

# SOP MODULE 7

## PARTICIPANT GUIDE

## ARKANSAS DIVISION OF CHILDREN AND FAMILY SERVICES

June 2022

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# SDM® SAFETY ASSESSMENT IMMEDIATE SAFETY PLAN

Arkansas State Police and Division of Children and Family Services

Family Name: \_\_\_\_\_ Case ID: \_\_\_\_\_ Date: \_\_\_\_\_

Worker Name: \_\_\_\_\_

**Harm and/or Worry Statement(s):** What harm, if anything, has already occurred? What is the agency and/or the family worried will happen to the children if nothing else changes?

Describe the safety threat (caregiver + behavior + impact on child)	What will be done to address the safety threat until the review date?	Who will do it, by when?	How will we know it is working?

**Who has agreed to be part of this plan?** (Must include at least one legal custodian or guardian.)

FAMILY MEMBER OR NETWORK MEMBER	CONTACT DETAILS	
	PHONE	EMAIL

WHEN WILL THE IMMEDIATE SAFETY PLAN BE REVIEWED? <i>(Must be within 14 days)</i>	
<b>Date/time:</b>	<b>Who will be involved (caregivers, network, and agency)?</b>

WHAT WILL PEOPLE DO IF THEY ARE WORRIED OR IF THE IMMEDIATE SAFETY PLAN IS NOT WORKING?	
Caregivers/legal guardians	
Network members	
Child	
DCFS	

WHOM TO CALL IF THE IMMEDIATE SAFETY PLAN IS NOT WORKING		
NAME	PHONE NUMBER	EMAIL ADDRESS
<b>Assigned worker name:</b>		
<b>Supervisor name:</b>		
<b>On-call contact:</b> (After business hours, weekends, and holidays)		

## AGREEMENT TO IMPLEMENT IMMEDIATE SAFETY PLAN

While we may not agree about the details of these worries, we do agree to follow the plan until the review date. We know that if the plan does not keep all children safe, either we must work together again to create a new plan, or the department may need to take legal action. If I am unable to follow this plan, I will contact my DCFS worker to develop a new plan.

<b>Legal custodians or guardians</b>	<b>Worker/supervisor</b>
<b>Children</b>	<b>Network members</b>

# SUPER 8 DIALOGUE STRUCTURE FOR FACILITATING A MEETING

Purpose	Why are we meeting today?
Desired Outcomes	What do we want to take away from this meeting?
Context	What might distract us from our focus today?
Group Agreements	How do we want to work with each other?
Network/Stakeholders	If any key people are missing, how do we get them here?
Content	What do we want to talk about? (Collaborative assessment and planning [CAP] framework/mapping, Circles of Safety and Support, etc.)
Next Steps	Who does what, when? When do we meet next?
Plus/Delta Feedback	What worked? What should we do differently next time?

# ACTIVITY

**Instructions:** Draft one or two questions you would pose to the group for each step of the Super 8 dialogue structure during a supervision or unit meeting.

Purpose	
Desired Outcomes	
Context	
Group Agreements	
Network/Stakeholders	
Content	
Next Steps	
Plus/Delta Feedback	



# COLLABORATIVE ASSESSMENT AND PLANNING FRAMEWORK

Worker Name: \_\_\_\_\_

Family Name/ID: \_\_\_\_\_

Date: \_\_\_\_\_

What are we worried about?	Purpose of Consultation	What is working well?
<b>Harm and Safety Threats</b>	<b>Genogram, Ecomap, Circles of Safety and Support</b>  <b>Cultural Considerations</b>  <b>SDM System Guidance</b>	<b>Safety and Permanency/Belonging</b>
<b>Complicating Factors</b>	<b>Gray Areas</b>	<b>Strengths and Resources</b>
What needs to happen?		
<b>Worry Statements</b>	<b>Goal Statements</b>	
<b>Action Steps</b>		

Based on: Consultation and Information Sharing Framework (Lohrbach, 2000); Signs of Safety Assessment and Planning Framework (Turnell & Edwards, 1999; Department of Child Protection, 2011); The Massachusetts Safety Map (Chin, Decter, Madsen, & Vogel, 2010); and The Partnering for Safety Assessment and Planning Framework (Parker & Decter, 2012).

# WHAT IS SOGIE?

SOGIE stands for sexual orientation, gender identity, and gender expression. Everybody has one.

## WHY DO WE ASK ABOUT SOGIE?

- Understanding the whole child is necessary to ensure positive outcomes.
- Research tells us that certain youth experience differential treatment as a result of their SOGIE.
- Current best practices in child welfare field state that asking about and understanding SOGIE is an important first step to better understand the lives, experiences, and possible unique challenges of LGBTQ+ and gender-nonconforming youth in the child welfare system.

## INTERVIEWING TIPS FOR GATHERING SOGIE INFORMATION

- Be mindful of your own beliefs, values, cultural norms, and gaps in knowledge about SOGIE.
- Your goal is to create a safe space for youth to disclose their SOGIE. Be aware of your nonverbal reactions, especially if a youth discloses something different from what you expected.
- It is common for youth to be hesitant about disclosing their SOGIE at first, given the harassment and discrimination many LGBTQ+ and gender-nonconforming children and youth have experienced. As a result, a child or youth may opt out the first time you meet. If so, please ask again during the next visit.
- If a youth tells you that they are lesbian, gay, bisexual, transgender, queer, or questioning, do the following.
  - » Be affirming (e.g., thank the youth for sharing).
  - » Discuss it. (Ask questions like, “Who have you told?” or “Do you feel supported?”)
  - » Do not include this information in dependency files or court documents without the youth’s consent.
  - » Explore what it means to them and how it connects to their identity and behaviors.
  - » Discuss concerns, challenges, and any next steps for best practice with your supervisor.

<b>Child's Name:</b> Paula Mills	<b>DOB:</b> 01/11/2011
<b>Caregiver(s):</b> Donna Smith Kimberly Mills Paul Mills	<b>Gender:</b> Female
	<b>Form Status:</b> Initial Subsequent Discharge
	<b>Case Name:</b> MILLS
	<b>Case Number:</b> 22222222
<b>Assessor:</b> Sherita FSW	<b>Assessment Creation:</b> 09/15/2021

### ACTION LEVELS FOR "NEED" ITEMS

#### 0 - No Evidence of Need -

*This rating indicates that there is no reason to believe that a particular need exists. Based on current assessment information there is no reason to assume this is a need. For example, "does Johnny smoke weed?" He says he doesn't, his mother says he doesn't, no one else has expressed any concern – does this mean Johnny is not smoking weed? NO, but we have no reason to believe that he does and we would certainly not refer him to programming for substance related problems.*

#### 1 - Watchful Waiting/Prevention -

*This level of rating indicates that you need to keep an eye on this area or think about putting in place some preventive actions to make sure things do not get worse (a child/youth who has been suicidal in the past). We know that the best predictor of future behavior is past behavior, and that such behavior may recur under stress, so we would want to keep an eye on it from a preventive point of view.*

#### 2 - Action Needed -

*This level of rating implies that something must be done to address the identified need. The need is sufficiently problematic, that it is interfering in the child/youth's or family's life in a notable way.*

#### 3 - Immediate/Intensive Action Needed -

*This level rating indicates a need that requires immediate or intensive effort to address. Dangerous or disabling levels of needs are rated with this level. A child/youth who is not attending school at all or an acutely suicidal youth would be rated with a "3" on the relevant need.*

### ACTION LEVELS OF "STRENGTHS" ITEMS

#### 0 - Centerpiece Strength -

*This rating indicates a domain where strengths exist that can be used as a centerpiece for a strength-based plan. In other words, the strength-based plan can be organized around a specific strength in this area.*

#### 1 - Useful Strength -

*This rating indicates a domain where strengths exist and can be included in a strength-based plan but not as a centerpiece of the plan.*

#### 2 - Identified Strength -

*This rating indicates a domain where strengths have been identified but that they require significant strength building efforts before they can be effectively utilized in a strength-based plan.*

#### 3 - No Strength Identified -

*This rating indicates a domain in which efforts are needed in order to identify potential strengths for strength building efforts.*

### ACTION LEVELS OF "TRAUMA CHARACTERISTICS" ITEMS

*These ratings are made based on the LIFETIME exposure to Trauma or adverse childhood experiences. For this domain, the following categories and action levels are used*

**N (No) - No Evidence of Trauma**

**Y (Yes) - Evidence of Trauma**

**S (Suspected) - Suspicion of Trauma**

## CHILD STRENGTHS

0	Family--Nuclear
---	-----------------

*Comment:* Paula has a nurturing relationship with Kim. Kim demonstrates a desire to put Paula's needs before her own and exhibits an understanding of appropriate roles and boundaries with Paula. Paula's father, Paul is incarcerated and maintains routine contact with Paula by zoom and facetime.

1	Family--Extended
---	------------------

*Comment:* Maternal aunt, Donna Smith, and her domestic partner, Ann Klien, have been an active support for Paula and Kim. Paula also has her maternal uncle and grandmother who support her.

3	Interpersonal
---	---------------

3	Educational
---	-------------

3	Talents/Interests
---	-------------------

1	Spiritual/Religious
---	---------------------

*Comment:* Attending church youth group on Wednesday nights works well for Paula and Paula wants to continue attending her church on Wednesday nights. Paula is worried she will not be able to attend church when her mom or aunt Donna are unable to take her.

3	Community Life
---	----------------

3	Relationship Permanence
---	-------------------------

3	Child Involvement with Care
---	-----------------------------

3	Natural Supports
---	------------------

3	Adaptability
---	--------------

3	Building Relationships
---	------------------------

3	Resilience
---	------------

3	Resourcefulness
---	-----------------

## LIFE DOMAIN FUNCTIONING

0	Family--Nuclear
---	-----------------

0	Family--Extended
---	------------------

0	Living Situation
---	------------------

0	Sleep
---	-------

0	Social Functioning--Peer
---	--------------------------

## LIFE DOMAIN FUNCTIONING

0	Social Functioning--Adult
0	Sexual Development
0	Developmental
0	Communication
2	Cultural

*Comment:* Paula is very attached to the other children in her neighborhood and enjoys a nightly ritual of playing basketball at one of the 'grandmother's' home with other neighborhood children. Paula is worried she won't get to bond with and play basketball with the other children in her neighborhood when she must live with Aunt Donna because her mom is in inpatient treatment.

0	Legal
0	Medical
0	Physical Health
0	Daily Functioning

## SCHOOL

0	School Behavior
0	School Achievement
0	School Attendance
0	Special Education

## CHILD BEHAVIORAL/EMOTIONAL NEEDS

0	Psychosis
0	Attachment
0	Impulsivity/Hyperactivity
0	Depression
0	Anxiety
0	Oppositional
0	Conduct

## CHILD BEHAVIORAL/EMOTIONAL NEEDS

0	Adjustment to Trauma
0	Anger Control
0	Substance Use

## CHILD RISK BEHAVIORS

0	Suicide Risk
0	Self-Injurious Behavior
0	Other Self Harm
0	Danger to Others
0	Sexual Aggression
0	Runaway
0	Delinquent Behavior
0	Sexually Reactive Behavior
0	Bullying
0	Intentional Misbehavior
0	Aggressive Behavior
0	Exploited

## TRAUMA EXPERIENCE

N	Sexual Abuse
N	Physical Abuse
N	Emotional Abuse
Y	Neglect

*Comment:* Kim had the urge to use meth and did not ask for help from Donna or Ann to protect Paula. Paula was scared that Kim would be hurt when Paula witnessed Kim using meth and 'acting crazy'. Paula was upset that Kim was unable to help Paula with homework or cook dinner for Paula when using meth.

N	Medical Trauma
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## TRAUMA EXPERIENCE

N	Natural or Man-Made Disaster
N	Witness to Family Violence
N	Witness to Community/School Violence
N	Witness/Victim to Criminal Activity
N	WAR/TERRORISM AFFECTED
Y	DISRUPTION IN CAREGIVER

*Comment:* Paula was upset when she had to leave her home and live with aunt Donna because Kim overdosed on meth and required hospitalization. Paula was scared and didn't know if Kim was safe while Kim was in inpatient treatment. Paula felt loss when Paul was arrested and incarcerated. Paula misses having Paul at home to help with daily activities. Paula is worried that she won't know how her parents are doing if Kim or Paul do not attend routinely scheduled family time.

N	GRIEF AND LOSS
---	----------------

## ACCULTURATION MODULE

0	Language
0	Identity
2	Ritual

*Comment:* Paula misses playing basketball in the neighborhood nightly game and longs for the sense of connection to the neighborhood. Paula misses attending youth group on Wednesdays.

0	Cultural Stress
---	-----------------

## SEXUAL ABUSE MODULE

0	Emotional Closeness to Perpetrator
0	Frequency of Abuse
0	Duration
0	Physical Force
0	Reaction to Disclosure

**PERMANENCY PLANNING CAREGIVER STRENGTHS & NEEDS**

**Caregiver A - Kimberly Mills**

0	<b>Supervision</b>
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0	<b>Parenting Skills</b>
---	-------------------------

0	<b>Knowledge of Child</b>
---	---------------------------

1	<b>Knowledge of Rights and Responsibilities</b>
---	---

0	<b>Organization</b>
---	---------------------

2	<b>Social Resources</b>
---	-------------------------

*Comment:* Kim had the urge to use meth and did not have social resources in place to reach out to for assistance in managing that urge. Kim has agreed she would benefit from development of her circles of safety and support to include a sponsor and substance abuse support group. DCFS is worried that Paula will be harmed again if Kim has the urge to use a mood-altering substance and doesn't have an adequate network to reach out to help keep Paula safe.

0	<b>Residential Stability</b>
---	------------------------------

0	<b>Empathy with Children</b>
---	------------------------------

0	<b>Boundaries</b>
---	-------------------

0	<b>Involvement</b>
---	--------------------

0	<b>Post-Traumatic Reactions</b>
---	---------------------------------

0	<b>Knowledge of Family/Child Needs</b>
---	--

0	<b>Knowledge of Service Options</b>
---	-------------------------------------

0	<b>Ability to Listen</b>
---	--------------------------

0	<b>Ability to Communicate</b>
---	-------------------------------

0	<b>Satisfaction with Services Arrangement</b>
---	---

0	<b>Physical Health</b>
---	------------------------

4	<b>Mental Health:</b> Kim is diagnosed with depression and anxiety which is not managed currently.
---	--

3	<b>Substance Use</b>
---	----------------------

*Comment:* Kim has prior DCFS involvement with Paula due to Paula being neglected while Kim is under the influence of mood-altering substances. DCFS, Ann and Donna, and Kim's therapist, Sam, are worried that Kim does not understand the impact of her substance misuse on Paula's safety and are worried that Paula could be seriously injured if Kim continues to consume mood-altering substances without asking for help from her Circles of Safety and Support to ensure Paula is cared for by an alert, oriented, appropriate adult.

0	<b>Developmental</b>
---	----------------------



PERMANENCY PLANNING CAREGIVER STRENGTHS & NEEDS

Caregiver A - Kimberly Mills

0	Accessibility to Child Care Services
---	--------------------------------------

0	Family Stress
---	---------------

3	Employment/Educational Functioning
---	------------------------------------

*Comment:* Kim agrees that the loss of her employment was a trigger for her relapse to meth use. Donna and Ann are worried that they do not have adequate financial resources to support both their family and Kim's family long-term if Kim's financial situation does not stabilize and that a lack of income for Kim could result in a lack of stability in living circumstances for Paula. DCFS, Donna, and Ann are worried that Kim will continue to be triggered to use meth if she is unable to obtain stable income and Paula could experience homelessness, lack of adequate nutrition, or social instability as a result.

0	Educational Attainment
---	------------------------

0	Legal
---	-------

0	Financial Resources
---	---------------------

0	Transportation
---	----------------

0	Safety
---	--------

0	Marital/Partner Violence
---	--------------------------

Caregiver B - Donna Smith

0	Supervision
---	-------------

0	Parenting Skills
---	------------------

0	Knowledge of Child
---	--------------------

0	Knowledge of Rights and Responsibilities
---	--

0	Organization
---	--------------

0	Social Resources
---	------------------

0	Residential Stability
---	-----------------------

0	Empathy with Children
---	-----------------------

0	Boundaries
---	------------

0	Involvement
---	-------------

0	Post-Traumatic Reactions
---	--------------------------

0	Knowledge of Family/Child Needs
---	---------------------------------

PERMANENCY PLANNING CAREGIVER STRENGTHS & NEEDS

Caregiver B - Donna Smith

1	Knowledge of Service Options
---	------------------------------

0	Ability to Listen
---	-------------------

0	Ability to Communicate
---	------------------------

2	Satisfaction with Services Arrangement
---	--

*Comment:* Donna is worried that Paula will be impacted permanently emotionally if Kim continues to have only limited supervised contact with Paula.

0	Physical Health
---	-----------------

0	Mental Health
---	---------------

0	Substance Use
---	---------------

0	Developmental
---	---------------

0	Accessibility to Child Care Services
---	--------------------------------------

0	Family Stress
---	---------------

0	Employment/Educational Functioning
---	------------------------------------

0	Educational Attainment
---	------------------------

0	Legal
---	-------

0	Financial Resources
---	---------------------

0	Transportation
---	----------------

0	Safety
---	--------

0	Marital/Partner Violence
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Caregiver C - Paul Mills

0	Supervision
---	-------------

0	Parenting Skills
---	------------------

0	Knowledge of Child
---	--------------------

0	Knowledge of Rights and Responsibilities
---	--

0	Organization
---	--------------

0	Social Resources
---	------------------

PERMANENCY PLANNING CAREGIVER STRENGTHS & NEEDS

Caregiver C - Paul Mills

0	Residential Stability
---	-----------------------

0	Empathy with Children
---	-----------------------

0	Boundaries
---	------------

3	Involvement
---	-------------

*Comment:* Paul is in prison for drug trafficking and has a target parole date in 2023. Paul is worried that Paula will forget about him if she doesn't get to have routine contact with Paul while he's in prison. Paul is worried Paula will grow up without her father in her life.

0	Post-Traumatic Reactions
---	--------------------------

0	Knowledge of Family/Child Needs
---	---------------------------------

3	Knowledge of Service Options
---	------------------------------

*Comment:* Paul is worried about being able to participate in a family case plan and services while he is incarcerated. Paul is worried about obtaining employment, and depending on the relationship with Kim, obtaining housing upon release. DCFS is worried that Paula will be affected by family stress if Paul is unable to participate in effective community reintegration planning prior to being released from prison.

0	Ability to Listen
---	-------------------

0	Ability to Communicate
---	------------------------

0	Satisfaction with Services Arrangement
---	--

0	Physical Health
---	-----------------

0	Mental Health
---	---------------

0	Substance Use
---	---------------

0	Developmental
---	---------------

0	Accessibility to Child Care Services
---	--------------------------------------

0	Family Stress
---	---------------

0	Employment/Educational Functioning
---	------------------------------------

0	Educational Attainment
---	------------------------

0	Legal
---	-------

0	Financial Resources
---	---------------------

0	Transportation
---	----------------

PERMANENCY PLANNING CAREGIVER STRENGTHS & NEEDS

Caregiver C - Paul Mills

0	Safety
0	Marital/Partner Violence

CAREGIVER MODULE

PERMANENCY PLANNING CAREGIVER STRENGTHS & NEEDS

Caregiver A - Kimberly Mills

1	Severity of Use
3	Duration of Use

*Comment:* Kim has misused mood-altering substances, specifically meth, off and on since she was a teenager. This is the second time that Paula has been involved with DCFS as a result. DCFS is worried that Kim's continued misuse over time will result in Paula being unable to return to Kim's custody because Kim has not asked for help from her network in the past to keep Paula safe.

1	Stage of Recovery
0	Peer Influences
0	Environmental Influences

Caregiver A: Kimberly Mills	
Signature	Date

Caregiver B: Donna Smith	
Signature	Date

<b>Caregiver C:</b> Paul Mills	
<b>Signature</b>	<b>Date</b>

<b>Family Service Worker Name (print):</b>	
<b>Signature</b>	<b>Date</b>

<b>Supervisor Name (print):</b>	
<b>Signature</b>	<b>Date</b>

TRAINING EXAMPLE

# KIM AND PAULA THREE-COLUMN MAP

**Worker Name:** Sherita Washington

**Case Name/ID:** Mills

**Date:** \_\_\_\_\_

WHAT ARE WE WORRIED ABOUT?	WHAT IS WORKING WELL?	WHAT NEEDS TO HAPPEN NEXT?
<p>Kim overdosed on meth and lost consciousness while cooking dinner. Paula, age 10, was home at the time. Her neighbor heard the fire alarm and had to call the police and open the door. (Kim feels horrible that this happened and that Paula could have been hurt.)</p> <p>Kim had one prior involvement with DCFS due to Paula (age 5 at the time) not being properly clothed and having poor hygiene due to Kim’s meth use.</p> <p>Kim has been diagnosed with borderline personality disorder and attention deficit disorder.</p> <p>Kim stopped attending Narcotics Anonymous (NA) more than two years ago, saying that she “got attached to some guy and he broke her heart.”</p> <p>Kim attributes the overdose incident to a growing depression after losing her job as a salesclerk at a department store. She has been looking for work for more than 14 weeks without finding anything.</p> <p>Paula’s father, Paul, is in jail.</p>	<p>Kim reports being clean and sober for four years before this incident—a report supported by her sister Donna—during which time Paula came to school clean, on time, and with her work done.</p> <p>In her past voluntary work with the department, Kim worked with her family service worker (FSW) and intensive in-home services specialist, went into drug treatment, and ensured that Paula came to school and was appropriately clothed and bathed.</p> <p>Kim has attended drug treatment in the past, including detox (more than five times) and inpatient substance abuse treatment (twice before this incident). She entered treatment immediately after the incident that led to Paula coming into care.</p> <p>Paula entered a provisional placement with Donna and Donna’s partner, Ann. She was able to stay in the same school system, and Donna and Paula’s school guidance counselor report that she continues to thrive despite these changes.</p> <p>Kim made a plan with Donna in the past that if anything happened to her, Paula would go stay with her.</p>	

WHAT ARE WE WORRIED ABOUT?	WHAT IS WORKING WELL?	WHAT NEEDS TO HAPPEN NEXT?
<p>Paul has a history of substance abuse, and there are worries that he was still using up until he was incarcerated.</p> <p>Kim lacks the coping skills needed to effectively manage her mental health.</p> <p>Kim and her brother have a rocky relationship.</p> <p>Kim's mother doesn't understand how addiction works and thinks that Kim can be cured overnight.</p> <p>Paula is currently separated from her mother.</p>	<p>Kim has a strong support network, and her sister is very involved in her life and helping take care of her and Paula.</p> <p>Paul wants to be involved in the case and was able to attend the Team Decision Making® (TDM) meeting via Zoom even though he was incarcerated. (The jail is working with Paul and DCFS to make sure Paul can be involved in the case.)</p> <p>Paula wants to play an active role in her case and the decisions being made about her life. She wants to have her voice heard in family-centered meetings.</p> <p>Sam, Kim's therapist, is willing to attend meetings with Kim and DCFS. Kim has been seeing Sam regularly to help manage her mental health and learn better coping skills. Sam also has perspective into Kim's long-term needs in terms of her sobriety.</p> <p>Kim and Paula have a good bond.</p> <p>Kim is a good parent when sober.</p> <p>Donna and Ann are willing to continue to provide emotional and even financial support while mom gets better.</p>	

0 ←————→ 10

This three-column framework is based on the Signs of Safety Assessment and Planning Framework (Turnell and Edwards, 1999; Perth [Australia] Department of Child Protection, 2011); The Consultation and Information Sharing Framework (Lohrbach, 2000); and The Massachusetts Safety Mapping Framework (Chin, Decter, Madsen, and Vogel, 2010).

# CREATING HARM, WORRY, AND GOAL STATEMENTS

Harm statements and worry statements are short, simple, behavior-based statements workers can use to help family members, collaterals, and departmental staff clearly understand what happened in the past, why the agency is involved with a particular family, and what the concerns for the future are. These statements allow important, difficult conversations to occur and help ensure that staff talk with families about the most critical items to address. Goal statements are clear, simple statements about what the parent will *do* that will convince everyone the child is safe now and will be safe in the future.

Constructing harm, worry, and goal statements first involves safety mapping and separating harm from complicating factors. Once that is completed, staff can create these statements.

*As much as possible, try to use the family's own language for these statements.* Remember that these statements are best used to help ensure that all key stakeholders, especially the family, understand why the agency is involved, what the agency is worried about, and what needs to happen next. The statements should be written in honest, detailed, nonjudgmental "just-the-facts" language.

## HARM STATEMENTS

Harm statements are clear and specific statements about the harm or maltreatment experienced by a child. The harm statement includes specific details: who reported the concern (when possible to share), what exactly happened, and the impact on the child. While it is never a guarantee, *a clear understanding of the past (harm) is vital as our best guide to understanding what we should be worried about in the future.*



**Who** says (or it was reported)



**What** caregiver actions/inaction



**Impact** on the child

Example: Sam *reported* to his teacher that when his dad, Jerry, drank too many beers and got mad at his mom, Helen, Sam saw Jerry hit Helen across the face. Sam felt really scared, cried, and hid in his room.



## WORRY STATEMENTS

One of the most crucial parts of this work is creating detailed statements about the resulting concerns the agency and others have. Worry statements answer two questions.

What are we worried will happen to the children if nothing else changes?

In what situations or context are we worried this could happen?

Sharing worry statements with the family, agency, and other professionals allows a sharper focus on key elements that need to change for the case to move forward and helps prevent “case drift.”

Worry statements are composed of the following.



**Child**

may be



**Impacted how?**

if/when



**Context**

Example: Sam (age 6) may be injured (hit or caught in the middle of the violence) when Jerry becomes drunk and yells at or hits Helen.

Sam may be emotionally harmed (scared and confused) when Jerry becomes drunk and yells at or hits Helen.

## GOAL STATEMENTS

Goal statements are short, simple, behavior-based statements used to help family members, departmental staff, and other professionals clearly understand what actions parents need to take to show that the child will be safe. Goal statements lay the groundwork for the family to successfully complete their service plan. They describe what the family can do to create safety for their child.

As much as possible, try to use the family’s own language for these statements. Remember that the best use of these statements is to help ensure that all the key stakeholders—especially the family—are clear about where the family is headed with help from child welfare services. These statements should be written in honest, detailed, nonjudgmental “just-the-facts” language.

Goal statements should respond to the worry statements in about three or four sentences. The objectives for the service plan should come almost directly from the goal statements. Goal statements are composed of the following.



**Child**



**What will be  
done differently**



**To address the  
safety threat**

Example: Sam will be cared for by adults who solve their disagreements and problems in loving and caring ways, treat each other respectfully, and ask for help when they need it.

### **FAMILY- AND SAFETY-CENTERED PRACTICE**

Whenever possible, involve children, family, extended family, and network members in the creation of harm, worry, and goal statements. These statements are meant as a bridge between professionals and family members. Perhaps the most important use of these statements is to help family members, network members, and professionals reach agreement about what everyone is worried about and what needs to happen to address concerns and the agency's bottom lines.

When these statements are not created in partnership with families (e.g., at a case consult or in supervision), they should still be shared with families and their network to help ensure that everyone who cares about the child understands why the agency is involved and what the family is being asked to do differently.

One way to think about best practices when creating these statements is to follow these steps.

1. Make sure the worry and goal statements address the agency's bottom lines.
2. Share and refine them with the family (while still holding the bottom line).
3. Use solution-focused questions to collaboratively develop statements that address the agency's bottom lines *and* have family approval.

**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.

<b>Creation Date</b>	09-17-2021	<b>Revision Date</b>	12-19-2021
<b>Case Type</b>	Child Protective Services	<b>Case Number</b>	22627897
<b>County</b>	Marion (Yellville)	<b>Case Name</b>	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>
-------------	-------------	------------------------

**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 skills and scared Paula when she overdosed on meth. DCFS, Donna, and Sam are worried that Mrs. Mills did not use her network 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		

**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.

<b>Service</b>	<b>Responsibility</b>	<b>Due Date- Timeframe</b>	<b>Status</b>	<b>Status Date</b>
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.

<b>Service</b>	<b>Responsibility</b>	<b>Due Date- Timeframe</b>	<b>Status</b>	<b>Status Date</b>
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.
- 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:** 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: \_\_\_\_\_

## S.M.A.R.T. WITH EXAMPLES

<b>S</b>	<b>Specific</b> Clearly describes a behavior or actions that must occur, or stop occurring, that will result in achievement of the safety, permanency, and well-being goals or family case plan objectives.	<b>Example</b> Tim agrees to stop restricting money and transportation and will give his mother access to the vehicle, bank accounts, and cell phone so the children can remain in their home and have their daily needs met.
<b>M</b>	<b>Measurable</b> The caregivers and other family team members must be able to monitor new behaviors to reach consensus if mitigating harm and danger has been accomplished or that the case plan objectives have been met.	<b>Examples</b> The mother will be able to take the children to and from school by family vehicle each day and access money for food and pay rent.  The network members will check in on the father three times per week and enter notes about his sobriety status into the log.
<b>A</b>	<b>Attainable</b> The action steps on immediate safety plan or family case plan must be realistic so the caregivers and network members can accomplish them.	<b>Example</b> Over the next three months, if the father has thoughts about hurting his wife or children, he must call either Eric or the paternal aunt and ask to meet face to face, and then ask to help him keep his family safe. If he does this, he will notify the worker.
<b>R</b>	<b>Relevant</b> Action steps or objectives must be created in the context of the factors that put the child's safety at risk.	<b>Example</b> The father agrees to let Eric know if he is planning to drink alcohol outside the home, and he will never have contact with his family while drinking.
<b>T</b>	<b>Time Limited (when, where, how often, number of days/months, etc.)</b> A timeframe in which an action step for safety is taken or family case plan objective can reasonably be expected to be completed.	<b>Example</b> Tim agrees to meet face to face with a DCFS worker three times this week to verify he is at Eric's and will discuss his mood and how he has been demonstrating safety.

# KIM AND PAULA AFTERCARE PLAN

**Child Name:** Paula Mills **Family Name:** Kimberly and Paul Mills

**Worker Name:** Sherita Washington **Case #:** 1235678

**Date of Plan:** March 1, 2022

## AFTERCARE GOAL

Kim agrees to continue work with her network, Paul, and Paula to show everyone that if she becomes sad, depressed, or overwhelmed she will ask for help from someone in the network and make sure Paula is looked after by someone who is a safe and familiar adult (who everyone in the family and network agree to) while she gets the help she needs.

## WHO

Kim; Paul; Paula; Donna; Millie McGoo; and Cheryl's therapist, Sam

## WHAT ACTION WILL BE TAKEN?

1. All agree to continue to be a part of Cheryl's network after the DCFS case is closed.
2. Kim agrees to ask for help if sadness and depression get too big again and/or if she is thinking about using meth to cope again. She will ask for help from someone in the network if this happens.
3. The network will continue to make sure Paula has their names and phone numbers. They will check in with Paula and continue to maintain a "code word" Paula can use if she feels scared.
4. New network members may be added if new adults come into Paula's life and it makes sense for them to know what has happened. Kim would need to agree to this.
5. If, for any reason, anyone in the network begins to worry about Kim, they can call Kim's therapist, Sam, or DCFS.

## ACKNOWLEDGEMENT OF RECEIPT OF SAFETY PLAN

I acknowledge that I have received this aftercare plan document.

**Caregiver Signature(s):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Worker Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# THINGS TO TRY: CASEWORK

**Challenge yourself by choosing one of the ideas below and trying it on. Consider sharing your chosen activity and outcome with your supervisor, field instructor, or deep dive leader.**

When supporting families in the change process, it is important to combine the assessment of underlying needs with rigorous, culturally responsive, trauma-informed social work practice.

## REFLECT

Think about families on your current caseload.

- How long you would need to see actions of protection before you felt confident the family could maintain safety on their own?
- Do your existing plans reflect this?
- Do you have any cases open even though risk is low or moderate and there is no current danger?
- Could these be closed with an aftercare plan developed by the family and network?

Select a family on your current caseload that will soon need a family case plan review. Look at the existing plan.

- Does it connect to the worries?
- Is there a clear goal statement?
- Are the priority needs addressed in the plan connected to the worry and/or goal statements?
- Is it focused on services or actions? If services, is the behavior change expectation clear?
- Does it seek insight and/or agreement on the past or does it seek actions and future safety?
- If you see ways to strengthen the plan, how could you start now to bring together a safety network and follow a different kind of immediate safety planning or family case planning process?

## TURNING GOAL STATEMENTS INTO KEY BEHAVIORS

Make agreements about three key changes in caregiver behavior that would represent goal statement achievement.

- Consider how the behavior can be practiced and observed.
- Write a statement for each change that describes the presence of the desired behavior and how it can be observed and/or measured.
- Ask the caregiver or resource family to reflect on the developmental, behavioral, and trauma recovery needs of the children involved in the family case plan and ask for the caregiver or resource parent's perspective on the key aspects of child safety, well-being, and permanency.

## OUTSIDE OF THE BOX AND INSIDE THE CIRCLE

**Identify** informal and formal activities and/or services that support the development of new behaviors.

**Ask** the caregiver to think about one or more formal services that might be helpful to them in achieving this new behavior.

**Share** what might be available. Also ask about in-home or informal services (including family time activities) that use the family's support network and cultural and community supports.

# COACHING AND SUPERVISION TIPS

## BEHAVIOR-BASED, COLLABORATIVE FAMILY PLANS

1. **Review** for behaviorally specific action steps opposed to just a list of identified services.
2. **Help** workers critically think through: “What do we need to see working overtime to create sustainable safety”?
3. **Encourage** workers to ask the family:
  - “How will we know if this family case plan is working?”
  - “What could go wrong?”
  - “What *if* it does go wrong?”
  - “What is our plan B?”
4. **Watch** for balance between agency expectations for goals and family participation. If a worker is creating a goal and the family does not “buy in,” help the worker bring the family into the conversation; perhaps start with smaller steps at first.
5. **Coach** workers to use scaling questions when collaborating with families:
  - “How willing are you to participate in this family case plan?”
  - “How confident are you that this family case plan will be successful?”
  - “What might move your rating up by one?”
6. **Assist** workers in identifying formal and informal supports to promote safety, permanency, and well-being.
  - Service providers
  - Outreach and advocacy groups
  - Family members and friends
  - Community involvement
  - School
  - Activities
7. **Discuss** what behaviors are to be achieved and demonstrated by caregiver when formal services are identified.
8. **Invite** workers to share goal statements and provide feedback.
9. **Practice** using solution-focused questions with the worker to elicit family ideas for goals and action steps. If the worker is getting family input but allowing the conversation to drift from the focus on safety, help the worker to examine whether the family’s ideas address the safety threat and risk.
10. **Support** the worker in holding to clear, strong bottom lines on goals while inviting family participation and involvement.