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**DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF CHILD AND FAMILY SERVICES**

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**Manual Transmission Letter (MTL)
Family Programs Office: Statewide Child Welfare Policy Manual**

MTL # MTL0204-01302012
01/30/2012

TO: Lisa Ruiz-Lee, Acting Director - Clark County Department of Family Services
Paula Hammack, Acting Director-Clark County Department of Family Services
Betsey Crumrine, Social Services Manager V - DCFS – District Offices
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FROM: Jill Marano, Acting Deputy Administrator, Division of Child and Family Services

POLICY DISTRIBUTION:

Enclosed find the following policy for distribution to all applicable staff within your organization:

- Case Planning

This policy is/was effective: 02/13/2012

- This policy is new. Please review the policy in its entirety
- This policy replaces the following policy(s): MTL # _____ - _____ Policy Name: _____
- This policy has been revised. Please see below for the type of revision:
 - This is a significant policy revision. Please review this policy in its entirety.
 - This is a minor policy revision: (List page number & summary of change):
 - Page 7, section 15
 - A policy form has been revised: (List form, page number and summary of change):
 - _____

NOTE:

- Please read the policy in its entirety and note any areas that are additionally required by your agency to be in compliance with the policy enclosed.
- This is an **All STAFF MEMO** and it is the responsibility of the person listed above to disseminate the policy enclosed to appropriate staff within his/her organization and to ensure compliance.
- The most current version of this policy is posted on the DCFS Website at the following address: http://www.dcf.state.nv.us/DCFS_Policies_CW.htm. Please check the table of contents on this page for the link to the chapter you are interested in.

0204.0 Case Planning

0204.1 Policy Approval Clearance Record

<input checked="" type="checkbox"/> Collaborative Policy Date Effective: 010/1/2012	This policy supersedes: 0204 Case Planning dated 11/10/2010	Number of pages in Policy: 10
PART Review & Approval	10/7/2011	Policy Lead: Dorothy Pomin, SPSS II
DMG Approval	8/13/2007, 11/10/2010,	Policy Lead: Dorothy Pomin, SPSS II
DMG Approved Revisions	8/19/2011	Policy Lead: Nancy O'Neil, SPSS III
DMG Approved Revisions	10/21/2011	Policy Lead: Dorothy Pomin, SPSS II
DMG Approved Revisions	1/27/2012	Policy Lead: Nancy O'Neil, SPSS III
Review by Representative from the Office of the Attorney General:	N/A	Signature: N/A

0204.2 Statement of Purpose

0204.2.1 Policy Statement: A structured, solution-focused process of considering all of the information gathered through the needs assessment process will be used to develop a strengths based, time-limited case plan in partnership with the family and other key parties.

0204.2.2 Purpose: Case planning identifies goals, objectives and action steps needed to achieve child and family safety, permanency and well being.

0204.3 Authority

42 U.S.C. 671, 42 U.S.C. 475, 45 CFR 1356
PL 110-351, PL 111-148
PL 112-34 Child and Family Services Improvement and Innovation Act of 2011
NRS 432B.393, 432B.553
NAC 432B.110, 432B.013, 432B.160, 432B.170, 432B.180, 432B.190, 432B.200,
432B.210 432B.220, 430B.230, 432B.240
2011 Assembly Bill 350
2011 Senate Bill 370
2011 Senate Bill 371

0204.4 Definitions

0204.4.1 Case Planning: refers to a collaborative, structured, strength based and solution-focused process of considering the information gathered through the assessment process and developing a focused, systematic, time-limited case plan in partnership with the family and other key parties including but not limited to natural family supports and professional or agency personnel. Case planning includes the identification of goals, objectives and action steps. Objectives and action steps are expressed in increments that identify progressive steps towards completion.

0204.4.2 Child and Family Team: refers to a team that is comprised of family members, friends, foster parents, legal custodians, community specialists and other interested people identified by the family and agency who join together to empower, motivate and strengthen a family, and collaboratively develop a plan of care and protection to achieve child safety, child permanency, and child and family well-being.

- 0204.4.3 Compelling Reasons:** refers to reasons, meeting specific criteria, to be documented and submitted for review by the court, as to why a petition to terminate parental rights will not be filed.
- 0204.4.4 Concurrent Planning:** refers to working towards family reunification while, at the same time, implementing an alternative permanency plan. Every child deserves a stable, nurturing, loving, safe and secure family environment.
- 0204.4.5 Fictive Kin:** refers to a person not related within the 5th degree of consanguinity by birth or marriage who has a significant emotional and positive relationship with the child.
- 0204.4.6 Full Disclosure:** means that the birth family, resource family, child welfare and legal system are all informed and share pertinent information regarding the case and family history, and when deemed necessary, an alternative permanency plan will be made for the child in the event that he/she cannot safely return home.
- 0204.4.7 Permanency Goal:** refers to the hierarchy of permanency goal options that ensures legal and emotional permanency for a child, which are A) Reunification, B) Adoption, C) Legal Guardianship, D) Permanent Placement with a fit and willing relative, or E) other planned permanent living arrangement. (OPPLA) Selection of OPPLA as a goal requires that compelling reasons be documented to the court explaining why permanency goals A-D are not an option.
- 0204.4.8 Person Legally Responsible for the Psychiatric Care of the Child:** A person appointed by the court to be legally responsible for the psychiatric care of the child, which includes the procurement and oversight of all psychiatric treatment, related care and provision of informed consent and approval to administer psychotropic medications.
- 0204.4.9 Reasonable Efforts:** Refers to the services and efforts conducted by the agency to: A) Maintain the family unit and prevent the unnecessary removal of a child from his/her home, as long as the child's safety is assured; and/or B) Effect the safe reunification of the child and family (if temporary out-of-home placement is necessary to ensure the immediate safety of the child); and/or C) Make and finalize alternate permanency plans in a timely manner when reunification is not appropriate or possible.

0204.5 Procedures

0204.5.1 Opening a Case

- A. Case Planning is a family centered process that focuses on a family's strengths, goals and resources to assist the family in building protective capacity and increase family functioning. The caseworker will coordinate and facilitate a child and family team to develop the family's case plan and will document efforts made to ensure the family is involved. Cases opened for service must have a written collaborative case plan, which defines the overall goals of the case and the step-by-step proposed actions for all parties to reach the goals within a specified time period. Case plans must be completed within 45 days of the child's removal or decision for in-home services, whichever comes first. The case planning process includes:
1. Engaging the family;
 2. Teaming with the family;
 3. Gathering information;
 4. Evaluating it with the family;
 5. Eliciting goals and solutions from the family;
 6. Team decision making about desired outcomes; and

7. Determining with the family and team what activities should be performed, by whom, how, and when to achieve proposed actions.

0204.5.2 Youth Plan for Independent Living

- A. Youth, age 15 and over, in out-of-home care must have a plan for transitioning to independent living/emancipation, in addition to the case and permanency plan, to include a description of the services needed to assist the youth to make the transition from foster care to adulthood. Also to be considered in the planning process is the emotional permanency of the youth, in which they have a healthy and positive relationship with at least one adult in their life.
- B. The caseworker must document that Permanency Review Hearings held with respect to youth age 15 and older include a determination of the appropriateness of services to assist the youth in transitioning from foster care to independent living.
- C. At least 120 days prior to a youth "aging out" of foster care at age 18, the caseworker must meet with the youth to determine whether the youth intends to request that the court retain jurisdiction over the youth when he/she turns age 18. If the youth does not intend to remain under court jurisdiction, the child welfare agency will recommend that the court terminate jurisdiction upon the youth's 18th birthday. A youth may change their mind anytime prior to age 18, by making a request to remain under court jurisdiction.
- D. During the 90 day period immediately before a youth exits from care at 18, the caseworker will develop a personalized transition plan as directed by the youth. The plan must be as detailed as the youth chooses and include specific options on housing, health insurance, education, local opportunities for mentoring, continuing support services, work force supports and employment services. The caseworker shall provide information to the youth regarding the importance of designating another individual to make healthcare decisions on their behalf if they are unable and the option to execute such a health care power of attorney.
- E. A youth who remains under court jurisdiction must, at age 18, enter into and adhere to a Transitional Living Plan and Services Agreement with the child welfare agency to continue to receive services and a board and room payment. The Transitional Living Plan goals address budgeting, savings, housing, education, employment, permanent connections, support services and health insurance.

0204.5.3 Case Plan Development

Case planning is the link that ties the findings of the child and family assessments to identification of the Permanency Goal (s) and the selection of a set of services including both formal and informal services. It is a collaborative, strength based and solution focused process that empowers and motivates families to identify solutions that will remove barriers, increase functioning and build protective capacity.

0204.5.4 Permanency Planning

The purpose of permanency planning is to ensure children receive a stable, nurturing, and safe family environment in a timely manner that supports positive and lifelong relationships. Permanency planning is the process of taking systematic, prompt and decisive action to maintain a child in a permanent and stable living arrangement with his or her birth family, or if that is not possible, to secure for the child a permanent living arrangement through a case plan with a permanency goal. In cases where the court finds no reasonable efforts are required to reunify the family, an alternative permanency goal must be identified.

0204.5.5 Identifying Permanency Goals/Concurrent Plan

The assessment process is used to identify the appropriate permanency goal(s). Every plan must document the goal related to permanency and the projected date for achieving the goal.

This includes whether, and if applicable when, the child will be returned to the parent, or placed for adoption and the child welfare agency will file a petition for termination of parental rights, or the child will be referred to legal guardianship, or (in cases where the child welfare agency has documented to the court a compelling reason for determining that it would not be in the best interest of the child to return home, be referred for termination of parental rights, or be placed for adoption, with a fit and willing relative, or with a legal guardian) placed in another planned permanent living arrangement. Permanency goals are:

- A. Reunification -Return child to family home
- B. Adoption
 - 1. Relative adoption
 - 2. Non-Relative adoption
- C. Legal Guardianship
 - 1. Relative guardianship
 - 2. Non-Relative guardianship
- D. Permanent Placement with a fit and willing relative
- E. Other planned permanent living arrangement (when compelling reasons have been documented to the court that reunification, adoption nor legal guardianship is an option).

0204.5.6 Required Steps to Determine Permanency Goal

- A. Diligent Search - Within 30 days of the child's removal, a diligent search process must be conducted to identify, locate and contact custodial and non-custodial parents, putative fathers, maternal/paternal relatives, other adult relatives within the fifth degree of consanguinity, fictive kin or other identified resources who are able to commit to permanency or to providing emotional support for the child. If additional relatives are identified later, those relatives must be contacted within 30 days of their identification to determine their interest in becoming a permanency option and/or their ability to provide emotional support to the child. Early in the life of the case, families are asked to cooperate in identifying relatives who might be appropriate to care for their children on a temporary or permanent basis in the event the child does not reunify. In some cases it may be necessary to request the court's assistance to persuade a family to identify appropriate relatives. Use of Child and Family Teams or Family Group Decision Making may allow families the opportunity to determine which of the kin, fictive kin or child specific resource would be most appropriate to care for the child on a temporary and permanent basis. Diligent search is an on-going process throughout the life of the case until permanency for the child is achieved.
- B. ICWA - As part of the assessment process, a determination must be made if the Indian Child Welfare Act applies to this case.
- C. Concurrent Planning - Concurrent Planning is an approach that addresses a child's need for a permanent family by developing an alternative permanency plan while working concurrently toward reunification with the family of origin. This approach often involves placing the child with either kin or a resource family (also known as a foster/adoptive family or a permanency planning foster home) who can commit to providing the child with a permanent home if eventually needed, while also supporting reunification efforts. In this instance, one case plan is developed in which two permanency goals are identified and implemented concurrently. See Attachment 0204.9.1: Concurrent Planning Practice Guidelines.
 - 1. Concurrent Planning Guide - The Nevada Concurrent Planning Guide is a tool used to determine whether a child and his or her parents will benefit from concurrent planning. The Guide is intended for use with children in out-of-home placement following the functional needs assessment process (family assessment). It identifies

those indicators suggesting the likelihood of early reunification as well as those indicators suggesting the need for concurrent planning. The concurrent planning guide must be used in conjunction with the collective information from the needs assessment process and must be reviewed with parents and the child and family team.

D. Permanency Review Hearing & Reasonable Efforts

1. The permanency plan must be submitted to the Court prior to the Permanency Review Hearing, along with a report to the court that clearly identifies the child's views regarding the proposed permanency or transition plan. If the child will not be returned to the parent, the hearing shall consider in-State and out-of-State placement options.
2. Following the hearing, the caseworker must document whether the Court has determined the child's placement continues to be appropriate and in the best interest of the child; including cases where the child is placed outside the parent's state of residence. If continuation of reasonable efforts by the court is determined to be inconsistent with the permanency plan for the child, reasonable efforts are made to place the child in a timely manner in accordance with the permanency plan including, if appropriate, through an interstate placement, and to complete whatever steps are necessary to finalize the permanent placement of the child.
3. In some cases, the agency may determine that it would not be in the child's best interest to file for TPR. Determination of a compelling reason must be based solely on the individual circumstances of the child and family, on a case-by-case basis, with emphasis on the best interest of the child. Identification of a compelling reason in all cases must be staffed and reviewed by the supervisor, department manager and legal counsel at least 60 days prior to each permanency hearing to ensure that the reason is valid and case plan specific. The compelling reason must be detailed in the case plan and reports to the court.

0204.5.7 Child and Family Team Process

- A. The caseworker is responsible for coordinating and facilitating a child and family team (CFT), which consists of individuals identified by the family and agency personnel, who are familiar with the family's strengths and needs, including threats of harm, protective capacity and child vulnerability. The CFT process is driven by a collaborative partnership between the family, the family's supports and agency personnel. Families should be encouraged to include natural, informal supports such as extended family, fictive kin, close friends, members from their faith community, teachers, etc. The intent is to have CFT members who are committed to providing long-term support of the child and family. Foster parents, mental health professionals, CASA and other interested stakeholders would usually be included.
- B. In the event a parent is not available or refuses to participate in case planning, the case plan team (foster parents, extended relatives, other providers and child, if appropriate) must still be formed and a plan developed. In all cases, every effort should be made and continue to be made to involve parents in the case planning process. Engaging and motivating a family to participate in this process will usually be in a child's best interest.

0204.5.8 Case Plan

- A. The caseworker shall develop the written case plan within 45 days from the removal of the child or the agency's decision to provide in-home services to the family. The written case plan is developed jointly with the child's parent(s) or guardian and with input from the foster parent caring for the child. It is also developed with the input of the child if the agency determines it is appropriate based upon the child's age and development. However, youth age 14 and older must be included. Other CFT members may also provide input. The plan will ensure that the care the child receives is safe and appropriate

and that the parent/guardian receives services to improve protective capacities and to facilitate the safe return of the child to the home or another permanent placement. At a minimum, the case plan must be updated every 6 months. The plan must also be approved and signed by the assigned supervisor. The caseworker will provide a copy of the plan to the parents and members of the child and family team and place the original in the case file. A copy, along with any adjunct documents, must also be attached to all court reports.

B. Standard Requirements:

1. A statement addressing the long-term goals of the plan, including reunification of the child and their family, permanent placement of the child with a relative, placement of the child for adoption, placement of the child into a legal guardianship or placement of the child into another permanent living arrangement;
2. Case plan development requires goals and objectives that are:
 - Specific. The family should know exactly what must be completed or changed and why.
 - Measurable. Everyone should know when the goals have been achieved. Goals will be measurable to the extent that they are behaviorally based and written in clear and understandable language.
 - Achievable. The family should be able to accomplish the goals in a designated time period given the resources that are accessible and available to support change.
 - Realistic. The parent(s) and family participate in the development of feasible goals.
 - Time limited. Time frames for goal accomplishment should be determined based on an understanding of the family's risks, strengths, and ability and motivation to change. Availability and level of services also may affect time frames.¹
3. A description of the current strengths of the family and the conditions, problems, concerns or needs constituting a threat of harm to the child(ren) that must be resolved in order for the family to achieve its permanency goal of reunification.
4. A description of services offered or provided to prevent removal of the child from his home and to reunify the family of the child;
5. A description of the type of home or institution in which the child is placed;
6. If the goal of the case is reunification, a description of the child's placement within a safe setting that is the least restrictive (most family like) and most appropriate setting available and in close proximity to the parents' home, consistent with the best interest and special needs of the child. If the child has been placed a substantial distance from the home of the parents of the child, provide rationale why it is in the best interests of the child;
7. A description of the manner in which the agency will ensure that services are provided to the child and the foster parents which address the needs of the child while in foster care, including, without limitation, the appropriateness of services that have been provided pursuant to the case plan;
8. If the goal or concurrent goal of the case plan is adoption or placement in another permanent home, a description of the steps that will be taken to finalize the adoption or placement, including any steps that will be taken to recruit adoptive parents

¹ From *Child Protective Services: A guide for caseworkers*, by D. DePanfilis and M.K. Salus, 2003, Washington, D.C.: US DHHS. (Nevada CORE – Module 4; SMART goals [modified])

through the use of electronic or other types of state, regional and national adoption exchanges, or by other means;

9. A description of the programs and services to assist a child in foster care who is 15 years of age or older prepare for the transition from foster care to independent living;
10. For children who are within 90 days of becoming 18 years of age, caseworkers will provide assistance and support in developing a transition plan that is personalized at the direction of the child, includes specific options on housing, health insurance, education, local opportunities for mentors and continuing support services, and work force supports and employment services, and is as detailed as the child may elect;
11. If the child will be placed in a family foster home or institution for child care that is located a substantial distance from or in a different state than where the family of the child resides, a description of the reasons that such a placement will be in the best interest of the child;
12. If a child is placed in a foster home or institution located out of state, a description of the frequency of visitation of the child in their placement by a caseworker of that state and the frequency of the Nevada caseworker to visit the child in their placement and submission of a visitation report(s) regarding the progress of the child and the appropriateness of the out of state placement. A copy of such report is to be provided as part of the court report;
13. A description of the efforts that will be made to place children who are siblings together; Siblings removed from their home should be placed in the same foster care, kinship guardianship, or adoptive placement, unless there is documentation to show that such a joint placement would be contrary to the safety or well-being of any of the siblings;
14. In the case of siblings removed from their home who are not so jointly placed, include a plan to provide for frequent visitation or other ongoing interaction between the siblings, unless there is documentation that frequent visitation or other ongoing interaction would be contrary to the safety or well-being of any of the siblings;
15. An educational stability plan that ensures the placement of a child into foster care takes into account the proximity of the school the child is enrolled just prior to the time of placement, ensures the child remain enrolled in such school upon placement and during any subsequent placement changes through coordinated efforts with the local educational agency, unless determined not in the child's best interest. If remaining in such school is not in the best interest of the child, ensures the immediate and appropriate enrollment of the child and immediate transfer of all educational records to the new school; (See Attachment FPO 0204D-Educational Stability Guidelines for determining Educational Best Interests) Further, the educational stability plan must include a means to verify and document that every child who has attained the age for compulsory school attendance is enrolled or in the process of enrollment as a full-time elementary or secondary student in a school, an authorized independent study program, or is being home schooled consistent with State law. Alternatively, the title IV-E agency must assure that such a child has completed secondary school or is incapable of attending school full time due to the medical condition of the child. If the child is incapable of attending school, this must be supported by regularly updated information in the case plan of the child;
16. The health records of the child, including the most recent information available. Health information will include the names and addresses of the child's health providers, a record of the child's immunizations, the child's medications; and any other relevant health information. A copy is to be provided to the foster parent or foster care provider at the time of each placement of the child in foster care; and,

17. The education records of the child, including the most recent information available. Educational information to include name and address of educational facility, the child's grade level performance, the child's school records and any other education information concerning the child determined to be appropriate. A copy is to be provided to the foster parent or foster care provider at the time of each placement of the child in foster care.

0204.5.9 Case Plan Review

- A. Within 45 days of removal, an individualized case plan must be developed, implemented and signed by the legal custodian, the parent, the youth, and as available, other members of the Child and Family Team. The plan should be reviewed with the Child and Family Team every 6 months or sooner when a significant event has occurred that requires modification of the plan. Providers' progress reports need to be collected prior to a team meeting. Review of the plan should reinforce progress, identify solutions to challenges and, if necessary, make modifications to the plan.
- B. If parental rights have been terminated and the permanency goal of adoption or legal guardianship has not been achieved within twelve (12) months of the order terminating parental rights, case plan review shall include consideration of the appropriateness of restoring parental rights. *(See FPO 0204E Restoration of Parental Rights Practice Guidelines)*

0204.5.10 Notifications and Court Submissions

- A. When an elementary age child enters child welfare custody and is placed in out-of-home care, child welfare agency staff must notify the school, where the child is enrolled, that the child is in foster care. The school is then responsible to develop an academic plan for the foster child to support the foster child's academic success. The child welfare agency staff must request a copy of the academic plan annually; this plan must be submitted to the court as an attachment to the case plan at the child's semiannual review hearing.
- B. When a foster child receives a medication prescription from a physician or other medical professional, the foster parent or substitute care provider must request a written explanation from the medical professional that explains the foster child's need for the medication and the effect the medication will have on the foster child. The foster parent or care provider must provide copies of all written explanations to the caseworker. In the case of psychotropic medications, the "person legally responsible for the psychiatric care of a child" must provide the caseworker a copy of the written consent for the administration for psychotropic medication. The written consent explains the purpose and effect of the medication on the foster child. The caseworker must submit copies of the written explanations and/or written consents for medications to the court during review hearings as attachments to the case plan. *(For more information see 0207 Health Services Policy and 0209 Psychiatric Care & Treatment Policy)*

0204.5.11 Tools & Forms:

- A. N/A

0204.5.12 Documentation:

A. Case File Documentation (paper):

Table 0204.1: Case File Documentation for Case Planning

File Location	Data Required
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To be located in the primary file	Written case plan/revised case plan with signatures of all required parties.
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B. UNITY Documentation (electronic):

Table 0204.2: UNITY Documentation for Case Planning

Applicable UNITY Screen	Data Required
Case Plan Maintenance (CFS076)	CFT Meetings, Permanency Goals, Objectives, Well Being, Assessment Summary, Approval
Compelling Reason (CFS077)	If permanency goal is OPPLA or other long term care.
Notes (CFS242)	Case Notes
Case Plan Directory (CFS074)	Case Plan Revision (Draft)
Visitation Plan (CFS079)	Establish or revise visitation plan for child.
Case Participant Detail (CFS059)	Current child welfare permanency goal

0204.5.13 Supervisory Responsibility:

Provide approval and/or assistance with the development and implementation of case plan. Case plan must be reviewed and signed by the supervisor of the caseworker and updated at least every 6 months.

0204.6 Child Welfare Agency Action

0204.6.1 Development of Internal Policies: Child Welfare Agency will adhere to statewide policy when developing internal policies.

0204.6.2 Timelines: Policy development will adhere to any statewide policies when developing internal policy timelines.

0204.6.3 Tools & Forms:

FPO 0204-0207A Rx Medication Explanation

0204.7 State Responsibilities

0204.7.1 Participants in Policy Development

- A. FPO Staff: SSPS II, SSC II
- B. Child Welfare Agency Representatives: CCDFS, WCDSS, DCFS-Rural
- C. External Stakeholders: N/A

0204.7.2 Technical Assistance

- A. Requesting Technical Assistance: N/A
- B. Relaying TA Information: N/A
- C. Evidenced Based Practice: N/A

0204.7.3 Clearance Process

- A. PART approval 01/21/2010

- B. DMG approval 11/10/2010
- C. Administrator approval 11/10/2010

0204.7.4 State Oversight

- A. Compliance with this policy will be monitored via state agency's quality assurance process.

0204.8 Policy Cross Reference

- 0509 Nevada Initial Assessment - NIA
- 0510 Nevada Safety Assessment
- 0511 Risk Assessment
- 1001 Diligent Search
- 0801 Youth Plan for Independent Living
- 0207 Health Services
- 0209 Psychiatric Care & Treatment Policy

0204.9 Attachments

- 0204.9.1** FPO 0204A Concurrent Planning Practice Guidelines
- 0204.9.2** FPO 0204B Child and Family Teams
- 0204.9.3** FPO 0204C Nevada Concurrent Planning Guide
- 0204.9.4** FPO 0204D Educational Stability Guidelines
- 0204.9.5** FPO 0204E- Restoration of Parental Rights
- 0204.9.6** FPO 0204-0207A Rx Medication Explanation