

Section 4 Overview

This section pertains to the policy and procedures necessary when an out-of-home placement of a child is imminent or has occurred.

Chapter 10 Overview

This chapter addresses the case planning process from the legal basis for the plan, through development and implementation, and, finally, evaluation of progress.

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Chapter Memoranda History: (prior to 1/31/07)

[CS03-32](#), [CD04-79](#), [CD05-68](#), [CD05-72](#), [CD06-63](#)

Memoranda History:

[CD07-77](#), CD13-90

10.1 Legal Basis

Public Law 96-272, the Adoption Assistance and Child Welfare Act of 1980, states that "in each case, reasonable efforts will be made: "Reasonable efforts means the exercise of reasonable diligence and care by the Division to utilize all available services related to meeting the needs of the juvenile and the family."

1. Prior to the placement of a child in foster care to prevent or eliminate the need for removal of the child from his home; and
2. To make it possible for the child to return to his home. In order to make "reasonable efforts," a case plan must be developed. The purpose of the case plan is to assure that a child in placement receives proper care; that services are provided to the parents, child and placement provider in order to improve the conditions in the parents' home; to facilitate return of the child to his own home or to another permanent placement, and to address the needs of the child while in foster care, including a discussion of the appropriateness of the services that have been provided to the child under the plan."

Chapter 211.183, RSMo, asserts that in juvenile court proceedings the Children's Division (CD) shall have the burden of demonstrating "reasonable efforts to prevent or eliminate the need for removal of the child and, after removal, to make it possible for the child to return home. If the first contact with the family occurred during an emergency in which the child could not safely remain at home even with reasonable in-home services, the Division shall be deemed to have made reasonable efforts to prevent or eliminate the need for removal."

Chapter 211.181, RSMo, provides that within 30 days of the Division receiving custody of a child, a long-range permanency treatment plan shall be developed. The following components shall be included in the long-range treatment plan:

- The type of placement which will serve the best interest and special needs of a child and provide the least restrictive setting;
- The projected length of care needed by the child and the projected cost for providing such care;
- Services needed by the child and his family to facilitate reunification and the projected cost of such services; and
- Certification from the Division director or designee that the placement and/or services recommended are available.
- Documentation that the parents have or have not been convicted of any of the felony offenses as described below:
 - Section 210.117, RSMo states that no child taken into custody of the state shall be reunited with a parent or placed in a home in which the

parent or any person residing in the home has been found guilty of, or pled guilty to certain violations of chapter 566 and 568 RSMo. when there was a child victim. **The statutory prohibition of reunification applies as long as the juvenile court case was filed on or after August 28, 2004, regardless of the date of the individual's conviction. All cases presenting a potentially qualifying conviction should be referred to DLS. For cases which do not present qualifying convictions to prevent reunification, CD staff should take into consideration any prior convictions of any criminal offense when determining if reunification is in the best interest of the child.**

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Related Subject: Section 7, Chapter 34 Laws Relating to Custody, Placement and Visitation of Children Under the Jurisdiction of Juvenile Court

If during the provision of services, staff determine based on self disclosure or through the assessment of the parent that the parent has a known criminal history, involving any of the above stated felony convictions, the worker is to provide the Fingerprint Authorization Letter for Natural Parent, CD26-b to schedule a fingerprinting appointment for an extensive background check prior to reunifying the child with the parent.

Related Subject: Section 4, Chapter 7.2.2 Team Meetings, Section 4, Chapter 7.3.3 Visitation, and Section 4 Chapter 9.4.1 Reunification

Restrictions on placement, custody, visitation or reunification for minors who were determined to be either a victim or a perpetrator in an incident of abuse between minors (Section 210.117 RSMo.; Section 210.710 RSMo.; Section 210.720 RSMo.; and Section 211.038 RSMo.) may present significant difficulties for workers who are working toward reunification; making placement decisions or enrolling children in Division custody in child care or in school.

Related Subject: Section 7, Chapter 34.1 Abuse of a Minor by a Minor

Chapter Memoranda History: (prior to 01-31-07)

[CS03-32](#), [CD04-79](#), [CD05-68](#), [CD05-72](#), [CD06-63](#)

Memoranda History:

CD09-54 (rescinded by CD09-100), [CD09-100](#), CD14-27

10.2 Definition and Purpose

The **Written Service Agreement** is the CD-14B or last page of the CS-1 and is the written working agreement between the family, child, placement provider and the family's Children's Service Worker during FCS or FCOOHC cases.

The **Preliminary Case Plan is the Written Plan** developed by the family support team during the 72-hour meeting and is documented on the 72 Hour Plan, FST-2.. At the 72-hour FST, the family, Children's Service Worker and other members of the FST will establish a permanency goal and identify service needs. The preliminary case plan establishes the foundation for the initial 30-day treatment period. The initial 30 days is critical to timely family reunification and selection of the most appropriate placement provider. The family Children's Service Worker will have frequent contacts with the parent(s), child, and placement provider to complete the family/child assessment and provide needed support and resources. The family treatment plan will be reviewed by the full FST within 30 days of the child being placed in the custody of the Children's Division at which time it is replaced by the CS-1, Case Plan.

Chapter Memoranda History: (prior to 01-31-07)

[CS03-32](#), [CD04-79](#), [CD05-68](#), [CD05-72](#), [CD06-63](#)

Memoranda History:
CD13-75

10.3 Factors to Consider in Family Reunification

10.3.1 Written Service Agreement

The Written Service Agreement has four purposes:

1. Provides overall structure and direction to the casework process through the identification of goals and assignment of time-limited tasks.
2. Documents the willingness of the family to participate in reunification services and the Division and other FST members' willingness to assist by providing services.
3. Provides an instrument to evaluate the progress of the family toward reunification and the accountability of all participants.
4. Documents the Division's "reasonable efforts" to reunify families.

10.3.2 Permanency Planning

If the Permanency Plan is Reunification, the Written Service Agreement shall be developed with the child's parents/caretakers and when feasible, the child.

All parties to the agreement or their agent/representative shall sign the Child Assessment and Service Plan, CS-1. If any party refuses to sign, the Children's Service Worker shall document that party's disagreement and the reason for the disagreement.

It is essential the Written Service Agreement be specific about:

- What the FST hopes to accomplish during the treatment process
- Treatment goals, indicating the corresponding domain(s) from the NCFAS G+R assessment
- How the FST intends to accomplish the defined goals (**Tasks**), and
- When the tasks will be performed and completed (**Time Limitations**)

10.3.3 Assessment of Family Functioning

If the primary permanency plan is reunification, a combination of the CS-1, which is a child specific assessment of the child's needs as well a thorough and comprehensive assessment of the family's functioning, found on the NCFAS G+R, is essential to the development of a Written Service Agreement that will address the challenges and barriers to reunifying the child(ren) with the family of origin.

Related Subject: Section 3 Chapter 3.2 [Completion of the Family-Centered Services Process](#)

10.3.4 Reunification Factors

10.3.4.1 Factors to Consider in Reunification Related to Physical Abuse:

- What type of abuse occurred?
- How severe was the abuse?
- How often did physical abuse occur?
- Conditions in the household which exist at the time of the abuse, i.e., what was going on right before the child was hurt (If a caretaker has admitted to the abuse, what was happening just before they hit the child?). Who was the primary target of abuse? One child, all the children? Can the parent explain why one child was targeted?
- What purpose did the abuse serve (parent's perception, i.e., discipline, outlet for anger, and/or frustration)? Was physical abuse a part of parent's parenting, i.e., was parent physically abused as a child?
- Have any incidents of abuse occurred since intervention (during prolonged visits)?
- What has been the visitation plan; what has occurred during visitation? This information may be documented in FACES, on the Supervised Visitation Checklist, CD-86, and/or the Visitation Reaction Form, CD-85.
- What treatment services has the parent received to alter past problem behavior? Has parent actively participated in treatment? Has parent benefited from treatment?
- What is required of parent and other family members to prevent recurrence of abuse? State specific behaviors parent has learned (utilized/demonstrated) to replace past abusive behavior.
- Who will parent call if past behavior recurs or if parent feels behavior could recur? Does parent/child know the indicators that behavior has/will recur and when to call?
- Who will child tell if abusive behavior recurs in the household?

- Is an aftercare plan written, and do all treatment team members have a copy of the plan?

Related Subject: Section 7 Chapter 28 [Physical Abuse](#)

10.3.4.1.1 What Must Happen Before the Child Returns Home in Abuse Cases

The likelihood of abusive behavior recurring should be the primary basis for deciding whether or not the child should return home. This is often difficult to establish with any certainty. For this reason and because of the possible serious consequences to the child, any disposition of an abuse case (or serious abuse) should be a shared decision. Expert opinions from psychologists or psychiatrists can be helpful in determining potential for further abuse.

Related Subject: Section 4 Chapter 10.1 [Legal Basis](#) and Section 7 Chapter 34 [Laws Relating to Custody, Placement and Visitation of Children Under the Jurisdiction of Juvenile Court](#)

10.3.4.2 Factors to Consider in Reunification Related to Neglect:

- What type of neglect has occurred in the family, i.e., physical, emotional, etc.
- How long had neglect occurred? Generational; stress induced; intermittent?
- Have treatment services targeted the type of neglect which occurred, i.e., if poverty contributed to the neglect, have those conditions changed, and will the new stability continue to support reunification of the children?
- How will child readjust to family if reunification means reduction in material standards? Has this been discussed with the child and the parent(s)?
- What is required of the parent(s) and other family members to prevent the recurrence of the problem? Include specific behavior which must or must not occur.
- What has been the visitation plan? What has occurred during visitation? This information may be documented in FACES, on the Supervised Visitation Checklist, CD-86, and/or the Visitation Reaction Form, CD-85.

- Who will parent(s) or child call if help is needed to prevent recurrence of the neglect; will the parent(s)/child know when to call?
- Does the parent know community support systems and how to access those services?
- Is an aftercare plan written, and do all Family Support Team members have a copy of the plan?

Related Subject: Section 7 Chapter 30 [Neglect](#)

10.3.4.2.1 What Must Happen Before the Child Returns Home in Neglect Cases

Neglectful parents are probably the most difficult to work with to bring about changes necessary to return a child home. There are usually a range of factors that contributed to the removal of the child including the condition of the home, the parents' inability to adequately supervise the child, or the psychological or behavioral issues of the parents. While these are interrelated, changes must occur in each area before the child can return home.

Parents who exhibit characteristics of the apathy-futility syndrome can be very draining to work with, but those characteristics that make the parents most difficult are the same that need to be changed. Without change in the parent's approach to problem solving and relationships, the neglect will likely recur.

10.3.4.3 Substance Abuse or Mental Illness

If substance abuse or mental illness is contributing to the abuse or neglect, these should be assessed and treated first. The professionals involved with the treatment should be willing to indicate that the parent has made sufficient gains to be able to adequately supervise her child or children.

Because the following changes may take a long time, it is not reasonable to expect all of them to be accomplished before a child is returned home. Instead, there must be some indication that changes are beginning to occur.

Related Subject: Section 7 Chapter 16 [Substance Abuse](#)

10.3.4.4 Factors to Consider in Reunification Related to Sexual Abuse

Sexual Abuse/Incest:

- What type of sexual abuse occurred?
- Who was the perpetrator?
- Who in the family was abused? Any siblings?
- Did family receive and participate in services specific to sexual abuse?
- Was the criminal justice system involved with the family? Is prosecution process completed?
- Who in the family will protect this child? Who would child tell if sexual abuse recurs?
- What is required of parent(s) and other family members to prevent recurrence of the problem? Include specific behaviors which either must or must not occur.
- What has been the visitation plan; what has occurred during visitation? This information may be documented in FACES, on the Supervised Visitation Checklist, CD-86, and/or the Visitation Reaction Form, CD-85, and
- Is an aftercare plan written and do all Family Support Team members have a copy of the plan?

Restrictions on placement, custody, visitation or reunification for minors who were determined to be either a victim or a perpetrator in an incident of abuse between minors ([Section 210.117 RSMo.](#); [Section 210.710 RSMo.](#); [Section 210.720 RSMo.](#); and [Section 211.038 RSMo.](#)) may present significant difficulties for workers who are working toward reunification; making placement decisions or enrolling children in Division custody in child care or in school.

Related: Subject: Section 7 Chapter 34.1 Abuse of a Minor by a Minor and Section 7 Chapter 29 Sexual Maltreatment

10.3.4.4.1 What Must Happen Before the Child Returns Home in Sexual Abuse/Incest Cases

Before the child can return home, the perpetrator must no longer have access to the child. The external impediments to the abuse must be reinforced. The perpetrator must strengthen his internal inhibitions.

Work should begin on all levels. The perpetrator must engage in treatment to understand his cycle of arousal and how to use internal and external inhibitors to prevent child sexual abuse from occurring. The non-perpetrating parent must decide to support the child. Both the parent(s) and child must be in therapy. In treatment the non-perpetrating parent must learn how to advocate for the child and to make changes in the family to protect the child from abuse. The child must learn that he/she has control over what happens to him/her and that he/she can resist the perpetrator if they are still in the home. The child must be supported by the non-perpetrating parent and by the therapist.

The child can return home when family members are able to provide the external impediments necessary to prevent the abuse from occurring again. These may include removal of the perpetrator.

Related Subject: Section 4 Chapter 10.1 [Legal Basis](#) and Section 7 Chapter 34 [Laws Relating to Custody, Placement and Visitation of Children Under the Jurisdiction of Juvenile Court](#)

Chapter Memoranda History: (prior to 01-31-07)

[CS03-32](#), [CD04-79](#), [CD05-68](#), [CD05-72](#), [CD06-63](#)

Memoranda History:

[CD12-01](#), CD13-90

10.4 Development of the Case Plan/Written Service Agreement for Reunification

The language in the Written Service Agreement shall be clear and understandable to the family. Expectations must be written in simple, behaviorally specific and descriptive terms.

The Written Service Agreement shall be written in a clear, legible manner. If the case manager, parents, child, and placement resource are not located in the same county or state, the family Children's Service Worker will be responsible for sending the portion of the Written Service Agreement completed in the service county to the case manager county. The case manager will send a complete copy to each participant.

Below are five (5) steps important in developing an effective Written Service Agreement with the family:

1. The Children's Service Worker shall actively involve the family in the planning process. As in the family assessment process, the Written Service Agreement is developed with the family, not for them.

Family involvement serves to:

- Facilitate the development of a therapeutic alliance between the Team members. It provides evidence that the family's feelings and concerns have been heard and considered
 - Promote the family's investment in the reunification process. People who are involved are more likely to change
 - Empower parents to take the necessary actions to change dysfunctional behavior patterns
 - Help ensure that all Team members are working toward the same end, and
 - Initially, the members of the Team may have differing perspectives on the reasons for the Division's intervention, which resulted in the child's placement in out-of-home care. This obstacle can be overcome through reframing behaviors, emphasizing strengths and giving Team members an equal voice in identifying problems and solutions.
2. The Team shall identify reasonable and achievable goals and tasks which correspond with the appropriate domain from the NCFAS G+R assessment.
 - Goals and tasks should be behaviorally stated so the Team knows when change has occurred
 - Goals and tasks should be phrased in a positive manner. They should specify what change needs to take place, not what should be stopped

- Goals and tasks should be phrased in a clear and understandable language
 - Tasks should be very specific. All Team members should know exactly what has to be done within the specified time frame, and
 - Initial tasks should be meaningful to the person or family. They should be achievable in a two (2) to four (4) week period. These tasks should be viewed as a need and priority by the family member(s).
3. The Team shall address the relevant needs and risk factors identified in the assessment. The family's strengths and resources are to be considered when determining the tasks needed to achieve treatment goals. The Team should:
- Consider the environmental and other influences upon the family. Start where the family members are and help them select goals which can realistically be achieved in the time frame, and
 - Recognize and reinforce family efforts. Acknowledge their achievements.

It should be understood any significant change in the family's circumstances (i.e., change in household composition) which could increase the risk of abuse/neglect to children would affect the treatment plan.

The Children's Service Worker shall be able to document what all participants in the plan will do and when. Therefore, the plan should:

- Describe what family members, the family Children's Service Worker, placement provider and any other service providers will do, and
 - Identify time frames for accomplishing each task and the overall treatment goals. Treatment plans must not exceed 90 days.
4. The Team shall decide how achievements and goal attainment will be measured.
5. The Team will review the plan every 30 days, or more frequently, if necessary, to evaluate progress and the need for plan revision.

10.4.1 Reunification Goal Setting:

- Reunification goals state what the Team intends to accomplish during the treatment process.
- Establishing sound treatment goals requires the Team to have a common understanding of what needs to be accomplished to facilitate reunification. These goals must be relevant to the issues which resulted

in the child being placed in out-of-home care, as identified in the family assessment.

- The NCFAS G+R and attachments will identify several critical areas, or underlying problems, for casework intervention. Focusing upon the underlying problems requires the Team to establish **desired outcomes**, which will improve family functioning allowing the child to return home. The **desired outcome(s)** for the casework intervention is the reunification goal. The treatment goals are written on the family treatment plan and serve as a "road map" for the Division's intervention into the family.
- Achievement of the goals should resolve or decrease family problems, which resulted in out-of-home placement and should reduce risk to the children. When risk is reduced and/or eliminated, families should be reunited.
- The Team should limit the number of goals on the treatment plan so that the family will not be overwhelmed. Generally, two (2) goals written on the treatment plan are sufficient at any one time. This allows the family to focus upon one or two critical issues, build upon success and move on. It is important for the family to fully understand the rationale for limiting the number of goals on the treatment plan.
- It is important the Team clearly identify goals and tasks that cannot, or should not, be pursued at this time. The Team should explain that there may be other identified goals if it appears that more than one treatment period will be necessary. This should help prevent the family from thinking they have accomplished all their goals, only to find they have more goals and tasks added on at a later time.
- By establishing goals directly related to an underlying problem and selecting the easiest goals first, the Team can facilitate successful planning.
- Goal Setting is a continuation of the assessment process. Goals tell the FST where to focus, help assess, track, and evaluate where families are in their plan. Goals should be:
 - Behaviorally stated so the Team knows when change has occurred. For instance, rather than having a goal identified as "Mrs. Jones will attend parenting classes," the goal should focus on what needs to be achieved by her attendance at parenting classes.
 - Phrased in a positive manner. Goals and tasks should specify what change needs to take place, not what should be stopped.

- Phrased in a clear and understandable language
- Very specific and time limited. All Team members should know exactly what has to be done within the specified time frame. Tasks should be time limited, achievable in a two (2) to four (4) week period and measurable.
- Meaningful to the person or family. Goals and tasks should be viewed as a need and priority by the family member(s).
- Relevant to the reducing or eliminating the risk of the children
- Realistic and attainable
- Agreed upon, and
- Consistent with the family's values

For families reaching their sixty (60) month lifetime limit for Temporary Assistance, the format of the plan should include the goal of achieving self-sufficiency. A self-sufficiency component should be addressed in a FST at least six months prior to a family reaching their lifetime limit and in every subsequent FST, until the issue is resolved. The Children's Service Worker will be responsible for contacting the IM worker to begin the planning process for the FST. After sharing pertinent assessment information, the Children's Service Worker and IM worker will jointly determine how to prepare the family for the team meeting, work with the family to set up the meeting, and provide the necessary support and follow up.

10.4.2 Tasks

To achieve a treatment goal(s), the FST must identify tasks that, when completed, will achieve the specific goal(s). Tasks can be specified for the family unit, an individual, Children's Service Worker, placement provider, or other provider or resource. The FST must limit the number of tasks so as not to overwhelm the family.

Tasks of other FST members should complement the family's tasks. They should encourage family empowerment and enhance the family's ability to solve problems. To ensure success, family tasks should take into account the following:

- The cognitive and social abilities of the family members
- The family's level of cooperation and motivation
- The family's ability and willingness to use community resources, and

- Practical limitations, such as transportation, employment and other responsibilities

10.4.3 Examples of a Goal And Task

Goal

Ms. Anderson will achieve and maintain a clean, rodent-free home by 6/20/01.

Tasks

Ms. Anderson will purchase five mouse traps and set them behind furniture in each room of the house by 5/4/01.

Ms. Anderson will check the traps for mice, dispose of the dead mice and reset the traps daily.

Ms. Anderson will put all food in containers with lids and store them in cabinets or the refrigerator. This includes all food currently in the kitchen, newly purchased foods and food left over from meals.

Ms. Anderson will wash dishes, pots and pans, wipe off the stove and counter, and sweep the kitchen floor every day by 7:00 p.m.

Goal

Mrs. Davis will develop a one month schedule of activities for herself and her children and explain to her Children's Service Worker how she will supervise the children during that time period. This schedule and discussion will occur by 8/4/01.

Tasks

Mrs. Davis will participate in parenting classes held Tuesday and Thursday at the Goodplace Center from 2:30-3:30 p.m. from 5/23/01 through 8/2/01. Mrs. Davis will get the list of approved babysitters from the Westend Elementary School by 6/13/01. She will interview and select two babysitters that she will use to care for her children by 7/16/01.

Chapter Memoranda History: (prior to 01-31-07)

[CS03-32](#), [CD04-79](#), [CD05-68](#), [CD05-72](#), [CD06-63](#)

Memoranda History:

CD13-90

10.5 Time Limits

Time limits are needed to:

- Evaluate the success of the specific tasks;
- Help the FST measure progress on an ongoing basis;
- Prevent the family from being overwhelmed; and
- Ensure permanency for the child as soon as possible. Measuring progress in increments makes goal attainment more manageable.

It is important not to mislead the family when discussing the time limits of the treatment plan.

The FST should discuss that, depending on case progress, successive treatment plans may be necessary if problems reoccur.

The maximum length of a Written Service Agreement is 90 days from the date it is signed by the family members. Treatment goals that are identified in the plan are expected to be achieved in this period.

During the 30-day agreement period, the Children's Service Worker and family shall complete the initial assessment and treatment plan. If unresolved treatment issues exist after the plan's expiration, the team must decide, based on assessed risk, if the plan should be renewed for another 90 days, or recommend reunification or some other permanent plan. A new assessment and treatment plan is due within 30 days of the plan's expiration.

Chapter Memoranda History: (prior to 01-31-07)

[CS03-32](#), [CD04-79](#), [CD05-68](#), [CD05-72](#), [CD06-63](#)

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10.6 Family Approval

The reunification plan is to reflect a cooperative agreement between the FST members; therefore, all parties present should sign the plan. Children age 13 and above shall sign the plan.

Related Subject: Section 4 Chapter 7.2.4 Lack of Consensus at Family Support Team (FST)/Permanency Planning Review Team (PPRT) Meetings

This process should be as informal as possible. The family's approval of the plan should convey their agreement to the goals and tasks of the plan. Family refusal to sign the plan may not indicate their refusal to participate in reunification services. A copy of the plan shall be provided to the members of the FST. If the family refuses to participate in the planning process, the remaining FST members shall decide the appropriate action to take.

Chapter Memoranda History: (prior to 01-31-07)

[CS03-32](#), [CD04-79](#), [CD05-68](#), [CD05-72](#), [CD06-63](#)

Memoranda History:

CD07-77

10.7 Services/Resources

During the treatment planning process, the FST will identify specific resources to assist the family in accomplishing certain tasks and achieving stated goals. The FST should carefully consider the family's capacity to benefit from the resource and the capacity of the resource to meet the needs of the family. Example: A parent with limited reading and social skills and poor parenting skills would benefit more from Parents as Teachers than formalized parenting classes. Also, the Team should not overlook resources, which can be provided by other agencies, community organizations and natural helpers (family friends and kin).

Chapter Memoranda History: (prior to 01-31-07)

[CS03-32](#), [CD04-79](#), [CD05-68](#), [CD05-72](#), [CD06-63](#)

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10.8 Case Plan/Written Service Agreement Implementation

The Children's Service Worker is responsible for coordinating the implementation of the Written Service Agreement. These responsibilities include:

- Offering the family support and encouragement to follow through on the treatment plan;
- Generally, families need support most in the time of crisis. As the work progresses and the family gains more control in more areas of their life, the need for support diminishes. The family should be allowed to take more responsibility and initiative and be encouraged for their resourcefulness;
- If a family is not following through on the Written Service Agreement, the Children's Service Worker will determine what is occurring. **Do not assume the family is resistive.** Once the reason is determined, i.e., fear, conflicting schedules/responsibilities, inability to access resource, the Children's Service Worker and the family will (or should) adapt the case plan or provide additional support and encouragement as needed; and
- Regular contacts with service providers to assess family's progress toward goal achievement.

Chapter Memoranda History: (prior to 01-31-07)

[CS03-32](#), [CD04-79](#), [CD05-68](#), [CD05-72](#), [CD06-63](#)

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10.9 Case Plan/Written Service Agreement Review

Generally, the FST will meet at 30 day intervals to review the case plan. The purpose of the review of the treatment plan is to:

- Gather updated information from the family to determine:
 - Previously identified needs that have been met,
 - Needs remaining unmet; and
 - New needs that have arisen and been identified.
- Revise the permanent plan, treatment goals, and strategies to meet needs identified during the case reassessment.
- Revise time frames to accommodate new strategies.
- Assess provision and use of resources:
 - Are the resources still relevant to the plan, goal and strategies?
 - Are the services being provided and used as scheduled? Does the schedule need adjusting?
 - Are the services still appropriate?
 - Have the resources/services been made accessible to the family?
 - Have family members used the services? If not, why not?
 - Are new resources/services needed?
- Assess the treatment planning process itself:
 - Is everyone involved who should participate?
 - Are all persons actually participating in the treatment plan review? Is that participation meaningful?
 - How are persons communicating and cooperating?
 - Has everyone's opinion about progress been sought? Has everyone been heard?
- Determine whether or not the case should be closed.

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The Case Plan/Written Service Agreement is tied to the original reason for agency intervention. When that reason has been resolved, agency intervention should cease.

Related Subject: Section 4, Chapter 9 Permanent Outcomes for Children

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Memoranda History:

10.10 Recommending Reunification

Whenever possible, the goal of out-of-home care will be a timely family reunification.

Related Subject: Section 4 Chapter 10.1 [Legal Basis](#), Section 7 Chapter 34 [Laws Relating to Custody, Placement and Visitation of Children under the Jurisdiction of Juvenile Court](#), and Section 4 Chapter 7.2 [Lack of Consensus at Family Support Team \(FST\)/Permanency Planning Review Team \(PPRT\) Meetings](#)

Family reunification is one of several permanency planning goals that may be recommended by the Family Support Team (FST)/Permanency Planning Review Team (PPRT) for children in out-of-home care. Once family reunification is identified as the permanency goal, a reunification plan for the child shall be developed. This reunification plan shall include a Written Service Agreement, CD-14B, which addresses the child's health care, and specific services that will be provided to the family during the reunification period after the child has been placed back with the family of origin. Family reunification may be recommended as soon as the family has met the treatment goals and the Family Support Team/PPRT determines that:

- The family can meet the minimal physical and emotional needs of the child with, supportive services if needed; and
- Needed supportive services are available and the family will utilize such services.

NOTE: Restrictions on placement, custody, visitation or reunification for minors who were determined to be either a victim or a perpetrator in an incident of abuse between minors ([Section 210.117 RSMo.](#); [Section 210.710 RSMo.](#); [Section 210.720 RSMo.](#); [Section 211.038 RSMo.](#) and Section 452.412 RSMo.) may present significant difficulties for workers who are working toward reunification; making placement decisions or enrolling children in Division custody in child care or in school.

Related Subject: Section 7 Chapter 34.1 [Abuse of a Minor by a Minor](#)

The Children's Service Worker will notify the family court, in writing, of the FST/PPRT's recommendation to reunify the family.

The family court must respond with a court order authorizing the change in custody prior to any change in placement occurring. A formal hearing may or may not occur. Custodial arrangements and Children's Division's responsibilities will vary with each court order. The order for family reunification usually will be for one of the following:

- Court continues jurisdiction with physical custody granted to the parent and with legal custody retained by the Children's Division.
- Court continues jurisdiction with legal custody granted to the parent(s) and with the Children's Division ordered to provide supervision.
- Court grants legal custody to the parent and terminates jurisdiction.

10.10.1 Family Reunion Services

Following the return of the child the Division shall provide services to the family to facilitate successful reunification and monitor the care the child receives. Services identified to support the family during the reunification period should be offered to the family, if needed, when the court terminates jurisdiction immediately. However, acceptance of services is voluntary on the part of the family.

Through family reunion, with its intensive services, it is possible to recommend that a child be returned home. Families that can participate in the project must meet the following criteria:

- Goal is to return child(ren) to family AND this is not possible in the next six (6) months without extensive services;
- Safety issues preventing the child(ren)'s return have been identified;
- Family court agrees to return the child(ren) if family reunion is involved;
- Parent(s) and child(ren) are willing to participate in the project; and
- The family has not been involved with Intensive In-Home Services in the past six (6) months.

If the FST/PPRT and/or Children's Service Worker and supervisor agree that the family qualifies for, and could successfully reunify if services are provided, the referral information should be entered into FACES using the Family Reunion Services (FRS) Information Screen. To add information, select the "Add FRS Function" button. The FRS screen may be printed and given to the family reunion coordinator who will present it to the pre-screening panel for review. The pre-screening panel (Children's Division, Legal Aid, CASA and Juvenile Court/Family Court (JCFC) Legal Unit) will review the referral information and accept or reject the referral. If the referral is accepted, the case will be given to the family reunion specialist and Children's Division worker for a complete screening. Once it is clear that the family will benefit from the services and the enrollment criteria has been met, the case will be referred to the family court where their legal unit will initiate action with the commissioner involved. The family reunion coordinator requests the detention hearing returning the children to the family. The hearing will be held within two (2) weeks. A review hearing will be scheduled approximately 90 days from the detention hearing. A second review hearing will be held 60-90 days from the first review hearing to determine if the family can be released from jurisdiction.

The Children's Service Worker is responsible for ensuring a smooth transition for everyone involved. Although the family reunion specialist will be the primary person working with the family, the worker should meet the family reunion

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specialist and the family weekly and attend all staffings. Staffings are generally held every two (2) weeks.

Chapter Memoranda History: (prior to 01-31-07)

[CS03-32](#), [CD04-79](#), [CD05-68](#), [CD05-72](#), [CD06-63](#)

Memoranda History:

CD07-77, CD08-73

10.11 Steps Taken in the Process of Returning the Child

10.11.1 Assess Parents' Progress

Assess parents' progress in resolving the initial problem necessitating placement and identify with the parents a tentative return date. Consistent contact with the family in the home is essential to assessing the progress of the family and for recommending reunification. The Children's Service Worker should meet in the home, face-to-face with the family at a minimum of once per month during the course of the intervention. However, this contact should increase as the family progresses toward reunification.

Parents/caretakers who are or may be eligible for temporary assistance should be evaluated for the Families Together program.

Related Subject: Section 4 Chapter 6 Attachment D Families Together Program (FSD Program for Temporary Assistance)
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10.11.2 Prepare Summary of Recommendation for Court

Prepare a summary for court and request custody be returned to the parent unless special circumstances exist (i.e., Interstate Compact on the Placement of Children (ICPC) cases, the court has previously indicated an expectation that CD retain custody, trial home visits if the child has been out of the home for a relatively long period of time).

No child shall be returned to his/her parents for the purpose of a permanent placement without first informing the court of the placement and assuring that the court order allows such a placement.

10.11.3 Development and Implementation of Reunification Support/Written Service Agreement

The Children's Service Worker and the FST shall develop a time-limited Reunification Support/Written Service Agreement with the parent and child (if appropriate) which outlines the continued responsibilities of the Division, parent, and child in order to ensure successful reunification. The worker shall continue to provide any specialized treatment services needed to maintain family stability and prevent recurrence of the behaviors, which resulted in the original placement.

If the birth parent(s) or legal guardian resides out of state and the case plan is to reunite the family, Interstate Compact procedures shall be followed. For example, the receiving state will be requested to evaluate the home of the parent(s) and approve or disapprove the pending placement.

The receiving state should agree to monitor the placement. The sending state will retain legal custody until the receiving state recommends that custody be returned to the parent(s) or legal guardian.

Related Subject: Section 4 Chapter 25 [Interstate Placements](#)

10.11.4 Preparing the Birth Parent(s)

In preparation for the child's return, the Children's Service Worker and parent should discuss anticipated issues and develop plans for coping with those issues. These issues include, but are not necessarily limited to:

- Change in parents' lifestyle, particularly if they have not had any child care responsibility
- How current family relationships might be affected
- Child's behavior (i.e., feelings of separation and loss from resource provider, testing rules and limits)
- Child may compare parents to resource provider
- Child must adjust to new community and school
- Child may feel insecure and be "clingy" due to fear of another separation from parents, and
- Parents may have periods of uncertainty about their ability to adequately meet the child's needs.

As the time for the child's return nears, visits between parent(s) and child should be more frequent and of longer duration (i.e., overnight, weekends, etc.). Also, the parent(s) will likely need additional support during this time. The Children's Service Worker should attempt to meet face-to-face with the parent(s) at least once per week in the home during this transition phase.

Prior to the child's actual return to the home, the Children's Service Worker shall provide the parent(s) and child with a reunification packet which must contain:

1. The original birth certificate (a copy of the original must be retained in the case record)
2. The original social security card (a copy of the original must be retained in the record)
3. Copies of medical records or medical log, including immunization record and names and addresses of primary medical practitioners. This

summary shall emphasize special medical needs of the child and appropriate treatment

4. A copy of report cards, transcript or grade records and the most current Individualized Education Plan (IEP)
5. Written information or brochures on helpful resources (i.e., food stamps, housing authority, and energy assistance). The Children's Service Worker shall assist the family in accessing these services in the community
6. Written summary of out-of-home placements and his/her growth, behaviors, and experiences during that time
7. Pictures of the child contained in the case record
8. Personal records (i.e., baptism record)
9. Information regarding the child's KIDS account. The Children's Service Worker shall assist the family in the payee application process if the child has been receiving Social Security Administration (SSA), Old Age, Survivors, Disability Insurance (OASDI) or Social Security Income (SSI) benefits;
10. Lifebook, and
11. Application for Medical Insurance (if applicable).

In addition to the continued responsibilities of the agency, parent and child, the aftercare plan shall address the specific needs of the family and child (i.e., child care, medical care, counseling, parent aide services and other supportive services).

Title XIX MO HealthNet should be open from the time the child enters foster care until the court terminates jurisdiction or returns legal custody to the parents unless the family requests it be closed earlier. The Children's Service Worker will need to ensure the parent receives the MO HealthNet card to use for the child. If applicable, the worker should encourage the parent to apply for medical insurance benefits through Family Support Division for the child, if needed, prior to the termination of jurisdiction to ensure that there is no disruption in insurance coverage for the child.

If the child is going to be approved for MO HealthNet coverage through FSD, the worker should inform the FSD worker when the court is going to terminate jurisdiction or returns legal custody to the parents so they can coordinate the closing of the Alternative Care Client Information screen, SS-61 in FACES with the opening of Mo HealthNet in FSD.

Family Support Division staff will not be allowed to open the child's Medicaid eligibility if the child has an active AC function in FACES. Staff may close the Title XIX in FACES prior to termination of jurisdiction if the child has insurance coverage elsewhere. To close the Title XIX Information, staff should enter an end date under the Title XIX Information section on the AC Client Information screen in FACES.

10.11.5 Preparing the Child

When the recommendation of the FST is return of the child to the birth parent(s), steps should be taken to prepare the child for this move. The amount and kind of preparation necessary will vary according to the child's age, length of time in out-of-home care and relationship with the birth parent(s) and resource provider. The resource provider shall be involved in, and aware of, the plans to return the child to the birth parent(s). The resource provider will need to take appropriate steps to prepare the child for separation. The positive attitude of the resource provider toward the return of the child to the birth parent(s) will influence the child's view of return.

The following steps should be taken by the Children's Service Worker, resource provider, and parents in preparing the child for reunification with his/her family:

- Privately discuss with the child their feelings regarding reunification with the parent. Address fears, anxiety, expectations, responsibilities and safeguards that ensure the child's safety. The Children's Service Worker should recognize that the child may feel more comfortable discussing reunification issues with the current resource provider. Conversely, the child may experience feelings of disloyalty to the resource provider for wanting to return home. Also, the child may experience feelings of disloyalty to parents demonstrated by new acting out behavior.
- The child's visits with the parent(s) should become more frequent and longer in duration with increasing child care responsibility given to the parent. When the child will be with the parent for a week or longer, the Children's Service Worker should make at least one home visit with the family during the extended visit to assure safety and provide support to the family.
- Provide opportunity for the parents, child, resource provider, and Children's Service Worker to identify and resolve problems which occur during visits.
- The resource provider shall assist the child in making the transition to the birth family.
- The Children's Service Worker and the resource provider should review the child's lifebook with the child and biological parent during the transition phase of reunification.

10.11.6 Preparing the Resource Provider

As a member of the FST, the resource provider participates in making significant decisions in the child's life. The resource provider will also assume an active role as mentor and helper to the parent to facilitate a successful family reunion. The goal of reunification should not come as a surprise to the resource provider. However, the bonds that develop between some resource providers and children are so significant that both the child and the adult may grieve the loss. Therefore, it is important that the Children's Service Worker recognize the signs of grieving and assist the child and resource provider through this difficult transition.

Related Subject: Section 7 Chapter 7 Separation and Loss
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The Children's Service Worker and resource provider should also discuss:

- Resource provider's fears or anxieties regarding the child's return to the parents.
- Anticipated changes in the child's behavior during the transition phase.
- Resource provider's role in helping/supporting the parent and child make the transition.
- Updating the lifebook and other records maintained by the resource provider.
- Continued contact, if any, with the child and parent.

10.11.7 Preparing the Non-Custodial Parent

In preparing the non-custodial parent for reunification with the child, the Children's Service Worker should consider the non-custodial parent's awareness and involvement in the child's placement (i.e. communication and visitation and his/her previous role in the child's life). In addition, the worker and non-custodial parent should discuss anticipated issues and methods for coping with those issues. If necessary, an aftercare plan may be developed with the non-custodial parent to ensure successful reunification.

If the family/juvenile court terminates jurisdiction, legal custody will revert to the prior legal custodian. The non-custodial parent must obtain legal custody through civil court.

10.11.8 Develop Visitation Schedule

When the FST recommends a trial home visit, the worker, along with the FST, should develop a visitation schedule. Both announced and unannounced visits

should be conducted to assess the safety of all household members. The household is to be visited a minimum of once a week for the first 30 days of a trial home visit by the Children's Service Worker. The visit with the child should continue to be documented in FACES on the Contact Communication Log with a purpose of "worker with child" and in the location of "in child's placement". Contact after the initial 30 days shall be based upon the assessed level of risk on the Risk Re-Assessment, CS-16E. The minimum contact standards are outlined in Section 2 Chapter 9.

10.11.9 Post-Reunification Support

Reunification support services are critical to a successful family reunion. Reciprocal and open communication between the Children's Service Worker, parents, child, resource provider, and external agencies providing services to the family or child is essential to identifying services needed for successful family reunification. Services should be consistent with the individual needs of family members. The following represents the minimum expectations for worker contact with the family:

1. Assure face-to-face contact with family and child in the home occurs once a week for the first month of reunification by the Children's Service Worker
2. The Children's Service Worker must update the NCFAS G+R interim fields during the first 30 days of reunification and complete the Risk Re-Assessment, CS-16E
3. Face-to-face contact with parent(s) and child(ren) in the home according to the minimum contact standards indicated on the Risk Re-Assessment, CS-16E, thereafter until the court terminates jurisdiction
4. Identify community supports needed to aid family reintegration
5. Continue any specialized treatment services needed to maintain family stability and prevent reoccurrence of the behaviors which resulted in the original placement
6. Continue any needed referrals and assistance to the parent(s) for accessing primary and preventative health care, including prenatal care, well-baby, and post-natal care
7. Contact by telephone, as needed
8. Determine that the family demonstrates adequate care of children and termination of services can be considered
9. Determine with the parents a projected date for case closing, and

10. Conduct a closure visit after the court terminates jurisdiction, at which time the Children's Service Worker should complete the NCFAS G+R closure fields and the Termination of Services/Aftercare Plan, CD-14D

Issues that the Children's Service Worker should discuss with the family and child during contacts should include, but are not necessarily limited to, the following:

- The progressive periods of child's adjustment (i.e., separation and grief, honeymoon, testing of limits, etc.)
- Parents' uncertainty about their ability to adequately meet the child's needs
- Increased responsibility for meeting child's needs for safety and security
- How family relationships have been affected by the child's return home, and
- What services have been helpful and what additional services are needed.

The Children's Service Worker should utilize the Parental Home Visit Checklist, CD-83, to address these issues and to assess the continued safety of the child(ren) in the parental home.

10.11.10 Requesting Termination of Court Jurisdiction

The Children's Service Worker shall request, in writing, termination of court jurisdiction according to the requirements of the presiding court. Staff should not close the Alternative Care Client Information screen in FACES until the court has terminated jurisdiction.

10.11.11 Termination of Reunification Support Services

Termination of reunification support services shall be a planned and natural component of the casework process. Due to its importance in the provision of services, the Children's Service Worker should prepare carefully for this process. Skills in terminating the helping relationship are just as important as skills that are used in establishing the relationship. The following are important factors to consider when recommending termination of aftercare services. However, this list is not all encompassing and the FST should consider the circumstances of each family:

1. The family has stabilized and the risk of abuse/neglect to the child is minimal:

- a. The client is engaging in those behaviors which were defined as desirable in the original or modified treatment plan.
 - b. Evidence exists the family has methods that support the capacity to cope adequately with life stresses, problems, and complexities without producing harm to the child(ren).
 - c. The parents are capable of establishing warm, give and take, relationships with others and expresses recognition for the individuality of the family members.
 - d. The parents can tolerate frustration and other discomfort such as anxiety, guilt, anger, or grief.
 - e. The parents can use his energies to concentrate on meeting the needs of the children and others.
 - f. The reasons for needed services no longer exist.
 - g. Consultation with service providers used in the treatment plan supports the client's progress or improved degree of well-being and safety of the children.
2. The family has demonstrated an awareness of available community support services, i.e., counseling, and the ability to utilize these services as necessary.
 3. Closure has been discussed with the family and they are aware of the plan.
 4. The family has optimally benefited from services and is not likely to demonstrate further progress given additional services.
 5. Court jurisdiction has been terminated.

10.11.12 Procedures for Closing a Case

The following procedures are required by the Children's Service Worker after the FST has determined that aftercare services should be terminated and the court has terminated jurisdiction. Once the family, worker and supervisor agree on a closing date, the worker must meet with the family **within 15 days** of the decision to close the case. The purpose of this visit is:

1. To address any unresolved issues relating to the termination of services.
2. The Children's Service Worker should complete the NCFAS G+R closure fields and use the **Termination of Services/After Care Plan, CD-14D**, tool with the family to summarize the family's positive change and the

aftercare plan developed to sustain that change and maintain an acceptable level of risk. The worker should:

- a. Discuss/document positive behavioral changes that have occurred in the family's functioning and the reduction of risk.
 - b. Discuss/document challenges to maintaining positive growth.
 - c. Discuss/document family's strengths to build on.
 - d. Discuss/document supports/services formal/informal needed for continued progress.
 - e. Discuss/develop/document an aftercare plan with the family including any services/support remaining in place that will maintain positive changes.
 - f. The plan should address the sustainability of positive change and linkage with formal or informal supports/services the family can access to maintain acceptable risk.
 - g. Determine that the family knows how to access support systems and resources independently.
 - h. This plan should also include appropriate numbers or contacts the family can access in time of crisis that may impact the children's risk or immediate safety, and
 - i. Identify any remaining problem areas to which problem-solving can be applied.
3. Confirm the closing decision and date of closing with the family members.
 4. Notify the family of the termination of contracted services.

To finalize the closing of the case staff should do the following:

- Inform all contracted service providers and others involved in the Written Service Agreement of the decision to close the case and closing date.
- Send a letter to the family reminding them of the agreed upon date of closing and offer services if needed by the family in the future.
- Ensure that the court order terminating jurisdiction is in the file.
- The Children's Service Worker shall close the necessary forms which include all service authorizations, the Alternative Care Client Information screen, and Family-Centered Services Information screen in FACES, and the KIDS account.

- If the child exits care, closing information **must** be entered into FACES as soon as possible but no later than 2 business days after the change occurs.
- The Children's Services Supervisor **must** approve the case closure as soon as possible but no later than 2 business days after the worker enters the function closing.

Sources: The Risk Assessment was adapted from the Utah Child Protective Services Risk Assessment Project, Utah Department of Social Services, and the Utah Child Welfare Training Project, Graduate School of Social Work, University of Utah; 1987.

The Risk Assessment was adapted from Understanding Families, written by Jo Ann Allen, with contributions by Eloise Cornelius and Consuelo Lopez, and edited by Kittsu Swanson. It was developed under Contract #105-79-1107 for the Children's Bureau, Administration for Children, Youth and Families, Office of Human Development Services, United States Department of Health and Human Services.

Technical Assistance in the development of the Family Assessment and Treatment Plan, its explanation, and instructions was provided by the National Resource Center on Family-Based Services, University of Iowa School of Social Work, Iowa City, Iowa.

Chapter Memoranda History: (prior to 01-31-07)

[CS03-32](#), [CD04-79](#), [CD05-68](#), [CD05-72](#), [CD06-63](#)

Memoranda History:

[CD07-44](#), [CD09-127](#), [CD11-80](#), [CD12-10](#), CD13-