STRENGTH:

Goal Statement: Paula will experience safety and stability when Mrs. Mills manages her addiction routinely.

Action Steps: Mrs. Mills agrees to:

- Schedule and attend appointments with Sam as indicated by Sam
- Attend a support group as necessary to manage triggers
- Contact sponsor, Millie McGoo, as necessary to manage triggers
- Reach out to network for help keeping Paula safe and help with coping skills ANY time feeling triggered to use meth or other mood-altering substances.
- Donna and Ann agree to join family sessions with Kim and Sam to learn about Kim's triggers and how to support Kim's recovery process. DCFS will assess Mrs. Mills' progress maintaining sobriety using behavioral observation and random drug screening when indicated by Mrs. Mills' behavior.

Service	Responsibility	Due Date-Timeframe	Status	Status Date
Substance Abuse Treatment (Outpatient)	Agency	12-19-2021		
Random Screening		As Indicated		

PAUL MILLS

A. CANS/FAST IDENTIFIED NEED OR STRENGTH

Y Neglect

Y DISRUPTION IN CAREGIVER

3 Involvement

HISTORY:

Harm and Worry Statements: Paula experienced sadness and loss through a disruption in her care when Paul was incarcerated for illegal activity. The family and DCFS are worried Paula will continue to be sad when Paul doesn't work with the facility to schedule family time with Paula routinely.

IN ORDER TO ADDRESS THIS IDENTIFIED NEED/STRENGTH:

Goal Statement: Paula will feel connected to Paul when Paul works with the facility to schedule routine family time with Paula.

Action Steps:

- Paul agrees to work with the prison social worker to schedule a minimum of four hours per month of family time with Paula via zoom/or other method.
- Paul agrees to maintain his levels through good behavior to be able to have family time with Paula as scheduled.
- Paul and Donna agree to work together to schedule family time when it is convenient for both parties. Paula and Donna agree to complete family time face to face at the prison once per quarter and more often as can be coordinated with the prison.
- DCFS agrees to provide transportation for Paula to face to face family time at the prison when requested by Donna. Donna agrees to submit transportation requests to DCFS 5 businessdays prior to need.

Service	Responsibility	Due Date-Timeframe	Status	Status Date
Visitation	Parent/Caregiver	12-30-2021		

B. CANS/FAST IDENTIFIED NEED OR STRENGTH

3 Knowledge of Service Options

HISTORY:

Harm and Worry Statements: Paul is worried he will be unable to reintegrate into society if he is unable to participate in discharge planning. Paul is worried that he will be homeless if he isn't able to communicate with Kim while he is in prison. Paul is worried that he will have no income if he cannot locate a job prior to release. DCFS is worried that Paul will use poor coping skills and criminal activity to 'survive' if he is unable to engage in services and discharge planning while incarcerated.

IN ORDER TO ADDRESS THIS IDENTIFIED NEED/STRENGTH:

Goal statement: Paul will have confidence in his discharge plan when he engages with the prison social worker and participates in discharge planning.

Action Steps:

- Paul agrees to contact the prison social worker and invite them to join his safety and support network.
- Paul agrees to begin working with the social worker to request marriage counseling, work release options, and housing applications.
- Kim agrees to attend marriage counseling with Paul and to consider what their relationship will look like when Paul is no longer incarcerated. DCFS agrees to make referrals for contract services to go to the prison or provide counseling or other planning needs via zoom when requested by the prison social worker.

Service	Responsibility	Due Date-Timeframe	Status	Status Date
Counseling (Family)	Parent/Caregiver	11-30-2021		
Employment Services	Parent/Caregiver	03-31-2022		

DONNA SMITH

A. CANS/FAST IDENTIFIED NEED OR STRENGTH

Y Neglect

Y DISRUPTION IN CAREGIVER

HISTORY:

Paula was placed in Donna's home as a provisional placement when Kim overdosed on meth and required hospitalization. Paula is worried about her continued connection to her parents becoming diminished and causing her a sense of loss. Donna is worried that Kim's long-term substance misuse as a coping skill is causing strain on the family ties and is causing Paula to experience instability.

IN ORDER TO ADDRESS THIS IDENTIFIED NEED/STRENGTH:

Goal Statement: Paula will always be cared for by an alert, oriented, responsible adult.

Action Steps: Donna agrees to:

- Attend medical appointments with Paula and follow up on all medical recommendations as necessary, to include PACE exam scheduled for 9/20/21.
- Provide a minimum of 4 hours per week family time for each of Paula's parents in accordance with facility restrictions/availability
- Provide opportunities for Kim to attend educational and social activities with Paula and the family to preserve the cultural bonds for the family
- Provide all information necessary to DCFS Resource staff for concurrent planning efforts
- Assist in network development by completing COSS and Genogram and providing to DCFS for Paula and the family.

Service	Responsibility	Due Date-Timeframe	Status	Status Date
Comprehensive Health Assessment	Resource Parent	12-19-2021		
Fictive Kin Foster Family Home	Resource Parent	12-30-2021		

PAULA MILLS

A. CANS/FAST IDENTIFIED NEED OR STRENGTH

- 0 Family--Nuclear
- 1 Family--Extended
- 2 Cultural
- 2 Ritual

HISTORY:

Harm and Worry Statements: Paula has a strong bond with her nuclear family, neighborhood culture, and extended family. Paula, DCFS, and Mrs. Mills are worried that Paula will suffer emotionally, physically, and socially if she loses her connections with her Network.

IN ORDER TO ADDRESS THIS IDENTIFIED NEED/STRENGTH:

Goal Statement: Paula will remain connected with her network and her neighborhood culture.

Action Steps: Mrs. Mills agrees

- Discuss changes in living arrangements with Paula and to consider Paula's cultural connections to the current neighborhood prior to making any changes in living arrangements for the family.
- To reach out to Donna or Ann when Paula needs additional support.
- To provide Paula with two opportunities per week to play basketball or otherwise connect with their neighborhood.

Goal Statement: Paula will be supported by the Network.

Action Steps:

- Donna and Ann agree to assist with transportation to neighborhood functions when requested by Kim or Paula.
- Donna and Ann agree to consult with Kim when making decisions about Paula.

B. CANS/FAST IDENTIFIED NEED OR STRENGTH

- Y Neglect

HISTORY:

Harm and Worry Statements: Mr. and Mrs. Mills, DCFS, Donna, Ann, and Sam are all worried that Paula will continue to experience neglect and fear for her safety and the safety of her mother if Mrs. Mills continues to use meth without asking for help from the support network to keep Paula safe.

IN ORDER TO ADDRESS THIS IDENTIFIED NEED/STRENGTH:

Goal Statement: Paula will always be cared for by her mother, Kim, who will always ask for help if the urge to cope using mood altering substances (such as meth) becomes a reality (Kim is going to use drugs) and starts to get in the way of taking care of Paula.

Action Steps: Kim agrees to contact Donna or Ann to come care for Paula if she begins to think about using meth or begins to feel overwhelmed. Donna and Ann agree to pick up Paula and keep Paula safe.

C. CANS/FAST IDENTIFIED NEED OR STRENGTH

Y DISRUPTION IN CAREGIVER

HISTORY:

Harm and Worry Statements: Paula is worried about the well-being of her mom and dad if she loses connection with them and is unable to know they are ok. DCFS notes that the parent/child bond is strong and is working well for the Mills family.

IN ORDER TO ADDRESS THIS IDENTIFIED NEED/STRENGTH:

Goal Statement: Paula will have a sense of safety and security about her parent's well-being when Mr. and Mrs. Mills have routine contact with Paula each week.

Action Steps:

- Mrs. Mills agrees to coordinate family time with Donna each week and to arrive on time and provide full care for Paula during family time. Mrs. Mills agrees to be alert and attentive to Paula for the entire family time session.
- Donna agrees to provide DCFS with a record of family time, to include a schedule and attendance as well as description of interactions between Paula and Kim. Donna agrees to invite Kim to school functions, neighborhood gatherings, family dinners, and church with Paula in addition to routine weekly family time when possible.
- Paula and Donna agree to complete a minimum of four hours per month family time between Paul and Paula via zoom or Face Time, as allowed by the facility.
- Donna agrees to provide DCFS with a record of Paul, Kimberly, and Paula's familytime on Family Time Planning and Reflection Worksheet.
- Paul agrees to coordinate his family time with the prison socialworker and to notify DCFS if financial assistance is necessary to ensure Face Time or zoom is available for family time. DCFS will make a referral for counseling assessment for Paula within 5 days.

Service	Responsibility	Due Date-Timeframe	Status	Status Date
Family Time/Visitation	Parent/Caregiver	12-31-2021		

CONCURRENT PLAN

IF PRIMARY GOAL CANNOT BE ACHIEVED:

Harm and Worry Statements: Donna and Paula are worried that Paula will be confused, scared, and sad if Paula is unable to return to Kim's home.

Goal Statement: Paula will have a sense of security about her future when DCFS completes an adoption packet and concurrently plans for permanency in Donna's home as a backup plan.

Action Steps:

- Donna agrees to complete all necessary paperwork for DCFS Resource staff.
- DCFS agrees to gather all medical records and other documents necessary to complete an adoption packet within the first three months of the family case.
- Kim, Paul, and Paula agree to discuss their worries about concurrent planning with the parties.
- Donna agrees to complete a genogram for Kim's side of the family. CASA agrees to work with Paul to add his side of the family to the genogram and provide the completed genogram to DCFS by 10/1/21.

Service	Responsibility	Due Date- Timeframe	Status	Status Date
Fictive Kin Guardianship	Agency	04-29-2022		

YOUTH EDUCATIONAL STABILITY

CHILD'S PLACEMENT APPROPRIATENESS TO CURRENT EDUCATION SETTING AND PROXIMITY TO SCHOOL IN WHICH CHILD IS ENROLLED AT TIME OF PLACEMENT:

Paula experienced no disruption in educational services or location.

STATE AGENCY COORDINATION WITH APPROPRIATE LEGAL EDUCATIONAL AGENCIES (LEA) TO ENSURE CHILD REMAINS IN THE SCHOOL IN WHICH THE CHILD IS ENROLLED AT TIME OF PLACEMENT:

Paula remained in her school of origin. No coordination of services is necessary between schools. CFS-384: LEA Notice of Traumatic Experience was provided to school counselor.

IF REMAINING IN THE SCHOOL IS NOT IN THE CHILD'S BEST INTERESTS. ASSURANCES BY STATE AGENCY AND LOCAL EDUCATIONAL AGENCIES (LEA) TO PROVIDE IMMEDIATE AND APPROPRIATE ENROLLMENT IN A NEW SCHOOL. WITH ALL CHILD'S EDUCATIONAL RECORDS PROVIDED TO THE SCHOOL:

N/A

Training Example

STATEMENT OF PARENT'S UNDERSTANDING

Yes No In accordance with the Americans with Disabilities Act of 1990, reasonable accommodations have been made to the above-listed parents/guardians to assure access to reunification and family preservations services.

If yes, please describe:

Yes No Do you speak English?

I understand:

- The Case Plan. I have read it or had it read to me
- I do not read (understand) English. This plan was read (interpreted) to me.
- I am to be given a copy of any change in the Case Plan.
- If my children have been removed from me, I have the right to an attorney. If I cannot pay for an attorney, the court may appoint one for me.

If this Case Plan resulted from court-ordered services, I understand I may ask the court:

- To settle any disagreement I have with the Case Plan.
- For a hearing on any change to the Case Plan I disagree with.

If this Case Plan resulted from a court-ordered placement, I understand:

- My rights and duties and the rights and duties of the Department of Human Services while my child is in Foster Care.
- I may lose my rights as a parent if I do not substantially comply with the case plan. Material failure to substantially comply with the case plan may result in a filing of a petition for termination of parental rights sooner than the compliance periods set forth in the case plan itself.

I affirm that:

- I agree with the Case Plan.
- I disagree with part(s) of the Case Plan: (specify):
- I disagree with all of the Case Plan.; or
- I make no comment.
- I understand that my participation in the development or the acceptance of a Case Plan shall not constitute an admission of dependency-neglect
- I understand that this Case Plan is subject to court approval upon review by the court

Caregiver Name: Kimberly Mills

Caregiver Signature:

Date:

STATEMENT OF PARENT'S UNDERSTANDING

Yes No In accordance with the Americans with Disabilities Act of 1990, reasonable accommodations have been made to the above-listed parents/guardians to assure access to reunification and family preservations services.

If yes, please describe:

Yes No Do you speak English?

I understand:

- The Case Plan. I have read it or had it read to me
- I do not read (understand) English. This plan was read (interpreted) to me.
- I am to be given a copy of any change in the Case Plan.
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- My rights and duties and the rights and duties of the Department of Human Services while my child is in Foster Care.
- I may lose my rights as a parent if I do not substantially comply with the case plan. Material failure to substantially comply with the case plan may result in a filing of a petition for termination of parental rights sooner than the compliance periods set forth in the case plan itself.

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- I disagree with part(s) of the Case Plan: (specify):
- I disagree with all of the Case Plan.; or
- I make no comment.
- I understand that my participation in the development or the acceptance of a Case Plan shall not constitute an admission of dependency-neglect
- I understand that this Case Plan is subject to court approval upon review by the court

Caregiver Name: Paul Mills

Caregiver Signature:

Date:

STATEMENT OF PARENT'S UNDERSTANDING

Yes No In accordance with the Americans with Disabilities Act of 1990, reasonable accommodations have been made to the above-listed parents/guardians to assure access to reunification and family preservations services.

If yes, please describe:

Yes No Do you speak English?

I understand:

- The Case Plan. I have read it or had it read to me
- I do not read (understand) English. This plan was read (interpreted) to me.
- I am to be given a copy of any change in the Case Plan.
- If my children have been removed from me, I have the right to an attorney. If I cannot pay for an attorney, the court may appoint one for me.

If this Case Plan resulted from court-ordered services, I understand I may ask the court:

- To settle any disagreement I have with the Case Plan.
- For a hearing on any change to the Case Plan I disagree with.

If this Case Plan resulted from a court-ordered placement, I understand:

- My rights and duties and the rights and duties of the Department of Human Services while my child is in Foster Care.
- I may lose my rights as a parent if I do not substantially comply with the case plan. Material failure to substantially comply with the case plan may result in a filing of a petition for termination of parental rights sooner than the compliance periods set forth in the case plan itself.

I affirm that:

- I agree with the Case Plan.
- I disagree with part(s) of the Case Plan: (specify):
- I disagree with all of the Case Plan.; or
- I make no comment.
- I understand that my participation in the development or the acceptance of a Case Plan shall not constitute an admission of dependency-neglect
- I understand that this Case Plan is subject to court approval upon review by the court

Caregiver Name: Donna Smith

Caregiver Signature:

Date:

ATTACHMENTS:

- Placement Plan
- School records (grades, attendance, other records)
- Visitation Schedule
- Health Records
- Independent Living Skills/Ansell-Casey Life Skills Assessment (if appropriate)
- Chafee Foster Care Independence Program Participation Agreement (if appropriate)
- Other (specify):

DISTRIBUTION:

- Mother _____ Date :
- Father _____ Date :
- Custodian _____ Date :
- Children _____ Date :
- Caregiver _____ Date :
- Attorney ad litem _____ Date :
- OCC _____ Date :
- Court _____ Date :
- Resource Parent _____ Date :

I acknowledge that per A.C.A. 9-28-407, the information in this case plan is confidential and shall not be redisclosed Initial: _____ Date: _____

- CASA _____ Date :
- Parent Counsel _____ Date :
- Other (specify): _____ Date :

DCFS STAFF SIGNATURES

FAMILY SERVICE WORKER MAKING DISTRIBUTION

Name: _____
Signature: _____ Date: _____

SUPERVISOR REVIEWING CASE PLAN

Name: _____
Signature: _____ Date: _____