



South Carolina Department of Social Services

Work Aid 1647.1: Family Permanency Plan

Supplemental to DSS Policy 1647 Family Permanency Plan: Chapter 15

A. Establishing the Child and Family Team	1. The Child and Family Team includes: a. Parents, non-custodial parents, and guardians (if applicable); b. The child or youth (if developmentally appropriate); c. The DSS case managers/team leader; d. Other agency providers involved with the child, youth, or family; e. The Guardian ad Litem (GAL) or Court Appointed Special Advocate; f. Foster parents; and/or g. Relatives or family friends identified by the family. 2. Parents and non-custodial parents are included in the CFTM if: a. The parent or non-custodial parent's attendance in person is prohibited by specific case circumstances (i.e., a restraining order, a recommendation of no contact by the child, youth or parents' therapist), in which case, the case manager makes special accommodations for the parent or non-custodial parent's views to be represented; or b. The parent or non-custodial parent is unable to attend the CFTM, the case manager encourages the parent or non-custodial parent to ask someone to represent their views or to send written comments. 3. Youth 14 and older are included in the CFTM. 4. Youth 13 and younger shall be assessed to determine their participation in the CFTM. At the initial CFTM, the team will assess if it is developmentally appropriate for the child or youth to participate in subsequent CFTM's. 5. If the youth is unable to attend, the case manager shall encourage the youth to ask someone to represent their views or to send written comments. 6. Whenever possible, a Transition Specialist attends the CFTM's to support youth that are transitioning out of Foster Care or into adulthood. 7. A CFTM can be very intimidating for young people. All youth in attendance will have a designated support person present. 8. A representative for any identified member of a federally recognized Native American tribe or native Alaskan tribe is part of the Child and Family Team and shall be included in the CFTM. 9. Parents are encouraged to invite any family or other support persons unless DSS finds that the involvement of such support persons would be contrary to the safety and/or well-being of the child or youth.
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	10. If parent's physical attendance is prohibited by specific case circumstances, Child Welfare staff will make special accommodations to ensure that the views of the parent are captured.
B. Family Permanency Plan Criteria	1. When a family becomes involved with DSS, DSS is required to document any plans for the family on the Family Permanency Plan (FPP). This is to include any services, activities, or goal identified for recipients of the open service line. 2. An FPP may be used for an open service line for Investigations, Family Preservation, Foster Care, or Adoption Services. 3. An FPP shall be initiated and completed during the Investigation phase, if there is a need to initiate safety services for a family to mitigate a safety threat. If a case manager completes a FAST assessment on a family and there are items rated as a two (2) or three (3), and the decision that an Immediate Intervention Recommended is made, this should be completed on the FPP. See Family Advocacy and Support Tool policy for additional guidance. 4. An FPP shall be initiated and completed during the Family Preservation phase to identify a family's needs, services, goals, and activities to describe the reasons for DSS involvement, actions, and services required to change behaviors and reduce safety concerns and risks, and promote the safety, permanency, and well-being of the child or youth and family. 5. An FPP shall be initiated and completed during the Foster Care phase to identify a family's needs, services, goals, and activities to describe the reasons for DSS involvement, actions, and services required to change behaviors and reduce safety concerns and risks, and promote the safety, permanency, and well-being of the child or youth and family. 6. Adoption services should continue to capture the individual needs and services of the child or youth, even if legally free, on the FPP.
C. Documenting the Family Permanency Plan	1. The FPP is documented in the Assessment and Planning tab in CAPSS, FPP, and will serve as the foundation for the family as the case progresses. 2. In Investigations only, the Investigations case manager documents the FPP following the Full FAST Supervisory Approval. Both Section I and Section II shall be completed. 3. The case manager will document each CFTM and the participants involved in Section III. 4. The case manager shall select the appropriate program service recipients of each CFTM in Section III. 5. The case manager shall document all held CFTM's, regardless of type, in Section III of the FPP.
D. Developing the Family	1. The FPP is initiated and documented in CAPSS and will serve as the foundation as the case progresses. 2. The CM develops the FPP collaboratively with the child and family team during the CFTM utilizing their input in addition to DSS.

Permanency Plan	3. The FPP will include: a. Section I: Child and Family Strengths and Supports; b. Section II: Description of Needs and Identified Goals (FAST and CANS will populate here); c. Section III: Communication Plan and Teaming; d. Section IV: Family Time (Visitation); e. Section V: Placement; and f. Section VI: Child Specific Prevention Plan. 4. Timelines for the FPP will not be dictated by the scheduling of administrative reviews or meetings. 5. The permanency goals will have a six-month achievement date to ensure that children are reaching permanency with the required timeframes. 6. The case manager will develop the visitation plan for parents, non-custodial parents, guardians (if applicable), and siblings collaboratively with the child and family team. 7. A copy of the FPP is provided to parents, guardians (if applicable), and the child (if developmentally appropriate) within two (2) days of the CFTM.
E. Finalizing the Family Permanency Plan: Investigations Only	1. Following the Full FAST supervisory approval the Investigations case manager details the goal(s) of the recommended service(s) or activity and documents the service(s) or activity on the FPP in Section II. Both Section I and Section II are required in order to finalize the FPP. 2. The Investigations case manager finalizes the FPP detailing the service or activity and provides a copy of the FPP to the family within five (5) days of finalizing the FPP.
F. Finalizing the Family Permanency Plan	1. The case manager finalizes the FPP in CAPSS after the 25-day CFTM, 90-day CFTM and the 6-month Permanency CFTM's (recurring). 2. The case manager shall review the printed copy of the FPP, with the CFTM and obtain participating parent(s) signatures. 3. If DSS is seeking to develop a plan with someone that is not a parent, DSS shall obtain their signatures, in lieu of parents' signatures. 4. The case manager provides a printed copy of the finalized plan to the family, five (5) days following any CFTM that finalizes the FPP.
G. Monitoring and Updating the Family Permanency Plan	1. The case manager will monitor the FPP for progress monthly and document monitored progress in CAPSS dictation. 2. Monthly progress updates by the case manager to the FPP will include: a. Progress made by the family as it relates to the reasons for DSS involvement, including the actions and services required to change behaviors and assuring the safety, permanency, and well-being for the child; b. Any additional safety or risk concerns identified by the case manager through formal and informal assessments and goals to address those concerns; and c. The child and family's adjustment to DSS involvement.

	3. The case manager is required to update the FPP, in conjunction with convening a CFTM, when: a. There is a change in circumstances such as: i. Change in placement; ii. Change in family composition; iii. Change in permanency goals; iv. New safety or risk issues; v. Increased level of risk; vi. Family request of any team member; and/or vii. Case closure b. At the time of a judicial review or a permanency plan hearing; c. At case transfer; d. At decision points in the case (e.g., considering unsupervised visitation or returning a child home); and e. 90 days of youth turning 17 and again within 90 days of youth turning 18, and every six (6) months thereafter while the young adult remains in DSS custody within 90 days of final discharge. 4. The case manager utilizes ongoing updated CANS and FAST to monitor progress of the FPP. 5. The case manager monitors progress through informal monthly face to face contacts assessments with the following: a. Child, youth, young adult; b. Parent; c. Non-custodial parent; d. Guardian; and e. Caregiver. 6. The case manager gathers information from any collateral contacts that may provide insight into the safety, well-being, and permanency of the child(ren) and parents. This includes, but is not limited to: a. Guardian ad litem for the child; b. Guardian ad litem for the parent (if applicable); c. Treatment providers for parent(s), non-custodial parent(s), and/or guardians; d. Treatment providers for child(ren); e. Education providers; and f. Relatives. 7. The FPP will be reviewed at CFTM meetings every three (3) months, six (6) months, and nine (9) months. 8. The case manager will provide an updated FPP to the parent, non-custodial parent and/or guardian at the end of the CFTM's for their signatures.
H. Case Manager's Monthly	1. Each month, the case manager shall monitor a family's progress and document any progress into CAPSS Dictation action(s). 2. Every 30 days, a case manager shall review the FPP and any previous month's notes from CAPSS. The case manager starts by revisiting the established goals, services, and activities outlined in the FPP.

Monitoring and Documentation	3. Case managers shall also review notes from the previous month's monitoring activities to understand the ongoing process and any barriers or needs that the family has. 4. Monthly monitoring can occur from any if the following actions: a. Case Manager conducting monthly contact with the family. The contact can take various forms, including: i. Home visits; ii. Individual face-to-face contact; and/or iii. Phone calls b. Assess progress towards goals. During the contact, the case manager actively assesses the family's progress on the specific activities and services outlined in the FPP that involves: i. Gathering information; ii. Observing behaviors and interactions; and/or iii. Reviewing evidence c. Identify strengths and challenges. The case manager identifies the family's strengths, what they are doing well and what supports their progress. The case manager also pinpoints any ongoing challenges or emerging barriers that are hindering their ability to meet the goals of the FPP; d. Collaboratively problem solve and discuss barriers to progress on activities/services (if needed). If challenges are identified, the case manager works collaboratively with the family to problem solves and develop potential solutions. This may involve: i. Brainstorming new strategies or approaches; ii. Connecting the family with additional resources/supports; and/or iii. Identifying the need to revisit existing action steps within the FPP (with CFT input as needed) e. Document monthly progress in CAPSS. The documentation typically includes: i. Date and type of contact; ii. Participants; iii. Summary of key discussion points; iv. Progress towards goals; v. Identified strengths; vi. Ongoing challenges and barriers; and vii. Action steps for the next month. f. Case Managers assessment and recommendations.
I. Updates During Subsequent Child and Family Team Meetings	1. The monthly monitoring by the case manager are crucial inputs for the CFTM's. 2. The case manager presents the monthly progress. During the CFTM, the case manager provides a comprehensive update on the family's progress since the last meeting. The update explicitly draws upon the information gathered and documented during the monthly monitoring activities.