



Families Gaining Their Seat at the Table:

Family Engagement Strategies in the First Round of Child and Family Services Reviews and Program Improvement Plans

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National Center on Family Group Decision Making

American Humane established its National Center on FGDM in 1999 as a vehicle for promoting and supporting work in this area.

The mission of the Center is to build community capacity to implement high-quality, effective FGDM processes that are philosophically congruent with the central values and beliefs of this approach. Together, we are working to create links, share resources, provide training and technical assistance, and broaden knowledge about this practice.

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“Engagement is often synonymous with involvement. Involvement of families in child welfare services is important, but real engagement goes beyond that. Families can be involved and compliant without being engaged. Engagement is about motivating and empowering families to recognize their own needs, strengths, and resources and to take an active role in changing things for the better. Engagement is what keeps families working in the long and sometimes slow process of positive change”
(Steib, 2004).

I. INTRODUCTION

Engaging the family group in child welfare—in assessment, case planning, and service delivery and as key stakeholders for system improvement—is critical for enhancing the safety, permanency, and well-being of children. Obtaining the early involvement of family groups in developing plans to keep children safe, and achieve permanency is predictive of better outcomes for children and families (Child Welfare League of America, 2003). Family engagement is also important given the high stakes for parents, children, and extended family and the short time frames that are legally allowed for planning once children enter foster care (Child Welfare League of America, 2003).

A number of best practices in child welfare have been found to be consistent with the research findings that have placed emphasis on family engagement. Family-centered practices, such as family group conferences, family decision meetings (FDMs), family team meetings (FTMs), family team conferences (which are part of Community Partnerships for Protecting Children), and team decision meetings (TDMs) (which are part of the Family to Family Initiative), have been documented in supporting positive outcomes regarding children’s safety, permanency, and well-being, empowering family groups and those with whom they are connected by inviting them to collectively address concerns identified by the child welfare system (Merkel-Holguin, Nixon, & Burford, 2003). These models have been found to result in more detailed and individualized services plans, to bring more informal resources to bear on the family group’s behalf, and to be viewed favorably by families as providing them with a greater voice in decision making (Steib, 2004).

While most strategies were first introduced as a way to collaborate with family groups in order to prevent foster care placement or plan for reunification, family engagement meetings or conferences are increasingly being implemented throughout the life of a case, especially at critical decision-making points such as potential placement moves and/or goal changes, as well as on a regular basis for case plan development and reviews. In addition, in the past few years, the number of meetings or conferences being held has increased dramatically, partly as a result of state legislation and policy changes in a number of states (Rockhill & Rogers, 1999).

To better understand the extent to which state child welfare systems¹ are employing these family engagement models, the American Humane Association undertook a review of family engagement strategies through the lens of Child and Family Services Reviews (CFSRs) and Program Improvement Plans (PIPs).

The CFSRs began in 2001 as part of a national effort at the U.S. Department of Health and Human Services (US DHHS) to standardize the assessment of states’ child welfare programs. The CFSRs evaluate states’ child welfare programs based on seven outcomes for assessing safety, permanence, and well-being; six national standards related to safety and permanency; and seven systems requirements. Based on the results of their CFSRs, states are required to develop PIPs to address all areas of nonconformity (the areas for which they received a rating of “needing improvement”). States are required in their PIPs to outline their goals and action plans for achieving those goals over the next two years.

The first round of CFSRs was completed in 2004, and no state was found to be in substantial conformity in all of the outcomes and systems measured. All states developed PIPs and submitted them to the US DHHS for approval. As of 2007, all states had approved PIPs and were working toward the achievement of their goals for improvement.

This report provides an overview of states’ use of family engagement strategies as identified in this first round of the CFSRs and PIPs.

¹ Hereinafter referred to as “states.”

II. ANALYSIS

States' use of formal family engagement strategies or approaches was identified through the lens of states' performance with regard to family engagement in the CFSRs and PIPs.

In the CFSR assessment tool (US DHHS, 2006), there are two indicators that specifically address family engagement and involvement:

- **Well Being Outcome 1 (families have enhanced capacity to provide for their children's needs), Item 18.** This indicator addresses "child and family involvement in case planning" and the following question: "How effective is the agency in involving parents and children in the case planning process?"
- **Systemic Factors, Case Review System, Item 25.** This indicator addresses the "written case plan" and the following question: "Does the state provide a process that ensures that each child has a written case plan to be developed jointly with the child, when appropriate, and the child's parent(s) that includes the required provisions?"

Because this review focused on family engagement in the context of the CFSRs and PIPs, particular attention was paid to states' discussions of family involvement and engagement activities in relation to these two items. In addition, a word search was conducted on all 52 CFSR final reports and PIPs. The words used in the search included the following (and combinations of the following): family, group, team, conference, conferencing, meeting, engage(ment), involve(ment), partnership, decision making.

Most states referred to involving or engaging family groups in either or both of their CFSR final reports and PIPs.² In some cases, these references were of a general nature. A number of states, however, provided a specific model, strategy, or approach (e.g., family group decision making [FGDM], FTMs, etc.) for doing so. It is these states that are the focus of this report.

The matrix contained in Appendix A—Family Engagement Strategies in the CFSRs and the PIPs (2001-2007)—provides state-specific information when the research/search terms regarding family engagement were located in a state's CFSR report and PIP. The matrix is divided into four columns. The first column identifies the state and provides the date of the CFSR final report, the date of the PIP approval, and highlights of the state's performance in relation to the six national standards, seven outcomes, and seven system-related factors. The second column contains excerpts from the CFSR final report. The third column contains excerpts from the approved PIP. In both the second and third columns, the narrative in which the references to family involvement or engagement were located was copied and incorporated into the matrix. The fourth column lists the specific family engagement or involvement model(s) referenced in the state's CFSR/ PIP.

Item excerpts were reviewed and analyzed to determine trends and themes across the states.

It should be noted that this review was not comprehensive with regard to all family engagement activities and strategies that exist in the states. Rather, it was a review of the frequency with which family engagement models or approaches were discussed in the CFSRs and the PIPs. It is certainly possible that some states did not reference all of their family engagement initiatives in their CFSRs or PIPs. Nevertheless, this review of the states' CFSRs and PIPs provides important information on an array of family engagement and involvement strategies that are underway—in some form or another—in the states. These strategies reflect states' recognition of the extreme importance of family engagement and involvement in ensuring positive outcomes for vulnerable children and their families.

III. FINDINGS

The first round of the CFSRs identified a need for state child welfare systems² to more effectively engage family groups—as meaningful participants in assessment, case planning, and service delivery—in ensuring positive outcomes for children. Although many states (33) mentioned some type of a formal mechanism for family engagement, such as FGDM or FTMs, the full utilization of these strategies was frequently not evident. Most states did not excel at engaging families and involving parents and children in the case planning process.

² A CFSR final report is authored by the US DHHS, not an individual state. However, the final report is based on a state's statewide assessment, interviews, focus groups with state stakeholders, and case record reviews. Hence, for the purpose of this report, references to a state's discussion in the CFSR and PIP will be used to reflect the state-specific content in both of these documents, even though only the PIP is actually authored by the state itself.

States' PIPs also highlighted the importance of formal mechanisms for family engagement. A total of 45 states identified the exploration, development, implementation, and/or expansion of a specific family engagement strategy as action steps toward more fully engaging families and involving parents and children in the case planning process. A detailed summary of the findings is presented below.

A. State Performance on Family Involvement Items (Items 18 and 25)

Only seven states (13%³) received a rating of “strength” on one or both family engagement and involvement items (Items 18 and 25). Four states (Delaware, Kansas, North Dakota, and Vermont) received a rating of “strength” on both items. One state (Oregon) received a rating of “strength” on Item 18, but not Item 25, while two states (New Mexico and North Carolina) received a rating of “strength” on Item 25, but not Item 18. In the vast majority of states (87%, or 45 states), both Item 18 and Item 25 were rated as “area needing improvement.”

As Table 1 indicates, the extent to which state child welfare agencies made diligent efforts to involve parents or children in the case planning process varied considerably. In Oregon, only 9% of reviewed cases lacked parental or child involvement, while nearly three quarters or more of the reviewed cases in Nebraska and New Jersey lacked parental or child involvement in the case planning process. In the vast majority (38 states, or 78%⁴) of the states, one third or more of the reviewed cases were found to lack parental or child involvement in the case planning process.

TABLE 1: Percentage of Cases Lacking Family Involvement in Case Planning (Rated “Area Needing Improvement”)

Percentage of cases rated “area needing improvement”	State (followed by percentage of cases rated “area needing improvement”)	Number (percentage ⁵)
Very low (9% and below)	OR (9%)	1 (2%)
Low (10% - 29%)	CO (28%), KY (28%), MD (29%), NM (20%), NY (12%), ND (18%), PA (23%), TX (21%), UT (27%), VT (15%)	10 (20%)
Medium (30% - 49%)	AL (36%), AZ (33%), AR (36%), CA (47%), CT (38%), FL (47%), HI (40%), ID (40%), IL (43%), IN (40%), IA (34%), LA (33%), ME (43%), MA (34%), MI (30%), MN (31%), MO (44%), MT (40%), NH (41%), NC (30%), OH (30%), KS (40%), SD (36%), TN (35%), VA (31%), WI (38%), WY (38%)	27 (55%)
High (50% - 69%)	AK (52%), DC (55%), MS (62%), NV (53%), PR (60%), RI (61%), SC (53%), WA (52%), WV (50%)	9 (18%)
Very high (70% and above)	NE (74%), NJ (80%)	2 (4%)

B. Discussion of Formal Mechanisms for Family Engagement

Forty-five states (87%) referenced a specific family engagement strategy in the context of their CFSR or PIP reports. Seven states⁶ (13%) did not make any reference to a formal mechanism for family engagement in either their CFSRs or their PIPs. It should be noted, however, that two of these seven states made general references to identifying best practice strategies in family engagement or incorporating some form of family engagement into case practice in the future.⁷

³ N=52

⁴ N=49; three states (Delaware, Georgia, and Kansas) were not included in this calculation, as these states' CFSRs and/or PIPs did not provide data regarding the percentage of cases rated “strength” or “area needing improvement” in relation to Item 18.

⁵ N=49

⁶ The seven states were: Alaska, Arkansas, Delaware, Nevada, Pennsylvania, Vermont, and West Virginia.

⁷ Nevada: “State will develop a case management model that incorporates best practices for: assessment, family engagement, and collaborative case planning”; Pennsylvania: “Identify evidence-based practice and program models that could be implemented in public and private agencies to improve family involvement in case planning.”

Range of Family Engagement Terminology

As Table 2 highlights, there was significant variation in the terminology used by the states⁸ to describe their family engagement strategies⁹ in the CFSRs and the PIPs. The 45 states that referenced a specific family engagement approach used a total of 17 different terms. The three most common terms states used to refer to specific family engagement activities were FGDM (38% of states used this term); family group conferencing (FGC) (38% of states used this term); and FTM (24% of states used this term).

Table 2: Family Engagement Terminology

Family engagement mechanism	State referenced model in CFSR/PIP	Number of states (percentage)
FGDM/FGDM program	AZ, CA, CO, CT, DC, ID, KY, LA, MI, MN, MT, NM, NC OH, SD, VA, WY	17 (38%)
FGC	CO, FL, GA, IN, KS, KY, MA, MN, NE, NJ, NY, OH, OK, TX, VA, WI, WY	17 (38%)
FTM	FL, IL, IA, KY, ME, MD, MS, NH, NJ, RI, VA	11 (24%)
Child and family team meeting	IL, ND, TN, UT	4 (9%)
Team decision making	CO, IL, NC	3 (7%)
Family planning team/Family planning team meeting	AL, PR	2 (4%)
Family team decision making	IA, WA	2 (4%)
Family conferencing	PR, TN	2 (4%)
Ohana conferencing/Ohana family conference	HI	1 (2%)
Facilitated staffing	KY	1 (2%)
Family team conference	LA	1 (2%)
County conference	MS	1 (2%)
Family support team/Family support team meeting	MO	1 (2%)
FDM	OR	1 (2%)
Family meeting	SC	1 (2%)
Family planning conference	SC	1 (2%)
Family assessment and planning team	VA	1 (2%)

In addition, a number of states also discussed (for the most part in the context of their PIPs) the implementation of a new practice model that emphasized the concepts of family engagement and individualized service delivery: Family to Family (California, Colorado, Maryland, Michigan, Ohio, Oregon, and Tennessee); Family Solutions (Kentucky); Engaging Families (Tennessee); One Family, One Worker (New Jersey); and One Family, One Plan (Iowa).

General Acknowledgment of the Importance of Family Engagement Mechanisms

Twenty-four states¹² commented on the importance of family engagement strategies in the narrative introductions of their PIPs, reflecting the significance of these strategies in relation to states' efforts to improve their child welfare programs and achieve better outcomes for vulnerable children and families. The range of commentary provided by states in relation to the importance of family engagement strategies is reflected in the examples of four states provided in Table 3.

⁸ N=45, as 45 states referenced a specific family engagement strategy.

⁹ As discussed later in this report, states may be actively using (statewide or in some targeted counties/regions), newly implementing, considering, or testing/piloting these specific models and approaches.

¹⁰ Some states noted more than one family engagement strategy.

¹¹ Since some states noted more than one family engagement strategy, the percentages do not total 100%.

¹² The 24 states are: Connecticut, Florida, Hawaii, Idaho, Illinois, Iowa, Kentucky, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, New Hampshire, New Jersey, New York, North Carolina, North Dakota, Rhode Island, Tennessee, Utah, Virginia, Washington, Wyoming.

TABLE 3: Importance of Formal Family Engagement Mechanisms

State	PIP narrative excerpt
Iowa	<p>Engagement is the primary door through which we help families change. FTMs are an effective mechanism to engage and partner with a family while also assessing family dynamics and functioning. FTMs assist the family network to have a common understanding of what is pertinent in the case and to move from that understanding to develop a plan of action that will protect the child and help the family change in ways that a menu of standardized services cannot do. Surveyed social workers who are successfully using family team decision making in Iowa identified benefits of FTMs: improved assessment of families; gets at causes not just symptoms; the team shares an honest view of the family’s strengths and needs; and previously undisclosed information comes out at the meeting, e.g., “you get to know the family much better,” “family members are less likely to exaggerate the faults of other members when they are in attendance”; families are more involved and invested; families problem solve their own issues without Department of Human Services (DHS) confrontation; communication is enhanced; family meetings save time on communication with the parties and the case collaboration at meetings improves planning; the team holds the family and the system accountable; the whole team understands information about the family; get to the basic issues faster, e.g., “we saw this as a way to get things set so the family could work on issues right away”; improved relationships between the social worker and the family, e.g., “family works with me,” “impacts the relationship between the worker and the family in a positive way.”</p>
Maine	<p>The Bureau recognizes the importance of involving families in identification of family needs and in the case planning process in a meaningful way. FTMs are a social work tool used in many states to bring together a family’s support network to solve problems at critical moments and represent an approach that the Bureau can embrace as a way to improve family participation ... An FTM can create a number of benefits, such as increasing the variety of potential solutions, preventing removal of a child from home, increasing the chance of matching appropriate services to needs, identifying kinship placement opportunities, increasing a family’s capacity to overcome barriers, and creating a system of supports that will sustain the family over time.</p>
Maryland	<p>The implementation of the neighborhood-based, family-centered practice model will involve family team decision-making meetings. This practice will assist child welfare staff in making sound and appropriate decisions with the family, community members, and services providers. These meetings provide the opportunity for family members to better understand safety, permanency, and well-being issues as well as the opportunity to be heard and to be a true partner in the decision-making process. FTMs will strengthen and stabilize families, prevent entry into out-of-home care, reduce length of stay, and/or achieve timely, permanent outcomes.</p>
Mississippi	<p>As used throughout this document, FTM refers to a standard casework practice for all cases and a way of doing business ... this practice will remain simple and basic. The practice guidelines will provide structure and consistency to FTM, but will not become burdensome by creating explicit procedures and requirements. It will simply be to work with the family to identify other family members, extended family, and supportive persons whom the family wants to engage in the process, to bring these members into the assessment and case planning process as early as possible, and to actively engage the family throughout the life of the case in the decision-making process. By using a simple approach to FTM, Mississippi is certain that workers will be able to incorporate this approach into daily practice and sustain this practice over time. FTM will be a standard part of practice for all casework and applied to both in-home and out-of-home cases in every county ... Effective use of FTM and county conferences will lead to improved outcomes in numerous areas. Families will be more engaged and involved in case planning and decision making. More families will remain intact since families will be allowed to make alternative plans. Well-being will improve since there will be greater opportunity to assess and plan services to meet the individual family needs. Placement disruptions should decrease. Children will have a greater say in their case plans; they will have frequent visits with parents and siblings; and permanency plans should be achieved sooner.</p>

Discussion of Family Engagement Strategies in Items 18 and 25¹³

It is not surprising that the majority of states¹⁴ references to formal family engagement mechanisms were provided in relation to Items 18 and 25, which focus on family involvement in the case planning process. Commentary mainly focused on the use (or lack thereof) of family engagement strategies as a vehicle for substantial conformity (or the basis for a CFSR rating of “strength”) or as a primary activity for reform (or a PIP goal and/or action step).

Specific family engagement approaches were discussed by 25 states (56%) in relation to Item 18 of the CFSR, and by 27 states (60%) in relation to Item 25 of the CFSR. The range of discussion in these CFSR Items regarding states’ family engagement strategies is reflected in the five examples provided in Table 4.

Table 4: Family Engagement Discussion in CFSR Items 18 and 25

Item	Family engagement discussion in CFSR
25	Although state statutes require caseworkers to develop case plans and to involve parents in the development process, there is no statewide protocol in place to ensure parent and child participation in developing the case plan ... Stakeholders noted that when there is a clear protocol or method for involving families, such as FGDM, parents are involved. However, if there is no protocol or method, it is rare that families are involved in the case-planning process. According to many of the stakeholders and case reviewers, the most common approach to the case-planning process appears to be one in which the caseworker prepares the plan and then presents it to the family. (California)
18	When the FGDM process was used, the review found that it was a significant avenue to involve families in case planning. However, the review identified that the agency lacks case management/coordination between families, service providers, foster parents, children, caseworkers, judges, and attorneys. In some cases this led to confusion about case plans, goals, and permanency plans, and in over half of the cases reviewed child and family involvement in case planning needed improvement. (District of Columbia)
25	In an effort to increase family participation for those children entering out-of-home care, Georgia is implementing FGC. Progress in meeting the goals of the case plan was noted in several cases where the family and children fully participated ... FGC is an excellent model to increase family participation ... [However,] case managers view the process of FGC as a one-time occurrence rather than an ongoing process of the continuous evaluation with the family on the progress of achieving the goals of the case plan. (Georgia)
18	State law requires family involvement in case planning and the state is in the process of implementing some form of FGDM in all regions, although at present only about half of the regions are using this approach. The state has asked the regions to contract with private providers to implement FGDM if they cannot do it in-house. There were no cases reviewed during the on-site CFSR that incorporated an FGDM approach to case planning. (Idaho)
25	... the development and documentation of an individualized service plan (ISP) [is required] for each family receiving child welfare services, and ... the plan [must] be developed by the family planning team, which is to be composed of family members, caseworkers, and other service providers. The ISP must be reviewed and updated by the family planning team at least every 6 months ... The statewide assessment indicates that family conferencing is an effective strategy for increasing parental involvement, although currently it is not widely used in the commonwealth. (Puerto Rico)

Twenty-three states (51%) discussed family engagement strategies in relation to Item 18 of their PIPs, and 13 states (29%) discussed these strategies in relation to Item 25 of their PIPs. The range of states’ commentary regarding family engagement strategies in these PIP items is reflected in the five examples provided in Table 5.

¹³Appendix B identifies which states referred to specific family engagement strategies in relation to these items in the CFSRs and PIPs.

¹⁴N=45

Table 5: Family Engagement Discussion in PIP Items 18 and 25

Item	Family engagement discussion in PIP
18	Supervisors and county directors must assure that family conferences are conducted in every appropriate case and documentation should be in the record when a family conference is not held, e.g., for domestic violence issues. FGC needs to be implemented statewide, as currently required in state policy, and better supported. (Georgia)
25	In our new model, families and children will be the primary authors of case plans. We will write these plans in a form and language accessible to the lay reader ... FTMs, for both home and placement cases, will be the vehicle to develop the case plan and make every decision throughout the life of the case. We will use FTMs to track progress on case plans and to suggest any changes or adjustments. (New Jersey)
18	Conduct FTMs in 80% of families in the identified target population. (Iowa)
25	Implement the Engaging Families Initiative to utilize full family involvement at critical events in permanency planning and discharge planning to move more quickly to permanency and to ensure preservation of relationships. (Tennessee)
18	A greater challenge for improving the case planning process is associated with a need to better involve families in the development of their own case plans, identifying and building on specific strengths while addressing needs and services assessed as critical for addressing the family's child abuse and neglect issues. The use of FGC, a model advocated by many stakeholders, will be piloted and implemented ... With a neutral facilitator guiding the meeting, the model will enhance collaboration with the family, more effectively involve relatives in the resolution of the issues, and better engage the family in the case planning process from the beginning. (Texas)

Discussion of Family Engagement Strategies in Other Items¹⁵

State discussions of specific family engagement strategies were also present in the majority of other items that form the basis for assessment in the CFSR (and the basis for improvement in the PIP). In 30 of the 43 other items, state references to specific family engagement approaches were present in either the CFSR and/or the PIP. In 13 items, both the CFSR and PIP lacked state references to family engagement strategies. Appendix B identifies which states referred to specific family engagement strategies in relation to each of the 45 items in the CFSR and PIP.

State commentary also focused on the use (or lack thereof) of family engagement strategies as a vehicle for substantial conformity (or the basis for a CFSR rating of “strength”) or as a primary activity for reform (or a PIP goal and/or action step).

There were four other CFSR items in which at least 10% of states (five or more) discussed specific family engagement strategies. Table 6 provides examples of state commentary in relation to family engagement strategies in each of these four items.

¹⁵Appendix B identifies which states referred to specific family engagement strategies in relation to these items in the CFSRs and PIPs.

TABLE 6: Family Engagement Discussion in Other Items in CFSR

Item	Family engagement discussion in CFSR (other items)
Item 3: Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-entry Into Foster Care	DHS uses Ohana conferencing to work with families to maintain children in the home whenever possible. Ohana conferencing is a family conference model developed in Hawaii for select child welfare services cases. As noted in the statewide assessment, since 1996, there have been 2,142 conferences convened and 95% have “reached agreement.” “Reached agreement” means that all conference participants agree on the issues that resulted in CPS involvement; on the need for support from family members, the community, and service agencies to address the issues and work on their resolutions; and, in some instances, on the need for placement of children with DHS until key problems are resolved. (Hawaii)
Item 15: Relative Placement	Family decision meetings are cited as an important practice method and forum for relative inclusion and contribute to relatives’ involvement as a placement resource. (Oregon)
Item 35: Array of Services	Services such as ... FGDM ... have been expanded due to the evidence of the [success] of the services ... Stakeholders identified FGDM as effective in maintaining children at home or for placement with relatives. (Arizona)
Item 37: Individualizing Services	There are systemic barriers to tailoring services to meet the needs of children and families. FGC is not available in all the offices, which limits the ability to design case plans based on family assets, existing supports, and needs. (Washington)

There were 10 other PIP items in which at least 10% of the states (five or more) discussed specific family engagement strategies. Table 7 provides examples of state commentary in relation to these items.

TABLE 7: Family Engagement Discussion in Other Items in PIP

Item	Family engagement strategy noted in PIP (other items)
Item 2: Repeat Maltreatment	Refine/integrate family engagement skills and FTM skills into ... training curriculum ... Mandatory FTM on all second reports sub on children 3 and under. (Kentucky)
Item 3: Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-entry Into Foster Care	Since the late 1990s, Missouri has been moving to a policy and practice that requires family and community involvement through the family-centered philosophy and family support team practice. As policy and practice have evolved over time, additional assessment tools have been added. As a result, assessment tools have become disjointed and may be lacking comprehensive views in case planning. Symptoms are addressed but underlying issues may not be identified. Goals tend to be general, are not behaviorally specific, and in some circuits in the state, may be driven more by the courts than the family support team or based on identified assessed needs. Strengthening workers’ family engagement skills through training and supervision will enhance the family support team process and assist in assuring those at the table have a voice in planning. (Missouri)
Item 4: Risk Assessment and Safety Management	Through the FTM we will develop an individualized plan of care that reflects the entire family’s needs and proactively addresses these safety and risk factors. (New Jersey)
Item 5: Foster Care Re-entries	[We] will use FTMs to fully involve families in identifying their unique needs and to determine the family’s and community’s resources. Agency workgroups will develop standards and guidelines for these meetings and appropriate training will be provided to the local department staff. (Maryland)
Item 6: Stability of Foster Care Placement	An FTM should be held around any major changes within the case such as placement decisions, placement moves, and placement disruptions. By including the family and child(ren) in the FTM regarding placement decisions, more appropriate placements could be made, matching the needs of the family and child with the appropriate placement type, creating more stability. (Mississippi)
Item 7: Permanency Goal for Child	When FGDM meetings occur, appropriate permanency goals are established ... Implementing this practice in a larger number of cases will show an improvement in this standard. Action Step: Offer FGDM meetings to all families whose children enter care. (Montana)

Item 8: Reunification, Guardianship, or Permanent Placement with Relatives	Expansion of the pilots designed to assist in earlier, safer reunifications such as the FGDM and/or mediation models into other sites is being explored. These pilots, currently existing in two sites, are successful in involving and motivating parents and relatives to focus on the changes that need to be made for the children to safely return home. (Louisiana)
Item 14: Preserving Connections	FTMs will be a particularly important element in maintaining connections. They can include families (birth and resource) and all the birth family's available natural resources (clergy, extended family, friends, community members, service providers) who will come together to provide resource family members any information they don't already have (school schedule, medical records, activities, etc.) and develop a plan to achieve the child's permanency goal. Through this collaborative and coordinated planning process, we will identify and build into the plan the things that must be done to preserve connections for the child. (New Jersey)
Item 15: Relative Placement	Train field staff on offering FGDM meetings to all families whose children enter care to identify potential relative placements (at annual policy training). Implement offering FGDM meetings to all families whose children enter care to identify potential relative placements. (Montana)
Item 17: Needs and Services of Child, Parents, Foster Parents	Increase the number of cases appropriate for FGDM that are referred for the service. Question of whether FGDM would be beneficial to the child or family included in the clinical case supervision discussion guides. Field staff notified to implement clinical supervision policy (to occur, at minimum, within 21 days of case opening and quarterly thereafter to ensure referral to FGDM in appropriate cases). Data on number of families referred to FGDM analyzed to determine if an increase has been realized. (Arizona)

C. Challenges to Family Engagement

States¹⁶ identified a number of different barriers to the full involvement of family groups and to the achievement of a rating of "strength" on Items 18 and/or 25:

1. High caseloads and workloads and/or high caseworker turnover;
2. Caseworkers' lack of training or reticence to embrace the model(s);
3. Difficulty scheduling meetings or conferences when all parties could attend;
4. Instructions from the attorney for the parents restricting contact between the parent(s) and the child welfare agency;
5. Case planning forms and/or automated computer programs that do not request information on family input and/or do not provide appropriate space for capturing such information; and
6. Family groups being difficult to engage in general.

Overall, workforce challenges were the most frequently cited reason for the state's failure to diligently involve parents and children in the case planning process. Nearly half (47%) of states¹⁷ identified caseworker turnover and/or high caseloads and workloads as a barrier to the engagement of family groups and the implementation or success of formal family engagement mechanisms.

D. Formal Family Engagement Mechanisms for Improvement and Reform

The significance of formal family engagement strategies in relation to states' efforts to improve their child welfare programs, and, specifically, to achieve better outcomes for vulnerable children and families, is highlighted by the fact that nearly one quarter (24%) of the states that discussed specific family engagement strategies¹⁸ did so only in the context of their PIPs. Put another way, in 11 states,¹⁹ CFSR reports did not include any reference to a specific family engagement model, while the PIP reports did so, making clear the importance of formal family engagement mechanisms as tools for reform.

¹⁶N=45 (states that identified a formal mechanism for family engagement)

¹⁷Alaska, Arizona, California, Florida, Hawaii, Idaho, Illinois, Indiana, Iowa, Mississippi, Missouri, Montana, New Jersey, New Mexico, North Carolina, Oklahoma, Pennsylvania, Rhode Island, Tennessee, Texas, and Wisconsin

¹⁸N=45

¹⁹Maine, Maryland, Massachusetts, Mississippi, New Hampshire, New Mexico, New York, North Dakota, South Dakota, Texas, and Virginia

In addition, in four states, a specific family engagement model was noted as the vehicle for improvement in these states' performance with respect to the majority of items being addressed in their PIPs. Hawaii discussed Ohana conferencing/conferences in relation to 11 different items; Iowa discussed FTMs in relation to 10 different items; Mississippi discussed FTMs and county conferences in relation to 18 different items; and New Jersey discussed FTMs in relation to 14 different items.

E. Next Steps

As Table 10 indicates, states provided a variety of PIP goals and action steps to improve the engagement of families. Two thirds of states (33 states, or 66%) discussed reviewing, revising, or increasing training for staff or providers to improve their skills in family engagement. Nearly two thirds of states (32 states, or 64%) discussed the development and/or revision of standards or policies to ensure greater family engagement and involvement in the case planning process.

More than one third of states (19 states, or 38%) provided plans to expand their current formal family engagement mechanisms to reach more families more often. Another third (17 states, or 34%) planned for the dissemination of information to staff, providers, and/or families—via email, fliers, manuals, web-based materials, meetings, and other forms of outreach—regarding family engagement efforts, policies, and practice guidelines.

Approximately one quarter of states discussed the following action steps to improve family engagement practice:

- Improving or increasing data collection and quality assurance activities to evaluate and ensure family engagement (14 states, or 28%);
- Revising the case planning process to allow for greater family group involvement and increased documentation of family input and information (13 states, or 26%);
- Revising case planning documents or forms to allow for increased family group involvement and documentation of family input and information (12 states, or 24%);
- Utilizing technical assistance from the National Child Welfare Resource Centers or other established entities to develop or revise policies and practices (12 states, or 24%); and/or
- Strengthening supervisory skills and resources to ensure effective coaching and monitoring of caseworkers' family engagement efforts (12 states, or 24%).

Other improvement efforts noted by states included the following:

- Establishing formal mechanisms (via advisory groups, surveys, workgroups, and other initiatives) to solicit input and feedback from youth, family, and/or staff to inform family engagement activities;
- Implementing a new practice model, such as “Family to Family” (California, Colorado, Maryland, Michigan, Ohio, Oregon, and Tennessee), “Family Solutions” (Kentucky), “Engaging Families” (Tennessee), “One Family, One Worker” (New Jersey), and “One Family, One Plan” (Iowa);
- Providing technical assistance or consultation to counties or programs in order to support family engagement practices;
- Surveying staff and/or families to determine the impact of new or enhanced family engagement activities;
- Researching potential family engagement approaches;
- Implementing a new family engagement approach;
- Updating or revising the automated system's codes or database to allow for better tracking of family involvement in case planning and the frequency of other family engagement efforts;
- Piloting a new family engagement model in a specific program, county, or population;
- Addressing scheduling barriers to ensure family participation in case planning activities;
- Providing administrative and/or leadership support for family engagement efforts;
- Developing or revising private provider contracts or inter-agency agreements to emphasize greater family engagement;
- Initiating targeted legislative advocacy to gain support for family engagement activities; and/or
- Addressing workforce challenges, such as vacancies and high caseloads and workloads, to allow caseworkers time to effectively engage families.

Table 10 provides examples of state commentary in relation to these PIP goals and action steps.

TABLE 10: Improvement Plans

Goals/action steps	Example	States ²⁰ reporting next steps
Review, revise, and/or increase staff and/or provider training to improve family engagement	Provide training to teach methods to promote mandatory parental involvement in case planning. Training will be assigned to eliminate the practice of caseworkers developing plans and then presenting them to parents to accept. Special attention will be paid to include fathers and older children in case planning. Training will also include ongoing involvement with families to assure regular assessments and updates of the steps of the case plan with identification of improving strengths, continuing needs, and services to be provided. Judicial and [other] training needs to incorporate these issues as well. (Georgia)	33 (66%) AK, AL, AZ, CA, CO, CT, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, ME, MS, MO, MT, NJ, NY, OH, OR, PA, SC, SD, TN, UT, VA, WA, WI, WY
Develop and/or revise standards or policies to ensure family engagement	Revise county/private children and youth administrative regulations to require family involvement in case plan development, as well as to define clear case management expectations and requirements for coordination ... Identify and implement practice standards that are most likely to have a positive impact on family involvement in case planning to ensure that families are involved in identifying strengths and needs, and that services are provided to meet families' needs. (Pennsylvania)	32 (64%) AL, AK, DC, HI, ID, IN, IA, KS, KY, LA, ME, MD, MI, MS, MO, MT, NJ, NM, NC, OK, OR, PA, PR, RI, SC, SD, TX, UT, VA, WA, WI, WY
Expand current family engagement mechanism	Iowa's redesign and CFSR PIP calls for the formalized support of utilizing FTMs and the expansion of the use of FTMs in child welfare cases ... FTMs are the basis for which other activities occur and therefore the effectiveness of other key strategies is dependent on this key process. (Iowa)	19 (38%) AZ, CA, CO, FL, GA, HI, IL, IA, KY, LA, ME, MS, MO, MT, NE, NM, NY, OH, WA
Disseminate information to staff, providers, and/or families (via email, fliers, manuals, web-based materials, meetings, and other outreach) regarding family engagement	Develop discussion guides to assist workers in engaging families in discussion of case plan activities. Make guides available to staff through Family and Children Services Manual Procedure Letter by conducting statewide briefings via presentations at statewide and regional meetings on the purpose and use of the guides. (Ohio)	17 (34%) AZ, CA, CO, DC, FL, HI, KS, KY, MI, MS, MO, NE, NY, OH, SC, UT, WV
Collect data and engage in quality assurance activities to evaluate and ensure family engagement	Qualitative case review protocol to include CHILD/FAMILY PARTICIPATION: Are family members (parents, grandparents, stepparents) or substitute caregivers active participants in the team meetings in which service decisions are made about the child and family? Are parents/caregivers partners in planning, providing, and monitoring supports and services for the child? Is the child actively participating in decisions made about his/her future? (Utah)	14 (28%) AL, AZ, AK, GA, HI, IA, ME, MI, MS, MO, NE, SC, SD, UT

²⁰N=50, as Delaware and Vermont did not discuss family engagement in their PIPs (and were not required to do so, as they received "strength" ratings on Items 18 and 25). Although Kansas and North Dakota also received "strength" ratings on both of these items (and, hence, did not have to provide a plan for improvement in this area), both states are included in this analysis, as Kansas provided goals and action steps for Item 18 in its PIP, and North Dakota discussed engagement in the context of its "Wraparound" Initiative.

<p>Revise case planning process to allow for family involvement and increased documentation of family input and/or information</p>	<p>[The department] recognizes the need for improved assessment of child and family strengths and needs. The department views the assessment process as vital to understanding family dynamics, support systems, strengths, and needs, and believes that this understanding is essential to making case plans and decisions that support positive outcomes for children. This initiative is intertwined with the Engaging Families Initiative in that it is critical to a thorough assessment to build a partnership with the child and family, including extended networks of support. A workgroup has been created to review and modify the assessment protocol and work aides currently being used. This group is reviewing the assessment process used throughout the life of a case with a special focus on creating a process that will encourage case managers to view assessment as an ongoing process. (Tennessee)</p>	<p>13 (26%) DC, FL, IA, ME, MS, MO, MT, NV, NC, TN, UT, VA, WV</p>
<p>Revise case planning documents/forms to allow for increased family involvement and documentation of family input and/or information</p>	<p>The case plan captures the process in the FTM by which the family, children, friends, formal and informal supports, and the caseworker have analyzed a family and child's needs and strengths, identified existing risks and safety concerns, and developed the strategy to address those concerns. This new case plan format will include a written summary of the results of the FTM that: outline the issues that need to be addressed and the proposed solutions; act as a record to help all of the participants remember what each person promised to deliver and do; be a yardstick to mark progress—or lack of progress—through the life of a case; and serve as a monitoring and accountability tool for family, staff, supervisors, managers, and others, including the courts. (New Jersey)</p>	<p>12 (24%) AR, DC, FL, MN, MS, MT, NJ, NC, PA, PR, RI, WY</p>
<p>Utilize technical assistance from the National Child Welfare Resource Centers or other established entities</p>	<p>Technical assistance will be obtained through ... two [National Child Welfare Resource centers, and] will coordinate the technical assistance for Mississippi in the areas of assessment, case planning, and family engagement through FTMs. These centers will work with the [department] to develop ... training curricula, materials for training trainers, and concise practice guides for FTM and county conferences. (Mississippi)</p>	<p>12 (24%) CT, KS, MD, MA, MS, NE, NJ, NM, NY, OH, SD, TN</p>
<p>Strengthen supervision to ensure effective coaching and monitoring of caseworkers' family engagement efforts</p>	<p>Develop a supervisory process to be used during supervisory case conferences to increase supervisory monitoring of case plan development and case management and [incorporate this process] into a supervisor desk guide. (South Dakota)</p>	<p>12 (24%) AL, AZ, CT, IL, IA, MS, NE, NV, NH, SC, SD, WI</p>
<p>Establish formal mechanisms (via advisory groups, surveys, workgroups, and other initiatives) for soliciting input from youth, family, and/or staff to inform family engagement efforts</p>	<p>Establish a system for routinely obtaining consumer feedback from parents served by [the department] and its contracting agencies ... Assemble a Parent Advisory Committee that represents the diverse groups served by [the department] ... Establish a Foster Care Review Practice Committee to look at FCR practices. Gather input regarding FCR process/practice from field staff. (Massachusetts)</p>	<p>10 (20%) CA, CT, IA, KS, MD, MA, MO, NM, OK, WI</p>
<p>Implement a new practice model</p>	<p>Our new case practice model rests on two core beliefs that will guide all our interactions with and services to families: (1) families will be partners in decision making and (2) families will be able to identify their strengths and needs—and then access effective informal and formal supportive services in their own communities. These beliefs speak directly to the issue of family involvement in case planning. Key drivers of inclusion will be improving engagement through a “one family, one worker” model; using FTMs; and individualized, coordinated case planning to promote collaboration and empowerment. (New Jersey)</p>	<p>9 (18%) IA, MD, MA, MI, NV, NJ, ND, TN, WY</p>

Families Gaining Their Seat at the Table

Provide technical assistance or consultation to areas/counties to support family engagement activities	[The department] will provide technical assistance to high priority counties to identify and implement promising practices that reduce multiple placements and improve continuity of family relationships and connections. (California)	9 (18%) CA, CO, IA, KS, MD, MS, NY, SD, VA
Survey staff and families to track success and/or impact of family engagement activities	A county conference standard practice has been to provide a customer satisfaction survey to all family members and community partners attending the county conference. The survey can be completed immediately or can be completed and returned at a later date. The family members or community partners can provide identifying information or are allowed to submit their comments anonymously. This practice will continue and the results will be utilized to continuously improve the process. The aggregate information related to these surveys will continue to be reported as part of the ... Quarterly and Annual Report. (Mississippi)	8 (16%) AL, AK, CA, KS, MA, MS, NE, NH
Research potential family engagement approaches	[The office] will review the effectiveness of various group conferencing models and will promote utilization of the most effective models. (New York)	8 (16%) DC, FL, ID, MA, NV, NY, PA, VA
Implement a new family engagement model	We have committed to FTMs as our primary vehicle for reorienting our agency to listen and deliver based on what our families and children tell us they need. (New Jersey)	6 (12%) ID, NY, IA, NJ, TN, TX
Update or revise automated codes/computer database to allow for tracking of family engagement efforts	Standardize where documentation of family involvement should occur in the FACTS system. (West Virginia)	5 (10%) AL, DC, MS, MO, WV
Pilot a new family engagement model	Pilot, refine, train, implement, and continually assess a simplified version of the individualized service plan and protocols to fully engage families in plan development. (Oklahoma)	5 (10%) HI, KS, MD, OK, SD
Address scheduling barriers to ensure family participation in case planning activities	The department will need to effectively address scheduling barriers to implementation of [family conferencing] in the Family Service Units. Toward that end, the department will work with the labor unions to establish flexible work hours for staff to better accommodate the availability of families. (Rhode Island)	3 (6%) CT, NH, RI
Provide administrative and/or leadership support for family engagement efforts	FGC will get sufficient support, leadership, and project management to ensure successful implementation and maintenance. Evaluation: Feedback will be sought quarterly from the project manager on progress and needs for continued successful implementation. A project manager will be assigned with full support for implementation. (Florida)	2 (4%) FL, GA
Develop or revise contracts or inter-agency agreements to emphasize family engagement	Performance contracting goals will be added to FY05 ... contracts specific to increasing caseworker contact and engagement with children and families. (Illinois)	2 (4%) IL, SD
Initiate legislative advocacy to support family engagement activities	The [department] will submit a legislative proposal to expand the time allotted to develop an appropriate case plan from 30 days to the federal requirement of 60 days. This will give social workers additional time to engage all family members and to assess and address comprehensively child and family service needs. Upon enactment, the [department] will implement statewide. (California)	1 (2%) CA

<p>Address workforce challenges, such as vacancies and high caseloads and workloads, to allow caseworkers time to effectively engage families</p>	<p>[The department] is also developing a staff vacancy monitoring system to facilitate the department’s anticipation and efficient response to critical frontline vacancies in order to address the workload barriers to family-centered practice ... New child support technicians are being hired. The primary function of these technical staff is to relieve the social caseworkers of transportation and visitation duties, again with an emphasis on allowing caseworkers to spend more quality time with children and families ... We will study direct care staff functions and compare them to the statutory responsibilities of the agency. This process will allow us to evaluate our organizational structure in order to increase operational efficiency that will support a regionalized service delivery system. (Rhode Island)</p>	<p>1 (2%) RI</p>
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IV. CONCLUSION

This review of states’ use of formal family engagement mechanisms through the lens of the first round of the CFSRs reveals that state child welfare systems are not effectively engaging families as meaningful participants in assessment, case planning, and service delivery. Although many states (33) mentioned some type of a formal mechanism for family engagement in the context of their CFSRs, the full utilization of these strategies was frequently not evident, resulting in ratings of “area needing improvement.” Most states were not successfully engaging family groups and involving parents and children in the case planning process.

States’ PIPs highlighted the importance of developing and implementing formal mechanisms for family engagement. A total of 45 states identified the exploration, development, implementation, and/or expansion of a specific family engagement strategy—such as FGDM or FTMs—as key action steps in more fully engaging families and involving parents and children in the case planning process.

The results of this review clearly indicate that states view formal family engagement models as vital strategies, not only for achieving conformity with specified CFSR indicators, but also as a best practice for realizing improved outcomes in relation to safety, permanency, and well-being for the children and families that child welfare agencies serve.

This growing understanding of family engagement as a key factor underlying the success of states’ child welfare services is promising. It is likely that formal family engagement mechanisms again will emerge as a central theme in the second round of the CFSRs and PIPs, both in the context of assessing states’ performance in involving families in case planning and as a targeted strategy for improvement and system reform.

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Appendixes

**APPENDIX A:
Family Engagement Strategies in the CFSRs and the PIPs (2001-2007)**

State ²¹	CFSR Findings	PIP Goals and Action Steps	Family Engagement or Involvement Model(s) Referenced in CFSR/PIP
<p align="center">Alabama</p> <p>CFSR: June 18, 2002</p> <p>PIP: March 28, 2003</p> <p>Highlights: A. The State met the national standards for four of the six standards. B. The State achieved substantial conformity for one of the seven outcomes. C. The State achieved substantial conformity for six of the seven systemic factors.</p>	<p>Item 18</p> <ul style="list-style-type: none"> In 36% of the cases, the agency did not diligently involve parents or children in the case planning process. Case planning takes place in the Individualized Service Plan (ISP) process. This is a process in which workers bring together all relevant parties in a case at least every 6 months to assess case progress and current family strengths and service needs. The relevant parties include biological parents, foster parents, children, attorneys, guardians ad litem, private providers, teachers and other professionals involved with the family. Most stakeholders expressed the opinion that parents are routinely involved in this process, but that children, even when age appropriate, are not routinely involved. <p>Item 25</p> <ul style="list-style-type: none"> Although DHR has a process in place for the joint development by parents, children, DHR and other stakeholders of a written case plan . . . DHR practice is inconsistent with regard to parental involvement in case planning DHR has established a formal process to ensure that each child has a written case plan. This process is the Family Planning Team Meeting, which serves as 	<p>Item 18</p> <ul style="list-style-type: none"> Design a supervisory case review process in order to track the frequency of Case planning meetings with non-custodial parents invited and the number attending with the possible development of an automated checklist to be used in supervisory reviews. Design a supervisory case review process to include monitoring of involvement of age appropriate children in ISP meetings. <p>Item 25</p> <ul style="list-style-type: none"> Planning is in place for the ISP policy to be revised. Documentation of efforts to locate parents and involve in the ISP process will be addressed in the revised policy. Although it already requires parental involvement in the ISP process, a requirement will be added that supervisors do random observations of ISPs to ensure this requirement is met. Following the policy revision, ACT training on ISP facilitation will be strengthened. Policy training on <i>DHR Partnerships With Children, Their Families, And Providers</i> and <i>Federal Parent Locator Service</i> training will be conducted for the purpose of enhancing efforts to consistently involve parents and to improve efforts to locate 	<ul style="list-style-type: none"> Family Planning Team (FPT) Family Planning Team Meeting

²¹CFSR refers to the date the CFSR Final Report was issued; PIP refers to the date the PIP was approved (or, in certain instances where this date was not available, it refers to the date of the approved PIP report, or the date that the approved PIP was submitted). This information is available at http://basis.caliber.com/cwig/ws/cwmd/docs/cb_web/SearchForm

State ²¹	CFSR Findings	PIP Goals and Action Steps	Family Engagement or Involvement Model(s) Referenced in CFSR/PIP
	<p>the basis for developing the ISP (Individualized Service Plan). In the Family Planning Team Meeting, the agency, family, and other key parties jointly engage in the preparation of a written, comprehensive assessment, statement of goals, and statement of action plans to achieve goals. This written report is the ISP, and the content of the ISP drives all future case activity. The Statewide Assessment indicates that DHR policy requires that the Family Planning Team meeting must include family members, the social worker and relevant stakeholders who are involved with the family.</p> <ul style="list-style-type: none"> • Active participation by the family in the assessment and planning process is required and considered best practice. The only exception to this is planning in cases where parental rights have been terminated. However, even in cases in which parental rights are terminated, family involvement is very often present in the planning prior to termination being sought, and continued involvement of the biological family is encouraged if possible . . . emphasis is placed on locating absent parents and identifying extended family members to be included on the FPT • The involvement of parents, relatives, and children in the FPTM is inconsistent, and active efforts to locate absent parents and identifying extended family members to be included on the FPT were not evident • Overall effectiveness of the ISP depends on the experience and expertise of the DHR worker, which varies considerably. 	<p>absent parents and identifying extended family members to be included in the ISP process.</p> <ul style="list-style-type: none"> • Alabama Child Welfare Training will be enhanced to strengthen the requirement that parents/relevant family members, including absent parents, be involved in the ISP process. Training modules and role-plays will focus on involving parents/relevant family members in the Individualized Service Planning process. Training will emphasize involvement of parents/relevant family members in developing the strengths/needs based plan, as well as attending the formal ISP meeting. • Forty County QA Committees, to be determined by State QA, will do parental surveys by the benchmark date. Parental involvement in ISPs will be an item on the surveys and will be used to provide County QA Committees and county staff with a measure of how the county is performing in this area. Such surveys will be done on an annual basis and coordinated through the QA Office. • A “systematic record review process” will be designed to conduct timely record reviews that focus on this requirement. Consideration will be given to both a state and county review. Record reviews will address practice and policy. • Develop codes in the automated systems to capture attendance at ISPs. 	
<p>Alaska CFSR:</p>	<p>Item 18</p> <ul style="list-style-type: none"> • In 52% of the cases, the agency did not diligently involve parents or children in the case planning 	<p>Item 18:</p> <ul style="list-style-type: none"> • The OCS has recently purchased access to INGENS for some offices to assist in finding any 	<ul style="list-style-type: none"> • None noted

State ²¹	CFSR Findings	PIP Goals and Action Steps	Family Engagement or Involvement Model(s) Referenced in CFSR/PIP
<p>September 20, 2002</p> <p>PIP: September 1, 2003</p> <p>Highlights: A. The State met the national standards for one of the six standards. B. The State achieved substantial conformity for none of the seven outcomes. C. The State achieved substantial conformity for three of the seven systemic factors.</p>	<p>process.</p> <ul style="list-style-type: none"> A Tribal stakeholder commented that there was no consultation with Tribes on case plan development. Roundtable participants reported that there had been a significant increase in parent participation in case planning recently, and noted that the time spent connecting with parents resulted in more successful engagement of the parents. However, social workers surveyed as part of the State's self-assessment process indicated that the initial case plan usually is not developed with parent involvement and that it is more common for workers to develop the initial case plan and present it to family members. Lack of involvement in case planning was attributed in the Statewide Assessment to workload issues and difficulties engaging some parents. <p>Item 25</p> <ul style="list-style-type: none"> The general message is that parents are to be involved but that there is no system in place that ensures consistent involvement of parents or children in this process. Statewide Assessment identified the following challenges to involving parents in case planning process: High caseloads; the fact that the parents' attorneys sometimes encourage resistance to involvement in case planning; the fact that the parents have limited abilities or disagree with agency involvement. 	<p>missing biological parents of children in custody. INGENS is a national database that assists in finding individuals through numerous types of public records.</p> <ul style="list-style-type: none"> Policy will be developed and training provided to staff regarding the use of culturally appropriate techniques to engage parents in the case planning process. The Quality Assurance On-Site Reviews will be used to measure progress in this area. Since these reviews mimic the CFSR process, child and family involvement in case planning will be assessed in each field office. In addition, the OCS will develop a child and family survey instrument, which will be distributed on a regular basis to consistently obtain client feedback on the process. <p>Item 25:</p> <ul style="list-style-type: none"> The OCS will form a policy work group to practically define and suggest changes needed to address federal and state mandates. The OCS has identified case planning quality and inclusiveness as a priority. The OCS will complete a thorough review of policy, procedure, and training regarding parental and child inclusion in case planning in out-of-home and in-home cases. Procedural barriers will also be assessed. The OCS notes that goal specific and goal oriented case plan content is an area that needs particular attention. Procedural changes will be implemented to address these deficiencies. Case planning practice will be enhanced through additional training to all workers, supervisors, Dual Track grantees, and the judiciary. 	

State ²¹	CFSR Findings	PIP Goals and Action Steps	Family Engagement or Involvement Model(s) Referenced in CFSR/PIP
<p>Arizona</p> <p>CFSR: February 4, 2002</p> <p>PIP: November 25, 2002</p> <p>Highlights:</p> <p>A. The State met the national standards for two of the six standards.</p> <p>B. The State achieved substantial conformity for two of the seven outcomes.</p> <p>C. The State achieved substantial conformity for five of the seven systemic factors.</p>	<p>Item 7</p> <ul style="list-style-type: none"> The Implementation of FGDM in 4 counties has supported reunification and non-adoptive relative placement <p>Item 15</p> <ul style="list-style-type: none"> DES has noted a drop in relative placements . . . due to a growing emphasis on placement prevention and early reunification services, such as FGDM <p>Item 17</p> <ul style="list-style-type: none"> FGDM program . . . are some of the services that are provided to families <p>Item 18</p> <ul style="list-style-type: none"> In 33% of the cases, the agency did not diligently involve parents or children in the case planning process. The Family Group Decision Making Program (FGDMP) has effectively increased parental and extended family participation in case planning by giving control for the development of safety, placement, and service plans to the family in cases deemed appropriate. This program is currently available in two of six districts and is expanding Statewide by October 2001. The growing familiarity of staff with the FGDMP has lead many case managers to employ similar techniques with families who are not referred to the actual FGDMP. Focus group and survey results indicate that parents are provided the opportunity to participate in case planning during staffings, court hearings, and case manager contacts. When cases were rated 'strength,' they typically had parent and/or caregiver participation in case planning Many cases lacked evidence that parents were active 	<p>Item 17</p> <ul style="list-style-type: none"> Increase the number of cases appropriate for Family Group Decision Making (FGDM) that are referred for the service Question of whether FGDM would be beneficial to the child or family included in the clinical case supervision discussion guides Field staff notified to implement clinical supervision policy (to occur, at minimum, within 21 days of case opening and quarterly thereafter to ensure referral to FGDM in appropriate cases) Data on number of families referred to FGDM analyzed to determine if an increase has been realized <p>Item 18</p> <ul style="list-style-type: none"> Parent and child face-to-face contact discussion guides for case managers drafted and finalized. Via e-mail and the Training Institute, discussion guides provided to case managers as an optional tool. Training Institute reviewed for content related to parent and child involvement in case plan development and recommendations for curriculum revision provided to Training Institute. Content on parent and child involvement increased, if needed. First session of Training Institute including emphasis on parent and child involvement in case plan development held 	<ul style="list-style-type: none"> Family Group Decision Making Program (FGDMP)

State ²¹	CFSR Findings	PIP Goals and Action Steps	Family Engagement or Involvement Model(s) Referenced in CFSR/PIP
	<p>participants in developing case plans</p> <ul style="list-style-type: none"> The quality of the case plans and the lack of individualization may be due to worker turnover and vacancy rates. <p>Item 25</p> <ul style="list-style-type: none"> Inconsistency in the quality of the case plans and the lack of case plan individualization were noted in both the on-site case review and stakeholder interviews. It appears this is due to worker turnover and vacancy rates resulting in higher caseloads per worker and less worker attention to the specifics of each case. Case record review indicated that more consistency is needed in involving both the child and families in the case planning. More than half of the cases reviewed on-site in which children were old enough to be involved in case plan development lacked child participation. <p>Item 35</p> <ul style="list-style-type: none"> Services such as . . . Family Group Decision Making are services that have been expanded due to the evidence of the successfulness of the services. Stakeholders identified FGDM as effective in maintaining children at home or for placement with relatives 		
<p>Arkansas</p> <p>CFSR: May 6, 2002</p> <p>PIP: July 1, 2003</p> <p>Highlights:</p>	<p>Item 18</p> <ul style="list-style-type: none"> In 36% of the cases, the agency did not diligently involve parents or children in the case planning process. DCFS policy states that the case plan shall be developed with the involvement of family, the age-appropriate children, the foster parents and the Attorney ad Litem (if there is court involvement), the Family Service Worker and any other involved 	<p>Item 18</p> <ul style="list-style-type: none"> In order to promote family involvement in case planning, we will revise the family assessment process to assure that relevant information about family members is included. We will revise the case planning process to assure family members, including age-appropriate children and non-custodial parents, are involved. 	<ul style="list-style-type: none"> None noted

State ²¹	CFSR Findings	PIP Goals and Action Steps	Family Engagement or Involvement Model(s) Referenced in CFSR/PIP
<p>A. The State met the national standards for three of the six standards.</p> <p>B. The State achieved substantial conformity for one of the seven outcomes.</p> <p>C. The State achieved substantial conformity for all of the seven systemic factors.</p>	<p>parties.</p> <p>Item 25</p> <ul style="list-style-type: none"> It did not appear that families, children and caregivers were engaged in the case planning processes of the agency and there was limited individualization of plans in many cases. 		
<p>California</p> <p>CFSR: January 10, 2003</p> <p>PIP: July 1, 2003</p> <p>Highlights:</p> <p>A. The State met the national standards for none of the six standards.</p> <p>B. The State achieved substantial conformity for none of the seven outcomes.</p> <p>C. The State achieved substantial conformity for two of the seven systemic factors.</p>	<p>Item 18</p> <ul style="list-style-type: none"> In 47% of the cases, the agency did not diligently involve parents or children in the case planning process. When the family is engaged in family group decision making, they tend to be involved in the case planning process. However, when this approach is not used, there is no other formal mechanism for involving parents in case planning. Consequently, workers are not consistent in their efforts to involve parents. Several stakeholders attributed this to the fact that the high number of cases carried by workers prohibits them from involving families in case planning. It is more time-efficient for them to develop a case plan and then present it to the parents. California has embraced an agency philosophy that a strength-based approach to families is the most effective method of engaging parents in case planning (i.e., identifying strengths and needs, determining goals and requesting services). Counties are exercising a variety of options to bring family- 	<p>Items 18 and 25</p> <ul style="list-style-type: none"> CDSS will issue an All County Information Notice (ACIN) clarifying that case plans require family engagement and clarifying the importance of documentation of child and family involvement in the case planning process. This engagement includes informing parents of their rights and responsibilities regarding the case planning process. CDSS will provide technical assistance to high priority counties to identify and implement promising practices that reduce multiple placements and improve continuity of family relationships and connections. The CDSS will develop a promising practices guide that will contain successful practices from high performing counties, such as using team review process (including parents and child as appropriate) before a child is moved to a second placement and family engagement practices to improve case planning. Additionally, the State will work to increase the number of counties, including Los Angeles County, 	<ul style="list-style-type: none"> Family Group Decision Making (FGDM)

State ²¹	CFSR Findings	PIP Goals and Action Steps	Family Engagement or Involvement Model(s) Referenced in CFSR/PIP
	<p>centered models and concurrent resources to their communities. The Statewide Assessment notes that practices such as family decision-making models, wraparound services, and dependency or permanency planning mediation are being used with increased frequency throughout California. However, evidence of the frequent use of these practices was not apparent in the cases reviewed.</p> <p>Item 25</p> <ul style="list-style-type: none"> • Although State statutes require caseworkers to develop case plans and to involve parents in the development process, there is no statewide protocol in place to ensure parent and child participation in developing the case plan. • Stakeholders noted that when there is a clear protocol or method for involving families, such as Family Group Decision Making, parents are involved. However, if there is no protocol or method, it is rare that families are involved in the case-planning process. According to many of the stakeholders and case reviewers, the most common approach to the case-planning process appears to be one in which the caseworker prepares the plan and then presents it to the family. Most stakeholders expressed the opinion that when families are not involved in case planning, it is usually because caseworkers do not have the necessary time to engage families due to their large caseloads. 	<p>that use the Family to Family Initiative.</p> <ul style="list-style-type: none"> • The CDSS will provide training to child welfare and probation supervisors on good case planning practice, including involvement of all family members in case planning and the need to visit with parents when such visits are part of the plan; comprehensive assessment of all children's needs; assessing all in-home children's educational needs and assessing all in-home children's mental health needs. • The CDSS will submit a legislative proposal to expand the time allotted to develop an appropriate case plan from 30 days to the federal requirement of 60 days. This will give social workers additional time to engage all family members, and to assess and address comprehensively child and family service needs. Upon enactment, the CDSS will implement statewide. • The CDSS will work with California Youth Connection (CYC) to ensure that youth voice and involvement are integrated into the case planning process. <p>Item 18</p> <ul style="list-style-type: none"> • Develop and implement survey. Data collection method: Telephone survey using structured questionnaire. Items on the survey to be developed and reviewed in conjunction with Region IX. Population to be interviewed for this item: parents and foster parents/caregivers for children in both in-home and out-of-home placements. Calculation of performance measure: CDSS will calculate: (1) Percentage of cases in which case plan was discussed at all. (2) Where the plan was discussed. 	

State ²¹	CFSR Findings	PIP Goals and Action Steps	Family Engagement or Involvement Model(s) Referenced in CFSR/PIP
		<p>Item 25</p> <ul style="list-style-type: none"> We will increase implementation of the Family to Family Initiative. By June 30, 2005, Family to Family will be available in counties whose CWS caseload combined represents 60 percent of CWS caseload statewide. Family to Family will be implemented countywide in these counties. Please note, it is the State's intent to eventually implement Family to Family statewide. 	
<p>Colorado</p> <p>CFSR: November 12, 2002</p> <p>PIP: October 22, 2003</p> <p>Highlights: A. The State met the national standards for four of the six standards. B. The State achieved substantial conformity for one of the seven outcomes. C. The State achieved substantial conformity for six of the seven systemic factors.</p>	<p>Item 18</p> <ul style="list-style-type: none"> In 28% of the cases, the agency did not diligently involve parents or children in the case planning process <p>Item 25</p> <ul style="list-style-type: none"> Stakeholders commented that although the State has provided training in Family Group Conferencing, this practice is not being implemented consistently as part of the case planning process. Family Group Conferencing is generally used to determine placement options and/or to finalize a permanency goal. Some stakeholders suggested that more emphasis on Family Group Conferencing would ensure the involvement of all relevant parties in the case planning process. <p>Item 35</p> <ul style="list-style-type: none"> Family group conferencing facilitation are among the most common services provided to families 	<p>Item 3</p> <ul style="list-style-type: none"> Use of Team Decision Making (TDM) to consider removal decisions will be expanded beyond Denver and El Paso counties. Present Family to Family strategies (including use of TDM) to Metro Child Welfare Administrators and County Directors. Conduct statewide forum to provide information regarding implementation and support for Family to Family strategies. Additional counties self-select to implement these strategies (Projected: three additional counties) The State will provide technical assistance and support to counties as they implement TDM for this purpose. <p>Item 5</p> <ul style="list-style-type: none"> Family to Family Practice of Team Decision-Making (TDM) will occur in Denver and El Paso Counties. Denver and El Paso counties expand current use of Team Decision Making to include delivering a TDM meeting prior to return of a child home. These TDMs will address post-reunification needs of the family. The current staff in these county TDM units 	<ul style="list-style-type: none"> Family Group Conferencing (FGC) Family Group Decision Making (FGDM) Team Decision Making (TDM)

State ²¹	CFSR Findings	PIP Goals and Action Steps	Family Engagement or Involvement Model(s) Referenced in CFR/PIP
		<p>will manage this expansion.</p> <ul style="list-style-type: none"> • Additional counties will be identified to deliver TDM meetings when a child returns home. • The State will provide technical support to the additional counties and the counties will implement TDM. <p>Item 6 - Stability in foster care</p> <ul style="list-style-type: none"> • Training and technical assistance in Family Group Decision Making and Team Decision Making to plan for each move made by a child in foster care will be expanded to other counties <p>Item 18</p> <ul style="list-style-type: none"> • Family Involvement practices will be utilized. Denver and El Paso Counties will utilize TDM strategies to involve child and family in case planning. Strategies will be documented and shared with other counties. • Opportunities for training in Family Group Decision Making will be provided for County Departments statewide. Counties will be notified of resources available to attend FGDM conferences and trainings. County requests will be received and approved by State staff. 	
<p>Connecticut</p> <p>CFSR: August 19, 2002</p> <p>PIP: August 20, 2003</p> <p>Highlights: A. The State met the</p>	<p>Item 18</p> <ul style="list-style-type: none"> • In 38% of the cases, the agency did not diligently involve parents or children in the case planning process. <p>Item 25</p> <ul style="list-style-type: none"> • Item 25 was rated as an Area Needing Improvement because although DCF is consistent in convening Treatment Planning Conferences (TPC) and Administrative Case Reviews (ACR) to ensure that each child has a case plan, the general consensus of 	<p>DCF's Initiatives for Program Development</p> <ul style="list-style-type: none"> • The first effort places an emphasis on staff training to ensure consistent focus on the child centered-family focused approach of engaging families in case planning. • Phase one of the training/review will focus on the social work supervisor's roles in enhancing the quality of treatment plans. It is the result of collaborative efforts between DCF staff and a contracted consultant and will be provided to all 	<ul style="list-style-type: none"> • Family Group Decision Making

State ²¹	CFSR Findings	PIP Goals and Action Steps	Family Engagement or Involvement Model(s) Referenced in CFSR/PIP
<p>national standards for two of the six standards.</p> <p>B. The State achieved substantial conformity for one of the seven outcomes.</p> <p>C. The State achieved substantial conformity for four of the seven systemic factors.</p>	<p>stakeholders was that neither process functions as a means to engage families in the case planning process and parents are not routinely perceived as partners with the agency in the development of the case plan.</p> <ul style="list-style-type: none"> In one Region, it was noted that DCF is exploring the possibility of piloting a Family Group Decision Making planning model to determine whether that would improve the engagement of families in case planning. 	<p>managers, social work supervisors, and social workers. The supervisory training consists of a review of the elements of quality treatment plans, a review of the strength-based approach to treatment planning, the identification of family strengths and resiliencies which provide the foundation for change, techniques for engaging the involuntary client, and using family group decision making to develop optimal treatment plans with families.</p> <ul style="list-style-type: none"> The second phase of training/review will be tailored to social work staff. The training entitled “Collaborative Treatment Planning” will begin at the conclusion of the social work supervisor training. The components will be: a strength based approach to treatment planning, identification of family strengths and resiliencies which provide the foundation for change, engaging the involuntary client in the treatment planning process, overview of the treatment planning process, understanding our assumptions, conclusions and decisions, analyzing assessment information and making decisions, documenting assessment data, and matching services to needs/risks. <p>Item 18</p> <ul style="list-style-type: none"> Provide reasonable choices to families related to where, when and who is involved in the case planning meetings for in home cases. Expand hours of family meetings for in-home cases. Train staff in treatment planning engagement and facilitation. <p>Item 25</p> <ul style="list-style-type: none"> Seek Technical Assistance from the NRC for Family- Centered Practice on parental involvement. 	

State ²¹	CFSR Findings	PIP Goals and Action Steps	Family Engagement or Involvement Model(s) Referenced in CFSR/PIP
		<ul style="list-style-type: none"> Regional Parent Leadership Groups will be established so that parents will be offered supportive assistance by parent advocates, if desired. Train staff on family engagement and involvement. 	
<p>Delaware</p> <p>CFSR: June 25, 2001</p> <p>PIP: December 20, 2001</p> <p>Highlights: A. The State met the national standards for five of the six standards. B. The State achieved substantial conformity for one of the seven outcomes. C. The State achieved substantial conformity for all of the seven systemic factors.</p>	<p>Item 18</p> <ul style="list-style-type: none"> The review found that there was broad involvement of families, foster parents and some children in case planning statewide. Stakeholder interviews indicated that parents and foster parents were aware of case issues and were involved in planning and case reviews. Stakeholder interviews, in one site, indicated that workers engage parents in case planning by printing copies of the case plan form, handwriting it with parents, and then entered the information into the Family and Child Tracking System. <p>Item 25</p> <ul style="list-style-type: none"> The Division of Family Services utilizes three planning documents in working with families - the Family Case Plan, the Plan for Child In Care, and the Interdivisional Case Plan. DFS reports that there is no specific data available to determine the effectiveness or extent of parental involvement in the development of the plan. However, in the focus groups composed of caseworkers, as well as those groups composed of review bodies and community partners, it was felt that parents were given full opportunities to participate in the development of the plan. In the client focus group, all participants agreed that they were aware of the plan for the child and were able to contribute to the development of this plan. 	<ul style="list-style-type: none"> N/a 	<ul style="list-style-type: none"> None noted

State ²¹	CFSR Findings	PIP Goals and Action Steps	Family Engagement or Involvement Model(s) Referenced in CFSR/PIP
	<ul style="list-style-type: none"> The onsite case review showed that case planning includes participation of parents and other family members. 		
<p>DC</p> <p>CFSR: February 19, 2002</p> <p>PIP: September 19, 2002</p> <p>Highlights: A. The District met the national standards for four of the six standards. B. The District achieved substantial conformity for one of the seven outcomes. C. The District achieved substantial conformity for four of the seven systemic factors.</p>	<p>Item 18</p> <ul style="list-style-type: none"> In 55% of the cases, the agency did not diligently involve parents or children in the case planning process. When the Family Group Decision-Making process was used, the review found that it was a significant avenue to involve families in case planning. However, the review identified that the Agency lacks case management/coordination between family, service providers, foster parents, children, caseworkers, judges, and attorneys. In some cases this led to confusion about case plan, goals and permanency plans, and in over half of the cases reviewed child and family involvement in case planning needed improvement. <p>Item 25</p> <ul style="list-style-type: none"> The Family Group Decision-Making process, when done, is a significant avenue to involve parents, extended family and children in case planning. Currently, this process is only used by the Collaboratives. Case planning was not done consistently by Agency staff and case plans were not found in all records. Additionally, not all parties involved in a case were consulted when developing the case plan, including foster parents and children who are of an age to productively participate. The Agency has a goal of implementing this system throughout the District by October 2001. <p>Item 35</p> <ul style="list-style-type: none"> With the \$37.5 million dollar budget increase, the 	<p>Item 5</p> <ul style="list-style-type: none"> Conduct best practice research on principles of family group decision making. An automated folder of family conferencing research will be readily available to CFSA through the agency network by December 2002 Draft model including principles of family empowerment, involvement, and decision making, and the case planning process. Incorporate new model/principles into training curriculum. Train direct service staff and supervisors on the new case planning process. <p>Items 18 and 25</p> <ul style="list-style-type: none"> Modification of case plan and policies to address family involvement. New hires will be provided practical/hands-on supervision including case planning activities via training units. Modification of CFSA's core and inservice training to incorporate a competency-based approach. <p>Item 18</p> <ul style="list-style-type: none"> Mandatory training of direct service staff, supervisors and program managers on process, policy and documentation requirements. Children in foster care will have current case plans that include documentation of efforts to involve family members in the planning process. <p>Item 25</p> <ul style="list-style-type: none"> Training of Program Operations direct service staff, supervisors and program managers on case 	<ul style="list-style-type: none"> Family Group Decision Making (FGDM)

State ²¹	CFSR Findings	PIP Goals and Action Steps	Family Engagement or Involvement Model(s) Referenced in CFSR/PIP
	Agency developed new services to meet emerging needs. These services included . . . family group conferencing, etc.	<p>planning process, policy and documentation requirements.</p> <ul style="list-style-type: none"> • Program Operations will develop current case plans with family and children's involvement, and complete documentation in FACES; plans will include discussion of the involvement of the parents/children, or the reasonable efforts of the social worker to involve the family. • CFSA will revise contract requirements, as necessary, to ensure uniform utilization of the FACES system. • MIS will coordinate with private agencies and Collaboratives to install and connect the FACES system in their agencies 	
<p>Florida</p> <p>CFSR: April 23, 2002</p> <p>PIP: April 30, 2003</p> <p>Highlights: A. The State met the national standards for two of the six standards. B. The State achieved substantial conformity for one of the seven outcomes. C. The State achieved substantial conformity</p>	<p>Item 18</p> <ul style="list-style-type: none"> • In 47% of the cases, the agency did not diligently involve parents or children in the case planning process. • Stakeholder interviews revealed the negative impact of workers turnover and high caseload on attendance at case plan conferences. <p>Item 25</p> <ul style="list-style-type: none"> • In one county, Family Group Conferencing in Model Court promotes family involvement in case plans. • Parents and children are not consistently involved in developing the case plan. <p>Item 37</p> <ul style="list-style-type: none"> • Case record review revealed the individualization of services to meet the needs of families and children when Family Group Conferencing occurs. 	<p>Training Initiatives</p> <ul style="list-style-type: none"> • Family-centered training curriculum - The case planning course builds on the assessment course and teaches the trainees to use the strengths and needs identified through assessment in determining the tasks and outcomes necessary to write a case plan that has the greatest possibility of success in meeting the needs of the child and family. The trainees are instructed to engage the family to the fullest extent possible so that they have ownership in the process and the end results. <p>Item 7</p> <ul style="list-style-type: none"> • Use Child and Family Team Conferences Trainer Manual, developed by The Child Welfare Policy and Practice Group, Montgomery, AL <p>Item 18</p> <ul style="list-style-type: none"> • Improve the case planning process to include documentation and input from all parents, age appropriate children, caregivers and other support 	<ul style="list-style-type: none"> • Family Group Conferencing (FGC)

State ²¹	CFSR Findings	PIP Goals and Action Steps	Family Engagement or Involvement Model(s) Referenced in CFSR/PIP
for five of the seven systemic factors.		<p>individuals.</p> <ul style="list-style-type: none"> • Educate the attorneys on the importance of child and family involvement in case planning. • Revise policy and implementation instructions on family assessments (including biological fathers and relative caregivers) to include requirements for relatives and other caregivers, to require a detailed history of the child’s development, physical, dental and mental health and educational status and to emphasize performing and documenting ongoing family assessments as a critical component of case planning and permanency goal achievement throughout the life of the case, as well as the appropriate identification and matching of individualized services to the child, the family and the caregivers. • Communicate the need to follow policy, rule and statute on involving parents (including biological fathers), age appropriate children, caregivers, guardian ad litem, and other individuals or agencies involved with child, such as teachers, therapists, other service providers. • All new case plans will include documentation that family group conferencing occurred as a part of the case planning process. Including a list of participants and their relationship to the child and/or family. <p>Item 25</p> <ul style="list-style-type: none"> • Educate the attorneys on the importance of child and family involvement in case planning. • Research methods used by community partners and other states to successfully engage parents and children in the case planning process for 	

State ²¹	CFSR Findings	PIP Goals and Action Steps	Family Engagement or Involvement Model(s) Referenced in CFSR/PIP
		<p>replication in Florida.</p> <ul style="list-style-type: none"> • Convene regularly scheduled monthly quality assurance debriefings with program, operations, legal, policy and PDC to provide feedback and discuss trends from the case review findings on assessment and case planning activities. 	
<p>Georgia</p> <p>CFSR: October 10, 2001</p> <p>PIP: October 1, 2002</p> <p>Highlights:</p> <p>A. The State met the national standards for three of the six standards.</p> <p>B. The State achieved substantial conformity for none of the seven outcomes.</p> <p>C. The State achieved substantial conformity for four of the seven systemic factors.</p>	<p>Item 17</p> <ul style="list-style-type: none"> • In all three sites, Homestead brings flexibility to the process; family group conferencing, when used, is successful. <p>Item 18</p> <ul style="list-style-type: none"> • The State and Georgia laws promote the involvement and participation of parents of children in foster care in the development of the case plan. Parents receive written notice (at least five days in advance) of the meeting to develop the case plan. The law also requires that any recommendations of the parent be included in the case plan when submitted to the court for review. As part of the Judicial Review Report, the county must include: the parent's receipt of advance written notice, the extent of parental participation and the parent's agreed upon obligations or why the parent does not concur. The parent's lack of participation and/or availability in the case planning process must be documented. Although in the smaller sites, reviewers found involvement by families in case planning in the majority of cases reviewed, it was not consistent, as there were instances where case planning was done without the families' input. • In the larger site, the practice does not reflect ongoing family involvement in case planning, and this 	<p>Item 18</p> <ul style="list-style-type: none"> • Provide training to teach methods to promote mandatory parental involvement in case planning. Training will be assigned to eliminate the practice of caseworkers developing plans and then presenting them to parents to accept. Special attention will be paid to include fathers and older children in case planning. Training will also include on-going involvement with families to assure regular assessments and updates of the steps of the case plan with identification of improving strengths, continuing needs and services to be provided. Judicial and SAAG training needs to incorporate these issues as well. • Supervisors and county directors must assure that family conferences are conducted in every appropriate case and documentation should be in the record when a family conference is not held, e.g. domestic violence issues. Family group conferencing needs to be implemented statewide, as currently required in state policy, and better supported. • Family group conferencing must be done at the 30-day case plan with multi-disciplinary staffing to ensure parental involvement in case planning. Evaluation: Sample spot checks with counties will 	<ul style="list-style-type: none"> • Family Group Conferencing (FGC)

State ²¹	CFSR Findings	PIP Goals and Action Steps	Family Engagement or Involvement Model(s) Referenced in CFSR/PIP
	<p>is one of the greatest areas needing improvement. There was a general lack of active involvement by children and families in most cases, with some examples of older children not involved in case planning at all and not knowing why they were even involved with DFCS.</p> <ul style="list-style-type: none"> • Typically, case managers developed case plans and presented them to parents. There was a lack of attention to fathers in particular in case planning. Parents were more likely to be involved in case planning in foster care cases than in CPS cases. In many cases the agency waited for parents to ask for help rather than the agency reaching out to them. There was no ongoing identification of improving strengths, continuing needs and services to be provided. • Family group conferencing was not clearly reflected in the cases reviewed. <p>Item 25</p> <ul style="list-style-type: none"> • In an effort to increase family participation for those children entering out-of-home care, Georgia is implementing Family Group Conferencing. Progress in meeting the goals of the case plan was noted in several cases where the family and children fully participated. • The Family Group Conferencing is an excellent model to increase family participation. Providing support to families such as transportation and flexible times and sites will also promote participation in the case planning process. • In one of the smaller counties, case plans were specific to the individual cases, addressing the individual needs of the parents and children and specifying services to meet the individual needs. 	<p>occur to see if counties are in compliance.</p> <ul style="list-style-type: none"> • Family Group Conferencing will get sufficient support, leadership and project management to ensure successful implementation and maintenance. Evaluation: Feedback will be sought quarterly from the project manager on progress and needs for continued successful implementation. • A project manager will be assigned with full support for implementation. 	

State ²¹	CFSR Findings	PIP Goals and Action Steps	Family Engagement or Involvement Model(s) Referenced in CFSR/PIP
	<ul style="list-style-type: none"> Case managers view the process of Family Group Conferencing as a one-time occurrence rather than an ongoing process of the continuous evaluation with the family on the progress of achieving the goals of the case plan. 		
<p>Hawaii</p> <p>CFSR: November 6, 2003</p> <p>PIP: July 1, 2004</p> <p>Highlights:</p> <p>A. The State met the national standards for two of the six standards.</p> <p>B. The State achieved substantial conformity for one of the seven outcomes.</p> <p>C. The State achieved substantial conformity for two of the seven systemic factors.</p>	<p>Item 3</p> <ul style="list-style-type: none"> DHS uses Ohana conferencing to work with families to maintain children in the home whenever possible. Ohana conferencing is a family conference model developed in Hawaii for select Child Welfare Services cases. As noted in the Statewide Assessment, since 1996, there have been 2,142 conferences convened and 95 percent have “reached agreement.” “Reached agreement” means that all conference participants agree on the issues that resulted in CPS involvement; on the need for support from family members, the community, and service agencies to address the issues and work on their resolutions; and, in some instances, on the need for placement of children with DHS until key problems are resolved. <p>Item 18</p> <ul style="list-style-type: none"> In 40% of the cases, the agency did not diligently involve parents or children in the case planning process. Stakeholders commenting on this issue expressed differing opinions. Some stakeholders said that parents are involved in case planning from the time that the case is opened, and that they are invited to participate in service plan conferencing and Ohana family conferences. Other stakeholders, however, reported that caseworkers are not trained properly to engage families effectively in case planning, and that often, the family service plan is presented to parents 	<p>Increased Family Involvement and Use of Ohana Conferences</p> <ul style="list-style-type: none"> A primary strategy for increasing the efficacy and level of family involvement will entail a substantially expanded use of Ohana conferences. These conferences are modeled on the New Zealand Family Group Conferencing model developed in 1985. Ohana conferences gather together the parents and extended family of children and other stakeholders such as CWS workers or voluntary services providers involved in the CWS system to collaboratively develop placement plans for children, service plans for parents, reunification plans so that children may safely return home as soon as possible, permanency plans for those children who will not return home, and transition plans for those children aging out of care. We intend to streamline the O’hana conferencing process to expand the use of Ohana conferences at several key stages throughout the family’s involvement with CWS: initially, at the point of intake; as an alternative dispute resolution mechanism, when the family and the child welfare authorities have reached an impasse or an elevated level of contention exists; as a quality control mechanism to ensure safety plans are defined prior to reunification or case closings; and at the point of emancipation for those young adults aging out of the foster care system. 	<ul style="list-style-type: none"> Ohana Conferencing Ohana Family Conference

State ²¹	CFSR Findings	PIP Goals and Action Steps	Family Engagement or Involvement Model(s) Referenced in CFSR/PIP
	<p>“just before going into the courtroom.” Some of the differences in perspective may be due to the perception of what parent involvement means. For example, several stakeholders in the agency reported that DHS is effective in involving parents because the caseworkers sit down with the parents prior to court and “tell them why they are there and what the family needs to do and also the risk factors and services available.” This is different than actually seeking parental input in the case planning process.</p> <p>Item 25</p> <ul style="list-style-type: none"> • Although State statutes require caseworkers to develop case plans and to involve parents in the development process, the plans generally are not developed jointly with the parents of the children. In fact, parents often are presented with the case plans prepared by the caseworkers just before going into court. Often, these plans are “boiler plate” and do not address the individual needs of the families. A major exception to caseworker-prepared case plans is when Ohana Family Conferences are utilized. Ohana Family Conferences require the participation of the immediate family, extended family and often neighbors in identifying the key issues that resulted in DHS involvement and the services that will be needed to address the issues and to either prevent removal or achieve reunification. Therefore, the case plans resulting from Ohana Family Conferences are personalized for the families and created with their direct involvement. • Family involvement in the case plan usually is reflected in their participation in an Ohana Conference, which is a family-centered, strengths-based, culturally relevant and community-based, 	<ul style="list-style-type: none"> • <i>Intake</i> – Holding an Ohana conference at the beginning of the family’s involvement with CWS provides an opportunity for the family to collaborate on the identification of potential family or kinship placements for children; to develop a service plan with appropriate resources and support to enable children to remain safely in the family home; and to develop visitation plans for parents and children when an out-of-home placement is necessary. These conferences also provide information to the family on how CWS will work with them, clarify the statutorily-imposed timelines and legal requirements of the <i>Adoption and Safe Families Act</i>, and explain the process of concurrent planning. The conference helps families understand the identified safety concerns, makes sure they fully and precisely comprehend the issues that must be addressed before the case can close, and assists them in making informed decisions about their children’s welfare. • <i>Dispute Resolution</i> – Due precisely to the collaborative and non-confrontational nature of the Ohana conference, it has proven to be a preferred method, in the hands of a skilled facilitator, for reducing conflict and negotiating consensus when an impasse has been reached and intractable differences seem to separate the parties. Such situations usually seem to arise when cases have been in the system for six months or more and progress, for one reason or another, seems to have come to a standstill. The Ohana conference can often break the logjam and avoid more adversarial means of moving the case forward. • <i>Reunification and Case Closings</i> – The 	

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	<p>family decision-making approach. Ohana Conferences can be used with willing families for both voluntary and court-jurisdiction cases. It can be used to preserve families as well as reunite them, or to provide an alternate permanent home with family (paternal or maternal) or non-family members. An Ohana Conference involves each family in the initial decision-making process and sometimes on an ongoing basis to review the progress made.</p> <ul style="list-style-type: none"> • Maui stakeholders noted that the agency is beginning to engage the family in case planning during investigations and that in voluntary service cases, Maui parents are involved in developing case plans. However, Hilo stakeholders observed that the agency is not effective in developing case plans with families, asserting that high caseloads and caseworker inexperience are barriers to engaging families. Most Oahu stakeholders expressed the opinion that the caseworkers develop the plan and give it to the parents to sign, or, at best, the caseworker sits down and reviews the plan with the parents, explaining to them what is in the plan, rather than engaging them in providing input into the plan. • All stakeholders agreed that the Ohana conference is an effective and culturally appropriate method for engaging families in case planning. However, stakeholders noted that Ohana conferencing is not used consistently across agency units, although it may be court-ordered. According to stakeholders, it appears to be used more in Leeward Oahu and Maui than in urban Oahu and Hilo. 	<p>Reunification conferences are designed to help families identify support systems within their network of relationships and their local community that will nurture and sustain the family's successful reunification and ensure that their child can safely remain at home and avoid reentry into the foster care system. The Case Closing conferences enable the family to review the circumstances that brought them into the system, to reinforce their knowledge of the techniques and resources they can utilize to master or avoid those troubles in the future, and to inventory the resources within their extended family and local community that they can turn to, should problems arise once again. Both Reunification and Case Closing conferences focus on the development of a safety plan that identifies who can care for the children safely and encourage the use of a power of attorney, if appropriate and if a child will be staying with a designated relative while the parent is seeking help. These conferences draw on the synergistic wisdom of the family, and other stakeholders such as CWS workers or voluntary services providers.</p> <ul style="list-style-type: none"> • <i>Emancipation</i> – Ohana conferences conducted as young adults approach emancipation from the CWS system enable them to identify and begin to engage the various support networks they will need to call upon in order to successfully manage the transition to independent living. • Thus, Ohana conferences could be used multiple times over the life of a case. For calendar year 2003, 585 conferences were held which represent approximately 10% of our caseload. We are on track to hold more than 800 conferences this year 	

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		<p>and we project 900 conferences in 2005. Participation in Ohana conferences is voluntary on the part of the family.</p> <ul style="list-style-type: none"> • Currently this alternative is underutilized, so any effort to increase utilization must include a more intensive consumer education and outreach campaign to engage clients' interest. Consequently, we will initiate and deploy statewide an Ohana Outreach program. We will attempt to contact every family with a new confirmed CWS case beginning on the start date of PIP implementation to inform them about Ohana conferencing and to highlight their option to choose this alternative for their family should they so desire. The families will be mandated, if permitted by law, or invited to attend an informational meeting with an Ohana Conferencing provider in their local community to obtain more details about the program. Also, we will provide information to families in a booklet that will describe what an Ohana conference is and how a family may elect to participate and help families to understand what their involvement with CWS entails. • As foster parents become involved in Ohana Conferencing, they are provided an orientation regarding the purpose of the Ohana Conference. The provider mails to the foster parents handouts about Ohana Conferencing and discusses with them on the phone what Ohana Conferencing is about and the reason they are being invited to attend. • For those families who decline to participate in an Ohana conference, the CWS worker will meet with the family, get in touch with collateral contacts and 	

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		<p>extended family members, and negotiate a service plan with the family. If a consensus cannot be reached on the service plan, the case will be brought to court, diverted to alternate services or closed.</p> <p>Pilot Programs</p> <ul style="list-style-type: none"> • The Family Court “<i>E Ho’olokahi a Malama ka Ohana</i>” Program. Two Family Court courtrooms have tested new procedures designed to: Promote the use of Ohana conferencing to encourage early collaboration among the parties to a CWS case; Emphasize the need for the entire child welfare system to quickly focus on the child and the family with an over-arching concern for the safety and permanency of the child; Promote processes that emphasize progress rather than unproductive legal disputes; Provide legal consultation for parents in the court system. • The Family Court will complete the pilot on June 30, 2004 and will decide what features of the project will be applied to all courtrooms on Oahu. <p>Item 5</p> <ul style="list-style-type: none"> • Procedures will be implemented that will require that prior to reunification, an Ohana Conference and, where appropriate, a multidisciplinary team (MDT) will be conducted to include family members, relatives, and all identified supports, to bring an awareness of the signs of relapse, to develop a safety plan and concurrent planning should family maintenance not be possible. <p>Item 7</p> <ul style="list-style-type: none"> • We will measure this item by conducting quality case reviews that will be available beginning with the April 2005 PIP quarterly report. As part of the 	

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		<p>quarterly reporting, we will provide reports from providers that show utilization of Ohana Conferencing.</p> <p>Item 8</p> <ul style="list-style-type: none"> • Increase the utilization of Ohana Conferencing by 2% by the end of the first year and by 3% by the end of the second year by informing all CWS families about Ohana Conferencing via Ho'olokahi and Ohana Outreach; First Circuit Court on Oahu will implement the Court Project (E Ho'olokahi a Malama ka Ohana) in all First Circuit Family Courtrooms. As part of this court project, CWS families are informed about Ohana Conferencing; establish Departmental protocol for Ohana Outreach to set up Ohana Conferencing when CWS families request an Ohana Conference; present information on protocol to section administrators, supervisors, and CWS workers via ICF and information meeting; implement Ohana Outreach statewide. • Ensure that CWS workers inform CWS families about Ohana Conferencing and invite them to participate; Expand the scope of Ohana Conferencing to include cases where the Department and CWS families have reached an impasse regarding case direction and the situation needs conflict resolution; develop protocol to request Ohana Conferencing to resolve conflict between the Department and family; present information on protocol to section administrators, supervisors, and CWS workers via ICF and at information session. • Increase CWS and stakeholders' knowledge on various usages of Ohana Conferencing; provider to 	

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		<p>continue going to CWS units with a Departmental CWS worker who is experienced in utilizing Ohana conferencing. Provider and CWS worker explain the use of Ohana conferencing; provider will go to two different units per month; total of 24 unit trainings in a year; provider to continue to train new hires in Ohana Conferencing as part of the quarterly new hire training.</p> <p>Item 9</p> <ul style="list-style-type: none"> Increasing relative placements and permanency options through the increased use of Ohana conferencing. <p>Item 10</p> <ul style="list-style-type: none"> Expand the statewide Ohana Conferencing program to include conferencing to assist with transitioning youth to assist in building a support network. <p>Item 14</p> <ul style="list-style-type: none"> Increasing the use of Ohana Conferencing as a means of seeking out relatives who may be potential placement resources. <p>Item 15</p> <ul style="list-style-type: none"> Increasing the use of Ohana Conferencing to increase relative placements and permanency options. <p>Item 17</p> <ul style="list-style-type: none"> To engage families in the process of assessing their own needs and identifying services, the Department will increase Ohana Conferencing, a family decision-making model where families' needs are identified and addressed. <p>Item 25</p> <ul style="list-style-type: none"> The focus for this item is an emphasis on family 	

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		<p>engagement and involvement in case planning with a primary strategy being Ohana Conferencing</p> <p>Item 37</p> <ul style="list-style-type: none"> • Ohana Conferencing addresses specific family needs and results in “tailored” services. Ohana Conferencing is not uniformly used throughout the State. • Increase utilization of Ohana Conferencing, a proven method to engage families and to individualize services. <p>Item 44</p> <ul style="list-style-type: none"> • Increase relative placements and permanency options by increasing utilization of Ohana conferencing. 	
<p>Idaho</p> <p>CFSR: August 14, 2003</p> <p>PIP: February 1, 2004</p> <p>Highlights:</p> <p>A. The State met the national standards for three of the six standards.</p> <p>B. The State achieved substantial conformity for two of the seven outcomes.</p> <p>C. The State achieved substantial conformity</p>	<p>Item 3</p> <ul style="list-style-type: none"> • According to the Statewide Assessment, in many CFS field offices, the agency has implemented family group decision making procedures as part of efforts to prevent placement of children and the State has requested that the Regions contract for this service if they cannot provide it in-house. However, it was noted that this has not been completed in all Regions. This is consistent with the findings in the onsite review in which no cases reviewed used family decision meetings in case planning. <p>Item 18</p> <ul style="list-style-type: none"> • In 40% of the cases, the agency did not diligently involve parents or children in the case planning process. • State-level stakeholders reported that State law requires family involvement in case planning and that the State is in the process of implementing some form of family group decision making in all Regions, 	<p>Theme: Family Engagement and Contact</p> <ul style="list-style-type: none"> • One of the primary goals in this area will be the development of worker skills in engaging parents to work with CFS to lower the risk of child abuse and neglect without court intervention . . . Family group decision making and increased “meaningful” contact by the social worker with children and family members are also seen as critical. Family engagement strategies will also extend to supporting and encouraging participation of foster families. <p>Enhancement of Child Welfare Training Academy</p> <ul style="list-style-type: none"> • How to Use Family Group Decision Making <p>Item 3</p> <ul style="list-style-type: none"> • Expand use of Family Group Decision Making to increase family involvement. <p>Item 18</p> <ul style="list-style-type: none"> • Implement a family group decision making process to develop safety plans and family case plans. 	<ul style="list-style-type: none"> • Family Group Decision Making (FGDM)

State ²¹	CFSR Findings	PIP Goals and Action Steps	Family Engagement or Involvement Model(s) Referenced in CFSR/PIP
for three of the seven systemic factors.	<p>although at present only about half of the Regions are using this approach. The State has asked the Regions to contract with private providers to implement family group decision making if they cannot do it in-house. There were no cases reviewed during the onsite CFSR that incorporated a family group decision making approach to case planning.</p> <ul style="list-style-type: none"> Stakeholders in Nez Perce County were more likely than stakeholders in the other two counties to report family involvement in developing the case plan. This was attributed in part to the use of the Multidisciplinary Teams and to the small caseloads carried by workers in this county. <p>Item 25</p> <ul style="list-style-type: none"> a written case plan is required to be developed by the worker, the family, and other interested parties, which may include the Guardian ad Litem, extended family, family's attorney and service providers. Some families are not involved in developing case plan objectives because the workers anticipate (and include) what the court and GAL/CASA want in a case plan at the planning hearing, rather than working with the family and what the family and the worker might want to include in the plan. Stakeholders also suggested that the lack of family involvement in case planning may be attributed in part to the case plan format in FOCUS, which was described as "not family friendly" and not useful for in-home services cases. 	<p>Identify various models of family group decision making. Convene the Case Management workgroup to review possible models and make recommendations to Program Managers. Develop strategy for implementation of selected models including training of staff, CASA and courts.</p> <p>Standards to be Developed</p> <ul style="list-style-type: none"> When and how to use family group decision-making. <p>Idaho's Program Improvement Training Plan</p> <ul style="list-style-type: none"> Engaging Families in the Child Welfare Process - Using Family Group Decision Making to increase family involvement. This training will include the standard of using family group decision making and train to the model(s). The standard of family involvement will also be included in trainings regarding engagement, risk assessment, and service planning. This training will include the standard of using family group decision making and train to the model(s). The standard of family involvement will also be included in trainings regarding engagement, risk assessment, and service planning. 	
<p>Illinois</p> <p>CFSR: February 12, 2004</p>	<p>Item 14</p> <ul style="list-style-type: none"> Stakeholders expressed the opinion that when caseworkers implemented some form of family conferencing or family team meetings, parents and 	<p>Goals of the Integrated Assessment Process</p> <ul style="list-style-type: none"> Engagement of Biological Parents, Family, Children, & Foster Parents in Case Planning The IAP process pairs the worker with a Clinical 	<ul style="list-style-type: none"> Child and Family Team Meeting

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<p>PIP: November 30, 2004</p> <p>Highlights:</p> <p>A. The State met the national standards for one of the six standards.</p> <p>B. The State achieved substantial conformity for none of the seven outcomes.</p> <p>C. The State achieved substantial conformity for five of the seven systemic factors.</p>	<p>children were more likely to be involved in case planning, have service needs assessed and addressed, and have sufficient contact with caseworkers than when this type of structural approach was not implemented.</p> <p>Item 17</p> <ul style="list-style-type: none"> They identified family team meetings as an effective strategy for assessing needs. <p>Item 18</p> <ul style="list-style-type: none"> In 43% of the cases, the agency did not diligently involve parents or children in the case planning process. Stakeholders commenting on this item during the onsite CFSR expressed different opinions. Some stakeholders suggested that age appropriate children and parents are fully involved in the case-planning process, particularly through the use of family team meetings. In contrast, other stakeholders reported that case plans reflect little engagement with children and families and are not well-tailored to their needs. Stakeholders suggested that when family team meetings are convened, the likelihood of parent and child involvement in case planning is high. However, when DCFS does not engage families in family team meetings, parents and children are less likely to participate in the case-planning process. <p>Item 25</p> <ul style="list-style-type: none"> The Statewide Assessment notes that DCFS implemented the family team meeting as a means for engaging the family in the case planning process. Feedback obtained from stakeholders during the State's self-assessment process indicates that when used, family meetings are very effective in involving parents in the planning process. However, family 	<p> Screener to engage the family and interview the parents/guardians (including stepparents, paramours, other relevant adults in the home), children, and substitute caregivers within the first 45 days following temporary custody. Throughout the process, the Permanency Worker, Supervisor, and Clinical Screener will collaborate to synthesize all information gathered to generate one Integrated Assessment Program Report. The report recommendations from the Clinical Screener will focus on clinical assessment and treatment needs. After collaboration, this report will be presented and discussed with the family prior to the initial Child and Family Meeting. Recommendations will enable the Child and Family Team to make better decisions about safety, risk, placement, service needs, concurrent planning, and permanency throughout the life of the case.</p> <p>Systems of Care Initiative</p> <ul style="list-style-type: none"> The decisions about what support is needed for the safety and well-being of the child are made during Child and Family Team meetings. The Child and Family Team is minimally composed of the SOC personnel, the caseworker and the caretaker. Other members might include other professionals involved in the case as well as people who can provide more informal support like a neighbor or an extended family member. <p>Well-Being Outcome 1 (Item 18)</p> <ul style="list-style-type: none"> Children, families and foster parents will be involved in the case planning process as findings from the IAP and clinical consultations are to be discussed and reviewed as part of the Child and Family Team meetings. 	

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	<p>meetings are infrequently implemented due to a number of factors including the following: (1) increasing caseload sizes; (2) the ever- increasing list of responsibilities and expectations of caseworkers; (3) the lack of time for caseworkers to complete their required tasks; and (4) geographical challenges in some parts of the State that contribute to less time to complete casework. Many stakeholders also expressed the opinion that when DCFS is able to engage families in family team meetings, parents and children tend to be involved in the case planning process. However, when there is no formal mechanism to engage families, parent involvement in the case planning process is less consistent.</p> <p>Item 37</p> <ul style="list-style-type: none"> Charleston and Rock Island stakeholders expressed the opinion that services provided by DCFS and contracted POS agencies are individualized to meet the unique needs of children and families, and that flexible dollars are available in the community for at-risk families. In addition, they noted that individualizing services is the theory of practice in those sites, and that this practice approach is strengthened by Family-to-Family, Team Decision-Making meetings and Local Area Network wraparound services. 	<ul style="list-style-type: none"> Child and Family Team meetings will also be more readily used to determine, review, and monitor needs and services as part of the case planning process. <p>Item 25</p> <ul style="list-style-type: none"> To improve the quality, accuracy, and thoroughness of case plans and monitor the engagement of stakeholders in the case planning process, Child and Family Team meetings will be more readily used to determine, review, and monitor needs and services. Case plans will be required to be individualized and updated as needed, and performance contracting goals will be added to FY05 POS contracts specific to increasing caseworker contact and engagement with children and families. Child and Family Team meeting training will also be provided to all DCFS and POS supervisors statewide. <p>Item 28</p> <ul style="list-style-type: none"> Statewide supervisory training to strengthen and ensure the use of Child and Family Team Meetings as a vehicle to timely permanency decisions. 	
<p>Indiana</p> <p>CFSR: January 8, 2002</p> <p>PIP: August 30, 2002</p>	<p>Item 18</p> <ul style="list-style-type: none"> In 40% of the cases, the agency did not diligently involve parents or children in the case planning process. Some localities utilize family group conferencing as a mechanism to engage children and parents in case planning. In these sites, children were involved in 	<p>Items 18 and 25</p> <ul style="list-style-type: none"> Enhance current policy on case planning to require case plans to be developed at formal case conferences with all parties participating and focusing on child specific issues. Enhance training on case planning to give staff the skills to engage families and utilize assessments 	<ul style="list-style-type: none"> Family Group Conferencing (FGC)

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<p>Highlights:</p> <p>A. The State met the national standards for one of the six standards.</p> <p>B. The State achieved substantial conformity for none of the seven outcomes.</p> <p>C. The State achieved substantial conformity for six of the seven systemic factors.</p>	<p>case planning without arbitrary rules establishing age or developmental limits.</p> <ul style="list-style-type: none"> In many cases, children and parents did not participate in case planning, especially in probation cases. The high level of FCM turnover results in a lack of experience in engaging families in the case planning process. <p>Item 25</p> <ul style="list-style-type: none"> Some parents are involved in case planning through case conferencing and in some localities receive a summary of the comprehensive case plan. 	<p>more effectively in determining appropriate objectives and services for the child.</p>	
<p>Iowa</p> <p>CFSR: October 14, 2003</p> <p>PIP: August 1, 2004</p> <p>Highlights:</p> <p>A. The State met the national standards for three of the six standards.</p> <p>B. The State achieved substantial conformity for two of the seven outcomes.</p> <p>C. The State achieved substantial conformity for three of the seven systemic factors.</p>	<p>Item 18</p> <ul style="list-style-type: none"> In 34% of the cases, the agency did not diligently involve parents or children in the case planning process. Most stakeholders commenting on this item during the onsite CFSR expressed the opinion that parents and children are more likely to be involved in case planning when some form of family group decision making is used in developing the case plan than they are when this approach to case planning is not implemented. Other stakeholders suggested that the extent of family involvement varies by caseworker. All stakeholders were in agreement that the caseloads carried by most caseworkers, particularly caseworkers in Polk County, are too excessive to permit the caseworker to actively engage parents and children in case planning. Quality Service Reviews (QSR) conducted by the State identified several barriers to family involvement in case planning including caseload size and frequent 	<p>Major Redesign and PIP Strategies: Family Team Meetings</p> <ul style="list-style-type: none"> Engagement is the primary door through which we help families change. Family team meetings are an effective mechanism to engage and partner with a family while also assessing family dynamics and functioning. Family team meetings assist the family network to have a common understanding of what is pertinent in the case and to move from that understanding to develop a plan of action that will protect the child and help the family change in ways that a menu of standardized services cannot do. Surveyed social workers that are successfully using family team decision-making in Iowa identified benefits of family team meetings: improved assessment of families; gets at causes not just symptoms; the team shares an honest view of the family's strengths and needs and previously undisclosed information comes out at the meeting; i.e. "you get to know the family much better," "family members are less likely to 	<ul style="list-style-type: none"> Family Team Meeting (FTM) Family Group Decision Making (FGDM) Family Team Decision-Making Meeting (FTDM)

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	<p>changes in DHS and provider staff.</p> <p>Item 25</p> <ul style="list-style-type: none"> Although all children have a case plan, many of the case plans are not developed in partnership with the family. The Statewide Assessment indicates that in some services areas, the agency is using Family Team Meetings (FTM), or some form of family group decision-making, to promote family involvement in case planning. The State is considering the possibility of implementing a FTM process on a statewide basis. The Statewide Assessment, however, notes that DHS staff identified the following barriers to the FTM process: (1) lack of staff time, (2) the difficulties of scheduling the meetings, (3) the time-intensive nature of the FTMs, which range from 20 minutes to 6 hours. In Linn County, where FTM appears to be used on a regular basis, stakeholders indicated that the family is usually involved in case planning and that DHS only develops a plan without the family's input if the family chooses not to participate in a FTM. Stakeholders in all three counties expressed the opinion that parents tend to be fully involved in case planning in those cases in which some type of family group decision-making process is used. However, stakeholders also suggested that many caseworkers are not using family group decision making because of the time constraints imposed by their excessive caseloads (caseloads were reported as including anywhere from 35 to 55 cases depending on the county and/or the caseworker). State-level stakeholders reported that family group decision making is strong in some sites, particularly 	<p>exaggerate the faults of other members when they are in attendance"; families are more involved and invested; families problem solve their own issues without DHS confrontation; communication is enhanced; family meetings save time on communication with the parties to the case collaboration at meetings improves planning; the team holds the family and the system accountable; the whole team understands information about the family; get to the basic issues faster; i.e. "we saw this as a way to get things set so the family could work on issues right away"; improved relationships between the social worker and the family; i.e. "family works with me," "impacts the relationship between the worker and the family in a positive way.</p> <ul style="list-style-type: none"> Research supports that the most important indicator of successful outcomes for families is based on a positive relationship between the social worker and family. California's Waiver Demonstration Project found that family group decision making meetings lead to more positive relationships between agency and families. Additional benefits identified were satisfaction of workers and families and increased collaboration between the family, community, and agency. The Washington State Long-Term Outcome Study indicates that over 95% of the plans developed by family teams are accepted by social workers as meeting the safety concerns of the child. Immediate and long-term outcomes of family team meetings are: diversity; family member participation is high; high rate of paternal involvement in the family team meetings, family 	

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	<p>those that are Community Partnership sites, and that the State has made training in family group decision making available for the last 5 years. However, stakeholders voiced concern that the training will not be useful unless caseloads are reduced so that caseworkers have the time to arrange and participate in the meetings.</p> <p>Item 37</p> <ul style="list-style-type: none"> Several stakeholders noted that family team meetings and other forms of family group decision making are effective in identifying individual needs and determining ways to access services to meet those needs. 	<p>plans combine both traditional as well as family-specific strategies, the rate of re-referral for abuse/neglect was low over time; and placements were stable over time. For the majority of children in this study, outcomes suggest that they were both stabilized and well protected. Extended family on both sides offered a tremendous amount of support, reinforcing the belief that extended families can be brought into the child welfare decision-making process.</p> <ul style="list-style-type: none"> Research from Washington, Arizona, California, and North Carolina indicates a decrease in repeat maltreatment or recidivism post Family Group Conferencing. “Improving Outcomes for Families: Results from an evaluation of Miami’s Family Decision Making Program” indicates that the practice has empowered families and serves as an effective process for achieving timely permanency. Evaluation results demonstrate that the practice has achieved many of its goals: facilitating the development of early, comprehensive service plans; facilitating more in-depth exchange of information about the family; increasing parent and participant satisfaction with the court process; empowering families as decision makers; improving relationships between families and the agency; and reducing the amount of time children spend waiting for permanency. Vesneski [1998] and Shore [2001] found that the family group conference model engages families of color and enable them to create plans that are responsive to specific cultural differences and needs. Crampton and Jackson, [in press] indicate research on the disproportionate number of 	

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		<p>children of color in foster care suggests that efforts to address this issue should focus on key decision points in the placement process. There is some evidence that FGDM can be effective in following this suggestion. It is important to recognize that FTDM is not a linear process of engagement, assessment, planning, and implementation. Rather it is a cyclical and dynamic process, which should grow and change over the life of a case.</p> <ul style="list-style-type: none"> • Each core function is supported in the family team decision making process. In conducting a family team meeting: the family is further engaged [Step 1] through the facilitation of a meeting where the family’s opinions are respectfully considered and their natural support system is included; the family team which includes informal as well as formal support persons provide further assessment and understanding [Step 2] of the family and their circumstances as strengths, needs, and underlying factors are considered and discussed; as the family plan [Steps 3, 4 & 5] is developed by the team, interventions, supports, and services are planned, resources are considered, and implementation of the plan begins; as the family team is reconvened to monitor progress [[Step 6], further assessment of what’s working or not working is conducted, and services are adapted or changed; [Step 7] or, when planning for transition and safe case closure [Step 9]. • Iowa’s redesign and CFSR PIP calls for the formalized support of utilizing family team meetings and the expansion of the use of family team meetings in child welfare cases. We also recognize that in order for these meetings to be effective, 	

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		<p>case manager and service providers must have the skill base, time, and financial support to plan, facilitate, and bring alive the plans developed in the process. Family team meetings are the basis for which other activities occur and therefore the effectiveness of other key strategies is dependent on this key process.</p> <ul style="list-style-type: none"> • One of the first steps in expanding the use of family team meetings will be to select a population of children and families on which to initially focus. The main criteria for selecting this population will be identifying a population that has the potential to benefit most on terms of improved family engagement and improved outcomes. The population will be selected by 8/01/04. <p>Redesign and PIP Actions to Improve Case Planning - Family Engagement</p> <ul style="list-style-type: none"> • Once a family has been engaged in the process through the use of face-to-face family meetings, the most valuable tool used to move towards results is the assessment and case planning process. A functional assessment of the family includes bringing together existing assessments, both informal and formal, and contains the current strengths, needs, and risks of the child and family. This assessment is critical to begin the process of case planning for results. These assessments identify the critical underlying issues that must be resolved for the child to live safely inside his/her family independent of outside supervision. Lastly, all team members use the functional assessment to have a “big picture” understanding of the child and family. To accomplish this strategy the team must avail themselves to every reasonable 	

State ²¹	CFSR Findings	PIP Goals and Action Steps	Family Engagement or Involvement Model(s) Referenced in CFSR/PIP
		<p>opportunity to gather information from any pertinent source, whether it rests in the internal DHS/JCS system or in the area of education, public health, or with neighbors and friends of the family. In the past two years, DHS has been committed to the notion that the basic components of these assessments must be standardized. As was mentioned earlier, viewing families through this “consistent lens” allows stakeholders in the system to contrast and compare issues in a way that considers a baseline. It also enables the players to allocate resources across the system in a more consistent and fair manner. Families, in effect, are given a more even-handed opportunity to access services no matter where in the state they reside. Enhancing our assessments will improve our capacity to engage families and to identify underlying issues.</p> <p>One Family One Plan</p> <ul style="list-style-type: none"> • One Family – One Plan is a process that supports and is consistent with Family Team Decision Making. When families are involved with multiple agencies or systems, this process allows the family team to share common goals and activities in a way that ensures their alignment and coherence as a plan – a plan that makes sense to the family. Once the assessment is completed with the family, a family plan is developed that brings together the best thinking of all of the team members (including the family) involved in the process. This family plan is not about “forms” but is about the linking of resources and systems (i.e. education, mental health, substance abuse, medical, public and private service providers, relatives, etc.) in a way 	

State ²¹	CFSR Findings	PIP Goals and Action Steps	Family Engagement or Involvement Model(s) Referenced in CFSR/PIP
		<p>that includes the specific needs, supports present or missing, results to be accomplished, the activities that need to be undertaken to get to the results, and who is accountable for what in the plan. The family plan is developed with the family and written in language a family can understand and team members agree on the order in which tasks need to be accomplished. In addition, these plans recognize that every child needs an adult connected to them who champions their cause, who advocates for their well-being relentlessly, hopefully, and completely. Such an adult is sought after to be included in every family plan. Once the initial plan has been developed, the family team meeting strategy enables the family team to work together to offer meaningful assistance, to monitor and track progress or new concerns and to complete these activities with a more common understanding of the issues. It is open to informal supports of the family and within the community that can do a more complete job of monitoring the safety of a child than any public or private entity can do on their own. The partnerships that are developed share decision-making and accountability appropriately and celebrate successes jointly. In cases where transitions are to occur, these teams and the family plan anticipate, plan for, and carry out activities that ensure the well-being of the child is paramount when moving forward.</p> <p>System Monitoring Indicators and Measures</p> <ul style="list-style-type: none"> • Outcome Domain: Safety for Kids - % of cases with family team meetings <p>Provider Indicators and Performance Measures</p>	

State ²¹	CFSR Findings	PIP Goals and Action Steps	Family Engagement or Involvement Model(s) Referenced in CFSR/PIP
		<ul style="list-style-type: none"> • % of those cases that have a family team meeting, that the provider participates in <p>Training</p> <ul style="list-style-type: none"> • Family Team Decision Making - Emphasizes engagement skills for working with families. Develop skills to facilitate a family team meeting that accomplishes reasonable and meaningful goals by assessing family needs and developing a plan based on their strengths and needs. • Coaching and Mentoring FTDM Practice - Develop skills to coach and mentor in family team meeting practice. • Community Partnership Building Trust Based Relationships - Emphasizes engagement skills for working with families. • Community Partnership Family Team Meeting Facilitation - Develop skills to facilitate a family team meeting that accomplishes reasonable and meaningful goals by assessing family needs and developing a plan based on their strengths and needs. <p>Community Partnerships for Protecting Children</p> <ul style="list-style-type: none"> • An individualized course of action is implemented for all children and families who are identified by the community members as being at substantial risk of child abuse and neglect. In Iowa, this approach is referred to as Family Team Decision-Making. If communities are to work together to reduce the incidence of child abuse and neglect, no one response can serve each and every family's needs. In Community Partnership sites, a family team meeting is convened with families, neighbors, and local service providers that result in 	

State ²¹	CFSR Findings	PIP Goals and Action Steps	Family Engagement or Involvement Model(s) Referenced in CFSR/PIP
		<p>tailor-made plans designed to support the family and ensure the safety and well-being of the children in that family. These plans identify the specific activities to be carried out by parents, friends, extended families, and other formal and informal supports.</p> <p>Items 2, 5, 6, 7, 16, 17, 18, 25, 37</p> <ul style="list-style-type: none"> • Conduct Family Team Meetings in 80% of families in the identified target population. • Promote and implement Family Team Decision Making [FTDM] statewide - Conduct a survey of social workers that have successfully implemented family team decision making to determine current system strengths and needs for implementation. Identify target population for implementation. Set clear expectations for practice through “Practice Standards for Family Team Decision Making” adopted for implementation. Establish a mechanism to list approved facilitators and approved training curriculum. Develop a Guide for Successful FTDM Practice that can be used to evaluate FTDM. Develop training curriculum. Provide training statewide. Incorporate training curriculum in core training and new-worker training. Provide Coaching and Mentoring in FTDM for supervisors. Provide ICN Practice Seminars using interactive video for practice consultation [monthly during initial implementation]. Provide consultation for implementation as requested. <p>Item 32</p> <ul style="list-style-type: none"> • Supervisors will receive training on how to coach and mentor staff in family team meeting facilitation. 	
Kansas	Item 18	Items 6, 15, 16, 18	

State ²¹	CFSR Findings	PIP Goals and Action Steps	Family Engagement or Involvement Model(s) Referenced in CFSR/PIP
<p>CFSR: September 17, 2001</p> <p>PIP: September 16, 2002</p> <p>Highlights: A. The State met the national standards for three of the six standards. B. The State achieved substantial conformity for two of the seven outcomes. C. The State achieved substantial conformity for six of the seven systemic factors.</p>	<ul style="list-style-type: none"> • SRS policy stipulates that case planning conferences must be held within 180 days of a child coming into care. The contractor agency is required to submit a case plan to SRS within 20 days of a referral. SRS policy also stipulates that the child’s family will be assisted in attending meetings when needed, that the child’s family and the child (if age appropriate) are to be included in case planning. SRS policy dictates that case planning involve the process of monitoring, reassessing and documenting progress to make decisions regarding case disposition. Case planning occurs during the case planning conferences. • The majority of the families participate in the case planning process; workers made an effort to conduct case planning meetings in the home of the parent; in some instances case planning was rescheduled when the parents could not make it to the original planning meeting; most families receive timely notice of case planning meetings; Tribal representatives are notified of the case planning conferences and were participating in the conferences. • Stakeholders stated that staff needed training on engaging the parents and foster parents in the planning process. Parents are not always active participants in the planning process. <p>Item 25</p> <ul style="list-style-type: none"> • parents are invited and attend case planning meetings; case planning meetings are rescheduled if the parents cannot attend; contractors are being monitored for adherence to case planning provisions; contract and SRS workers attended and participated in the case planning conferences • Parents do not always feel that their input is utilized in determining needs and services. 	<ul style="list-style-type: none"> • Design family group conferencing model with technical assistance from the KU School of Social Welfare and the National Resource Center for Family-Centered Practice. The model is based on the New Zealand Model and the following guiding principles: Families want and have the right to protect their own children. This encourages responsibility and commitment on the families’ part; Families can make good decisions—they are the experts when it comes to their own families; Professionals can still ensure that decisions protect children; Community agencies can support family decisions. Revise existing case planning policies, procedures, and forms so they’re consistent with the family group conferencing model developed in the benchmark step above. Develop a training curriculum and train the area and contract staff in the pilot sites—Olathe and Emporia. Initiate the pilot. At the end of the 6-month pilot period, survey the staff and families that participated in the pilot and compare their case outcomes to the outcomes for a sample of non-participating cases. If the pilot improves outcomes, the model will be incorporated into the family-centered case practice training curriculum developed in the benchmark step below. <p>Items 7, 12, 14, 15, 16, 18, 19, 20</p> <ul style="list-style-type: none"> • Develop a family-centered case practice curriculum with technical assistance from the National Resource Center for Family-Centered Practice. The NRC has been contacted and work on the curriculum is underway. The NRC will continue to provide technical assistance every 90 days for up to 1 year after the curriculum is implemented. The 	<ul style="list-style-type: none"> • Family Group Conferencing (FGC)

State ²¹	CFSR Findings	PIP Goals and Action Steps	Family Engagement or Involvement Model(s) Referenced in CFSR/PIP
		<p>curriculum will support the following guiding principles: the family is our focus; we must build on the family strengths and capabilities; we must engage families to be an active participant in all aspects of services and planning; we must tap into the communities in which families live for resource. Have the KISSED Advisory Board review and approve the curriculum. Pilot the new curriculum with a test group of area and contract supervisors. Incorporate the curriculum for family-centered case practice into Domain 1 of KISSED and implement training statewide</p> <p>Item 13</p> <ul style="list-style-type: none"> • Develop and implement new policies and procedures for the family centered practices developed in the action step above: Create a policy workgroup that includes area foster parents and central office, area office, and contractor staff. Develop new policies to support family-centered practice. Distribute the draft policies to contractors and central office and area office staff. Request and review comments on the draft policies. Incorporate changes into policy and procedures manual. Provide training and technical assistance on the policies as needed. 	
<p>Kentucky</p> <p>CFSR: June 2, 2003</p> <p>PIP: October 31, 2003</p> <p>Highlights:</p>	<p>Item 3</p> <ul style="list-style-type: none"> • Specific services cited as particularly effective in keeping families together were the family preservation programs, the Family-to-Family program, facilitated staffing, and family group conferencing. <p>Item 8</p> <ul style="list-style-type: none"> • there are several initiatives implemented in the State 	<p>Implementing Systemic Change</p> <ul style="list-style-type: none"> • The Cabinet's goal is that within two years every CPS case review conference will be conducted through a Family Team Meeting (FTM) at three, six, and nine months. <p>Item 2</p> <ul style="list-style-type: none"> • Refine/integrate family engagement skills and family team meeting (FTM) skills into P&P training 	<ul style="list-style-type: none"> • Family Group Conferencing (FGC) • Family Group Decision Making (FGDM) • Facilitated

State ²¹	CFSR Findings	PIP Goals and Action Steps	Family Engagement or Involvement Model(s) Referenced in CFSR/PIP
<p>A. The State met the national standards for one of the six standards.</p> <p>B. The State achieved substantial conformity for one of the seven outcomes.</p> <p>C. The State achieved substantial conformity for five of the seven systemic factors.</p>	<p>that help expedite reunification, including Family Group Decision Making</p> <p>Item 18</p> <ul style="list-style-type: none"> In 28% of the cases, the agency did not diligently involve parents or children in the case planning process. The Cabinet’s facilitated staffing program (which is similar to family group decision making) promotes parent involvement in case planning, although it is not available to all families. Lack of parent involvement in case planning was particularly evident in the in-home services cases. State policy requires the involvement of parents in case planning through convening a Family Team Planning Conference. However, a mock review of cases conducted by the State revealed that only 52 percent of families were engaged in the case planning process. <p>Item 25</p> <ul style="list-style-type: none"> Caseworkers are required to engage families in the case planning process through the Family Solutions model. The model is designed to engage families in problem solving. The casework model assesses a family’s strengths and needs and identifies family- and individual-level objectives to improve the safety and well-being of the family. Caseworkers also are required to engage the family, community partners, and other significant individuals in a Family Team Meeting to discuss how individual and family strengths, resources, and supports can be accessed to prevent future maltreatment. Agency practices such as Family Group Decision Making and facilitated staffing promote family 	<p>curriculum. DPDT train FSOSs and Reg. Spec. regarding family engagement and Family Team Meetings. Mandatory FTM on all 2nd reports sub on children 3 and under.</p> <p>Item 18</p> <ul style="list-style-type: none"> DPDT and DCBS staff review and revise P&P SOP related to in-home/out-of-home services regarding engagement, relationship building and active involvement of mother, father, children, foster and adoptive parents. Develop Tip sheet/Revise training. FTM at the opening of all new ongoing cases. 	<p>Staffing</p> <ul style="list-style-type: none"> Family Team Meeting (FTM) Family Solutions

State ²¹	CFSR Findings	PIP Goals and Action Steps	Family Engagement or Involvement Model(s) Referenced in CFSR/PIP
	involvement in case planning, but these practices need to be expanded to include more families.		
<p>Louisiana</p> <p>CFSR: February 9, 2004</p> <p>PIP: September 28, 2004</p> <p>Highlights: A. The State met the national standards for one of the six standards. B. The State achieved substantial conformity for one of the seven outcomes. C. The State achieved substantial conformity for seven of the seven systemic factors.</p>	<p>Item 18</p> <ul style="list-style-type: none"> In 33% of the cases, the agency did not diligently involve parents or children in the case planning process. Some stakeholders suggested that parents are routinely involved in case planning through their participation in the Family Team Conferences and Administrative Reviews where the case plan is developed and revised. These stakeholders also noted that transportation is provided to parents to attend these conferences and reviews. In contrast, other stakeholders expressed concern that many parents do not seem to be aware of what is in their case plan and that their input is not routinely sought. All stakeholders, however, voiced concern that children are not actively involved in case planning on a routine basis and that the parents are more likely to be involved in case planning than are the children, even if the children are old enough. <p>Item 25</p> <ul style="list-style-type: none"> Parents are engaged in case planning through the Family Team Conference and that various supports are provided to enable their participation, including transportation and interpreter services. The Statewide Assessment reports that approximately 62 percent of parents have attended the FTC over the past four years. The State also has implemented two projects to enhance parental involvement in case planning—the Family Group Decision Making pilot in the Baton Rouge Region and a Mediation pilot (developed by the Court Improvement Program) in 	<p>Item 2</p> <ul style="list-style-type: none"> In order to reduce the rate of maltreatment recurrence, Louisiana . . . will seek additional funding to expand promising practices such as Family Group Decision Making <p>Item 8</p> <ul style="list-style-type: none"> Expansion of the pilots designed to assist in earlier, safer reunifications such as the Family Group Decision Making and/or Mediation models into other sites is being explored. These pilots, currently existing in two sites, are successful in involving and motivating parents and relatives to focus on the changes that need to be made for the children to safely return home. <p>Item 9</p> <ul style="list-style-type: none"> The agency’s practice has been to search for relatives when a case first comes to the attention of the agency or until relatives are identified. Standard practice has not been to reassess relatives on an on-going basis. This practice may contribute to delays in timely adoption finalization; therefore, it is imperative to strength practice in this area. By requesting the court’s assistance in relative searches either through a search of court databases or court ordering parents to name relatives, and through agency assessment and reassessment at each Family Team Conference, this practice will be strengthened. Revise and implement policy to request the court’s assistance in relative search efforts and require reassessment of relatives at each Family Team 	<ul style="list-style-type: none"> Family Team Conference (FTC) Family Group Decision Making (FGDM)

State ²¹	CFSR Findings	PIP Goals and Action Steps	Family Engagement or Involvement Model(s) Referenced in CSFR/PIP
	<p>the Orleans and Jefferson Regions. Stakeholders commenting on case plans and the case planning process during the onsite CSFR were in general agreement that children have case plans, that they are developed in a timely manner (usually within 30 days), and that they are reviewed and reassessed on an ongoing basis. Most stakeholders reported that parents are actively involved in the case planning process and that OCS/DSS engages in the following practices to promote parent involvement: (1) engaging non-custodial parents and offering an opportunity for input and services, (2) visiting the home within 2 and 5 days of case opening or entry into care (respectively), (3) using mediation sessions to address issues, (4) using family team conferencing for in-home cases as well as foster care cases (St. Tammany only), and (5) actively discussing parental involvement in case planning during court hearings (as required by the Louisiana Children’s Code). However, several stakeholders indicated that parents are not sufficiently engaged in case planning. They reported that some case plans are predeveloped without parental input or that parents only learn of the case plan at the Family Team Conference. Stakeholders noted that as part of the usual procedure, there are checklists that are provided to parents at the case planning meetings that list problem areas. Stakeholders reported that sometimes parents are given the opportunity to check the problems that they believe are applicable in their situation, and sometimes the caseworker fills out the checklist and then asks the parents to provide input.</p> <p>Item 26</p> <ul style="list-style-type: none"> • Louisiana uses the Family Team Conference to 	<p>Conference.</p> <p>Item 18</p> <ul style="list-style-type: none"> • The expansion of the Family Group Decision Making pilot through its inherent involvement of family and children in its’ model will increase results in this area. It is also necessary to revise policy providing more specific guidance on involvement of parents and children and on better documentation of that involvement in the case records to help staff focus their attention to that issue. 	

State ²¹	CFSR Findings	PIP Goals and Action Steps	Family Engagement or Involvement Model(s) Referenced in CFSR/PIP
	<p>conduct the 6-month administrative hearings.</p> <p>Item 28</p> <ul style="list-style-type: none"> Parents are informed at the Family Team Conferences that Federal law mandates termination of parental rights when a child has been in foster care for 17 months or 15 months from the date of disposition. <p>Item 29</p> <ul style="list-style-type: none"> According to the Statewide Assessment, Louisiana law and policy require caseworkers to notify caretakers by mail of their right to attend each hearing and their right to be heard during all administrative hearings and court proceedings. The Statewide Assessment also notes that caseworkers frequently inform caretakers about the Family Team Conferences (FTC) and court hearings during inperson and telephone contacts. As indicated in the Statewide Assessment, the courts are required to provide notice to parents and caretakers of court hearings, and OCS/DSS is required to provide notice to foster parents, preadoptive parents, and relative caregivers. Information in the Statewide Assessment indicates that the Quality Assurance Review System tracks foster parents' and other caretakers' attendance at the Family Team Conferences. If a caretaker fails to attend the hearing, the caseworker must report to the court his/her efforts to notify the caregiver. To support caretakers' participation in the review process, DCS/OCS has developed two publications—one for foster parents and one for relative caretakers—that identifies the caretakers' roles and responsibilities in case planning and court hearing activities. As noted in the Statewide Assessment, 74 percent of caregivers and foster 		

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	<p>Item 37</p> <p>parents Statewide have attended Family Treatment Conferences (the dates of date collection were not provided in the Statewide Assessment).</p> <ul style="list-style-type: none"> According to the Statewide Assessment, OCS/DSS caseworkers and other relevant staff work directly with foster children, their parents, and/or families and the foster parents on an individual basis and in mandated family team conferences to prepare client specific child and family services plans. 		
<p>Maine</p> <p>CFSR: October 27, 2003</p> <p>PIP: July 12, 2004</p> <p>Highlights:</p> <p>A. The State met the national standards for three of the six standards.</p> <p>B. The State achieved substantial conformity for one of the seven outcomes.</p> <p>C. The State achieved substantial conformity for four of the seven systemic factors.</p>	<p>Item 18</p> <ul style="list-style-type: none"> In 43% of the cases, the agency did not diligently involve parents or children in the case planning process. Some stakeholders suggested that children and parents are fully involved in the case-planning process and that case plans are updated with parents every 3 months. In contrast, other stakeholders reported that social workers tend to present parents with a list of things that they have to do rather than working with them to decide on the plan. Some stakeholders expressed the opinion that often, the Family Service Plans are given to parents and attorneys at the first court hearing and the parent may not have seen the plan prior to that time. Revised BCFS policy stresses a collaborative approach among agency social workers, parents, children (when appropriate), and service providers in the development of the case plan. <p>Item 25</p> <ul style="list-style-type: none"> Several stakeholders reported that most social workers meet with parents to develop the case plan, often in the context of team meetings. They also 	<p>Family Team Meeting (FTM)</p> <ul style="list-style-type: none"> The Bureau recognizes the importance of involving families in identification of family needs and in the case planning process in a meaningful way. Family Team Meetings are a social work tool used in many states to bring together a family's support network to solve problems at critical moments and is seen as an approach that the Bureau can embrace as a way to improve family participation. BCFS staff has worked with a consulting firm, the <i>Child Welfare Policy and Practice Group</i>, to develop an approach and to train our professional staff on how to organize and facilitate meetings. The principles of the Family Team Meetings are Respect for Families – every family has strengths to be discovered and respecting a family's strengths encourages trust, growth, and change; Responsibility – a family in need or crisis can become responsible for change and a family is more likely to invest in a plan it develops together; and Understanding – the meetings focus on a family's needs, not its symptoms and problems, and meetings are held in settings that are 	<ul style="list-style-type: none"> Family Team Meeting (FTM)

State ²¹	CFSR Findings	PIP Goals and Action Steps	Family Engagement or Involvement Model(s) Referenced in CFRS/PIP
	<p>praised many social workers for engaging non-custodial fathers in this process. In contrast, other stakeholders expressed the opinion either that social workers do not involve parents in case planning or that the level of parental involvement depends on the stage of the case process.</p>	<p>comfortable for the family.</p> <ul style="list-style-type: none"> • A Family Team Meeting can create a number of benefits, such as increasing the variety of potential solutions, preventing removal of a child from home, increasing the chance of matching appropriate services to needs, identifying kinship placement opportunities, increasing a family's capacity to overcome barriers, and creating a system of supports that will sustain the family over time. • A FTM can be initiated by anyone on the case. When having a FTM, it is suggested that the caseworker ask the parents whom they want on their team and what they would like to see for an outcome. Participants may include other family members, professionals from schools, guardians, therapists, social workers, attorneys or friends. The caseworker/facilitator brings the team together at a safe and comfortable location where they can begin their work. The meetings are not intended to be adversarial. The focus is on identifying the family's strengths and supports and working from those attributes to solve clearly identified challenges. The family develops its plan with support from the team. Depending on the family's need, additional meetings may be scheduled. • Family Team Meetings may be conducted not only with biological family but with foster/adoptive parents as well. A child does not need to be a ward of the state for a FTM to occur. Meetings can occur after the protective assessment phase when the Bureau is working with the family to maintain the family unit. A Family Team Meeting can also occur if a foster/adoptive family has needs that can be better addressed through review and team 	

State ²¹	CFSR Findings	PIP Goals and Action Steps	Family Engagement or Involvement Model(s) Referenced in CFRS/PIP
		<p>involvement.</p> <ul style="list-style-type: none"> Information about Family Team Meetings such as who participates, what the goals and outcomes are will be tracked by the Quality Assurance Unit as they conduct their ongoing monthly reviews in each district office. The Family Team Meeting initiative is underway in six of eight districts. The expectation set out in the statewide implementation plan is that the change to a collaborative, strength-based approach will support essential goals – specifically, moving children to permanency sooner and decreasing the total foster care population. Two lead districts (Bangor and Augusta) have completed staff training and implementation plans for their districts and are conducting Family Team Meetings. Four districts, in addition to the leads, are underway with training. Tracking tools for Family Team Meetings provide information on goals. A few of the goals identified so far, in the lead districts, are reunification, establish a foster/adoptive plan, develop a permanency plan, review services for family, independent living plan, and help with court-ordered services. <p>Subsidized Guardianship Proposal</p> <ul style="list-style-type: none"> Through provision of a financial subsidy equivalent to foster care and the provision of an array of services consistent with post adoption services this project will be designed to promote the utilization of guardianship and encourage caretakers to accept the legal responsibility of children. Children will be less likely to remain in Long Term Foster Care agreement situations that may have been maintained solely for financial reasons. This 	

State ²¹	CFSR Findings	PIP Goals and Action Steps	Family Engagement or Involvement Model(s) Referenced in CFSR/PIP
		<p>approach will be more family-centered and will utilize such techniques as Family Team Meetings to identify and develop relative placements.</p> <ul style="list-style-type: none"> • Open consultation and planning with prospective guardians, birth parents, child, DHS staff, GAL, and other relevant partners will occur in numerous venues and more formally in the Family Team Meeting process. <p>Concurrent Planning Initiative</p> <ul style="list-style-type: none"> • Maine will also use the Family Team Meeting approach to help guide these cases. This will allow families to have more input, feel more empowered and be able to discuss their needs, and the needs of their children, in a safe environment while utilizing their natural support systems. We believe this will allow children to be safely reunified with their families, with a relative or placed for adoption in a much shorter time frame. <p>BCFS Quality Improvement Review (Item 18)</p> <ul style="list-style-type: none"> • Was the family considered for Family Team Meetings (FTM) • Did a FTM occur • Who was involved in the FTM • Comment on the appropriateness of and outcome of the FTM • Is there documentation of birth parent participation using FTM documentation procedures <p>Item 3, 4, 8, 13, 14, 17, 20</p> <ul style="list-style-type: none"> • FTM - new initiative to be trained to all BCFS Staff statewide • Implement Family Team Meetings • Staff will document FTM's noting birth parent participation through new documentation 	

State ²¹	CFSR Findings	PIP Goals and Action Steps	Family Engagement or Involvement Model(s) Referenced in CFSR/PIP
		<p>procedures Item 18, 25</p> <ul style="list-style-type: none"> The Family Team Meeting initiative represents a more comprehensive approach that will support and improve practice. These strengths based model views parents as partners, are non-directive and favors a team-based approach. In those districts where caseworkers have already participated in some Family Team Meetings, there is excitement about children and families building their own teams and taking a lead in planning. Quality Assurance will establish a baseline and monitor activity regarding child and/or family involvement in case plans, family plan and family reviews. QA will use information gathered from routine monthly case reviews in each district to establish the baseline. Parents and, when appropriate, children will sign off on their case plans to indicate that they were involved. The Quality Assurance unit will monitor activity, regarding child and/or family involvement in case planning through its monthly reading of cases in each office. 	
<p>Maryland</p> <p>CFSR: June 9, 2004</p> <p>PIP: March 25, 2005</p> <p>Highlights: A . The State met the national standards for</p>	<p>Item 18</p> <ul style="list-style-type: none"> In 29% of the cases, the agency did not diligently involve parents or children in the case planning process. DHR policy requires that caseworkers develop a case plan with input from the family and child, when appropriate. The caseworker is to work with parents and guardians to establish the service agreements and plans, including the visitation plan. Most stakeholders commenting on this issue during 	<p>Strategies for Change</p> <ul style="list-style-type: none"> The Department plans to develop a comprehensive, family-centered, neighborhood-based assessment and case planning process that is used throughout the life of the case using the Family-to-Family model described in this report. This process will provide case workers with the skills to assess family needs and provide individualized services. The focus of the strategies will be the early identification of all family 	<ul style="list-style-type: none"> Family Team Meeting (FTM)

State ²¹	CFSR Findings	PIP Goals and Action Steps	Family Engagement or Involvement Model(s) Referenced in CFSR/PIP
<p>three of the six standards.</p> <p>B . The State achieved substantial conformity for none of the seven outcomes.</p> <p>C . The State achieved substantial conformity for three of the seven systemic factors.</p>	<p>the onsite CFSR expressed the opinion that caseworkers rarely involve the child in the case planning process, even when the child is old enough to participate. With regard to parent involvement, some stakeholders said that parents are routinely involved in case planning and are knowledgeable about what is in their case planes. However, other stakeholders voiced concern that although parents receive the plan, there is not a lot of collaboration in the planning process. Baltimore City stakeholders reported that the caseworker usually creates the goals and develops the plan and then presents it to the parents for review and signature.</p> <p>Item 25</p> <ul style="list-style-type: none"> • Many stakeholders reported that DHR is not consistent in involving parents in the case-planning process. • In addition, some Allegany County stakeholders reported that caseworkers in that locality are unable to involve parents in case planning because case plan goals and objectives are dictated by the courts. • Baltimore City stakeholders expressed concern that case plans are not routinely developed for children who are placed with relatives. 	<p>members, particularly fathers, and their involvement in the decision making process. This model includes early intervention with families, concurrent permanency planning and continued involvement of all parties connected with the child. The model involves the use of Family Team meetings and an effective gate-keeping process. DHR will consult with and seek funding from Casey Family Programs to implement the Family-to-Family project in Maryland in four of its twenty-four local departments of social services; they are Baltimore City, Cecil, Calvert and Wicomico Counties.</p> <p>Family-Centered, Neighborhood Based Services (FCNB): Family to Family</p> <ul style="list-style-type: none"> • The implementation of the Neighborhood-Based, Family-Centered Practice model will involve Family Team decision-making meetings. This practice will assist child welfare staff in making sound and appropriate decisions with the family, community members and services providers. These meetings provide the opportunity for family members to better understand safety, permanency and well-being issues as well as the opportunity to be heard and to be a true partner in the decision-making process. Family Team meetings will strengthen and stabilize families, prevent entry into out-of-home care, reduce length of stay and/or achieve timely permanent outcomes. • The paradigm shift, to neighborhood-based, family-centered practice directly ties the identified resource needs of the family to service delivery creating a seamless service delivery system. The use of this practice should eliminate interruption in 	

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		<p>service delivery and duplication of services. This non-threatening practice will empower families and communities to take responsibility for their children.</p> <p>Item 2</p> <ul style="list-style-type: none"> • Develop a comprehensive, family-centered, neighborhood-based assessment and case planning process that is used throughout the life of the case ---beginning at intake until safe case closure. This includes family engagement, family team meetings, family involvement of all family members and community involvement. • Consulted with the NRC for Family-Centered Practice and Permanency Planning and the NRC on Child Protective Services to assess current policies and practices as it relates to comprehensive assessment throughout the life of the case; and make necessary revisions. • Consulted with Casey Family Programs regarding the implementation of Family-to-Family • In partnership with Casey identified pilot sites. <i>(BCDSS, Cecil, Calvert, and Wicomico)</i>. Developed a statewide implementation plan – with 4 pilot sites beginning the process. Provided technical assistance and/or training as needed by sites (training sign in sheets submitted to SSA). Disseminated any revised policy to sites. Implementation completed in 4 sites <p>Item 5</p> <ul style="list-style-type: none"> • DHR will use Family Team meetings to fully involve the family in identifying their unique needs and to determine the family’s and community’s resources. Agency workgroups will develop standards and guidelines for these meetings and appropriate training will be provided to the Local Department 	

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		<p>staff.</p> <p>Item 8, 15</p> <ul style="list-style-type: none"> DHR will develop and implement strategies to increase permanency in kinship care placements. These strategies include . . . implementing and monitoring Family Team meetings <p>Item 14</p> <ul style="list-style-type: none"> Develop a comprehensive, family-centered, neighborhood based assessment and case planning process that is used throughout the life of the case ---beginning at intake until safe case closure --to increase family involvement. 	
<p>Massachusetts</p> <p>CFSR: January 29, 2002</p> <p>PIP: November 27, 2002</p> <p>Highlights:</p> <p>A. The State met the national standards for none of the six standards.</p> <p>B. The State achieved substantial conformity for one of the seven outcomes.</p> <p>C. The State achieved substantial conformity for six of the seven systemic factors.</p>	<p>Item 18</p> <ul style="list-style-type: none"> In 34% of the cases, the agency did not diligently involve parents or children in the case planning process. State policy notes that, to the greatest extent possible, the service plan is developed jointly with the family and written in the family's preferred language in a manner that is clearly and easily understood by the involved parties. Completed service plans were sometimes simply presented to a parent for signature, with little or no discussion with the family about their sense of what was needed to keep their children safe. <p>Item 25</p> <ul style="list-style-type: none"> Pilot in two area offices - parents will be expected to identify their own goals (which become part of the service plan) while the Department will continue to determine permanency goals and outcomes based on assessment results and ongoing casework with the family. The case/service plan in the FamilyNet system does 	<p>Improve the Department's ability to address the unique service needs of adolescents</p> <ul style="list-style-type: none"> Explore ways in which Family Group Conferencing might be adapted to address the issues in CHINS cases. FGC is currently in use in 14 of the DSS offices; some of these are utilizing the concept for the CHINS population. <p>Placement Stability in the First 12 months</p> <ul style="list-style-type: none"> The Department anticipates that its systemic improvements in assessments, service planning, service provision, availability of flexible services, continued use of kinship resources and family group conferencing will yield increased placement stability for children in foster care. <p>Prepare for development of a new service planning process that is strengths-based, child-centered, family-focused and community-connected. Assess current level of family involvement in case planning and other case-related matters.</p> <ul style="list-style-type: none"> Obtain agreement with the National Resource Center on Family-Centered Practice to assist in the 	<ul style="list-style-type: none"> Family Group Conferencing (FGC)

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	<p>not facilitate parental involvement in the planning process.</p> <ul style="list-style-type: none"> • Parents and other stakeholders described the current plan as cumbersome for workers and confusing to families. • Stakeholders also noted that the plan is not always written in the language of the family for whom it is developed. 	<p>review of the service planning process, policy, practice and training needs.</p> <ul style="list-style-type: none"> • Utilize agency workgroup to work with the National Resource Center on assessment and service planning issues. • Meet with groups and individuals to obtain feedback regarding family involvement work within the Department. • Create an Action Plan with specific tasks and measurable methods to assess progress in family involvement efforts. • Identify existing programs that should be systemically used and expanded to enhance parent involvement. • Assess current efforts to include parents in individual case planning as well as service design, delivery and monitoring. • Establish a system for routinely obtaining consumer feedback from parents served by DSS and its contracting agencies. • Assemble a Parent Advisory Committee which represents the diverse groups served by DSS. • Establish a Foster Care Review Practice Committee to look at FCR practices. Gather input regarding FCR process/practice from DSS field staff. Pilot a strengths-based approach to FCR with an assessment of its impact on attendance and participation by families. Review steps that may be taken to encourage parents and adolescents to attend Foster Care Review meetings. Develop survey for FCR consumers. Solicit input from FCR volunteers at Annual FCR Volunteer Recognition Event regarding the current FCR process and 	

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		<p>potential changes or improvements to that process. Gather input from parents and youth regarding FCR process and practices.</p> <ul style="list-style-type: none"> The Department proposes new action steps that reflect a deeper look at (and monitoring of) parental participation in all aspects of service delivery, from family group conferencing, service planning to foster care reviews. 	
<p>Michigan</p> <p>CFSR: December 19, 2002</p> <p>PIP: May 24, 2004</p> <p>Highlights: A. The State met the national standards for four of the six standards. B. The State achieved substantial conformity for none of the seven outcomes. C. The State achieved substantial conformity for six of the seven systemic factors.</p>	<p>Item 18</p> <ul style="list-style-type: none"> In 30% of the cases, the agency did not diligently involve parents or children in the case planning process. Stakeholders commenting on this issue expressed the opinion that in many cases, the case plans tend to be "generic" or "boiler plate," and are not individualized to families. One stakeholder suggested that this may be due to a lack of engagement skills among agency workers. <p>Item 25</p> <ul style="list-style-type: none"> Stakeholders commenting on this issue reported that although case plans are routinely developed and updated in accordance with the timeframes established by policy, there is considerable variation regarding the involvement of parents in the case planning process. Stakeholders noted that in many cases, parents are being effectively involved in the process of developing the case plan. However, in many other cases, the case plan is discussed with the parents and presented to the parents for review, but the parents are not involved in plan development. Some stakeholders commented that efforts are not being made to engage fathers in planning, particularly when they are not living with the mother 	<p>Technical Assistance Plan</p> <ul style="list-style-type: none"> Michigan has been a leader in the area of effective community based programs such as . . . Family Group Decision Making. <p>Item 18</p> <ul style="list-style-type: none"> Policy will be revised by 4/2004 to require face-to-face contact by the worker during the first month following out of home placement to discuss family and child assessment of needs and service provision to resolve the identified needs. This requirement will focus staff on the purpose of face-to-face contacts, assure parent and child involvement in the development of the treatment plan and begin the process to engage the parent. The statewide implementation of F2F will assist in the child and family involvement in case planning based on the design of and adherence to the model. Conduct a review through the NCCD case readings to determine if adherence to policy improves over the timeframe of 7/03 through 12/05. The results of the NCCD case reads in 7/03 and 6/04 will be used as a basis to identify best practices relative to engagement of children and 	<ul style="list-style-type: none"> Family Group Decision Making (FGDM)

State ²¹	CFSR Findings	PIP Goals and Action Steps	Family Engagement or Involvement Model(s) Referenced in CFSR/PIP
	<p>and the children or if they are perceived to be difficult to work with. The CFSR case reviews found that in 30 percent of the cases reviewed, FIA did not involve parents and children in the case planning process. However, several stakeholders noted that the agency places an emphasis on family involvement in case planning and has made efforts to educate workers regarding the importance of family involvement. Also, some stakeholders expressed the opinion that the Family-to-Family initiative currently being implemented in the State and the implementation of Family Group Decision Making in 12 locations will result in greater involvement of parents in the case planning process.</p> <p>Item 35</p> <ul style="list-style-type: none"> pre-placement prevention services include . . . Family Group Decision Making (FGDM) 	<p>families in case planning to identify and develop a best practice document to share in the field.</p> <p>Item 25</p> <ul style="list-style-type: none"> Parent and child involvement in the development of treatment plans will increase significantly with the implementation of the above action steps. Additionally, the entire Program Improvement Plan focuses on increasing involvement with parents, children, and foster parents to assure accurate assessment of needs and strengths and appropriate service delivery based on the identified needs. With improved frequency and quality of face-to-face contacts, case plan development should become more meaningful and should result in more positive outcomes for children and families. 	
<p>Minnesota</p> <p>CFSR: August 28, 2001</p> <p>PIP: July 1, 2002</p> <p>Highlights: A. The State met the national standards for three of the six standards. B. The State achieved substantial conformity for none of the seven outcomes.</p>	<p>Item 18</p> <ul style="list-style-type: none"> In 31% of the cases, the agency did not diligently involve parents or children in the case planning process. In some cases there was evidence of involvement by families and children in case planning. When it was either an ICWA case with the ITO advocating for the family or a case where family group conferencing was used, the older children and the birth parents were more likely to be involved in case planning. Even though parents signed the case plans, there were many instances in which the parents were not involved in their development. Since a Minnesota Supreme Court ruling requires a case plan to be submitted at the hold hearing that is held within 72 	<p>Other initiatives supportive of this plan</p> <ul style="list-style-type: none"> Family Group Decision Making efforts are supportive of increased family involvement in case planning. Improving Case Planning and Documentation Out-of-home placement plan form revised to address: Child and family involvement in case planning Child protection case plan is redesigned. Case plan redesign will need to address: Child and family involvement in case planning 	<ul style="list-style-type: none"> Family Group Conferencing (FGC) Family Group Decision Making (FGDM)

State ²¹	CFSR Findings	PIP Goals and Action Steps	Family Engagement or Involvement Model(s) Referenced in CFSR/PIP
C. The State achieved substantial conformity for all of the seven systemic factors.	<p>hours of the child's removal from the home, there is little opportunity for child and parental involvement in the initial case planning process.</p> <ul style="list-style-type: none"> • Since one of the counties has a specialized staffing structure, families can be affected in the case planning process by the lack of clearly defined overall case management responsibilities. • There was much inconsistency in this element from case to case and from county to county. <p>Item 25</p> <ul style="list-style-type: none"> • In one of the counties, there was significant parent involvement in case planning. Families and case managers work together to develop the case plan. Family group decision-making provides for family contribution into case planning. • ICWA cases and cases that use family group conferencing are more likely to have child and parent involvement in the case planning process. • Many case plans were not updated-some for as long as two or three years. • Although case plans existed, there was, in many instances, a question of the quality of the plans. They contained broad boilerplate language, were ambiguous, and lacked specificity and individualization for services. • Case plans typically did not address the immediate issue that led to a child's removal from the home. • In many instances, birth parents were not involved in the development of the case plans. 		
<p>Mississippi</p> <p>CFSR: May 18, 2004</p>	<p>Item 7</p> <ul style="list-style-type: none"> • A Mock Case Review of 42 cases in five counties, conducted as part of the State's self-assessment, revealed that the permanency goal tended to be 	<p>Priority Goal III</p> <ul style="list-style-type: none"> • Mississippi initiated two pilot projects . . . practicing strengths based family centered practice utilizing family group conferencing as a model and method 	<ul style="list-style-type: none"> • Family Team Meeting (FTM) • County

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<p>PIP: March 24, 2005</p> <p>Highlights: A. The State met the national standards for two of the six standards. B. The State achieved substantial conformity for none of the seven outcomes. C. The State achieved substantial conformity for two of the seven systemic factors.</p>	<p>achieved more quickly when the social worker devoted significant time to case planning and practiced family engagement than when the social worker did not engage in these practices.</p> <p>Item 18</p> <ul style="list-style-type: none"> In 62% of the cases, the agency did not diligently involve parents or children in the case planning process. Adams County stakeholders suggested that parents and older children are routinely involved in case planning. However, Hinds County stakeholders indicated that workers experience difficulties involving families in the case planning process because the family is not always willing to participate or is not accessible. State level stakeholders reported that often MDHS social workers will stop trying to engage parents if they do not get a response after one or two telephone calls. Stakeholders also noted that sometimes involvement with families is not relevant because the court determines the case plan content. <p>Item 25</p> <ul style="list-style-type: none"> With regard to parent involvement, Stakeholders noted that although the County Conference is used to promote the engagement of families in case planning, the conference is not implemented on a consistent basis. Stakeholders expressed the opinion that, as a result of the inconsistent implementation of County Conferences, parents are not actively involved in the planning and decision-making process, particularly non-custodial parents. On those occasions when parents are involved in case planning, stakeholders expressed concern about efforts that fall short or are not fully- integrated into ongoing practice. In Washington County, 	<p>to improve the engagement of families in decision making and in the care of their children. After the pilot and in an attempt to roll out this practice statewide, a modified form of family group conferencing was implemented known as the “CC” (CC). The CC is held on all custody cases and is conducted every six months. It is important to note that these conferences serve as the six month administrative periodic review. The CC is a coordinated effort between FCR, ASWS and caseworkers. The Foster Care Reviewers serve as objective facilitators for the conference and can do so since they do not have direct involvement in the case or casework. Over the years, numerous other responsibilities have been incorporated into the CC and the practice has become more compliance driven than family centered.</p> <ul style="list-style-type: none"> The CC requirements, procedures and paperwork have taken away from the interaction and engagement of the participants and from the original intent of the model. Therefore, the CC is being modified to be more family centered and to allow time for more interaction and discussion of the permanency issues. It is our intent to develop clear practice guidelines for caseworkers to understand the expectations for engaging families through FTM. The necessary supports for this practice such as training and supervision will be made available and constantly reinforced. By promoting family centered practice through policy, practice and training and by utilizing FTM and family centered CC to engage families in this process, we can improve the quality of practice and achieve better outcomes for 	<p>Conference (CC)</p>

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	<p>although workers effectively use home and office visits to obtain parental input in case plans, stakeholders noted that a more formal process is not in place.</p> <p>Item 33</p> <ul style="list-style-type: none"> Additional courses are needed to increase the skill level of social workers in the engagement of families. 	<p>children and families.</p> <p>Family Team Meetings (FTM)</p> <ul style="list-style-type: none"> Due to Mississippi's current staffing issues, trying to replicate a formal family team conferencing model with the caseworker being responsible for the workload and activities is not feasible. FTM must be implemented in a way that does not create additional workload for existing staff. As used throughout this document, FTM refers to a standard casework practice for all cases and a way of doing business. Based on FCP principles and philosophy, this practice will remain simple and basic. The practice guidelines will provide structure and consistency to FTM, but will not become burdensome by creating explicit procedures and requirements. It will simply be to work with the family to identify other family members, extended family, and supportive persons that the family wants to engage in the process and to bring these members into the assessment and case planning process as early as possible and to actively engage the family throughout the life of the case in the decision making process. By using a simple approach to FTM, Mississippi is certain that workers will be able to incorporate this approach into daily practice and sustain this practice over time. FTM will be a standard part of practice for all casework and applied to both in-home and out of home cases in every county. Since there is more motivation to change when a family is in a state of crisis, the initial FTM should take place as early in the case as possible. Ideally, FTM will be held prior to removal from the home. If removal is necessary, a meeting should be held as 	

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		<p>soon after as possible, preferably, before the shelter hearing. While it may not always be possible to schedule immediately, the initial meeting must be held within 30 days of case opening to maximize its effectiveness and to develop the initial ISP with the family. The FTM is the responsibility of and will be facilitated by the caseworker. Follow up to the initial FTM will be held based on the judgment of the caseworker and ASWS.</p> <ul style="list-style-type: none"> • Major changes within the case circumstances would also serve as a trigger for the worker to convene a FTM. Some examples of major changes include unplanned placement moves or placement disruption, a change in permanency goals or major changes with the case plan, a change in treatment or service needs or completion of treatment or services, an incident of violence, safety risk, etc. In addition to the major changes in the case, the family may also request a FTM at anytime throughout the life of the case. The FTM would be scheduled on an as needed basis and will, again, be facilitated by the social worker. The ASWS can provide consultation to caseworkers during case reviews or case staffing regarding triggers and changes in the case that would merit a FTM and continuously reinforce this practice. • In addition, training and a concise practice guide on FTM will be provided to all regions, ASWS and county caseworkers. • The ASWS is responsible for approving the initial ISP and will monitor the occurrence of the FTM within 30 days as part of this approval process. The Foster Care case review will also monitor and 	

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		<p>report the use of FTM within 30 days to engage the family in developing the initial ISP on custody cases. Supervision of the on-going practice of FTM will be the responsibility of the ASWS. As part of the supervisory case review process being implemented, the ASWS will monitor in-home and custody cases for use of FTM. However, due to the plan for implementation, the reports generated from this supervisory case review process will not be available until late in the PIP process.</p> <ul style="list-style-type: none"> • Technical assistance will be obtained through the NCWRCCPS and the NCWRCFCPPP. These two centers will coordinate the technical assistance for Mississippi in the areas of assessment, case planning and family engagement through FTM. These centers will work with the DFCS to develop the FCP training curricula, materials for training trainers, and concise practice guides for FTM and CC. Following the technical assistance and completion of the products, a “train the trainer” session will be held for DFCS training staff, RD and the CWTI. The assigned training staff and RD will then drill down the training within each region to the ASWS and county social service caseworkers in preparation for implementing the FTM and the enhanced CC. As a part of this training, a concise practice guide for FTM and CC will be distributed. The CWTI will follow each DFCS Regional Training and provide additional support through case consultation and technical assistance for the ASWS to apply the training in practice with the caseworkers. With the completion of the training in all regions and counties, the FTM and enhanced CC will be implemented and 	

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		<p>monitored from that date forward.</p> <p>County Conferences (CC)</p> <ul style="list-style-type: none"> • Mississippi implemented a more formal family team conferencing model in 2001, which is referred to as the CC. The CC was developed from the framework of two Mississippi pilots: 1) a pilot conducted in Region I-E on Family Group Conferencing, and 2) the Title IV-E Demonstration Project piloted in Region III and VI-N. While the pilot models had some differences in goals or purpose, the family centered strength based approach was consistent in both. Much has been learned through these pilots over the years and the knowledge and experience from the pilots was incorporated into the development of the CC for statewide practice. • The CC is a family conferencing approach to bring the family, caseworker, ASWS, and involved community providers together to assess progress and make decisions necessary to achieve timely permanency. The CC is held on all custody cases within 6 months after entering custody and every six months thereafter, throughout the life of the case. The CC serves as the six month administrative periodic review. • The caseworker is responsible for sending out invitations to notify all involved parties of the CC. The Foster Care Reviewers conduct the CC and serve as an objective third party to facilitate the meeting and discussions. A Youth Court Hearing and Review Summary Report is produced as a result of the CC and submitted to the Court for review and preparation for hearings. This report is a cooperative effort between the FCR, social 	

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		<p>worker and ASWS. The Youth Court Hearing and Summary Report is divided into three sections: Part A is automatically populated in MACWIS and includes background information from the case record including the permanency and concurrent plan and dates, compelling reasons for the identified permanency plan and why TPR is not in the best interest of the child if applicable, court hearing by type and date, and reason for services/removal. Recommendations have been submitted to add fields to Part A that are being collected manually by FCR that could be automatically populated in MACWIS. Part B is completed by the FCR and includes information collected as part of the CC including who was invited, who attended and their relationship to the child(ren), actions taken to achieve the permanency plan by the agency, and parents or guardians; actions needed by the agency or family to achieve the permanency plan; and services needed to achieve the permanency plan and whether they have been provided. Recommendations have been submitted to revise fields to improve the quality of information collected and to capture the mandatory determinations per child in this section, eliminating the need for paper forms to collect this data and the manual compilation of data to generate reports. Part C is completed by the social worker or ASWS and addresses risk, safety and well-being status of children if returned home, indicators of aggravated circumstances, and agency recommendations related to aggravated circumstances and TPR. These recommendations have been submitted to</p>	

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		<p>revise the Youth Court Hearing and Review Summary Report to include information that has been collected manually by FCR as part of the CC. The recommendations for integrating data collection functions into MACWIS will eliminate duplication of effort for the Foster Care Reviewers and produce automated reports reducing both time and effort. It is believed that by integrating these functions into MACWIS it will free up time for the Foster Care Reviewers and allow for quality interaction with the family and the caseworkers during the CC. The case status reports will be generated on a routine basis by MACWIS, distributed to the field and used to continuously assess and improve practice. The CC will continue to be utilized as a method for engaging families and children in case planning for more timely permanency on custody cases.</p> <ul style="list-style-type: none"> • The CC will continue to be held routinely within 6 months and every 6 months thereafter throughout the life of the case. The CC does not replace nor substitute for the FTM, but should serve to strengthen and support this practice with the caseworker and family. The caseworkers will still be responsible for convening FTM based on the individual case needs, practice guidelines and standards. • As a part of Mississippi's program improvement efforts, the CC will be enhanced to be a more family centered approach to support and engage the families in the decision-making process. In order to make the CC more family centered, participation by all parties will be expected and family participation will not be limited. Social 	

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		<p>workers and the ASWS will participate in the CC providing additional opportunities to review, update, and revise the permanency plan and case plan activities based on the family's input and progress. The family may include any family members and or support persons that the family identifies and wants involved in the on-going decision-making and review process. The child(ren) in custody will be included as appropriate.</p> <ul style="list-style-type: none"> • Current practice has been to include older children in the CC, but the enhanced CC will broaden child participation to include school age children. Other service providers, community team members and partners are also invited and included in this conference. • The protocol and procedures for the CC somehow became a script used by the Foster Care Reviewers to direct the CC, which created a more rigid compliance oriented meeting rather than one that would promote family engagement and interaction. A CC practice guide will be developed for the Foster Care Reviewers, caseworkers and ASWS based on family centered principles to improve facilitation and allow for more family input, interaction and engagement. Along with the practice guide, skill-based training will be made available to the Foster Care Reviewers to enhance facilitation skills. A CC guide will be developed and made available to all CC participants including the family and community providers. The guidebook will used as a tool to orient all involved parties to the purpose and goals of the CC and will provide more detailed information about the process. A CC 	

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		<p>standard practice has been to provide a customer satisfaction survey to all family members and community partners attending the CC. The survey can be completed immediately or can be completed and returned at a later date. The family members or community partners can provide identifying information or are allowed to submit their comments anonymously. This practice will continue and the results will be utilized to continuously improve the process. The aggregate information related to these surveys will continue to be reported as part of the FCR Quarterly and Annual Report. The primary emphasis of FTM and CC will be on child and family safety. Families will be engaged in developing their own plans and in decision-making with the focus of keeping the child safe. There will also be a strong emphasis on flexibility including flexible schedules and locations to fit the diverse needs of families and family situations encountered by DFCS staff.</p> <ul style="list-style-type: none"> • Effective use of FTM and CC will lead to improved outcomes in numerous areas. Families will be more engaged and involved in case planning and decision-making. More families would remain intact since families will be allowed to make alternative plans. Well-being would improve since there will be greater opportunity to assess and plan services to meet the individual family needs. Placement disruptions should decrease. Children will have a greater say in their case plan; they will have frequent visits with parents and siblings; and permanency plans should be achieved sooner. <p>Items 1, 4, 16, 17, 19, 20, 25</p> <ul style="list-style-type: none"> • Utilize TA from the NCWRCFCPPP to provide 	

State ²¹	CFSR Findings		Family Engagement or Involvement Model(s) Referenced in CFSR/PIP
		<p>recommendations for policy and practice changes related to FCP, FTM and caseworker visitation as part of case planning to improve family engagement in decision-making and case planning.</p> <p>Items 1, 3, 18, 25</p> <ul style="list-style-type: none"> • Provide statewide training and release the concise practice guide for FCP, FTM within 30 days and CC to implement FCP changes. <p>Item 1, 24</p> <ul style="list-style-type: none"> • Develop MACWIS Report based on “Family Team Meeting” narrative type to monitor the frequency of FTM held within 30 days. <p>Item 1, 25</p> <ul style="list-style-type: none"> • Each region will address and include in the RAP action steps to implement FTM, practice standards, and guidelines to comply with policy to engage family within 30 days to develop initial ISP. <p>Item 4, 18</p> <ul style="list-style-type: none"> • Supervisory case review will be implemented to review both in-home and custody cases and will review cases with caseworkers to assess quality of practice in the areas of safety and risk assessments, case planning, and FCP including FTM. <p>Item 13, 16</p> <ul style="list-style-type: none"> • The practice of FTM and CC create opportunities to engage the family, foster families and other supports in planning efforts to improve the relationship of the child in care with parents and the frequency and accessibility of family visitation. <p>Item 17, 18</p> <ul style="list-style-type: none"> • Provide statewide training to include assessment, 	

State ²¹	CFSR Findings	PIP Goals and Action Steps	Family Engagement or Involvement Model(s) Referenced in CFSR/PIP
		<p>case planning and family/community engagement to enhance caseworkers skills to assess family needs and provide appropriate services to address those needs.</p> <p>Item 18, 25</p> <ul style="list-style-type: none"> Implement the revised FCCR instrument and process to assess the quality of practice in engaging parents and children in case planning and FTM. <p>Items 19, 20</p> <ul style="list-style-type: none"> The practice of FTM and CC create opportunities for the caseworker to visit and engage the child(ren) in assessment, case planning and decision-making for safety, permanency and wellbeing. By utilizing time together at FTM and CC the caseworker can improve the frequency and quality of caseworker visitation with the child. <p>Item 6</p> <ul style="list-style-type: none"> A FTM should be held around any major changes within the case such as placement decisions, placement moves and placement disruptions. By including the family and child(ren) in the FTM regarding placement decisions, more appropriate placements could be made, matching the needs of the family and child with the appropriate placement type creating more stability. <p>Item 7</p> <ul style="list-style-type: none"> FTM and CC strategies will be utilized as a strategy to improve the appropriateness and timeliness of the permanency goal for children in foster care. FTM will address the permanency goal as changes occur in the case. The CC provides a forum for the staff and family team to review and address the appropriateness and timeliness of 	

State ²¹	CFSR Findings	PIP Goals and Action Steps	Family Engagement or Involvement Model(s) Referenced in CFSR/PIP
		<p>permanency goals as well as the concurrent plan and progress toward achieving permanency.</p> <p>Item 8</p> <ul style="list-style-type: none"> • FTM and CC strategies will be utilized as a strategy to improve timely reunification with family or timely permanency through guardianship or relative placements. FTM will help caseworkers engage the family in decision making and case planning to achieve more timely permanency through reunification, relative placements and or guardianships. • Provide training and concise practice guide on case planning that includes the practice of engaging families in planning, establishing timely and appropriate permanency goals and concurrent permanency planning. <p>Item 9</p> <ul style="list-style-type: none"> • The CC can be used to improve the timeliness of finalized adoptions by engaging the family team, service providers and community partners in addressing the permanent and concurrent plan, aggravated circumstances, TPR recommendations and documentation of compelling reasons not to TPR if appropriate. <p>Item 10</p> <ul style="list-style-type: none"> • The CC includes children and youth in the family team conferencing model to be engaged in decision- making for case planning and for youth with a goal of emancipation the focus should be on the transitional living plan for independence. Clear guidelines will be included in the CC practice guide for all children 14 and up to include the Independent Living Specialist and this will be tracked as part of the CC invitations and actual 	

State ²¹	CFSR Findings	PIP Goals and Action Steps	Family Engagement or Involvement Model(s) Referenced in CFSR/PIP
		<p>attendees that is documented in the Youth Court Hearing and Summary Report.</p> <p>Item 13</p> <ul style="list-style-type: none"> Enhance the CC (six month administrative review) to be more family centered. <p>Item 14</p> <ul style="list-style-type: none"> The practice of FTM and CC will reinforce and support preserving family connections and characteristics. <p>Item 15</p> <ul style="list-style-type: none"> The technical assistance and training from the NCWRCCPS and the NCWRCFCPPP related to FCP, FTM and CC as well as family/community engagement training curricula and concise practice guides will address early and diligent search for maternal and paternal relatives and engaging and utilizing relatives as placement resources. <p>Item 18</p> <ul style="list-style-type: none"> RAPs will include action steps to improve the engagement of families and children in case planning through FTM. <p>Item 25</p> <ul style="list-style-type: none"> Provide training and concise practice guide on case planning that includes the practice of family and child engagement in case planning, FTM within 30 days to develop the initial ISP, concurrent permanency planning and transitional planning with youth. Implement the supervisory case review instrument and process to ensure that each child has a documented ISP that was developed with the engagement of the children and families 	
Missouri	Item 7	Permanency Outcome Reports	<ul style="list-style-type: none"> Family

State ²¹	CFSR Findings	PIP Goals and Action Steps	Family Engagement or Involvement Model(s) Referenced in CFSR/PIP
<p>CFSR: March 10, 2004</p> <p>PIP: August 12, 2005</p> <p>Highlights: A. The State met the national standards for one of the six standards. B. The State achieved substantial conformity for none of the seven outcomes. C. The State achieved substantial conformity for five of the seven systemic factors.</p>	<ul style="list-style-type: none"> • Initial permanency goals are established with the family at the time of the 72-hour Family Support Team (FST) meeting. The FST meets every 30 days and reviews the permanency plan until the adjudication hearing. FST meetings continue to be held every 6 months after adjudication (or more often if requested). <p>Item 17</p> <ul style="list-style-type: none"> • For children in out-of-home care, the needs of parents and children are assessed at the time of the initial 72-hour Family Support Team (FST) meeting and ongoing assessments occur every 30 days thereafter until adjudication. FSTs continue to be held every 6 months after adjudication. <p>Item 18</p> <ul style="list-style-type: none"> • In 44% of the cases, the agency did not diligently involve parents or children in the case planning process. • All stakeholders were in agreement that the FST meetings are an effective vehicle for engaging parents and children in case planning. However, some stakeholders suggested that although children frequently attend the FST meetings, they are not always given the opportunity to speak at those meetings, even when they are older. Stakeholders also noted that while all parents are invited to attend FST meetings, they often do not perceive that their issues or concerns are heard or incorporated into the planning process. • The State recognizes that only limited efforts are made to reach out to families to fully engage them in the case planning process and encourage them to attend FST meetings. The Statewide Assessment also notes that case plans are not always developed 	<ul style="list-style-type: none"> • Measure #12. Increase the Number of Family Support Team Meetings (timely completion of FSTM) <p>Item 3</p> <ul style="list-style-type: none"> • Since the late 1990's, Missouri has been moving to a policy and practice which requires family and community involvement through the Family-Centered philosophy, and Family Support Team practice. As policy and practice has evolved over time, additional assessment tools have been added. As a result, assessment tools have become disjointed and may be lacking comprehensive views in case planning. Symptoms are addressed but underlying issues may not be identified. Goals tend to be general, are not behaviorally specific, and in some circuits in the state, may be driven more by the courts than the Family Support Team or based on identified assessed needs. • Strengthening workers' family engagement skills through training and supervision will enhance the Family Support Team process and assist in assuring those at the table have a voice in planning. Focus groups composed of workers, supervisors and circuit managers were conducted in four circuits across the state to identify clinical support needs. Information from focus groups, PRR, and consumer surveys has been analyzed and incorporated into a training curriculum for workers and front line supervisors. The Family Assessment and Service Planning training for workers and Supplemental Supervisory training will be utilized in the field to assist staff in engaging families and in case plan development. Twenty sessions of Supplemental Supervisory training will 	<p>Support Team (FST)</p> <ul style="list-style-type: none"> • Family Support Team Meeting (FSTM)

State ²¹	CFSR Findings	PIP Goals and Action Steps	Family Engagement or Involvement Model(s) Referenced in CFSR/PIP
	<p>in conjunction with the families. Information in the Statewide Assessment indicates improvement in this area, however. State Practice Development Reviews found that in State FY 1999, 69 percent of children and families were active participants in case planning, while in State FY 2002, 79 percent of children and families actively participated in case planning.</p> <p>Item 25</p> <ul style="list-style-type: none"> State policy requires that case planning and review activities must be conducted within specified time frames through use of Family Support Team (FST) meetings. Family Support Teams are required to meet within 72 hours of a child's entry into care. Each team consists of the children's service worker, the supervisor, the parents/caregivers, child (if age appropriate), juvenile officer, guardian <i>ad litem</i> and/or CASA, parents' attorneys, family advocates, placement provider, treatment provider(s), and school personnel. The preliminary treatment plan developed with the family during the 72-hour FST meeting establishes the foundation for the initial 30-day treatment period. After the initial meeting, the FST meeting is held every 30 days to assess the progress of services, visitation plans, financial support, and continued case planning. After adjudication, FST meetings are held every 6 months. The Statewide Assessment notes that despite the use of FST meetings, the agency is not consistent in its efforts to reach out to families to encourage their attendance at FST meetings and engage them in the case-planning process. It was reported in the Statewide Assessment that case plans are not always developed in conjunction with families. 	<p>be available across the state to train all front line supervisors. Twenty sessions of Family Assessment and Service Planning training will be available to train selected staff as trainers, who will in turn provide the training to other staff in their county or circuit.</p> <p>Item 6</p> <ul style="list-style-type: none"> Expand use of family support team meetings to promote stability in alternative care placements Plan written and disseminated for HB 1453 requirement of a FST prior to or immediately after an impending move. Made ACTS system changes to track FSTs held prior to or immediately after a move. Central Office staff provided training to regional staff on HB 1453 requirements. Regional staff provided localized training to existing staff on HB 1453 requirement. Policy incorporated into BASIC training. <p>Item 7</p> <ul style="list-style-type: none"> Per division policy, Family Support Team meetings are to occur within certain time frames. In addition to being required before or immediately after an impending move, they are to occur within 24 and 72 hours and 30 days of a child coming into division custody. Additionally, the Family Support Team is convened monthly until adjudication and every 6 months thereafter. At each meeting the child(ren)'s case goal is re-evaluated by a multi-disciplinary team to determine appropriateness. Good case planning and review of the permanency goal is dependent upon Family Support Team meetings occurring with the frequency indicated per policy as well as ensuring the permanency goal 	

State ²¹	CFSR Findings	PIP Goals and Action Steps	Family Engagement or Involvement Model(s) Referenced in CFSR/PIP
	<p>Item 26</p> <ul style="list-style-type: none"> Although stakeholders noted that FST meetings are helpful and engage multiple parties in the development of the plan, they observed that parental participation varies across jurisdictions and programs. Agency policy requires periodic reviews to be held every 6 months for every child in out-of-home care. As Missouri does not have a citizen review process and does not conduct court reviews every 6-months, the FST meeting serves as the agency-administered, third-party review process. An FST meeting must be scheduled prior to the end of the child's first 30 days in out-of-home care and monthly thereafter until adjudication. After adjudication, FST meetings must be held at least every 6 months. The Statewide Assessment notes, however, that despite policy requirements, FST meetings are not held in compliance with mandated timeframes on a consistent basis. A review conducted in September 2003 found that only 68 percent of the necessary FST meetings were held in a timely manner. The Statewide Assessment reports that when the FST meetings are not held in a timely manner, it is usually because the worker has experienced difficulties in finding the time to schedule and facilitate the meeting due to high caseloads. Stakeholders also voiced concern about the absence of a third-party reviewer during the FST meeting. Federal law requires that the review process must include at least one person who is not directly involved with the case, but most FST meetings do not meet this requirement because only those individuals involved in the case are invited to participate. 	<p>is reviewed with regularity in the meetings.</p> <ul style="list-style-type: none"> In order to improve the frequency per policy of Family Support Team meetings, Circuit Managers will analyze the Family Support Team meeting data during their circuit self assessment. They will then initiate a corrective action plan as needed and be assisted by the PET members in monitoring for improvement. The quality of Family Support Teams will be improved by ensuring the permanency goal is reviewed and established with the multi-disciplinary team. The permanency goal will be established and reviewed within 30 days and at least every six months thereafter during the permanency reviews. System fields and coding changes were made to the ACTS system so permanency reviews could be tracked separately from Family Support Team meetings. Policy on the elements required for a Family Support Team meeting to be considered permanency review is being developed and disseminated to all staff. These system and policy changes will be integrated into BASIC training. Identified individuals who will serve as expert facilitators for more difficult FSTs. <p>Item 8</p> <ul style="list-style-type: none"> The Family Support Team meeting is the setting for developing a service plan to achieve the child's case goal. The FST meetings are intended to support the family in making changes to assure safety and permanency for the child. By increasing the frequency and timeliness per policy of Family Support Team meetings the Children's Division will improve stability, assist the family in reaching the case goal more quickly, and conduct better 	

State ²¹	CFSR Findings	PIP Goals and Action Steps	Family Engagement or Involvement Model(s) Referenced in CFSR/PIP
	<p>Item 37</p> <ul style="list-style-type: none"> individualized service plans are developed by FSTs to meet the specific needs of all family members 	<p>aftercare planning to reduce re-entries.</p> <p>Item 12</p> <ul style="list-style-type: none"> In order to increase the number of siblings placed together, the agency developed a policy requiring a Family Support Team (FST) meeting be held prior to separating siblings and strengthened policy addressing the continual need for maintaining sibling relationships. Through the FST process, potential placement resources that would accept sibling groups may be discovered. Anticipated impact on the children will be fewer siblings separated and preserving connections and relationships between the siblings. These policy requirements were incorporated into the Peer Record Review and the Supervisory Case Review Tools and will be monitored by Circuit Managers. If a placement resource for the sibling group cannot be secured, and the siblings are separated, an administrative review process needs to occur. The agency will develop an administrative level review to occur within 30 days of the siblings' separation. Circuit Managers, regional staff and, as necessary, Central Office staff will review such cases in which the sibling group has been separated for 30 days. The purpose of the review will be to evaluate whether all viable options have been exhausted and determine if a subsequent FST meeting needs to occur to track case progress, including each child's current state of well-being, placement appropriateness, and placement options. Recommendations and feedback from the administrative review will be provided to the worker and his/her supervisor. <p>Item 18</p>	

State ²¹	CFSR Findings	PIP Goals and Action Steps	Family Engagement or Involvement Model(s) Referenced in CFSR/PIP
		<ul style="list-style-type: none"> • Involving parents (including pre-adoptive parents or permanent caregivers) and children in identifying the services and goals included in the case plan were found to be an area needing improvement in Missouri. Stakeholders noted that parents were invited to attend FST meetings; however, parents may perceive their issues or concerns are not heard or incorporated into the planning process. A protocol will be established to access CD staff outside of regular business hours. • Improving the quality of the Family Support Team meetings will assist in increased family participation in the case planning process. One way to assure the needs of children and families are met is to inform individuals of their rights and responsibilities during the time their child is in an alternative care placement. A handbook, outlining information such as court proceedings, case planning meetings, legal representation, financial responsibilities, etc., will be developed and shared with parents to guide and assist them during this time. Existing documents will be reviewed to develop one handbook used consistently throughout the state. This will be field tested by consumers and their input will be solicited. Based on this input, revisions to the handbook will be made. Policy regarding the handbook will be submitted to the Policy Review Team for comment by field staff. After final revisions are made, the handbook and accompanying policy will be distributed to all staff. <p>Item 21</p> <ul style="list-style-type: none"> • Protocol developed regarding inclusion of educational personnel in FST's. 	

State ²¹	CFSR Findings	PIP Goals and Action Steps	Family Engagement or Involvement Model(s) Referenced in CFSR/PIP
		<p>Item 25</p> <ul style="list-style-type: none"> • Family participation in Family Support Team meetings is directly related to the engagement of the family by the worker and the amount of preparation (or lack thereof) of the family ahead of time. • To ensure accountability for good social work practice, supervisors must have the capacity to monitor practice. The division will improve supervisor capacity to monitor case planning practices. • Improving the overall Family Support Team facilitation skills of staff will ensure that the family has input into the case planning process. Fundamental FST skill application has been a part of BASIC training. In February 2005, Professional Training and Development will roll out an enhanced/improved version of this skill application. A supplemental one day FST training will be offered to existing staff focusing on skills necessary to conduct effective FST meetings beginning in February 2005. Twenty-five sessions will be available through October 2005. In addition, the Advanced FST skill application will become available in February 2005. Twenty-five sessions will also be available throughout the state in 2005 with a concentrated focus on leading and modeling FST facilitation skills. The use of solution focused techniques will be demonstrated and practiced. The advanced FST facilitation training will be integrated into the advanced Family-Centered Out-of-Home Services in-service module in May 2006 and Advanced Family-Centered Services in-service module in September 2006. 	

State ²¹	CFSR Findings	PIP Goals and Action Steps	Family Engagement or Involvement Model(s) Referenced in CFRS/PIP
		<p>Item 26</p> <ul style="list-style-type: none"> The current policy will be revised to clarify FST requirements/procedures. Once developed, the revised policy will be sent to the policy review team and management for comment. Revision will be made based upon review comments and distributed to all staff. Increase ability to track 6 month Administrative Reviews separately from FSTs 	
<p>Montana</p> <p>CFSR: January 14, 2003</p> <p>PIP: January 16, 2004</p> <p>Highlights: A. The State met the national standards for three of the six standards. B. The State achieved substantial conformity for one of the seven outcomes. C. The State achieved substantial conformity for five of the seven systemic factors.</p>	<p>Item 4</p> <ul style="list-style-type: none"> Reviewers noted that the agency was particularly effective in managing the risk of harm when the family participated in a family group decision making (FGDM) and follow up activities. <p>Item 14</p> <ul style="list-style-type: none"> Stakeholders also reported that family group decision-making with Native American families has led to positive results regarding family connections. <p>Item 15</p> <ul style="list-style-type: none"> The State has experienced an increase in the number of children placed in relative homes from 1998-2000, which was attributed to the increase in the use of family group decision-making as well as to a greater emphasis on utilization of kinship (relative) placements. <p>Item 18</p> <ul style="list-style-type: none"> In 40% of the cases, the agency did not diligently involve parents or children in the case planning process. Parent and child involvement in case planning was most likely to occur in in-home services cases that were managed by private providers under contract to CFSD and in foster care cases in which families 	<p>Item 7</p> <ul style="list-style-type: none"> When Family Group Decision-making Meetings and permanency planning meetings occur, appropriate permanency goals are established. Both of these practices have been implemented in practice in limited ways. Implementing this practice in a larger number of cases will show an improvement in this standard. Offer Family Group Decision-making Meetings to all families whose children enter care. <p>Item 15</p> <ul style="list-style-type: none"> Train field staff on offering Family Group Decision-making Meetings to all families whose children enter care to identify potential relative placements (at annual policy training). Implement offering Family Group Decision-making Meetings to all families whose children enter care to identify potential relative placements. <p>Item 18</p> <ul style="list-style-type: none"> Develop policy requiring documentation that every family who has an open case will be offered an opportunity to participate in case planning through FGDM or a meeting with the social worker. Train field staff on policy requiring documentation that 	<ul style="list-style-type: none"> Family Group Decision Making (FGDM)

State ²¹	CFSR Findings	PIP Goals and Action Steps	Family Engagement or Involvement Model(s) Referenced in CFSR/PIP
	<p>participated in a FGDM meeting.</p> <ul style="list-style-type: none"> • Most stakeholders commenting on this issue expressed the opinion that the agency is inconsistent in involving families in the case planning process. They noted that when families participate in a FGDM meeting, all relevant family members tend to be involved in the case planning process. However, when a FGDM meeting is not held, the CFSD caseworker often does not have the time to support efforts to engage families in case planning because of workload demands. • FGDM meetings promote family involvement in the case planning process. Participation in a FGDM is voluntary, although it is encouraged for all families with children at risk of abuse or neglect, unless family circumstances deem it inappropriate. This practice began as a pilot in 1997 and is currently offered statewide. The number of family meetings conducted has grown from 184 in 1998 to 684 in State fiscal year 2001. Due largely to the success of this practice, Montana's 2001 Legislature allocated resources to enable CFSD to continue and increase this practice statewide. During the family meeting, the facilitator (a trained social worker) guides the family in the development of their plan for remedying the situation that puts the child(ren) at risk. If there has been court involvement, the plan would become the court-ordered treatment plan for reunification of the family. <p>Item 25</p> <ul style="list-style-type: none"> • Although some stakeholders reported that parents are involved in the case planning process, other stakeholders suggested that family involvement occurred primarily when the family participated in a FGDM meeting. If a family did not participate in 	<p>every family with an open case will be offered an opportunity to participate in case planning through FGDM. Implement offering a FGDM to every family with an open case and documenting that every family with an open case will be offered an opportunity to participate in case planning. Develop policy improving the case plan format to insure that parent and child input is gathered in developing case plans.</p> <ul style="list-style-type: none"> • Train staff in case plan process and format. Fully implement case plan process and format in practice. <p>Item 25</p> <ul style="list-style-type: none"> • Incorporate training for staff on the inclusion of parents and child in case planning with training on case record documentation. • Require documentation of parental and child involvement at every FCRC. 	

State ²¹	CFSR Findings	PIP Goals and Action Steps	Family Engagement or Involvement Model(s) Referenced in CFSR/PIP
	<p>FGDM, there was less involvement in the case planning process.</p> <p>Item 32</p> <ul style="list-style-type: none"> Stakeholders also noted that engagement skills have been built in to the Montana Child Abuse and Neglect (MCAN) and Family Group Decision Making training <p>Item 33</p> <ul style="list-style-type: none"> Family Group Decision Making (FGDM) training has been presented at MCAN and by FGDM coordinators to their local offices beginning in 2000. In October 2001, CFSD requested and received Resource Center training and assistance. It was presented by American Humane Association and focused on skill development for CFSD's FGDM coordinators and social workers that facilitate FGDM meetings. The training was 16 hours long and was attended by 37 Division staff and 2 tribal staff. As part of the technical assistance, American Humane developed a training curriculum to train Division social workers to facilitate FGDM meetings. This one-day training was offered in May 2002. <p>Item 35</p> <ul style="list-style-type: none"> Current practice encourages a FGDM meeting for all families with children at risk of abuse or neglect, unless family circumstances deem it inappropriate. This practice began as a pilot in 1997 and is currently offered statewide. The number of family meetings conducted has grown from 184 in 1998 to 684 in State fiscal year 2001. <p>Item 44</p> <ul style="list-style-type: none"> Family group decision-making meetings help in identifying relatives who may be willing and able to adopt 		

State ²¹	CFSR Findings	PIP Goals and Action Steps	Family Engagement or Involvement Model(s) Referenced in CFSR/PIP
<p>Nebraska</p> <p>CFSR: October 2, 2002</p> <p>PIP: August 13, 2003</p> <p>Highlights: A. The State met the national standards for two of the six standards. B. The State achieved substantial conformity for none of the seven outcomes. C. The State achieved substantial conformity for three of the seven systemic factors.</p>	<p>Item 18</p> <ul style="list-style-type: none"> In 74% of the cases, the agency did not diligently involve parents or children in the case planning process. Although NHHSS policy requires that parents be involved in the case planning process, there is a need for strengthened efforts to occur in order to fully engage parents in case planning activities. The Statewide Assessment also notes that NHHSS is beginning to use family group conferencing on a limited basis to promote greater parent involvement. <p>Item 25</p> <ul style="list-style-type: none"> To improve family involvement, DHHS has piloted Family Group Conferencing (FGC) in 3 of Nebraska's 93 counties with plans for expansion in the future. In July 2001, contracts were initiated with providers in each of the service areas to provide Family Group Conferencing Services. Staff and providers would benefit from more training on wraparound services and Family Group Conferencing to support the planning process. <p>Item 35</p> <ul style="list-style-type: none"> Workers and providers are using several models of service and practice approaches that reflect the 'wraparound' approach, including Family Group Conferencing, There is an adequate array of services in some areas . . . services such as . . . Family Group Conferencing are readily available. <p>Item 37</p> <ul style="list-style-type: none"> NHHSS has implemented practices, such as Family Group Conferencing, family team meetings and the 'wraparound' approach, in order to identify a family's 	<p>Item 6</p> <ul style="list-style-type: none"> Strengthen matching process of child with placement resources through expedited family group conferencing. Identify current utilization of expedited family group conferencing through review of current contracts and numbers of families served and number of families meeting criteria for use of expedited family group conferencing. Identify targeted increase of expedited family group conferencing to locate family members or natural supports of family for placement opportunities. <p>Items 8, 9, 14, 15, 25, 44</p> <ul style="list-style-type: none"> Increase use of Family Group Conferencing to locate family members and maintain connections Identify current utilization of family group conferencing through review of current contracts and numbers of families served and number of families meeting criteria for use of family group conferencing. Identify targeted increase of family group conferencing to assist in locating family members or natural supports of family for placement opportunities based on current utilization. Communicate to staff the availability and the expectation of meeting the targeted increase. Develop and implement standardized supervisor oversight process to monitor compliance with increased use of Family Group Conferencing to assist in locating family members and maintain connections. Process will include time frames for supervisor's reconciliation of reports, and 	<ul style="list-style-type: none"> Family Group Conferencing (FGC)

State ²¹	CFSR Findings	PIP Goals and Action Steps	Family Engagement or Involvement Model(s) Referenced in CFSR/PIP
	unique service needs.	<p>timeframe for development of corrective action plan.</p> <p>Item 18</p> <ul style="list-style-type: none"> • Policy developed in collaboration with the NCR's for Family Centered Practice and Foster Care and Permanency Planning. • Training developed in collaboration with the NRC and HHS Training Division. Training will include how to engage parents in case planning. • Train staff on written policy. Training to be conducted by managers and supervisors. Completed training sign in sheets will be submitted to the PSA for the staff in that area. • Written policy disseminated through Administrative Memo. Policy implemented statewide. • Develop and implement methods for measuring policy on involvement of the appropriate people in the case planning process • Conduct case reviews on a sample of cases to monitor the involvement of the appropriate people in the case planning process. Program staff from the Office of Protection and Safety will conduct case reviews. The sample will represent each Service Area and will be compiled by the Operations Team from the Office of Protection and Safety. Frequency of case reviews is based on QA protocols. • Develop and implement standardized supervisor oversight process to monitor compliance with case planning policy. Process will include time frames for supervisor's reconciliation of reports, and timeframe for development of corrective action plan. 	

State ²¹	CFSR Findings	PIP Goals and Action Steps	Family Engagement or Involvement Model(s) Referenced in CFSR/PIP
		<ul style="list-style-type: none"> • Establish baseline on the appropriate involvement of people in the case planning process. Establish targeted improvements based on the baseline. • Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol. Plans will be developed by PSAs for their areas and submitted to the Administrator of the Office of Protection and Safety. • In collaboration with contracted family organizations conduct a survey with bio families regarding whether or not they have been invited to and actively participate in case planning hearings and case review processes. <p>Item 35</p> <ul style="list-style-type: none"> • Family Group Conferences: This service has been available across the state on a limited basis for approximately one year and has been successful in involving extended families in safety and permanency for children. Based on the success assessed by the field, Expedited Family Group Conferences have been added since 7-1-02. Expedited Family Group Conferencing allows for a Family Group Conference immediately upon the child entering care-usually at the time of removal by police. Therefore, beginning 9-01-02 both the Family Group Conferences and the Expedited Family Group Conferences were made available and were no longer limited. 	
<p>Nevada</p> <p>CFSR: June 1, 2004</p>	<p>Item 18</p> <ul style="list-style-type: none"> • In 53% cases did not involve parents or children in case planning efforts • A key concern pertained to the lack of involvement of children in case planning. Almost three-fourths of the 	<p>Engagement Strategies</p> <ul style="list-style-type: none"> • The second priority area targets raising the skill level of case managers to ensure that children and families or primary caregivers are authentically engaged in their case planning and ultimately, 	<ul style="list-style-type: none"> • None noted

State ²¹	CFSR Findings	PIP Goals and Action Steps	Family Engagement or Involvement Model(s) Referenced in CFSR/PIP
<p>PIP: February 17, 2005</p> <p>Highlights:</p> <p>A. The State met the national standards for three of the six standards.</p> <p>B. The State achieved substantial conformity for none of the seven outcomes.</p> <p>C. The State achieved substantial conformity for four of the seven systemic factors.</p>	<p>children who were old enough to be involved in the case planning process were not involved. Another concern pertained to the lack of involvement of fathers in 53 percent of the applicable cases.</p> <ul style="list-style-type: none"> • A Quality Services Review indicated that there was limited family involvement in the case planning process. The Statewide Assessment notes that there may be a correlation between length of caseworker tenure (10+ years) and increased tendency not to involve birth parents, foster parents, relatives, and children over 12 in the case plan process. <p>Item 25</p> <ul style="list-style-type: none"> • Nevada Administrative Code requires that a case plan be developed within 45 days of a child being placed in State custody, and that the case plan be developed with input from parents or guardians, children (if appropriate), and foster parents. • Compliance reviews during 2002 and 2003 regarding parent involvement in case plan development found inconsistency across the State. Washoe County and the rural counties were reported to have higher compliance with this requirement than Clark County. The Statewide Assessment notes that Washoe County implemented a collaborative case planning process on February 1, 2003, that requires caseworkers to invite all pertinent parties (parents, extended family, attorneys, CASA, etc.) to the case plan meeting. The results of a caseworker survey regarding parent involvement in case planning were that 83 percent of caseworkers indicated that birth parents frequently are involved in case planning. However, only 42 percent of court and legal professionals surveyed reported that biological parents and their attorneys were participating in case 	<p>case closure. One of the key goals in this area is increasing case managers' ability to engage parents/caregivers using a strength-based approach and continuous assessment process. Re-training supervisors to enable them to coach and guide case managers in the use of a strength based engagement approach is also crucial to this strategy's implementation.</p> <p>Items 18, 25</p> <ul style="list-style-type: none"> • State will develop a Case Management Model that incorporates best practices for: assessment, family engagement, and collaborative case planning • Establish a Statewide case planning process to increase the appropriate use of concurrent case planning. 	

State ²¹	CFSR Findings	PIP Goals and Action Steps	Family Engagement or Involvement Model(s) Referenced in CFSR/PIP
	<ul style="list-style-type: none"> caseworkers are not sufficiently trained in the process of collaborative case planning; that is, they do not know how to do it. 		
<p>New Hampshire</p> <p>CFSR: September 19, 2003</p> <p>PIP: May 28, 2004</p> <p>Highlights: A. The State met the national standards for two of the six standards. B. The State achieved substantial conformity for one of the seven outcomes. C. The State achieved substantial conformity for five of the seven systemic factors.</p>	<p>Item 18</p> <ul style="list-style-type: none"> In 41% of the cases, the agency did not diligently involve parents or children in the case planning process. Some stakeholders suggested that family involvement in case planning varies across workers and reflects differences in the worker's experience and skills. Families are engaged whenever possible in the case planning process. DCYF and DJJS case planning tool has space to document parental comments regarding the plan and the family's agreement with the case planning activities. A brochure is given to families as the assessment work is being completed describing "What Happens Next." This brochure (Form 2256) describes the case plan and the role of the family services workers. Scheduling difficulties and transportation problems were identified in the Statewide Assessment as possible barriers to parent and child participation in reviews. <p>Item 25</p> <ul style="list-style-type: none"> Administrative case reviewers identified the following barriers to involvement of parents in case planning: Agency staff are not yet fully comfortable with the procedures of family-centered practice; the format of the case plan is not always easy for parents to understand. Some stakeholders reported that DCYF makes 	<p>Permanency Plus</p> <ul style="list-style-type: none"> In June 2000 the Permanency Plus Program became available in the Portsmouth district office. In June 2003, a contract to expand the program to four other district offices was approved. By November 2003, Permanency Plus was implemented in four more district offices. The program targets children experiencing their first-time entry into foster care who are then matched with a resource family while immediate therapeutic support is provided to the birth family. Support is also provided to the resource family to assist in the child's placement. The resource family has a dual role of working intensively with the birth family toward reunification while being prepared to become a child's permanent placement. Relatives identified as placement options often serve as resource families and receive the same supports. Family team meetings occur every two weeks in either the home of the birth family or of the resource family to be sure the case plan is working and that the services are meeting the needs of the family. These meetings include the birth family, the resource family, the family therapist, the resource family worker and DCYF. Others may be invited as the needs of the family change or others join the treatment team. <p>Item 18</p> <ul style="list-style-type: none"> ACRs are being held outside the DO to 	<ul style="list-style-type: none"> Family Team Meeting (FTM) - via Permanency Plus Program

State ²¹	CFSR Findings	PIP Goals and Action Steps	Family Engagement or Involvement Model(s) Referenced in CFSR/PIP
	<p>concerted efforts to involve parents in the case planning process while other stakeholders noted that the extent of parent involvement in the case planning process varies across workers and depends on a worker's experience and knowledge.</p> <ul style="list-style-type: none"> Stakeholders noted that efforts to improve parent participation by holding administrative case reviews in locations where parents have other engagements, such as at the courthouse before hearings, have met with some success. 	<p>accommodate parents, children and providers whenever possible</p> <ul style="list-style-type: none"> Minimize number of separate case planning reviews/hearings/team meetings by scheduling (1) ACRs just before court hearing(s), (2) at residential facilities' team meetings or (3) to coincide with another case related meeting in the DO, such as a wrap-around meeting Minimize any negative impact on the child and family as an Assessment becomes a Family Services case or at any time case responsibility is transferred from one CPSW (Family Services, Permanency or Adolescent CPSW) or JPPO to another. <p>Item 25</p> <ul style="list-style-type: none"> DCYF will engage parents and children, whenever appropriate, in the case planning process. Current case planning practice to be assessed by each CPS Ass't Administrator and plans for improvement developed. Family Services Supervisors provide clinical supervision and oversight of the development of case plans. Supervisors will share (1) promising case practices, (2) practice issues and (3) their plans for improvement during the Case Practice session of each month's Leadership meeting for problem-identification and resolution. Administrative Case Review (ACR) Satisfaction Surveys assess the parent(s) and child's involvement in the development of the case plan. 	
New Jersey	<p>Item 18</p> <ul style="list-style-type: none"> In 80% of the cases, the agency did not diligently 	<p>One Family, One Worker Model</p> <ul style="list-style-type: none"> Establishing a One Family, One Worker case 	<ul style="list-style-type: none"> Family Group

State ²¹	CFSR Findings	PIP Goals and Action Steps	Family Engagement or Involvement Model(s) Referenced in CFSR/PIP
<p>CFSR: May 6, 2004</p> <p>PIP: September 23, 2004</p> <p>Highlights: A. The State met the national standards for one of the six standards. B. The State achieved substantial conformity for none of the seven outcomes. C. The State achieved substantial conformity for one of the seven systemic factors.</p>	<p>involve parents or children in the case planning process.</p> <ul style="list-style-type: none"> • Some stakeholders also said that parent involvement in case planning is increasing because DYFS has begun to use Family Group Conferencing (FGC) to develop the case plan. However, stakeholders noted that FGC is not being used consistently across the State or with any great frequency within a particular area. • Other stakeholders voiced concern that DYFS makes little or no effort to involve either parents or youth in case planning. These stakeholders said that case plans generally are developed by caseworkers and supervisors and then presented to the family. They suggested that the large caseloads carried by most caseworkers do not leave them with sufficient time to work with parents during the case-planning process. Some stakeholders reported that some families do not even receive their case plans, and some receive them but no effort is made to explain the plan to them with regard to the expectations or the implications of the plan. • DYFS policy requires that plans be developed with the child's parent, unless they are unwilling to participate. Parents are encouraged to participate in case planning by invitations to court hearings, regional reviews, child placement reviews, and permanency hearings. The Statewide Assessment notes that parents and relatives have the opportunity to take an active part in developing case plans through Family Group Conferencing. However, it was noted that Family Group Conferencing is not conducted in all counties and on all cases • Most parents are not included in the process of 	<p>practice model, after investigation, fosters trust and engagement between the family and the worker. It also enhances continuity of planning and service delivery. This principle holds true for all cases – cases involving services where children and families remain together and cases involving placement. Where there is worker continuity, families referred for services are more likely to receive and complete those services – and have their cases closed successfully. Even when the child is in placement, research shows that permanency is achieved more quickly and is more likely to result in reunification where there is worker continuity. One Family, One Worker is also good practice for staff – it improves staff attachment and morale and it increases accountability because it makes that staff member the single case manager and facilitator for that child and family.</p> <p>Family Team Meetings</p> <ul style="list-style-type: none"> • The Family Team Meeting (FTM) is designed to effectively engage the family and the family's relatives, friends, neighbors and others in the process of addressing the issues which brought the family into the DYFS system. Through this process, solutions can be constructed jointly in order to achieve successful closure of a case. As we phase-in the Family Team Meeting process, we will initially use facilitators with in-depth FTM training to facilitate the meetings. At a subsequent time in the future, the model may changes to include caseworkers facilitating for their cases. These meetings bring together the wisdom, resources, and expertise of family, friends, informal supports (neighbors, clergy, etc.) and formal 	<p>Conferencing (FGC)</p> <ul style="list-style-type: none"> • Family Team Meeting (FTM)

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	<p>identifying the family strengths, needs, or in determining the specific services that are needed.</p> <p>Item 25</p> <ul style="list-style-type: none"> State policy and rules, which are codified in New Jersey Administrative Code (N.J.A.C.), contain requirements for the content, timeliness, development and review of written case plans. N.J.A.C. requires that a case plan be developed within 45 calendar days of receipt of a referral or application for services and within 30 calendar days of a child entering or re-entering out-of-home placement. In addition, the case plan is to be developed with the child's parent, unless he or she is unwilling to participate; any person appointed by the court for this purpose; and the child, if the DYFS representative determines that the child is willing and able to participate. DYFS has implemented Family Group Conferencing (FGC) to strengthen the involvement of parents in the case planning process. However, this approach is not yet implemented in all counties and cases. According to the Statewide Assessment, DYFS plans to increase and enhance use of the FGC model to further engage families in case planning. The majority of stakeholders indicated that for the most part case plans are developed by the caseworker and supervisor and then presented to the families for signature. Although several stakeholders mentioned that Family Group Conferencing is being implemented in some areas of the State and is effective in engaging parents in the case planning process, no stakeholder reported having first-hand knowledge of this practice. 	<p>supports (counselors, health professionals, etc.) to: Focus on solutions to meet the family's needs and to ensure the child's safety; Learn what the family hopes to accomplish; Set reasonable and meaningful goals; Recognize and affirm the family's strengths; Assess the family's needs; Design individualized support systems and services that match the family's needs and build on its strengths; Achieve clarity about who is responsible for agreed-upon tasks; Agree on the next steps</p> <ul style="list-style-type: none"> We will utilize Family Team Meetings for both in-home and placement cases. We will see them initially used in placement cases and eventually move to all cases. In a fully mature system, convening a family team meeting will be the first thing a permanency worker does upon being assigned to a case – and it will be the vehicle to develop the plan and make every decision throughout the life of the case. Family Team Meetings will be held at the start of a case to develop a case plan, and where there is a possibility of placement, to design either a plan to keep the child safely at home or a plan for an alternative placement. The tools of SDM are integrated into this planning process. Family Team Meetings shall also be held whenever a family member requests one. We will use Family Team Meetings to evaluate progress on case plans and to suggest any changes or adjustments. These meetings must also be used to make all permanency decisions, including return home, guardianship, independent living, termination of parental rights, and adoption. 	

State ²¹	CFSR Findings	PIP Goals and Action Steps	Family Engagement or Involvement Model(s) Referenced in CFSR/PIP
		<ul style="list-style-type: none"> • We want Family Team Meetings to be inclusive of a wide range of family, including paternal relatives, and friends, neighbors, ministers – any and all who can provide support and help to that family in need. We want to emphasize, in particular, our need to engage fathers and fathers' families from the very beginning. Incorporating paternal family members not only increases the wisdom and resources around the table – it increases the options for temporary placement and it is a necessary pre-requisite to accomplish concurrent planning. <p>Item 3</p> <ul style="list-style-type: none"> • Technical Assistance will be required on planning the implementation of the Family Team Meeting model. <p>Item 4</p> <ul style="list-style-type: none"> • Our One Family One Worker model, with decreased caseload size, will strengthen our ability to engage families. • Through the Family Team Meeting we will develop an individualized plan of care that reflects the entire family's needs and to proactively address these safety and risk factors. <p>Item 8</p> <ul style="list-style-type: none"> • Through our One Family, One Worker model, with restructured caseloads, our workers will have time to provide follow-up needed to ensure that a case is progressing without delay. With the emphasis on Family Team Meetings, we immediately lay the groundwork, timelines, and responsibility for achieving results through an individualized case plan. Through this collaborative effort, families will be empowered and more likely to receive and 	

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		<p>complete services that promote reunification, or support alternative permanency</p> <p>Item 10</p> <ul style="list-style-type: none"> When deemed developmentally appropriate by the child's Permanency worker (presumptively at age 13), the case planning process, occurring in the Family Team Meeting forums, will include the development and refinement of a concrete plan leading toward healthy, productive adulthood, regardless of the child's permanency goal. These coordinated plans will focus particular attention on the need to identify and involve caring adults already known to the child who can provide ongoing support both during and after the child's involvement in the child welfare system. <p>Item 13</p> <ul style="list-style-type: none"> Our lowered caseloads, firm commitment to family team meetings, and improved safety assessments should help us know our families much better and reduce our reliance on supervised visitation as the only "safe" option. <p>Item 14</p> <ul style="list-style-type: none"> Family Team Meetings will be a particularly important element in maintaining connections. It can include families (birth and resource), and all the birth family's available natural resources (clergy, extended family, friends, community members, service providers) who will come together to provide the resource family any information they don't already have (school schedule, medical records, activities, etc.) and develop a plan to achieve child's permanency goal. Through this collaborative and coordinated planning process, we will identify and build into the 	

State ²¹	CFSR Findings	PIP Goals and Action Steps	Family Engagement or Involvement Model(s) Referenced in CFSR/PIP
		<p>plan the things that must be done to preserve connections for the child.</p> <p>Item 15</p> <ul style="list-style-type: none"> We will discuss the placement needs with the family and use the Family Team Meetings to develop input on relative capacities and options for placement. <p>Item 16</p> <ul style="list-style-type: none"> By developing an individualized, coordinated plan of care that is more “family friendly”, we will incorporate family strengths, concerns, and goals, leading to their engagement in achieving the case goal. The Family Team Meeting forum, in particular, provides the opportunities for both mother and father to become engaged in active treatment, be it visitation or involvement with school activities or medical needs. With its inclusive attendance of significant case partners, it lays a positive foundation through which to build, maintain, and sustain relationships. <p>Item 17</p> <ul style="list-style-type: none"> We have committed to Family Team Meetings as our primary vehicle for reorienting our agency to listen and deliver based on what our families and children tell us they need. As we open the New Jersey Child Welfare Training Academy, discussed in Item 32, we will begin by training a cadre of Family Team Meeting facilitators, who will initially be focused on our prototype model District Offices and placement cases. Family Team Meetings will be held at critical junctures of a case, and will bring together all the available supportive resources for the child and family to strategize as a team about how to keep the child safe and meet the 	

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		<p>permanency goal, and what resources are needed to achieve these ends.</p> <p>Item 18</p> <ul style="list-style-type: none"> • Our new case practice model rests on two core beliefs that will guide all our interactions with and services to families: (1) families will be partners in decision-making and (2) families will be able to identify their strengths and needs – and then access effective informal and formal supportive services in their own communities. These beliefs speak directly to the issue of family involvement in case planning. • Key drivers of inclusion will be improving engagement through a One Family One Worker model; using Family Team Meetings; and individualized, coordinated case planning to promote collaboration and empowerment. <p>Item 20</p> <ul style="list-style-type: none"> • The active use of Family Team Meetings and case planning with a new plan format, as the worker and parents evaluate progress in implementing the case plan will also generate more substantive and productive visits. <p>Item 25</p> <ul style="list-style-type: none"> • In our new model, families and children will be the primary authors of the case plan. We will write these plans in a form and language accessible to the lay reader. • Family Team Meetings, for both home and placement cases, will be the vehicle to develop the case plan and make every decision throughout the life of the case. We will use Family Team Meetings to track progress on case plans and to suggest any changes or adjustments. 	

State ²¹	CFSR Findings	PIP Goals and Action Steps	Family Engagement or Involvement Model(s) Referenced in CFSR/PIP
		<ul style="list-style-type: none"> • The case plan captures the process in the family team meeting by which the family, children, friends, formal and informal supports and the caseworker have analyzed a family and child's needs and strengths, identified existing risks and safety concerns, developed the strategy to address those concerns. This new case plan format will include a written summary of the results of the Family Team Meeting that: outline the issues that need to be addressed and the proposed solutions; act as a record to help all of the participants remember what each person promised to deliver and do; be a yardstick to mark progress – or lack of progress through the life of a case; and serve as a monitoring and accountability tool for family, staff, supervisors, managers and others, including the courts. • Using Family Team Meetings as the centerpiece process for case planning will help address issues preventing parental participation, such as transportation and language barriers. Having geographically clustered caseloads of workers with flexible schedules will enable us to conduct meetings at times most amenable to participation. Local community partnership will assist us in accessing local services needed in order to move forward with the FTM process in a case. <p>Item 32</p> <ul style="list-style-type: none"> • We will implement Family Team Meetings training, beginning with a group of highly skilled staff to lead and model the use of Family Team Meetings with placement cases. This roll out will coincide with that of the three stages of the phase-in of the new DYFS structure. A more detailed implementation 	

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		<p>plan regarding Family Team Meetings will be developed in partnership with a consultant, and is subject to the review and approval of the Child Welfare Panel.</p> <p>Item 37</p> <ul style="list-style-type: none"> Individualizing services is tied to accurate assessment of needs, awareness of resources, and involvement of key players in the planning process. Improvement in this Item will be addressed by several case practice changes, from the use of SDM through Family Team Meetings and the development of individualized, coordinated case plans. <p>Items 4, 8, 13, 14, 15, 16, 18, 25, 37,</p> <ul style="list-style-type: none"> Implement Family Team Meeting practice; Develop FTM implementation plan 2; Develop FTM Policy and procedures 2; Train facilitators 2; Implement FTM in Phase in areas 	
<p>New Mexico</p> <p>CFSR: April 10, 2002</p> <p>PIP: April 1, 2003</p> <p>Highlights: A. The State met the national standards for three of the six standards. B. The State achieved substantial conformity for one of the seven</p>	<p>Item 18</p> <ul style="list-style-type: none"> In 20% of the cases, the agency did not diligently involve parents or children in the case planning process. Child and parent involvement in case planning was apparent in many of the cases. In a few cases reviewers learned about social workers sitting around a table with a family and all of them developing the plan together. In a number of cases reviewed, children and parents were not actively involved in case planning. Parents, children and significant parties were not encouraged to get actively involved and engaged in the planning, but were just invited to participate. Some providers and other interested parties were not 	<p>Item 18</p> <ul style="list-style-type: none"> FGDM is being utilized in several counties and will increase family involvement in planning and decisions related to the best interests of children. FGDM was implemented under contract two years ago in limited sites to test the feasibility of developing this as a program statewide. CYFD will continue this program in at least two demonstration sites, using CYFD staff resources rather than contractors, and will develop criteria and guidelines for use. CYFD expects that further use and refinement of this program will increase family involvement in case planning and engage families in actively working toward permanency for their children. FGDM has the prospect of also engaging 	<ul style="list-style-type: none"> Family Group Decision Making (FGDM)

State ²¹	CFSR Findings	PIP Goals and Action Steps	Family Engagement or Involvement Model(s) Referenced in CFSR/PIP
<p>outcomes. C. The State achieved substantial conformity for six of the seven systemic factors.</p>	<p>encouraged to join in on case planning.</p> <ul style="list-style-type: none"> • Stakeholders indicated that they were not active participants in service plans. • Reviewers saw a lack of involvement of some age appropriate teens (including teen parents) in goal setting and planning. <p>Item 20</p> <ul style="list-style-type: none"> • The frequent number of staffings that are held was seen as a strong point to maintaining contact with families. • Social workers are building relationships with parents. • Reviewers noted instances when workers did not focus on developing relationships with parents and documenting what is discussed in conversations and meetings with the parents. • Stakeholders report that CYFD does not make enough concentrated efforts to engage/involve fathers in visits and case activities. • Not enough contact was made with incarcerated parents <p>Item 25</p> <ul style="list-style-type: none"> • Heavy case loads, due to vacancy rates may affect the ability of staff to complete case plans timely. The data indicate that the initial treatment plan is focused and specific, but as time goes on, workers do not update plans with specific goals or targets to address the family's needs. The Judicial process provides parents the opportunity to be heard and to participate in developing the child's case plan. NM policy requires parents be invited to the Assessment Planning Conference. • Reviewers found that case plans were routinely 	<p>kin and other facets of the family's support network. The FGDM work group will continue to oversee the implementation of FGDM. The services of the National Resource Center for Family Centered Practice are presently being utilized.</p> <ul style="list-style-type: none"> • Modify CPS consultant's role to increase oversight of family participation (especially fathers) • Implement and evaluate Family Group Decision Making statewide (emphasize paternal involvement) 	

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	<p>developed, signed by parents and entered into the file; most case plans are appropriate, clear and easy to read; there is a specific space in each plan for noting any children's/parents' issues to ensure that the parents have an opportunity to add anything else to the plan.</p> <ul style="list-style-type: none"> • There were stakeholders who expressed concerns that parents only sign case plans and that parents and providers are not routinely included and have little input in case consultations (CPS Consultant staffings). This lack of active involvement could be contributing to the State not meeting the permanency goals. Stakeholders report that there are instances when parents, children, when appropriate, and other relevant parties are not as actively involved in case planning as they could be. Stakeholders also noted that the quality of plans varies widely and other stakeholders described seeing "cookie cutter" plans. 		
<p>New York</p> <p>CFSR: January 9, 2002</p> <p>PIP: April 14, 2003</p> <p>Highlights: A. The State met the national standards for one of the six standards. B. The State achieved substantial conformity for two of the seven</p>	<p>Item 18</p> <ul style="list-style-type: none"> • In 12% of the cases, the agency did not diligently involve parents or children in the case planning process • Inclusion of a child's parent(s) or guardian(s) as participants in the development of the child's uniform case record is a requirement for local districts. Efforts must be made to include both the child and the child's parents or guardian (s) as participants at the case conference, and in outlining the tasks and activities to take place during the upcoming service plan period. Written notice of the case conference is required to be given to parties two weeks in advance. In the event that the parent(s) is unable to attend the case conference, every effort must be made to 	<p>Family Conferencing and Early Engagement</p> <ul style="list-style-type: none"> • In order to increase the number of families who are engaged in a productive service relationship to meet the needs of their children, OCFS work with the NRCs to review the effectiveness of various family group conferencing models and will promote utilization of the most effective models statewide. <p>Item 8, 18, 25</p> <ul style="list-style-type: none"> • New York will seek to increase the number of counties, or programs serving part of a county, in which family group conferencing is used to involve families in developing their case plans and are therefore engaged in working toward reunification through the following action steps: OCFS will review the effectiveness of various group 	<ul style="list-style-type: none"> • Family Group Conferencing (FGC)

State ²¹	CFSR Findings	PIP Goals and Action Steps	Family Engagement or Involvement Model(s) Referenced in CFSR/PIP
<p>outcomes. C. The State achieved substantial conformity for four of the seven systemic factors.</p>	<p>conduct a face-to-face meeting with the parent within the next thirty days to outline the new goals and outcomes, anticipated completion dates, and upcoming tasks and activities. A review of the previous service plan, progress made toward achieving goals and outcomes, past participation of family members, and any problems in service provision are included in this meeting. When efforts to make face to face contact are not successful, written notification of the service plan is required. In addition, caseworkers are required to document in the case record their efforts to involve the parents and children over 10 in the development of the plan. The UCR form has a section to complete regarding this involvement and places where the parents and children may sign the UCR.</p> <ul style="list-style-type: none"> • Case reviews indicated that, in cases in which children remained in their homes, parents were actively engaged in service planning, while in those cases in which children were in foster care the parents were not as actively engaged in developing case plans. There is active engagement of parents in service planning on preventive cases more than on foster care cases. • In cases involving children age 10 or older, case records reflected that the children were involved in case planning activities. <p>Item 25</p> <ul style="list-style-type: none"> • A uniform case record, (UCR) must be created for all families and children receiving mandated and non-mandated preventive services, children in foster care, including those legally freed for adoption, and children named in an indicated report of child abuse or maltreatment. Inclusion of a child's parent(s) or 	<p>conferencing models and will promote utilization of the most effective models.</p> <ul style="list-style-type: none"> • OCFS will: Identify key components of effective models of family group conferencing and the resources needed to implement these key components; Produce a guide delineating the successful use of these key components; Develop a training and technical assistance plan to implement the successful components in targeted districts and agencies statewide; This will include at least one district and agency in each of the 6 regions in the State; Continue to support the implementation and evaluation of Family Resolutions, and target to expand from 8 to 15, the number of programs implementing Family Resolutions; At least 2 of the program sites will be in a district whose foster care caseload is among the top 10 of all the districts in the State. • Monitor New York City ACS' continued support of the 72 hour child safety conference process and the 30 day Family Permanency Conference process as part of ACS' effort to establish a continuum of conferences at critical points throughout a family's involvement with ACS. <p>Item 8</p> <ul style="list-style-type: none"> • New York will identify and implement methods of strengthening the case planning and service plan review processes to support parent involvement in these processes and lessen the time it takes for families to be reunified. OCFS will undertake a set of actions steps to increase the field's understanding of the purpose, timing, and process of case planning and service plan reviews. These steps will include: Review current case planning 	

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	<p>guardian(s) as participants in the development of the child's uniform case record is a requirement for local districts. Efforts must be made to include both the child and the child's parents or guardian (s) as participants at the case conference, and in outlining the tasks and activities which will take place during the upcoming service plan period.</p> <ul style="list-style-type: none"> Stakeholders said there was a need to actively engage parents, foster parents or guardians in case plan development so that these individuals understood what was being done and the impact of their involvement. While improvement has been made in involving birth parents in case plan development, stakeholders identified this as an area requiring more activity to increase the percentage of birth parents' participation in the process. This could involve better notification and communication with birth parents, clarity about their rights and special attention given to contacting birth fathers. 	<p>and service plan review practices; Identification of best practices in the case planning and service plan review processes; New York will develop and distribute a policy and practice guidance paper regarding the identified best practices; Provision of training and TA to at least one district and one agency in each of the 6 regions of the State (which includes New York City)- to strengthen the case planning and service plan review processes.</p>	
<p>North Carolina</p> <p>CFSR: May 14, 2001</p> <p>PIP: December 28, 2001</p> <p>Highlights: A. The State met the national standards for one of the six standards. B. The State achieved substantial conformity</p>	<p>Item 18</p> <ul style="list-style-type: none"> In 30% of the cases, the agency did not diligently involve parents or children in the case planning process. Some stakeholders feel the high caseloads sometimes prevent the agency from including children and families in case planning. Families and children were not often actively involved in identifying the issues which must be addressed to resolve the case. Case planning was sometimes not collaborative. Sometimes parents had to assert themselves to get input included. <p>Item 25</p> <ul style="list-style-type: none"> Case plans were documented in the records, despite 	<p>Analyze and Redesign In-Home Services</p> <ul style="list-style-type: none"> Develop standards for In-Home Services to assure greater family involvement, contacts, and attention to well-being outcomes. Implement Team decision-making model that ensures family participation. Implement a more family centered and team-oriented approach; "nothing about me without me" concept incorporated across program lines. <p>Develop or Clarify State Policies</p> <ul style="list-style-type: none"> Clarify policy regarding children's involvement in case planning Redesign case plan tools and process Broad, family centered practice as opposed to child 	<ul style="list-style-type: none"> Family Group Decision Making (FGDM) Team Decision Making (TDM)

State ²¹	CFSR Findings	PIP Goals and Action Steps	Family Engagement or Involvement Model(s) Referenced in CFSR/PIP
<p>for none of the seven outcomes. C. The State achieved substantial conformity for all of the seven systemic factors.</p>	<p>an inconsistent effort to involve interested parties in the development of the plans.</p> <ul style="list-style-type: none"> • Case plan reviews are scheduled during office hours, preventing some parents, foster, and adoptive parents from attending. Some case plan are developed without parental involvement and presented to the parents for their signature and concurrence. • Case plans are rarely modified or updated and there is very limited involvement of children and youth in the case planning process <p>Item 37</p> <ul style="list-style-type: none"> • The Division is encouraging counties to adopt Family Group Decision-Making as an effective tool to involve the kinship network. • The agency's practice does not appear to be family-centered in that the focus is on the child rather than the family, which leads to less effective engagement of the parents and less effective delivery of services to parents to help them meet their child's needs. This lack of a family centered approach decreases the extent of effective individualization of needs assessment and services provision. Workers also tend to have very high caseloads, and this contributes to their difficulty in individualizing services. 	<p>centered, incident specific intervention</p> <ul style="list-style-type: none"> • Children will be involved in their case planning as appropriate • Promote active family involvement in their case planning process 	
<p>North Dakota</p> <p>CFSR: April 15, 2002</p> <p>PIP: November 13, 2003</p>	<p>Item 18</p> <ul style="list-style-type: none"> • In 18% of the cases, the agency did not diligently involve parents or children in the case planning process. • Extent of participation of parents in developing the child's case plan differs throughout the State. Some areas of the State address issues with parents in a 	<p>Implementation of the Wraparound Process</p> <ul style="list-style-type: none"> • The wraparound process will improve outcomes by having: Clearly defined treatment plans, Individualized treatment plans, Stronger engagement with families • Through the team process, individualized and creative services and supports will be identified to 	<ul style="list-style-type: none"> • Child and Family Team Meeting

State ²¹	CFSR Findings	PIP Goals and Action Steps	Family Engagement or Involvement Model(s) Referenced in CFSR/PIP
<p>Highlights:</p> <p>A. The State met the national standards for two of the six standards.</p> <p>B. The State achieved substantial conformity for two of the seven outcomes.</p> <p>C. The State achieved substantial conformity for all of the seven systemic factors.</p>	<p>straightforward manner, identifying strengths and needs and concurrent planning with parental input. In other areas parental involvement is more perfunctory. The Statewide Assessment also noted that when parents are given the opportunity to have input into case plan development, their participation varies, even when extensive efforts are made to accommodate participants, such as holding permanency planning meetings via conference call. In addition, parental presence does not guarantee their participation, even though this is encouraged.</p> <p>Item 25</p> <ul style="list-style-type: none"> • According to the Statewide Assessment, the policy of the State child welfare agency requires that each child in foster care under the responsibility of the State has a written case plan that is developed jointly with the child and parent(s). • Several stakeholders commenting on this issue expressed the opinion that workers have a clear expectation that families should be engaged in developing the case plans. When concurrent planning is used, parents are given opportunities to be involved in developing the concurrent plans. In addition to parent and child involvement, the Permanency Planning Committee also is involved in developing the case plan. 	<p>help the family meet their goal(s).</p> <ul style="list-style-type: none"> • The wraparound process by its design is set to improve collaboration. Wraparound is a team driven process involving the family, child, natural supports, agencies, and community services working together to develop, implement, and evaluate the individualized plans. • The competencies that will be needed by the certified wraparound facilitator to provide this process will include: Knowing how to join with families to develop a relationship with them; Understanding the importance of the “team” in developing the plan with the family; the ability to conduct a child and family team meeting. <p>Wraparound Process Benchmarks</p> <ul style="list-style-type: none"> • Each new family will have a child and family team based on family needs. This team will be comprised of both formal and natural support, all involved in developing a plan to address risk factors, needs, and safety issues of the family. <p>Child Welfare Case Management Model Using the Wraparound Process</p> <ul style="list-style-type: none"> • The design and implementation of this process is founded on the various systems shared values, beliefs and principals which include: Families are full and active partners and colleagues in the process; Treatment is based on a team driven approach involving the family and the support of service providers. 	
<p>Ohio</p> <p>CFSR: January 8, 2003</p>	<p>Item 7</p> <ul style="list-style-type: none"> • Several stakeholders commenting on this issue praised the agency’s aggressiveness in pursuing permanency. Family Group Conferencing was noted 	<p>Items 14, 15</p> <ul style="list-style-type: none"> • Consider utilizing family group decision-making to engage parents and others in addressing the needs of children and allow children to remain in 	<ul style="list-style-type: none"> • Family Group Conferencing (FGC) • Family Case

State ²¹	CFSR Findings	PIP Goals and Action Steps	Family Engagement or Involvement Model(s) Referenced in CFSR/PIP
<p>PIP: December 3, 2003</p> <p>Highlights: A. The State met the national standards for none of the six standards. B. The State achieved substantial conformity for none of the seven outcomes. C. The State achieved substantial conformity for six of the seven systemic factors.</p>	<p>by stakeholders as a common agency practice that supports moving cases quickly to permanency.</p> <p>Item 8</p> <ul style="list-style-type: none"> Stakeholders also praised the agency for implementing family group conferencing strategies and identified other efforts such as the Family to Family program and the foster parent mentoring program as expediting reunification. <p>Item 18</p> <ul style="list-style-type: none"> In 30% of the cases, the agency did not diligently involve parents or children in the case planning process. Although it was common practice to present the case plan to the family for review once it had been developed, this did not constitute engaging families in the process of case plan development. It has been anecdotally reported by parents and foster parents in the State that they are not involved in developing the case plan and that case planning, for the most part, is a "cookie-cutter" activity. The Statewide Assessment noted that parents reported that they are afraid to use the court process to dispute the contents of the case plan, that their public defender is unhelpful, and that the agency is unresponsive to their input. Parents also said that they just agree to do whatever the agency requests in order to get their children returned. <p>Item 25</p> <ul style="list-style-type: none"> Ohio Code and Rule require that caseworkers prepare written case plans with specific elements for each child receiving services from a PCSA or private child placing agency (PCPA). No statewide data are available to demonstrate the 	<p>their own homes or be safely reunified.</p> <ul style="list-style-type: none"> Request 10 days of Technical Assistance from the National Resource Center in conducting workshops on involving fathers in case planning and engaging in family group decision making. <p>Items 18, 25</p> <ul style="list-style-type: none"> Strengthening workers' skills in engaging families in the case planning and case plan review processes in order to increase parent, caregiver, and child involvement in case plan development and reassessment. Develop discussion guides to assist workers in engaging families in discussion of case plan activities. Make guides available to PCSA staff through Family and Children Services Manual Procedure Letter by conducting statewide briefings via presentations at statewide and regional meetings on the purpose and use of the guides. Work with the OCWTP Statewide Training Coordinator to integrate guides into the "engagement of client" component of the OCWTP Case Planning and Family Centered Casework Core Workshop. Work with the OCWTP Statewide Training Coordinator to develop and offer refresher and skill enhancement training related to engagement of clients during the interviewing process. 	<p>Conferences</p> <ul style="list-style-type: none"> Family Group Decision Making (FGDM)

State ²¹	CFSR Findings	PIP Goals and Action Steps	Family Engagement or Involvement Model(s) Referenced in CFSR/PIP
	<p>quality and effectiveness of case planning.</p> <ul style="list-style-type: none"> Despite the implementation of family case conferences in many PCSAs, parents and foster parents reported that they are not involved in case planning and that case planning is, for the most part, pro forma. 		
<p>Oklahoma</p> <p>CFSR: July 1, 2002</p> <p>PIP: January 22, 2003</p> <p>Highlights: A. The State met the national standards for one of the six standards. B. The State achieved substantial conformity for none of the seven outcomes. C. The State achieved substantial conformity for five of the seven systemic factors.</p>	<p>Item 8</p> <ul style="list-style-type: none"> Other stakeholders identified current Family Group Conferencing efforts as a means to better involve families and expedite permanency. Family Group Conferencing is currently being piloted in the urban site visited, although its use is limited because of a lack of funding. Family Group Conferencing also is being used in a pilot program (Safe Havens) for families in which parents have substance abuse problems. All stakeholders involved or participating in the Family Group Conferencing approach were extremely positive about this approach and voiced the opinion that its use should be expanded throughout the agency. <p>Item 16</p> <ul style="list-style-type: none"> Stakeholders also noted that the Family Group Conferencing model that is being piloted in one of the counties is a highly effective approach to promoting a family's capacity to provide for their children's needs and its use should be expanded throughout the agency. <p>Item 18</p> <ul style="list-style-type: none"> In 40% of the cases, the agency did not diligently involve parents or children in the case planning process. There is a lack of consistency among DHS workers with regard to involving families in developing case 	<p>Engaging Families in Service Planning</p> <ul style="list-style-type: none"> Families must be fully involved in all aspects of assessment and treatment planning to assure identification of factors contributing to presenting problems and to plan for their resolution. Parental attitudes toward intervention often present challenges that must be overcome to increase the responsiveness of services. <p>Permanency</p> <ul style="list-style-type: none"> Implement consistent practices in all counties which engage families in assessment, planning and service provision leading to reunification or promoting timely adoption. Efforts to fully engage families in all elements of service planning, implementation and review will improve service effectiveness, reunification time frames and the on-going success of in-home services. Pilot, refine, train, implement and continually assess a simplified version of the individualized service plan and protocols to fully engage families in plan development. <p>Well-Being</p> <ul style="list-style-type: none"> Implement consistent practices which insure that children benefit from the participation of parents (esp. fathers), relatives and tribes (when applicable) in all aspects of visitation, planning and service delivery. Increased involvement of families 	<ul style="list-style-type: none"> Family Group Conferencing (FGC)

State ²¹	CFSR Findings	PIP Goals and Action Steps	Family Engagement or Involvement Model(s) Referenced in CFSR/PIP
	<p>plans. The opinion most frequently expressed by stakeholders was that case plans are developed for families without their input and then presented to the families for signature. However, agency stakeholders noted that families are more consistently involved in the initial strengths and needs assessment process, which then drives the development of the case plan. In addition, reviewers noted that there was little evidence in case records of a clear case planning process and that expressed the opinion that the case planning process was confusing.</p> <ul style="list-style-type: none"> An agency stakeholder also noted that a family group conferencing model is being piloted to enhance permanency planning efforts. All stakeholders who were connected to or familiar with this pilot voiced the opinion that it is a highly effective process for involving families in case planning as well as keeping everyone focused on permanency. Agency stakeholders, including caseworkers, noted that workers volunteer to facilitate the family group conferences even though it is extra work for them because they believe strongly in the effectiveness of the process. Agency administrators noted that at this point, family group conferencing is available on only a limited basis because no funds are available to expand it. <p>Item 25</p> <ul style="list-style-type: none"> The key elements of all case plans are (1) the Family/Child Strengths and Needs Assessment and (2) the Treatment Plan. These elements of the case plan are required to be continually updated to track progress of family members and change in child's status. DHS policy requires that parents are to be involved in the development of both of these 	<p>and tribes will influence the success of in-home, reunification and out-of- home services.</p> <ul style="list-style-type: none"> Create, support, codify and implement recommendations of a task force dedicated to improving the involvement of fathers, relatives and tribes (when applicable). 	

State ²¹	CFSR Findings	PIP Goals and Action Steps	Family Engagement or Involvement Model(s) Referenced in CFSR/PIP
	<p>components of the case plan.</p> <ul style="list-style-type: none"> The common pattern for these cases was for the worker to complete the case plan and then present it to parents for their review and signature. Some stakeholders commenting on this issue suggested that families are routinely involved in developing the Family/Child Strengths and Needs Assessment component of the case plan, but not the Treatment Plan component. While the State has established policy regarding parent involvement and completion of components of the case plan, this policy is not always followed in practice. Information from stakeholder interviews suggests that a major reason why policy may not be implemented in practice is the high level of staff turnover among child welfare agency workers, and the excessive caseloads that often result from frequent staff turnover. <p>Item 26</p> <ul style="list-style-type: none"> Stakeholders viewed Family Group Conferencing as a more promising practice for reviewing cases and engaging both parents and other key people in achieving permanency for a child in a timely manner. 		
<p>Oregon</p> <p>CFSR: August 3, 2001</p> <p>PIP: July 9, 2002</p> <p>Highlights: A. The State met the</p>	<p>Item 3</p> <ul style="list-style-type: none"> More and more Family Decision Meetings (FDMs) are being held with families where the child is not removed from the home. Through this process SCF staff and families work together to meet the child's safety and well-being needs, while maintaining the child in their own home and preventing removal. Involvement of the Family Support Team typically produced exceptional case assessment, management and service delivery. 	<p>Item 17</p> <ul style="list-style-type: none"> Train staff to assure that foster parents will be involved in all case planning meetings and provider capacity to meet children's identified placement needs will be assessed and documented on an ongoing basis. Foster parents will be invited to family decision meetings to insure children's safety, permanency and well being while in care. <p>Item 20</p> <ul style="list-style-type: none"> Caseworkers will have face-to-face contact with 	<ul style="list-style-type: none"> Family Decision Meetings (FDM)

State ²¹	CFSR Findings	PIP Goals and Action Steps	Family Engagement or Involvement Model(s) Referenced in CFSR/PIP
<p>national standards for one of the six standards.</p> <p>B. The State achieved substantial conformity for one of the seven outcomes.</p> <p>C. The State achieved substantial conformity for five of the seven systemic factors.</p>	<ul style="list-style-type: none"> • Cases utilizing Family Decision Meetings were for the most part associated with comprehensive and risk related/strength based case plans and services. Families in these situations tended to be open to and co-operative with services. <p>Item 14</p> <ul style="list-style-type: none"> • Family Decision Meetings and SOC practice support family and community connections. In addition two major initiatives, Family to Family in 3 branches and the Neighborhood Foster Care Project in Portland seek to preserve a connection to family and community. <p>Item 15</p> <ul style="list-style-type: none"> • Family Decision Meetings are cited as an important practice method and forum for relative inclusion and contribute to relatives' involvement as a placement resource. <p>Item 16</p> <ul style="list-style-type: none"> • FDMs clearly support and enable best practice in this area. <p>Item 18</p> <ul style="list-style-type: none"> • In 9% of the cases, the agency did not diligently involve parents of children in the case planning process • Oregon statute stipulates that SCF shall adopt the plan the family develops. FDMs are a primary tool used to identify needs and develop service plans. • Cases with active involvement in case planning were more likely to have had family decision meetings or family unity meetings. These meetings were recognized as a key element in successful planning with families. • Including families in planning is standard practice in 	<p>parents in both substitute care and in-home cases to engage parents actively in planning for their children, to motivate parents to participate in identified services, and to assess improvement in parenting capacity.</p>	

State ²¹	CFSR Findings	PIP Goals and Action Steps	Family Engagement or Involvement Model(s) Referenced in CFSR/PIP
	<p>Oregon. In one site all cases reviewed were rated "strength" on this item; in another site all except one were rated "strength".</p> <p>Item 21</p> <ul style="list-style-type: none"> School information is required in the child's service plan and educational needs are discussed in FDMs. <p>Item 25</p> <ul style="list-style-type: none"> State policy requires a case plan be completed within 60 days of placement, requires that family members be given an opportunity to participate in the development of the service plan and requires a minimum of one face-to-face client interview for this purpose. Family Decision Meetings (FDMs) are identified in the SA as a hallmark of state practice. These occur with approximately 60% of families. Efforts are currently underway to hold FDM Early Safety Meetings early in the case in order to focus on early engagement of the family and better initial placements for children. The use of FDMs for many cases results in the development of case plans which identify individual needs and specialized services. SOC strengths-based planning successfully engages many families in the case planning process. Some cases did not have current case plans. Others had case plans that were descriptions of current status rather than real plans. Such problems were more common in cases which did not have FDMs and/or in which SOC practices were not utilized. <p>Item 37</p> <ul style="list-style-type: none"> Service planning requires that the worker and the family identify the issues facing the family, determine the objectives to be achieved and agree upon the 		

State ²¹	CFSR Findings	PIP Goals and Action Steps	Family Engagement or Involvement Model(s) Referenced in CFSR/PIP
	<p>actions to be taken. This process may include a FDM or other meeting and is a process that supports family participation in the development of their plan and services.</p> <ul style="list-style-type: none"> • System of Care strength/needs approach combined with Family Decision Meetings and flexible funds results in the provision of individualized services. 		
<p>Pennsylvania</p> <p>CFSR: November 21, 2002</p> <p>PIP: May 1, 2003</p> <p>Highlights: A. The State met the national standards for two of the six standards. B. The State achieved substantial conformity for one of the seven outcomes. C. The State achieved substantial conformity for six of the seven systemic factors</p>	<p>Item 18</p> <ul style="list-style-type: none"> • In 23% of the cases, the agency did not diligently involve parents or children in the case planning process • According to the Statewide Assessment, family involvement, as discussed in the Practice Standards and regulations, means that families are encouraged and provided the opportunity to identify their needs and the specific services to meet those needs; identify family strengths; include family members and significant others in the planning process; identify individual and family goals for the safety and well-being of the children; and participate in the evaluation of progress toward goal achievement. Planning Standards suggest that the caseworker engage parents, extended family, and substitute caregivers in a mutual ongoing process that builds upon strengths and addresses identified needs. These standards also address the issue of family involvement as it relates to participation in the evaluation of service effectiveness and the impact on service planning. • Focus group participants, convened as part of the State's self-assessment process, reported that many case plans are "boiler plate" plans generated to expedite the process. Focus group participants described caseworkers' use of these generic case 	<p>Item 15, 17, 18, 25</p> <ul style="list-style-type: none"> • Identify evidence-based practice and program models that could be implemented in public and private agencies to improve family involvement in case planning. <p>Items 17, 18, 25</p> <ul style="list-style-type: none"> • Revise county/private children and youth administrative regulations to require family involvement in case plan development, as well as to define clear case management expectations and requirements for coordination. • Identify and implement practice standards that are most likely to have a positive impact on family involvement in case planning to ensure that family's are involved in identifying strengths and needs and that services are provided to that meet the needs of the family. • Ensure that family involvement in service planning is contained in CORE and supervisory training. 	<ul style="list-style-type: none"> • None noted

State ²¹	CFSR Findings	PIP Goals and Action Steps	Family Engagement or Involvement Model(s) Referenced in CFSR/PIP
	<p>plans as the greatest hindrance to family involvement in case planning.</p> <p>tem 25</p> <ul style="list-style-type: none"> State regulations require county and private agency staff to provide to all family members, including the child, their representatives and service providers the opportunity to participate in the development of the Family Service Plan. The plan must have the signatures of the county or private agency staff persons responsible for case management. The parent or legal guardian of the child, and the child, if fourteen years of age or older, must be given the opportunity to sign the plans. The on-site review found that parents are invited to participate in the development of the plan. Multidisciplinary teams stated that parent involvement was evident in the plans. Regular meetings are held to develop the plans and parent advocates are invited to attend case plan meetings as well. Caseload demands, lack of sufficient referral services, and paperwork requirements are barriers to adequately involving parents. The agency is more effective in involving parents and children in case planning when children are in foster care than when they are being maintained in their own homes. Many stakeholders expressed the opinion that parents are involved in case plan development and that case plans are completed in a timely manner. Other stakeholders expressed the opinion that many family service plans are not developed with the input of parents and are not completed in a timely manner. Several stakeholders suggested that case plans are generic and do not take individual needs of the family 		

State ²¹	CFSR Findings	PIP Goals and Action Steps	Family Engagement or Involvement Model(s) Referenced in CFSR/PIP
	into consideration.		
<p>Puerto Rico</p> <p>CFSR: December 8, 2003</p> <p>PIP: Date unknown</p> <p>Highlights: A. The Commonwealth met the national standards for three of the six standards. B. The Commonwealth achieved substantial conformity for none of the seven outcomes. C. The Commonwealth achieved substantial conformity for two of the seven systemic factors.</p>	<p>Item 18</p> <ul style="list-style-type: none"> 60% of cases did not involve parents of children in case planning efforts ADFAN procedures manual for foster care services requires the caseworker to discuss with the parents or caretakers the temporary nature of foster care placements and their obligation to participate in the services planning process. It also is mandated that the child be included in the development of the services plan, when appropriate. However, the Statewide Assessment notes that ADFAN does not have a protocol in place to monitor compliance with these requirements. ADFAN has identified strategies to address the lack of parent and child engagement with case planning, including (1) training, (2) more active use of the National Resource Centers, and (3) the promotion of Family Conferencing. <p>Item 25</p> <ul style="list-style-type: none"> ADFAN requires the development and documentation of an Individualized Service Plan (ISP) for each family receiving child welfare services, and requires that the plan be developed by the Family Planning Team, which is to be composed of family members, caseworkers, and other service providers. The ISP must be reviewed and updated by the Family Planning Team at least every 6 months. Statewide Assessment indicates that Family Conferencing is an effective strategy for increasing parental involvement, although currently it is not widely used in the Commonwealth. 	<p>Item 18</p> <ul style="list-style-type: none"> The agency will elicit clear policy in timeliness for family involvement in case planning and will revise the format of the ISP to provide for the identification of strengths and risks and all services to be provided to satisfy the needs of the family. The format will include: (1) a section for the family's opinion of the Service Plan; (2) a commitment for active participation and involvement of all members of the family in the ISP. 	<ul style="list-style-type: none"> Family Conferencing Family Planning Team
Rhode Island	Item 15	Child Welfare Institute	<ul style="list-style-type: none"> Family Team

State ²¹	CFSR Findings	PIP Goals and Action Steps	Family Engagement or Involvement Model(s) Referenced in CFSR/PIP
<p>CFSR: September 8, 2004</p> <p>PIP: August 15, 2005</p> <p>Highlights: A . The State met the national standards for one of the six standards. B . The State achieved substantial conformity for none of the seven outcomes. C . The State achieved substantial conformity for one of the seven systemic factors.</p>	<p>Item 18</p> <ul style="list-style-type: none"> • DCYF has initiated a process of holding a Family Team Meeting (FTM) to bring together family, extended family, and other community and professional supports to make case decisions in partnership with DCYF. One of the goals of the FTM is to identify and provide input on available kinship supports and other potential placements. However, very few (24) FTMs had been held at the time the Statewide Assessment was prepared. • In 61% of the cases, the agency did not diligently involve parents of children in the case planning process • There is little parental input in the development of case plans . . . case plans tend to be developed by the caseworker and presented to the family, with a modicum of discussion at the time of the initial assessment. • Although a Family Team Meeting approach to case planning has been implemented by the agency to facilitate parental involvement, stakeholders expressed the opinion that caseworkers have “not fully embraced” this practice. Stakeholders identified the following barriers to conducting family team meetings: (1) the large caseloads carried by caseworkers that make it difficult for them to find time to arrange and convene meetings; (2) the negative attitudes of some caseworkers toward the practice of developing case plans in conjunction with parents; and (3) the difficulties inherent in scheduling meetings to accommodate the schedules of working parents. Stakeholders noted, however, that when family team meetings are held, parents and youth are engaged in case planning. Stakeholders also noted 	<ul style="list-style-type: none"> • The Institute has assumed oversight of the Administrative Review Unit and its Family Team Meeting as part of the implementation and functioning of family centered practice. The Institute also provides facilitative training to the Care Management Teams. <p>Family-Centered Practice</p> <ul style="list-style-type: none"> • The Department defines “Family Engagement” as follows: Family engagement in the development of the comprehensive family assessment and the service plan is defined as a partnership between the family and youth (where appropriate) and Department staff whereby face-to-face communication forms the basis from which is developed a strength-based comprehensive family assessment leading to the service plan. The plan (and discussions prior to and following the development of the plan) will focus on how the family (youth) got to this point, what has to change, what services are needed, the expectations for who will do what and when, the time-frames, and what alternative resources might exist within the extended family to help address the safety, permanence, and well-being of the child or youth. • The Department will need to effectively address scheduling barriers to implementation of FCP in the Family Service Units. Toward that end, the Department will work with the labor unions to establish flexible work hours for staff to better accommodate the availability of families. • DCYF is also developing a staff vacancy monitoring system to facilitate the Department’s anticipation and efficient response to critical frontline vacancies in order to address the 	<p>Meeting (FTM)</p>

State ²¹	CFSR Findings	PIP Goals and Action Steps	Family Engagement or Involvement Model(s) Referenced in CFSR/PIP
	<p>that case management teams are an effective approach to engaging parents in the case-planning process, although they reported that case management teams tend to be convened only for “the most difficult cases.”</p> <ul style="list-style-type: none"> Several stakeholders expressed the opinion that the agency is not consistent in its efforts to engage non-custodial parents, incarcerated parents, or youth in case planning. Stakeholders also identified a number of barriers to engaging parents and children in case planning. These included: (1) a lack of flexibility with regard to scheduling case-planning sessions at times that are convenient for parents, children, and youth; (2) the adversarial relationships between caseworkers and parents; (3) difficulty locating parents; and (4) parents failing to attend scheduled sessions. The Statewide Assessment reports that to address this concern, DCYF is implementing Family-Centered Practice (FCP) throughout the State. As indicated in the Statewide Assessment, a core tenet of family-centered practice is that case plans are family-driven, strength-based, and highly individualized. Although the Statewide Assessment notes that this approach is intended to result in greater engagement of families and youth in case planning, it was acknowledged that workload demands are a considerable impediment to implementing the FCP approach. <p>Item 25</p> <ul style="list-style-type: none"> DCYF policy mandates completion of a written initial case plan for each child and each case opened for service, regardless of the reason, within 30 working days of the case being assigned to a Family Services 	<p>workload barriers to family-centered practice.</p> <ul style="list-style-type: none"> New child support technicians are being hired. The primary function of these technical staff is to relieve the social caseworkers of transportation and visitation duties, again with an emphasis on allowing caseworkers to spend more quality time with children and families. We will study direct care staff functions and compare them to the statutory responsibilities of the agency. This process will allow us to evaluate our organizational structure in order to increase operational efficiency that will support a regionalized service delivery system. It will also assist us in identifying resources, (internally and externally) that are needed to improve our ability to ensure safety, permanency and well-being for the children and families we serve. <p>Engaging Fathers</p> <ul style="list-style-type: none"> CFA is expected to help increase the involvement of fathers in the lives of their children through programs of education regarding recognition of paternity, legal steps for compliance and penalties for non-compliance. <p>Item 7</p> <ul style="list-style-type: none"> Increase engagement of fathers and paternal relatives as critical partners in meeting the permanency needs of children and youth. Develop baseline for use of the parent locator pilot program run by the Sheriff’s Department and DHS, and track usage on a quarterly basis. Develop and implement policy and procedures for locating absent parents <p>Items 18, 25</p> <ul style="list-style-type: none"> Implement a culturally competent family centered 	

State ²¹	CFSR Findings	PIP Goals and Action Steps	Family Engagement or Involvement Model(s) Referenced in CFSR/PIP
	<p>worker (or 60 days for cases involving Family Centered Practice). DCYF policy also requires that the case plan be updated every 6 months thereafter. The case plan is expected to be developed with the family and child, if age appropriate.</p> <ul style="list-style-type: none"> • It is noted in the Statewide Assessment that DCYF is moving towards Family-Centered Practice to effect greater family participation in case planning, although this model is not yet fully implemented. The Statewide Assessment also notes that DCYF has initiated the process of Family Team Meetings to enhance family involvement in case planning, and has been effective in doing so. (At the time the Statewide Assessment was written, only a few Family Team Meetings had actually taken place.) The Statewide Assessment also states that less than one-third of the 36 youth participating in a focus group convened as part of the State's self-assessment process reported that they had participated in the development of their case plan. • Although DCYF has developed Family-Centered Practice to ensure greater involvement of parents and youth in the case planning process, this practice is not used consistently throughout the agency. They noted that a key barrier to fully implementing family-centered practice is the difficulty workers experience in arranging family team meetings. Stakeholders indicated that family team meetings often are not held because agency staff do not have the time to schedule them, facilitate them, or participate in them. In one site, stakeholders reported that there is only one person responsible for facilitating family team meetings for the entire department. Stakeholders also indicated that another barrier to convening family 	<p>service plan across DCYF divisions that is designed to build upon a family's strengths to address areas of needs in a manner that allows and invites family participation.</p>	

State ²¹	CFSR Findings	PIP Goals and Action Steps	Family Engagement or Involvement Model(s) Referenced in CFSR/PIP
	team meetings was the general conflictual or adversarial relationship between many workers and parents.		
<p>South Carolina</p> <p>CFSR: September 2, 2003</p> <p>PIP: June 17, 2004</p> <p>Highlights: A. The State met the national standards for four of the six standards. B. The State achieved substantial conformity for one of the seven outcomes. C. The State achieved substantial conformity for five of the seven systemic factors.</p>	<p>Item 18</p> <ul style="list-style-type: none"> In 53% of the cases, the agency did not diligently involve parents or children in the case planning process. Although DSS policy encourages involvement of parents and youth in case planning, this does not occur on a consistent basis. Stakeholders noted that case plans usually are developed by the caseworkers (sometimes in conjunction with agency attorneys) and then presented to the family for signature. However, interviews with parents during Quality Review indicated that when parents are involved in case planning, their input and opinions are respected. <p>Item 25</p> <ul style="list-style-type: none"> Policy also requires that (1) the protective service caseworker and supervisor, foster care caseworker and supervisor, GAL, parents, and age appropriate children participate in the planning conference and establish the preliminary plan; (2) the child's plan be updated every 6 months; and (3) the family's progress be evaluated quarterly. As noted in the Statewide Assessment, although policy and State statute require parental involvement in the development of case plans, "record reviews indicated that more active involvement is needed." Although the agency stresses family involvement in case planning, most plans are developed by the caseworkers without parental involvement and then presented to the parents for signature. although DSS has developed a "family meeting" or a 	<p>Item 7</p> <ul style="list-style-type: none"> Implement monitoring to ensure that Family Meetings are occurring and that the family is participating in the development of the treatment plan. Monitor through supervisory case review process <p>Item 8</p> <ul style="list-style-type: none"> Implement monitoring quarterly, case plans for timely implementation of plans for the involvement of parents, child, other appropriate parties in case planning and family meetings; parent/relative and child visitation as a support of plan of reunification and relative placement; ongoing diligent search for absent parents and potential relative resources. <p>Item 18</p> <ul style="list-style-type: none"> Review and revise policies to ensure that parents, children (as appropriate) and foster parents are encouraged to be actively involved in case planning and other case-related meetings in both CPS and Foster Care cases. Revise as appropriate. Disseminate policy via online manual. Provide training to all (100%) CPS and Foster Care staff at regional TA meetings. Continue offering the Welfare Academy training module for all CPS and Foster Care front-line staff. Add training module for supervisory staff on the necessity of on-going family involvement and family –centered practice in all cases including monitoring and coaching field staff. Develop and distribute the "Parent Handout" about 	<ul style="list-style-type: none"> Family Meeting Family Planning Conference

State ²¹	CFSR Findings	PIP Goals and Action Steps	Family Engagement or Involvement Model(s) Referenced in CFSR/PIP
	<p>“family planning conference” approach to developing the case plan, these meetings are not having a major impact on family involvement in case planning for the following reasons: (1) they do not always take place, (2) no specific person is assigned the task of facilitating the meetings, and (3) there are no obligations for future family meetings to update the case plan. A few stakeholders also reported that DSS does not routinely conduct a diligent search for absent fathers to involve them in the case planning process, although this is required in policy.</p>	<p>laws, policies and DSS practices related to CPS and foster care issues, including parent and DSS staff rights, responsibilities and expectations, including on-going involvement in case planning.</p> <ul style="list-style-type: none"> • Implement monitoring for involvement of mother & fathers in case planning. <p>Item 25</p> <ul style="list-style-type: none"> • Review policies to ensure that parents, children (as appropriate) and foster parents are encouraged to be involved in case planning and other case-related meetings. Revise as appropriate. Implement monitoring for case plans developed jointly with child’s parents (mother/father). 	
<p>South Dakota</p> <p>CFSR: May 2, 2002</p> <p>PIP: October 17, 2003</p> <p>Highlights: A. The State met the national standards for three of the six standards. B. The State achieved substantial conformity for none of the seven outcomes. C. The State achieved substantial conformity for five of the seven systemic factors.</p>	<p>Item 18</p> <ul style="list-style-type: none"> • In 36% of the cases, the agency did not diligently involve parents or children in the case planning process. • CPS personnel indicated that there is no formal process for involving families in the case plan and workers are not consistent in this regard. Although the perception of some stakeholders was that workers are encouraged to discuss the plan with the family, many acknowledged that most workers develop the case plans and then present them to the families for review and signature. <p>Item 25</p> <ul style="list-style-type: none"> • Other stakeholders, including CPS personnel, reiterated the opinion that there is no formal process or policy for involving families in case plan development and that parents are rarely included in case planning, although workers may be encouraged to include them. The general impression given was that the case plan is prepared by the agency and 	<p>Items 1, 2, 3, 4, 36</p> <ul style="list-style-type: none"> • Work with the Casey Program on their efforts to develop a family group decision making project on the Pine Ridge and Rosebud Reservations to increase family involvement in safety management and decision making • Initial training on Family Group Decision Making (FGD) provided by Casey to CPS staff and tribal staff on the Pine Ridge and Rosebud. • Casey will work with the courts and other tribal representatives in the two communities to get agreement to implement the program. • Develop Memorandum of Understanding to outline FGD process including; referral process, procedures, and implementation plan <p>Item 18</p> <ul style="list-style-type: none"> • Increase the percentage of case plans that demonstrates child and parent involvement • Increase and improve family involvement during assessment of need, treatment planning, and case 	<ul style="list-style-type: none"> • Family Group Decision Making (FGDM)

State ²¹	CFSR Findings	PIP Goals and Action Steps	Family Engagement or Involvement Model(s) Referenced in CFRS/PIP
	then presented to parents for their signature.	<p>progress.</p> <ul style="list-style-type: none"> • Develop a family reporting process for staff to use with families to periodically assess and discuss case progress from the families view. Consult with the Resource Center on Family Centered Practice. Train staff on the family reporting form and policy. Implement the new family reporting process and policy through manual update. Monitor implementation of the family reporting form by reviewing a random sample of cases. Provide technical assistance through district meetings held with all staff <p>Item 25</p> <ul style="list-style-type: none"> • Increase the percentage of case plans that demonstrates child and parent involvement. • Improve current skill based training in Certification to help workers negotiate and develop case plans with parents, children, and foster parents. • Provide training to supervisors on efficient and effective management techniques after consultation with National Child Welfare Resource Center for Organizational Improvement around quality assurance and supervision. • Develop a supervisory process to be used during supervisory case conferences to increase supervisory monitoring of case plan development and case management and that will be incorporated into a supervisor desk guide. • Revise current policy to increase the current 30 days required for case plans to be completed to promote more effective planning with families and placement resources. • Incorporate review of the case planning process 	

State ²¹	CFSR Findings	PIP Goals and Action Steps	Family Engagement or Involvement Model(s) Referenced in CFSR/PIP
		into the existing quality assurance processes to assure case plans are completed and involve the parent, foster parent, and child.	
<p>Tennessee</p> <p>CFSR: August 19, 2002</p> <p>PIP: July 1, 2003</p> <p>Highlights: A. The State met the national standards for one of the six standards. B. The State achieved substantial conformity for none of the seven outcomes. C. The State achieved substantial conformity for four of the seven systemic factors.</p>	<p>Item 18</p> <ul style="list-style-type: none"> In 35% of the cases, the agency did not diligently involve parents or children in the case planning process. Most stakeholders commenting on this issue expressed the opinion that case plans are not individualized and that parents have little or no input in their development. A few stakeholders suggested that the agency's efforts to introduce family conferencing and the new permanency plan format should address the problem of parents and other relatives not being meaningfully involved in the planning process. Stakeholders' opinions regarding children's involvement were divided, with some stakeholders noting that children are not involved and others reporting that children are involved in the planning process when appropriate. State policy requires that parents of children in care participate in the development of their child's plan. DCS expects that parents and age/maturity appropriate children be involved in the assessment of family strengths and needs, the development of permanency plans, and the legislatively required reviews by foster care review boards and the juvenile court. <p>Item 25</p> <ul style="list-style-type: none"> DCS policy also requires that all changes to a child's plan be made with parent involvement. A key component of the State's effort to ensure participation of parents is family conferencing. A statewide training 	<p>Engaging Families Initiative</p> <ul style="list-style-type: none"> DCS is introducing the Engaging Families initiative in an effort to improve the way staff relates to and interacts with children and families. This initiative emphasizes the philosophy that building a team of support centered around and including the family from the point of first contact with the agency enhances assessment and decision-making processes. Improving the capacity to thoroughly assess and appropriately plan with families increases the opportunity to ensure safety and begin work toward permanency. Engaging Families uses child and family team meetings as the primary vehicle for engagement and decision-making. The initiative addresses changes in policy, training for staff, and utilizes technical assistance from the Child Welfare Policy and Practice Group (CWPPG), a national child welfare consulting organization, and the University of Tennessee. Engaging Families will be initiated in all twelve regions over the next two years and will include staff development on mastering core, culturally competent, interpersonal helping skills, building and maintaining child and family teams, and facilitating child and family team meetings. Each region will develop a plan for implementation that addresses its specific needs. The plan for each region will include steps for: Identification of "local experts" in the region who 	<ul style="list-style-type: none"> Family Conferencing Engaging Families Child and Family Team Meetings

State ²¹	CFSR Findings	PIP Goals and Action Steps	Family Engagement or Involvement Model(s) Referenced in CFSR/PIP
	<p>effort regarding permanency planning began in the summer of 2001. This effort provided staff with an introduction to the family conferencing process, the development of concurrent permanency goals for children, and the new permanency plan format.</p> <ul style="list-style-type: none"> families are not being involved in the case planning process and identified the following barriers to family involvement: (1) large distances between families in a worker's caseload; (2) temporarily high caseloads and workers covering for vacancies; (3) parent's availability; (4) lack of transportation for families; (5) workers' perceptions that involvement of families is too time consuming; (6) variation among workers with respect to the skills necessary to engage parents in the planning process; and (7) unwillingness of parents to participate. 	<p>can serve as trainers and coaches for staff that conduct team meetings; Identification of the case managers and supervisors who are to be trained; Development of schedules and methods for training the local experts and for those experts to then train other staff; Development of on-going activities that help staff examine attitudes toward involving families as partners; reinforce training and support implementation of policy and best practice standards; Development of resources to support the "Engaging Families" concepts, e.g. locations for family meetings, services that support family participation, etc</p> <ul style="list-style-type: none"> DCS is also addressing relationships between staff and families by partnering with the Annie E. Casey Foundation to replicate the Family to Family Model in three areas of the state, Davidson County, Shelby County, and Sumner County. Family to Family is based on four major concepts: 1) involving families in critical decision through the team decision-making process, 2) partnering with the total community to protect children and maintain community relationships, 3) recruiting foster parents in the home communities of children, and 4) using data to evaluate progress and guide organizational decisions. This pilot project is considered by DCS to be a part of the Engaging Families Initiative. In the three Family to Family sites, these efforts will compliment the other steps of the Engaging Families Initiative. DCS recognizes the need for improved assessment of child and family strengths and needs. The department views the assessment process as vital to understanding family dynamics, 	

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		<p>support systems, strengths and needs and that this understanding is essential to making case plans and decisions that support positive outcomes for children. This initiative is intertwined with the Engaging Families initiative in that it is critical to a thorough assessment to build a partnership with the child and family, including extended networks of support. A workgroup has been created to review and modify the assessment protocol and work aides currently being used. The workgroup is comprised of DCS staff and local partners and technical assistance is being obtained through the TAC and the Children’s Research Center of the National Council on Crime and Delinquency and additional technical assistance may be sought from the National Resource Center on Child Maltreatment. This group is reviewing the assessment process used throughout the life of a case with a special focus on creating a process that will encourage case managers to view assessment as an ongoing process. Improvements to assessment will include providing case managers with support and learning opportunities that encourage the use of partnerships with families.</p> <ul style="list-style-type: none"> • “Developing the Family Plan”, a three-day workshop on permanency planning, was created by DCS staff to help improve both the permanency plan writing process and product. As a foundation to permanency planning, the curriculum reinforces social work values and the principles of practice, while providing a review of engaging families training, family systems theory, ecological perspective, strengths perspective, and the related 	

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		<p>laws & policies. Participants are given a practical education on each section of the permanency plan, with an emphasis on developing the action plan section (through instruction, modeling the development of a permanency plan during a child and family team meeting, individual practice writing a permanency plan that includes feedback, and learning centered on the case management process required to support the action plan). As a result of the training, staff are expected to be better able to engage families in the permanency planning process, to target action plan steps that will be more likely to meet the underlying needs and risks of the family, and to effectively support and monitor progress. Each of these results would strengthen safety, permanency, and well-being outcomes. As follow-up to the “Developing the Family Plan” training, DCS will also provide staff with four advanced workshops, each focused on one of the four permanency goals.</p> <p>Items 18, 25</p> <ul style="list-style-type: none"> • Implement the Engaging Families initiative to utilize full family involvement at critical events in permanency planning and discharge planning to move more quickly to permanency and to ensure preservation of relationships <p>Item 33</p> <ul style="list-style-type: none"> • Implement Engaging Families initiative to provide staff with the skills and knowledge to build and cultivate relationships with families, participate in/facilitate Child and Family Team meetings, and involve families in assessment and planning processes. 	

State ²¹	CFSR Findings	PIP Goals and Action Steps	Family Engagement or Involvement Model(s) Referenced in CFSR/PIP
<p>Texas</p> <p>CFSR: August 23, 2002</p> <p>PIP: April 1, 2003</p> <p>Highlights: A. The State met the national standards for four of the six standards. B. The State achieved substantial conformity for one of the seven outcomes. C. The State achieved substantial conformity for all of the seven systemic factors.</p>	<p>Item 7</p> <ul style="list-style-type: none"> Some stakeholders in one county indicated that the State can use the Family Unity Conference (a type of family group conferencing) as a tool to use in determining goals for families. However, there was no evidence of use of a Family Unity Conference in the case records, and no other stakeholder mentioned this approach to goal setting and attainment. <p>Item 18</p> <ul style="list-style-type: none"> In 21% of the cases, the agency did not diligently involve parents of children in the case planning process While some stakeholders noted that there is a high level of parental and child involvement in case planning, particularly with respect to parent participation in PPT sessions, other stakeholders suggested that although parents attend these sessions, it is more to hear what the State and other professionals have to say. The parents and children are not themselves instrumental in deciding the goals and objectives of the plan. CPS policy and Licensing standards require that parents be invited to participate in developing the child's case plan unless the parents cannot be found, parental rights have been terminated, or the parents have refused to participate in the child's case. Supervisors check for documentation of the parents' participation in the plan development during approval of the child's service plan, ensuring that the parents were invited to participate. The PPT review provides an additional avenue for parents to participate in the service planning process, help identify needs and issues, establish plans, and understand what 	<p>Item 8, 18</p> <ul style="list-style-type: none"> Implement Family Group Conferencing after removal of a child to improve case planning and increase reunification or relative placement. Begin piloting the use of Family Group Conferencing after removal of a child and at other stages of service. Amend policy to allow use of Family Group Conferencing after removal of a child. Identify location, protocol, staff for pilot. Provide training for staff participants. Initiate pilot. Evaluate effectiveness of Family Group Conferencing. Identify implementation plan for expansion. <p>Well-Being Outcome 1 (Item 18)</p> <ul style="list-style-type: none"> A greater challenge for improving the case planning process is associated with a need to better involve families in the development of their own case plan, identifying and building on specific strengths while addressing needs and services assessed as critical for addressing the family's child abuse and neglect issues. The use of family group conferencing, a model advocated by many stakeholders, will be piloted and implemented. The family group conference will be emphasized for cases in which the child has been removed, targeting the time period immediately after the actual removal, as well as other stages of service in order to obtain a continuum of its use. With a neutral facilitator guiding the meeting, the model will enhance collaboration with the family, more effectively involve relatives in the resolution of the issues, and better engage the family in the case planning process from the beginning. <p>Item 18</p>	<ul style="list-style-type: none"> Family Group Conferencing (FGC)

State ²¹	CFSR Findings	PIP Goals and Action Steps	Family Engagement or Involvement Model(s) Referenced in CFSR/PIP
	<p>progress has been made. CPS policy requires that parents and the child's caretaker be invited to the review. The PPT conveners document who was notified and who actually participated in the meeting and ensure that all the parties participate in the discussion. Despite these policies, the case reviews indicate that there continue to be cases in which parents and/or children are not adequately involved in the planning process, although they may be invited to attend and may actual attend case planning meetings and reviews.</p> <p>Item 25</p> <ul style="list-style-type: none"> Stakeholders expressed the opinion that overall the State does an adequate job in engaging parents in the case planning process. However, many stakeholders noted that there is a lack of consistency across the State in involving parents in the case planning process. Most stakeholders holding this opinion attributed the lack of consistency to the high level of staff turnover in the State, which results in having inexperienced or overburdened caseworkers responsible for developing case plans. Because the involvement of parents in the planning process requires time and a certain level of skills, inexperienced or overburdened workers may not be able to fully comply with this requirement. <p>Item 26</p> <ul style="list-style-type: none"> PPT reviews ensure that families are involved in the case planning process. Ongoing challenges remain with barriers such as transportation to and from PPT reviews for families, participation by youth, language barriers, and the ongoing training issues associated with ensuring each plan is individualized to child and family-specific needs. 	<ul style="list-style-type: none"> Enhance policy regarding fathers to place more emphasis in involving fathers in the case planning process. Policy will be changed to clarify the role of the father in the case planning and ongoing services process. Develop policy to clarify expectations that caseworkers visit incarcerated parents in person and talk to them about their plan of service. 	

State ²¹	CFSR Findings	PIP Goals and Action Steps	Family Engagement or Involvement Model(s) Referenced in CFSR/PIP
	<ul style="list-style-type: none"> Stakeholders commenting on this issue indicated that case reviews on the status of each child occur at least every 6 months, but usually more frequently. Stakeholders also expressed the opinion that the PPT is an effective tool for developing high quality case plans and for "keeping things on track." However, according to some stakeholders, parents do not always participate in the PPT meetings or when they participate, they become defensive and cannot participate in a constructive way. More training and skills are needed for workers and conveners to ensure productive PPT reviews. 		
<p>Utah</p> <p>CFSR: September 4, 2003</p> <p>PIP: August 12, 2005</p> <p>Highlights: A. The State met the national standards for three of the six standards. B. The State achieved substantial conformity for two of the seven outcomes. C. The State achieved substantial conformity for six of the seven systemic factors.</p>	<p>Item 7</p> <ul style="list-style-type: none"> Permanency planning has improved throughout the State because of a number of policies and practices that DCFS has put in place. These policies and practices include the use of Child and Family Team (CFT) meetings for all cases <p>Item 16</p> <ul style="list-style-type: none"> Examples of DCFS efforts to promote bonding included the following: Inviting parents to participate in Child and Family Team meetings and court hearings <p>Item 17</p> <ul style="list-style-type: none"> Services to families are based on an individualized service plan, using a family team approach that incorporates a comprehensive assessment of the child's and family's strengths and needs. <p>Item 18</p> <ul style="list-style-type: none"> In 27% of the cases, the agency did not diligently involve parents or children in the case planning process The use of the CFT meetings promotes parent and 	<p>Performance Milestone Plan</p> <ul style="list-style-type: none"> The set of skills that have been identified as necessary to assist Child and Family Services staff in putting these principles into action are: (1) Engaging: The skill of effectively establishing a relationship with children, parents, and essential individuals for the purpose of sustaining the work that is to be accomplished together. (2) Teaming: The skill of assembling a group to work with children and families, becoming a member of an established group, or leading a group may all be necessary for success in bringing needed resources to the critical issues of children and families. Child welfare is a community effort and requires a team. <p>Items 18, 25</p> <ul style="list-style-type: none"> Parents and children are involved in case planning through the use of Child and Family Teams. There is a written Child and Family Service Plan in SAFE for each case. Develop curriculum for Supervisor Training to 	<ul style="list-style-type: none"> Child and Family Team (CFT) Meetings

State ²¹	CFSR Findings	PIP Goals and Action Steps	Family Engagement or Involvement Model(s) Referenced in CFSR/PIP
	<p>child involvement in case planning. They also noted that the introduction of the family-centered Practice Model has resulted in an improvement in the agency's success in achieving parental and child involvement in case planning.</p> <ul style="list-style-type: none"> Utah's Practice Model requires that families be actively involved in all aspects of their case, including participating in developing the case plan. The Practice Model seeks to involve families in identifying both their strengths and the underlying needs that must be met to ensure a healthy and nurturing environment for family members. It asks family members to help identify formal and informal supports that can help them achieve this goal. CFT meetings are to be held when and where the family desires, with guidance from the caseworker so that most of the individuals from whom input or support is needed are able to attend. <p>Item 25</p> <ul style="list-style-type: none"> The new approach to child and family services adopted by DCFS provides for a more family centered approach to child welfare. The approach incorporates the CFT, which is designed to assess the strengths and needs of the child and family on an ongoing basis and compile assessment information into the Functional Assessment report. The Functional Assessment is intended to reflect the CFT's understanding of the family at any given point in time. As noted in the Statewide Assessment, members of the CFT may include the child, parents, family members, friends, caseworker, foster parents, mental health providers, medical and health care representatives, religious leaders, teachers or other educational representatives, law enforcement 	<p>teach supervisors how to help workers better implement Practice Model Skills. Develop region training plans. Provide training in every region.</p> <ul style="list-style-type: none"> Develop Practice Guidelines regarding locating and involving fathers in case planning through Practice Model skills. Distribute Practice Alert. Identify at least one individual in each Region to act as "Kin Locators" Train Kin Locators to use the data base of the Office of Recovery Services to help track paternity information and locate parents or kin. <p>Qualitative Case Review Protocol</p> <ul style="list-style-type: none"> CHILD/FAMILY PARTICIPATION: Are family members (parents, grandparents, step parents) or substitute caregivers active participants in the team meetings where service decisions are made about the child and family? Are parents/caregivers partners in planning, providing, and monitoring supports and services for the child? Is the child actively participating in decisions made about his/her future? 	

State ²¹	CFSR Findings	PIP Goals and Action Steps	Family Engagement or Involvement Model(s) Referenced in CFSR/PIP
	<p>personnel, the child's Guardians ad Litem, and/or the Assistant Attorney General. The CFT creates an initial Child and Family Plan (CFP) to identify resources and services that will enable the family to meet their goals within 45 days of a child's removal from the home or placement in DCFS custody, whichever occurs first.</p> <ul style="list-style-type: none"> • Children in foster care have case plans and many relevant parties such as parents, children, foster parents, and service providers participate in CFT meetings. However, several stakeholders reported that there is uneven use of the CFT process across caseworkers and the involvement of relevant parties such as parents and children is still a "work in progress." • Stakeholders were in general agreement, however, that the new DCFS policies and practices are clearly family-centered and focus on involving families. Stakeholders suggested that there will be continued improvement in this area as supervisors and workers become more skilled in the Practice Model process and it becomes integrated into day-to-day casework practice. <p>Item 37</p> <ul style="list-style-type: none"> • The purpose of the CFT is to ensure the individualization of services for children and families. <p>Item 40</p> <ul style="list-style-type: none"> • Some stakeholders noted that CFTs have aided service coordination. 		
<p>Vermont</p> <p>CFSR: July 2, 2001</p>	<p>Item 18</p> <ul style="list-style-type: none"> • In 15% of the cases, the agency did not diligently involve parents or children in the case planning process 	<ul style="list-style-type: none"> • N/a 	<ul style="list-style-type: none"> • None noted

State ²¹	CFSR Findings	PIP Goals and Action Steps	Family Engagement or Involvement Model(s) Referenced in CFSR/PIP
<p>PIP: March 27, 2002</p> <p>Highlights: A. The State met the national standards for two of the six standards. B. The State achieved substantial conformity for one of the seven outcomes. C. The State achieved substantial conformity for five of the seven systemic factors.</p>	<ul style="list-style-type: none"> • Most children in custody have treatment teams, which meet monthly, and parents often participate in these teams. Case planning is most often a function of these treatment team meetings. Parents do not always connect their participation in team meetings with an opportunity for input into the case plan, since they are not usually formally informed that team meetings result in case planning. Foster parents report variable consistency in case plan involvement. • Many stakeholders and agency staff described the case planning process as inclusive of parents, children/ youth (as appropriate) out-of home care providers, treatment providers and other important case participants. <p>Item 25</p> <ul style="list-style-type: none"> • The Department requires case plans to be mailed to parents two weeks prior to the treatment team meeting and monitors the district offices' compliance with this requirement on an on-going basis. Social work staff reported that most often on-going case planning is done in the context of the monthly treatment team meeting, however, parents and foster parents indicated that they do not always see the connection between these meetings and the updating of the plan. • Parents, children (as appropriate) and care providers have input into case planning. 		
<p>Virginia</p> <p>CFSR: April 21, 2004</p> <p>PIP:</p>	<p>Item 15</p> <ul style="list-style-type: none"> • A few stakeholders noted that the agency is beginning to use family group conferencing and that it is hoped that this process will assist in identifying relatives as placement resources early on in the case. 	<p>Statewide Initiatives to Address Areas Needing Improvement</p> <ul style="list-style-type: none"> • FGDM is a model of child welfare practice that involves the child, family and other social support network members in service plan development and dispute resolution. Also called Family Group 	<ul style="list-style-type: none"> • Family Group Decision Making (FGDM)

State ²¹	CFSR Findings	PIP Goals and Action Steps	Family Engagement or Involvement Model(s) Referenced in CFSR/PIP
<p>January 10, 2007</p> <p>Highlights:</p> <p>A. The State met the national standards for three of the six standards.</p> <p>B. The State achieved substantial conformity for one of the seven outcomes.</p> <p>C. The State achieved substantial conformity for three of the seven systemic factors.</p>	<p>Item 18</p> <ul style="list-style-type: none"> • In 31% of the cases, the agency did not diligently involve parents or children in the case planning process. • DSS is not consistent in involving older children and parents in the case planning process. Stakeholders noted that in many situations, rather than engaging children and parents in the case planning process, workers will tell the parents and children what the goals are and ask them to sign the plan. • Under the Comprehensive Services Act, the Family Assessment and Planning Team (FAPT) must provide for family participation in all aspects of assessment, planning and implementation of services, including full participation by the family during the team meeting when their child's case is presented. <p>Item 25</p> <ul style="list-style-type: none"> • Virginia meets the Federal requirement for a written case plan on all children in foster care and Virginia's Code and foster care policy require parents' participation in service planning. The Comprehensive Services Act (CSA) requires the Family Assessment and Planning Team to include the child's, parents', or caretaker's participation in all aspects of assessment, service planning, and service delivery. In addition, foster care policy identifies parents as team members responsible for permanency planning for the child. • Despite the statute and policy requirements of parent and child involvement in case planning, the Statewide Assessment acknowledges that the level of participation of parents and children in case planning varies across the State. Participants in focus groups convened as part of the State's self-assessment 	<p>Conferencing (New Zealand) and Family Unity Meeting (Oregon), FGDM is a "planned process in which parents/caregivers are joined by family, friends, and providers of community resources (professional and natural helping networks) to decide what is best for the well-being of children who have been maltreated and how to ensure their future safety." Participants are prepared in advance so that they can bring their best thinking and wisdom to a family-centered gathering.</p> <ul style="list-style-type: none"> • FGDM is a tool in the social worker's arsenal that increases maintaining children's connection to family and community while accomplishing the goals of safety and permanency. FGDM is viewed as an important tool to enhance effectiveness of concurrent planning. • A Family Group Decision Making Workgroup will be formed in Virginia to identify a model to pilot. The Workgroup will be made up of public and private, state and local representatives. VISSTA will work with VDSS staff to develop a course specific to the model and training will be provided to pilot agencies. • An evaluation of the FGDM pilots will be completed after January 2007. The results of the evaluation will determine if FGDM is implemented statewide. <p>Items 4, 18, 25</p> <ul style="list-style-type: none"> • Make the "Engaging Families" course available statewide starting in February 2005. The "Engaging Families" course introduces child welfare workers and supervisors to strength based interviewing techniques that engage families to assess their service needs and determine safety. Different techniques that are appropriate at the 	

State ²¹	CFSR Findings	PIP Goals and Action Steps	Family Engagement or Involvement Model(s) Referenced in CFSR/PIP
	<p>process reported that parents are inconsistently involved in the case planning process.</p>	<p>different stages of change are introduced.</p> <ul style="list-style-type: none"> 300 child welfare workers and supervisors will attend the “Engaging Families” course. Including the “Engaging Families” course as part of the ongoing in-service training will be considered when the requirements for the mandated in-service training are established. <p>Item 18</p> <ul style="list-style-type: none"> In collaboration with the PAC, strengthen foster care policy regarding child and family involvement in service planning adopting best practices in use by LDSS. Provide training to the LDSS on the policy revisions regarding child and family involvement in service planning. Evaluate the implementation of new CPS and foster care policies regarding the involvement of children and parents in service planning. Provide technical assistance to those local departments identified in the evaluation as needing assistance in the implementation of the CPS and foster care policies related to the involvement of children and parents in service planning. 	
<p>Washington</p> <p>CFSR: February 11, 2004</p> <p>PIP: October 1, 2004</p> <p>Highlights: A. The State met the</p>	<p>Item 5</p> <ul style="list-style-type: none"> Stakeholders in one site expressed the opinion that family team meetings help prevent re-entries into foster care because relatives become more involved in supporting the families. <p>Item 18</p> <ul style="list-style-type: none"> In 52% of the cases, the agency did not diligently involve parents or children in the case planning process Some stakeholders suggested that the CA is effective 	<p>Safety</p> <ul style="list-style-type: none"> Early engagement of families, especially fathers, children, relatives and Tribes in keeping children safe Holding Family Team Decision Making (FTDM) meetings as soon as possible and within 72 hours of any removal to address safety concerns and engage families, relatives and Tribes <p>Permanency</p> <ul style="list-style-type: none"> Family team Decision Making (FTDM) meetings 	<ul style="list-style-type: none"> Family Group Conferencing (FGC) Family Team Meetings (FTM) Family Team Decision Making (FTDM)

State ²¹	CFSR Findings	PIP Goals and Action Steps	Family Engagement or Involvement Model(s) Referenced in CFSR/PIP
<p>national standards for two of the six standards.</p> <p>B. The State achieved substantial conformity for none of the seven outcomes.</p> <p>C. The State achieved substantial conformity for four of the seven systemic factors.</p>	<p>in involving families in the case planning process, while others voiced concern that parent and child involvement in case planning does not occur on a routine basis. State-level stakeholders reported that the University of Washington has received a grant to focus on the issue of engaging families. Stakeholders also suggested that Family Group Conferencing or Family Team Meetings are an effective way to involve families in the case planning process. However, several stakeholders expressed the opinion that some social workers have not embraced this approach.</p> <ul style="list-style-type: none"> CA policy requires that “whenever possible” the social worker is to solicit the parents’ active participation in the development of the case plan. Social workers are encouraged to develop the plan in a family conference. The Statewide Assessment also notes, however, that there are no internal mechanisms currently to track parental involvement in case planning, and that Family Group Conferencing is not used as frequently as it should be and in some Regions it is not being used at all. The Statewide Assessment reports that, when appropriate, parents are to be invited to participate in internal staffings such as permanency planning and prognostic staffings, CPT staffings, and Kidscreen staffings. However, policy does not require participation and the actual frequency of parental participation is unknown. <p>Item 25</p> <ul style="list-style-type: none"> Although social workers are encouraged to engage parents and children in Family Group Conferences, use of this forum is sporadic and Family Group Conferences are not available in all Regions. 	<p>will be implemented for all children at risk of placement disruption. This strategy has been found to be very effective in other states in relation to preventing placement breakdown and subsequent placement changes for children.</p> <p>Case Review</p> <ul style="list-style-type: none"> Conduct Family Team Decision Making meetings to involve families in case planning <p>Staff and Provider Training</p> <ul style="list-style-type: none"> Training on the Family Team Decision Meeting (FTDM) model Training on family engagement <p>Items 3, 4, 6, 8, 14, 15, 18, 25</p> <ul style="list-style-type: none"> Implement Family Team Decision Making (FTDM) meetings as soon as possible, and within 72 hours of a child’s placement in out-of-home care to develop more effective safety plans. Develop policy and practice guidelines and protocols to support FTDM. Implement Phase I of the model, beginning with urban centers. Hire and train facilitators for urban centers. Provide training to staff, foster parents and community partners on the model. Evaluate the implementation of Phase I and plan for Phase II. <p>Items 16, 18</p> <ul style="list-style-type: none"> Develop and implement tools to maximize maternal and paternal involvement in decision making for the needs of their child. <p>Items 17, 18</p> <ul style="list-style-type: none"> Review and revise policy and procedure regarding when and how service plans are written and 	

State ²¹	CFSR Findings	PIP Goals and Action Steps	Family Engagement or Involvement Model(s) Referenced in CFSR/PIP
	<ul style="list-style-type: none"> • Involvement of parents in the case planning process depends to a large extent on the skill of the social worker to engage parents and the willingness of the parents to be engaged. • Parent involvement in case planning also depends on whether there are structures in place to facilitate their engagement, such Family Team Meetings and Family Group Conferencing. • Some Team 1 stakeholders identified the use of Kidscreen and wraparound planning as effective means for engaging families in developing case plans. Some stakeholders indicated that the Tribes are not always included as an integral partner in the case planning process. <p>Item 37</p> <ul style="list-style-type: none"> • There are systemic barriers to tailoring services to meet the needs of children and families. Family Group Conferencing is not available in all the CA offices, which limits the ability to design case plans based on family assets, existing supports, and needs. 	<p>updated, the involvement of children and parents and Tribes in assessments, development of case plans for in-home cases and out-of-home cases, and major decisions, to include practice guidelines for engaging children, Tribes and fathers in the process.</p>	
<p>West Virginia</p> <p>CFSR: October 2, 2002</p> <p>PIP: June 9, 2003</p> <p>Highlights: A. The State met the national standards for four of the six standards.</p>	<p>Item 18</p> <ul style="list-style-type: none"> • In 50% of the cases, the agency did not diligently involve parents or children in the case planning process • Children are not as involved in case planning as frequently as they should be, even the older adolescents. Stakeholders also noted that parents are expected to be involved in case planning through their participation in the MDT meetings. However, as several stakeholders reported, it is difficult to get parents to attend MDT meetings, and when they do attend, it is difficult to ensure their meaningful participation. Some of the stakeholders interviewed 	<p>Items 18, 25</p> <ul style="list-style-type: none"> • Ensure that families are aware of their right to be involved in the case planning process through the utilization of the multidisciplinary team process and other case planning mechanisms. • Distribute the “Rights and Responsibilities” pamphlet to all families and explain their rights to be involved in the case planning process. • Standardize where documentation of family involvement should occur in the FACTS system. 	<ul style="list-style-type: none"> • None noted

State ²¹	CFSR Findings	PIP Goals and Action Steps	Family Engagement or Involvement Model(s) Referenced in CFSR/PIP
<p>B. The State achieved substantial conformity for none of the seven outcomes.</p> <p>C. The State achieved substantial conformity for six of the seven systemic factors.</p>	<p>suggested that in many cases, particularly youth services cases, the MDT meeting is not used to promote or review the case plan</p> <p>Item 25</p> <ul style="list-style-type: none"> • State foster care policy requires that a Child Assessment and a Service Plan be completed for each child entering foster care through youth services or a voluntary placement and identifies the parties to be included in the development of the case plan, including parents. • The Statewide Assessment also notes that State foster care policy requires that an MDT be established within 30 days of a child entering foster care and identifies the parties to be involved in the MDT. The MDT is used to review and evaluate the case plan at least every 90 days and to make adjustment to the plan as needed. • The MDT process is established in each county in the State and State law requires that the custodial parent(s), guardian(s), or other family members shall be MDT members. • According to State policy, the most important objective of the family assessment process is to develop a working collaboration with the family and engage the family in a problem solving/helping partnership. • There are inconsistencies in the implementation of the MDT process across the State, and in some areas, the MDT process is not used at all. • In four districts surveyed MDTs are being held at least every 90 days or prior to a judicial hearing only 8.4 percent of the time. The following barriers to effective use of the MDT were noted in the Statewide 		

State ²¹	CFSR Findings	PIP Goals and Action Steps	Family Engagement or Involvement Model(s) Referenced in CFSR/PIP
	<p>Assessment: (1) lack of participation by the key individuals; (2) meetings not being scheduled in a timely manner; and (3) lack of timely notification of the meeting to participants.</p> <ul style="list-style-type: none"> Several stakeholders commenting on this issue expressed praise for the MDT process and suggested that the use of this process has resulted in the development of a written plan for each case and improved quality of the plans. Stakeholders also indicated that the MDT process, because it is a collaborative process, has resulted in individualized case plans targeting specific permanency goals. However, most stakeholders suggested that parents and children rarely have significant input into the case planning process. 		
<p>Wisconsin</p> <p>CFSR: January 14, 2004</p> <p>PIP: October 19, 2004</p> <p>Highlights: A. The State met the national standards for one of the six standards. B. The State achieved substantial conformity for one of the seven outcomes. C. The State achieved substantial conformity</p>	<p>Item 3</p> <ul style="list-style-type: none"> Local child welfare agencies, including the Bureau of Milwaukee Child Welfare (BMCW), are making increasing use of creative service delivery approaches to promote timely and appropriate in-home services designed to ensure child safety. These efforts include use of family-group decision-making approaches to develop effective safety plans. <p>Item 18</p> <ul style="list-style-type: none"> In 38% of the cases, the agency did not diligently involve parents or children in the case planning process Many county-level stakeholders commenting on this item expressed the opinion that local agencies involve older children and parents in the case planning process. Outagamie County stakeholders reported that Family Group Conferencing is used in that county to facilitate family involvement in case 	<p>Item 18</p> <ul style="list-style-type: none"> Determine barriers to engagement of families. 1) Conduct regional focus groups with child welfare caseworkers. 2) Develop actions/tasks based on the barriers. Revise training curriculum available through the Child Welfare Training Partnership courses to enhance the engagement skills of caseworkers. Provide training and technical assistance to child welfare supervisors on removing barriers to family engagement and methodologies for establishing and maintaining family engagement. <p>Item 25</p> <ul style="list-style-type: none"> Make family involvement in child welfare case planning a centerpiece of the administrative rules that govern practice and policy for children in out of home care. (Ch. HFS 44) Identify items from PEP and Child and Family 	<ul style="list-style-type: none"> Family Group Conferencing (FGC)

State ²¹	CFSR Findings	PIP Goals and Action Steps	Family Engagement or Involvement Model(s) Referenced in CFSR/PIP
for three of the seven systemic factors.	<p>planning. However, State-level stakeholders noted that the involvement of parents and older children in the case planning process varies across counties and that larger counties are more likely to involve families in case planning than are smaller counties.</p> <ul style="list-style-type: none"> • State statute and DCFS policy require that parents and children over age 12 be involved in developing case plans. Children’s case plans and permanency plans should include information regarding the level of participation of children and families in the development of the case plan and in other case decision-making. <p>Item 25</p> <ul style="list-style-type: none"> • While mothers are frequently involved, fathers are almost always excluded even when their whereabouts are known. • DCFS’ <i>Ongoing Service Standards and Practice Guidelines</i> requires that child welfare staff engage in ongoing case planning and involve the family in the development, implementation, and evaluation of the case plan. This requirement is based on an awareness of the importance of the helping relationship between the family and agency staff. It is supported by an approach that recognizes family strengths and needs and the family’s perception of their needs and goals. • The Statewide Assessment identified the following barriers to family involvement in case planning: High caseloads and high supervisor-to-staff ratios that result in situations in which staff have less time to devote to involving parents in the planning process and developing effective case plans; Worker perceptions that family engagement in case planning is “therapy” and not the role of the CPS worker; 	Service Plan that should be incorporated into Ch. HFS 44 and issue rule.	

State ²¹	CFSR Findings	PIP Goals and Action Steps	Family Engagement or Involvement Model(s) Referenced in CFSR/PIP
	<p>Worker perceptions that families are not sufficiently “motivated” to become involved.</p> <ul style="list-style-type: none"> • State and county administrators plan to assess what is the best strategy to overcome the perceived and real barriers to effective family involvement and design service approaches, policies, and practices to facilitate family engagement. • Although some stakeholders reported that parents are involved in the case planning and assessment process on a routine basis, other stakeholders reported that the level of parental involvement and the quality of the case plan depends on the skills and approach of the individual caseworker. State-level stakeholders reported that involvement of parents in case planning varies across counties. 		
<p>Wyoming</p> <p>CFSR: April 1, 2003</p> <p>PIP: January 1, 2004</p> <p>Highlights: A. The State met the national standards for four of the six standards. B. The State achieved substantial conformity for none of the seven outcomes. C. The State achieved substantial conformity</p>	<p>Item 8</p> <ul style="list-style-type: none"> • Stakeholders commenting on this issue described several agency practices designed to promote reunification, including Family Group Conferencing • Since the initiation of ASFA, there has been a strong emphasis placed on achieving permanency through reunification . . . pilot programs on mediation, family group conferencing, and concurrent planning have helped achieve this goal. <p>Item 18</p> <ul style="list-style-type: none"> • In 38% of the cases, the agency did not diligently involve parents or children in the case planning process • DFS policy outlines steps for a caseworker to create a written plan which the client and the caseworker agree to pursue together. Caseworkers are trained to develop case plans in conjunction with clients. The case plan is to be signed by the parents, workers and 	<p>Permanency</p> <ul style="list-style-type: none"> • Training for personnel that work with families needs to be focused on facilitating the shift to Family-Centered Practice which will require a change in the tools that are used and the way parents and children are engaged in their own case planning and support services. <p>Item 13</p> <ul style="list-style-type: none"> • Develop and implement a Family-Centered service model. Training on how to engage families will increase the quality of visitation. • With improved documentation of family members names and contact information and tracking of visitation in the case plan this area will demonstrate improvement. Caseworkers will be trained in Family-Centered Practice with focus on engaging parents and children. <p>Item 16</p>	<ul style="list-style-type: none"> • Family Group Conferencing (FGC) • Family Group Decision-Making (FGDM)

State ²¹	CFSR Findings	PIP Goals and Action Steps	Family Engagement or Involvement Model(s) Referenced in CFSR/PIP
<p>for four of the seven systemic factors.</p>	<p>other appropriate parties involved in its development. The Statewide Assessment also notes that caseworkers may use Family Group Decision-Making to facilitate case planning, although this is voluntary for both workers and families. Case workers do not appear to use this approach on a routine basis.</p> <p>Item 25</p> <ul style="list-style-type: none"> • DFS policy requires that the client be an active partner in identifying and prioritizing the issues to be addressed in the case plan and that goals and objectives are to be established in conjunction with the client. Family group decision-making may be used, but is not mandated. • A few stakeholders identified Family Group Decision Making as a particularly effective approach for involving parents in the case planning process. However, stakeholders and case reviewers noted that this approach is not routinely implemented. 	<ul style="list-style-type: none"> • Training that focus on improving the relationship between parents and their children will increase worker's abilities to engage families and support parent and child relationships. <p>Well-Being</p> <ul style="list-style-type: none"> • Another objective of DFS will be to provide its workers with the necessary skills and resources to effectively engage and provide services to families. This will be achieved through the development of a comprehensive training plan that will be inclusive of content on Family-Centered Practice and on modifications to assessment tools, the case plan and policy. It will also be necessary to request additional staff in order to reduce caseload size to allow caseworkers the time required to effectively serve families. <p>Items 18, 25</p> <ul style="list-style-type: none"> • Strengthen and clarify policy regarding diligent searches for relatives as placement options. • Develop and Implement a Family Centered Service model. • Through the use of a family-centered assessment tool and clear policy regarding identifying the non custodial parent, relatives, and significant supports to the family will increase the family's involvement in the case planning process. 	

Appendix B:
CFSR and PIP References to Family Engagement Strategies in Relation to All Outcomes and Systemic Factors ²²

Outcome/Systemic Factor	Item	Narrative Description	Family Engagement Strategy Noted in Relation to Item (CFSR)	Family Engagement Strategy Noted in Relation to Item (PIP)
Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect	Item 1: Timeliness of initiating investigations of reports of child maltreatment	<i>How effective is the agency in responding to incoming reports of child maltreatment in a timely manner?</i>		MS, SD
Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect.	Item 2: Repeat Maltreatment	<i>How effective is the agency in reducing the recurrence of maltreatment of children?</i>		IA, KY, LA, MD, SD
Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.	Item 3: Services to Family to Protect Child(ren) in the Home and Prevent Removal or Reentry into Foster Care	<i>How effective is the agency in providing services, when appropriate, to prevent removal of children from their homes?</i>	HI, ID, KY, OR, WI	CO, ID, ME, MS, MO, NJ, SD, WA
Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.	Item 4: Risk assessment and safety management	<i>How effective is the agency in reducing the risk of harm to children, including those in foster care and those who receive services in their own homes?</i>	MT	ME, MS, NJ, SD, WA
Permanency Outcome 1: Children have permanency and stability in their living situations.	Item 5: Foster Care Re-entries	<i>How effective is the agency in preventing multiple entries of children into foster care?</i>	WA	CO, DC, HI, IA, MD
Permanency Outcome 1: Children have permanency and stability in their living situations.	Item 6: Stability of Foster Care Placement	<i>How effective is the agency in providing placement stability for children in foster care (that is, minimizing placement changes for children in foster care)?</i>		CO, IA, KS, MS, MO, NE, WA
Permanency Outcome 1: Children have permanency	Item 7: Permanency Goal for Child	<i>How effective is the agency in determining the appropriate permanency goals for children on a timely</i>	AZ, MO, OH, UT	FL, HI, IA, MS, MO, MT, SC

²² For additional information regarding these outcomes and systemic factors and their narrative descriptions, see US Department of Health and Human Services. (2006). *Child and Family Services Reviews: Statewide Assessment Instrument*. Available at: http://www.acf.hhs.gov/programs/cb/cwmonitoring/tools_guide/statewide.htm#toc

Outcome/Systemic Factor	Item	Narrative Description	Family Engagement Strategy Noted in Relation to Item (CFSR)	Family Engagement Strategy Noted in Relation to Item (PIP)
and stability in their living situations.		<i>basis when they enter foster care?</i>		
Permanency Outcome 1: Children have permanency and stability in their living situations.	Item 8: Reunification, guardianship, or permanent placement with relatives	<i>How effective is the agency in helping children in foster care return safely to their families when appropriate?</i>	KY, OH, OK, WY	HI, LA, ME, NJ, NY, MD, MS, MO, NE, SC, TX, WA
Permanency Outcome 1: Children have permanency and stability in their living situations.	Item 9: Adoption	<i>How effective is the agency in achieving timely adoption when that is appropriate for a child?</i>		HI, LA, MS, NE
Permanency Outcome 1: Children have permanency and stability in their living situations.	Item 10: Other planned permanent living arrangement	<i>How effective is the agency in establishing planned permanent living arrangements for children in foster care, who do not have the goal of reunification, adoption, guardianship, or permanent placement with relatives, and providing services consistent with the goal?</i>		HI, MS, NJ
Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.	Item 11: Proximity of foster care placement	<i>How effective is the agency in placing foster children close to their birth parents or their own communities or counties?</i>		
Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.	Item 12: Placement With Siblings	<i>How effective is the agency in keeping brothers and sisters together in foster care?</i>		MO
Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.	Item 13: Visiting with parents and siblings in foster care	<i>How effective is the agency in planning and facilitating visitation between children in foster care and their parents and siblings placed separately in foster care?</i>		ME, MS, NJ
Permanency Outcome 2: The continuity of family relationships and connections is preserved	Item 14: Preserving Connections	<i>How effective is the agency in preserving important connections for children in foster care, such as connections to neighborhood, community, faith, family, tribe, school, and friends?</i>	IL, MT, OR	HI, ME, MS, NE, NJ, OH, WA

Outcome/Systemic Factor	Item	Narrative Description	Family Engagement Strategy Noted in Relation to Item (CFSR)	Family Engagement Strategy Noted in Relation to Item (PIP)
for children.				
Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.	Item 15: Relative Placement	<i>How effective is the agency in identifying relatives who could care for children entering foster care, and using them as placement resources when appropriate?</i>	AZ, MT, OR, RI, VA	HI, KS, MD, MS, MT, NE, NJ, OH, WA
Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.	Item 16: Relationship of child in care with parents	<i>How effective is the agency in promoting or helping to maintain the parent-child relationship for children in foster care, when it is appropriate to do so?</i>	OK, OR, UT	IA, KS, MS, NJ
Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs.	Item 17: Needs and Services of Child, Parents, Foster parents	<i>How effective is the agency in assessing the needs of children, parents, and foster parents, and in providing needed services to children in foster care, to their parents and foster parents, and to children and families receiving in-home services?</i>	GA, IL, MO, UT	AZ, HI, IA, ME, MS, NJ, OR, WA
Well Being Outcome 1: Families have enhanced capacity to provide for their children's needs	Item 18: Child and Family Involvement in Case Planning	<i>How effective is the agency in involving parents and children in the case planning process?</i>	AL, AZ, CA, DC, GA, HI, ID, IL, IN, IA, KY, LA, MN, MO, MT, NE, NJ, OK, OR, PR, RI, UT, WA, WI, WY	AZ, CA, CO, FL, GA, ID, IL, IA, KS, KY, LA, ME, MI, MS, MO, MT, NJ, NM, NY, TN, TX, UT, WA
Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs	Item 19: Caseworker visits with child	<i>How effective are agency workers in conducting face-to-face visits as often as needed with children in foster care and those who receive services in their own homes?</i>		MS
Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs	Item 20: Worker visits with parents	<i>How effective are agency workers in conducting face-to-face visits as often as needed with parents of children in foster care and parents of children receiving in-home services?</i>		ME, MS, NJ
Well-Being Outcome 2: Children receive appropriate services to meet their educational needs.	Item 21: Educational needs of the child	<i>How effective is the agency in addressing the educational needs of children in foster care and those receiving services in their own homes?</i>	OR	MO

Outcome/Systemic Factor	Item	Narrative Description	Family Engagement Strategy Noted in Relation to Item (CFSR)	Family Engagement Strategy Noted in Relation to Item (PIP)
Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs.	Item 22: Physical health of the child	<i>How does the State ensure that the physical health and medical needs of children are identified in assessments and case planning activities and that those needs are addressed through services?</i>		
Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs.	Item 23: Mental/behavioral health of the child	<i>How does the State ensure that the mental/behavioral health needs of children are identified in assessments and case planning activities and that those needs are addressed through services?</i>		
Systemic Factors, Statewide Information System	Item 24: Statewide Information System	<i>Is the State operating a statewide information system that, at a minimum, can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care?</i>		MS
Systemic Factors, Case Review System	Item 25: Written Case Plan	<i>Does the State provide a process that ensures that each child has a written case plan to be developed jointly with the child, when appropriate, and the child's parent(s) that includes the required provisions?</i>	AL, CA, CO, CT, DC, FL, GA, HI, IL, IN, IA, KY, LA, MI, MN, MO, MT, NE, NJ, OR, PR, RI, SC, TN, UT, WA, WY	CA, HI, IL, IA, ME, MD, MS, NE, NJ, NY, TN, UT, WA
Systemic Factors, Case Review System	Item 26: Periodic Reviews	<i>Does the State provide a process for the periodic review of the status of each child, no less frequently than once every 6 months, either by a court or by administrative review?</i>	LA, MO, OK	MO
Systemic Factors, Case Review System	Item 27: Permanency Hearings	<i>Does the State provide a process that ensures that each child in foster care under the supervision of the State has a permanency hearing in a qualified court or administrative body no later than 12 months from the date that the child entered foster care and no less frequently than every 12 months thereafter?</i>		
Systemic Factors, Case Review System	Item 28: Termination of Parental Rights	<i>Does the State provide a process for Termination of Parental Rights (TPR) proceedings in accordance with</i>	LA	IL

Outcome/Systemic Factor	Item	Narrative Description	Family Engagement Strategy Noted in Relation to Item (CFSR)	Family Engagement Strategy Noted in Relation to Item (PIP)
		<i>the provisions of the Adoption and Safe Families Act (ASFA)?</i>		
Systemic Factors, Case Review System	Item 29: Notice of Hearings and Reviews to Caregivers	<i>Does the State provide a process for foster parents, pre-adoptive parents, and relative caregivers of children in foster care to be notified of, and have an opportunity to be heard in, any review or hearing held with respect to the child?</i>	LA	
Systemic Factors, Quality Assurance System	Item 30: Standards Ensuring Quality Services	<i>Has the State developed and implemented standards to ensure that children in foster care are provided quality services that protect the safety and health of the children?</i>		
Systemic Factors, Quality Assurance System	Item 31: Quality Assurance System	<i>Is the State operating an identifiable quality assurance system that is in place in the jurisdictions where the services included in the Child and Family Services Plan (CFSP) are provided, evaluates the quality of services, identifies the strengths and needs of the service delivery system, provides relevant reports, and evaluates program improvement measures implemented?</i>		
Systemic Factors, Staff and Provider Training	Item 32: Initial Staff Training	<i>Is the State operating a staff development and training program that supports the goals and objectives in the CFSP, addresses services provided under titles IV-B and IV-E, and provides initial training for all staff who deliver these services?</i>	MT	IA, NJ, TN
Systemic Factors, Staff and Provider Training	Item 33: Ongoing Staff Training	<i>Does the State provide for ongoing training for staff that addresses the skills and knowledge base needed to carry out their duties with regard to the services included in the CFSP?</i>	MT	
Systemic Factors, Staff and Provider Training	Item 34: Foster and Adoptive Parent Training	<i>Does the State provide training for current or prospective foster parents, adoptive parents, and staff of State-licensed or State-approved facilities that care for children receiving foster care or adoption assistance under title IV-E? Does the training address the skills and knowledge base that they need to carry out their duties with regard to foster and adopted</i>		

Outcome/Systemic Factor	Item	Narrative Description	Family Engagement Strategy Noted in Relation to Item (CFSR)	Family Engagement Strategy Noted in Relation to Item (PIP)
		<i>children?</i>		
Systemic Factors, Service Array and Resource Development	Item 35: Array of Services	<i>Does the State have in place an array of services that assess the strengths and needs of children and families and determine other service needs, address the needs of families in addition to individual children in order to create a safe home environment, that enable children to remain safely with their parents when reasonable, and that help children in foster and adoptive placements achieve permanency?</i>	AZ, CO, DC, MI, MT, NE	ME
Systemic Factors, Service Array and Resource Development	Item 36: Service Accessibility	<i>Are the services in item 35 accessible to families and children in all political jurisdictions covered in the State's CFSP?</i>		SD
Systemic Factors, Service Array and Resource Development	Item 37: Individualizing Services	<i>Can the services in item 35 be individualized to meet the unique needs of children and families served by the agency?</i>	FL, IL, IA, LA, MO, NE, NC, OR, VT	HI, IA, NJ
Systemic Factors, Agency Responsiveness to the Community	Item 38: State Engagement in Consultation With Stakeholders	<i>In implementing the provisions of the CFSP, does the State engage in ongoing consultation with tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies, and include the major concerns of these representatives in the goals and objectives of the CFSP?</i>		
Systemic Factors, Agency Responsiveness to the Community	Item 39: Agency Annual Reports Pursuant to the CFSP	<i>Does the agency develop, in consultation with these representatives, annual reports of progress and services delivered pursuant to the CFSP?</i>		
Systemic Factors, Agency Responsiveness to the Community	Item 40: Coordination of CFSP Services With Other Federal Programs	<i>Are the State's services under the CFSP coordinated with the services or benefits of other Federal or federally assisted programs serving the same population?</i>	UT	
Systemic Factors, Foster and Adoptive Home Licensing, Approval, and Recruitment	Item 41: Standards for Foster Homes and Institutions	<i>Has the State implemented standards for foster family homes and child care institutions that are reasonably in accord with recommended national standards?</i>		
Systemic Factors, Foster and Adoptive Home	Item 42: Standards Applied Equally	<i>Are the standards applied to all licensed or approved foster family homes or child care institutions receiving</i>		

Outcome/Systemic Factor	Item	Narrative Description	Family Engagement Strategy Noted in Relation to Item (CFSR)	Family Engagement Strategy Noted in Relation to Item (PIP)
Licensing, Approval, and Recruitment		<i>title IV-E or IV-B funds?</i>		
Systemic Factors, Foster and Adoptive Home Licensing, Approval, and Recruitment	Item 43: Requirements for Criminal Background Checks	<i>Does the State comply with Federal requirements for criminal background clearances related to licensing or approving foster care and adoptive placements, and does the State have in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children?</i>		
Systemic Factors, Foster and Adoptive Home Licensing, Approval, and Recruitment	Item 44: Diligent Recruitment of Foster and Adoptive Homes	<i>Does the State have in place a process for ensuring the diligent recruitment of potential foster and adoptive families that reflect the ethnic and racial diversity of children for whom foster and adoptive homes are needed in the State?</i>	MT	HI, NE
Systemic Factors, Foster and Adoptive Home Licensing, Approval, and Recruitment	Item 45: State Use of Cross-Jurisdictional Resources for Permanent Placements	<i>Does the State have in place a process for the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children?</i>		