90 Day Staffing
At the 1st and subsequent evaluations of the case plan, the supervisor should assure the worker has drawn accurate, justifiable conclusions regarding the following:

**Safety**
Children are, first and foremost, protected from abuse and neglect

- To what degree are the safety threats eliminated or reduced?
- To what degree are the protective capacities that were absent or diminished now present and/or strengthened?
- What are the observable behaviors that suggest progress or the lack of it?
- What are the parental perceptions of any changes taking place: growing awareness, indications of strength needed to make further changes, increasing motivation to keep working?
- What are the perceptions of service providers and other involved parties regarding progress, the children’s needs, and the overall effectiveness of the plan?
- Are there additional strategies necessary to fully engage this family and/or the extended family? What might these be?
- What changes should be made to the plan?

**Permanency**
Children have stability and permanency in their living situations

*When Children are placed: Additional Conclusions regarding the Evaluation of the Plan for Change*
Beyond the above conclusions, when one or more of the children are in placement, the supervisor should assure the following additional conclusions have been made.

- Describe the decision making process that lead to the current placement choice/match as it relates to:
  - Maintaining the child’s cultural/religious connections,
  - Maintaining the child’s familial connections, (should include discussion regarding relative placement, siblings placed together, frequency and quality of visitation with parents, sibling, extended family)
  - Maintaining the child’s connections to school, church and other community associations,
  - Accomplishing the permanency plan and any concurrent plan,
  - Ensuring the child’s need for birth and foster parents to be working together.
- Are additional services/actions needed to help stabilize the placement?
- Is this the most appropriate placement for the child? If not, what efforts are being made to find/develop one that better meets the child’s above stated needs?
- Are the conditions for return established at the time of placement now met, allowing an in-home safety plan to be implemented while the case plan...
continues (i.e., can reunification occur through the use of an in-home safety plan)?

- If met, what will the process and preparation for reunification involve?
- If met, exactly what will the in-home safety plan include and when can it be put into operation?
- If the conditions for return are not met:
  - What is the plan for contact between the child and the parents? Between the child and siblings? What changes in the plan for contact should be made?
  - What is the prognosis or the likelihood that change may still occur (usually regarding parental behaviors, emotions, other conditions)?
    - Based on this likelihood, are changes to the permanency goal needed?
      - Is the concurrent planning activity sufficient in case an alternate plan for permanency must be realized?
      - What activity must be carried out to prepare the child, family and substitute caregivers for an alternate permanent plan (e.g., adoption, transfer of legal guardianship)?
    - Are legal and other consults necessary for permanency goal changes?
- Has the child been in foster care for 15 out of the last 22 months? If so, and if TPR has not been filed, what is the compelling reason not to pursue TPR?

Well-Being
Families have an enhanced capacity to provide for their children’s needs

Contact with Child/Substitute Care Provider
- What is the nature of your relationship with the child?
  - How often do you see him/her?
  - Describe a typical conversation and how it reveals that his/her physical, educational, medical, emotional, and cultural needs are being met.
- What is the nature of your relationship with the substitute care provider?
  - How often do you see him/her?
  - Describe a typical conversation and how it reveals that he/she is providing for the physical, educational, medical, emotional, and cultural needs of the child.

Educational Well-Being
- What contact have you had with the child’s school?
  - What do these contacts reveal about the child’s educational needs and the adequacy of the services being provided to meet those needs?
  - Have the parent(s) and the substitute caregiver been in attendance for any school staffing regarding the child?
  - Have the parent and substitute caregiver been in attendance for any school activities the child is involved in?

Medical/Physical/Emotional Well-Being
- What contact have you had with the child’s medical provider?
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- What do these contacts reveal about the child’s medical needs and the adequacy of the services/care being provided to meet those needs?
- Have the parent(s) and the substitute care giver been in attendance at medical appointments?
  - Is the child on any type of medication and if so, what is the consensus on how this medication is addressing the child’s diagnosis?
  - What did the CANS assessment reveal?
- What contact have you had with the child’s mental health provider?
  - What do these contacts reveal about the services being provided to meet the child’s needs?
  - Has the parent(s) and substitute care provider attended relevant sessions/meeting with the provider?

**Issues for Supervisory Consideration**

This 90 day review should result in decisions of utmost importance, namely, the direction of intervention. The range of options to decide at this juncture include: correcting the plan to ensure time is not wasted on a flawed strategy; reunification of the children and family with an in-home safety plan; changing the permanency goal if progress is not made and increasing court and casework activity to ensure an alternate plan for permanence (e.g., adoption, transfer of guardianship) is secured; closing the case for services. Consider:

- How frequently is the plan’s effectiveness evaluated by the worker?
- Is the worker focusing on behavioral change by caregivers or compliance?
- Do the worker’s methods for gathering information and measuring progress include the appropriate parties (e.g., parents, substitute caregivers, children, service providers, etc.)?
- If there are differences of opinion regarding the level of progress, does the worker attempt to reconcile those differences?
- Is the worker open to considering a lack of progress as connected to:
  - A lack of parental involvement in the plan’s creation?
  - A poorly conceived strategy?
  - Service providers who are not suited for the tasks?
- Is there a genuine concurrent plan that is being actively pursued and sustained in the event that change is not likely in a timely way?
- Are the behaviors and conditions that are measured related to the central issues: the safety threats and gaps in protective capacities?
- Is there a thoughtful distinction made between all the central problems being resolved and enough of a change that an in-home safety plan can be implemented (and sustained while further change occurs)?
- Is this step of evaluating and considering effectiveness of strategy carried out by the worker as a deliberate process, or does it have characteristics of collecting reports and filling out required forms?
- If reunification (with an in-home safety plan) is considered feasible, is there a corresponding “uptick” of casework activity to thoroughly plan for this? Is the level of frequency the worker (and others) will have with the family post-reunification sufficient to assure safety and prevent a return to foster care?

If the case plan is targeting the correct issues and casework practice meets the above expectations, should be abundant information supporting conclusions reached at the time of evaluating progress. The process should be sufficient to demonstrate reunification is warranted; or it should be sufficient to demonstrate reasonable efforts have been made to reunify but an alternate plan for permanency is required.

Describe any plan of action developed as a result of this Staffing.

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