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| ***ATTENTION:*** *This is an electronic form in FamLink. This version is used when FamLink is not available.* | | | | | | | | | | | |
| |  |  | | --- | --- | |  | **Shared Planning Meeting** | | | | | | | | | | | | |
| Consent to share information (DCYF14-012) completed and signed:  Yes  No (If yes, please attach form)  If no, reason: | | | | | | | | | | | |
| **Section 1** | | | | | | | | | | | |
| PARENT/FILE NAME | | | | CASE NUMBER | | DATE OF MEETING | | | | NAME OF FACILITATOR (IF APPLICABLE) | |
| CHILD NAME | | | | | | | | DATE OF BIRTH | | | FAMLINK PERSON ID |
| WORKER ID | CASE WORKER NAME | | | | | | | | | | TELEPHONE NUMBER |
| ORIGINAL PLACEMENT DATE (OPD) | | DATE OF CURRENT PLACEMENT | | | | | OFFICE | | | | |
| **Section 2** | | | | | | | | | | | |
| Shared Planning Meeting Time Frame | | | | | | | | | | | |
| Meeting within 72 hours of OPD (if available) | Meeting within 30 days of OPD | | Meeting within 180 days of OPD | | Meeting 9 – 11 months of OPD | | | | Meeting every 6 months thereafter | | Other |
| Other meetings that may be consolidated with any of the above meeting timeframes: (check all that apply)  Adoption Planning Review  Behavior Rehabilitative Services (BRS) Staffing  Case Conference (RCW 13.34.067)  Case Transfer Staffing  CHET (Child Health and Education Tracking) Staffing  EPSDT Staffing  Mental health/substance abuse treatment planning triggered by denial of service (for the child)  FAR Family meeting  Family Team Decision Making (FTDM)  Purpose of FTDM:  Emergency Placement or VPA  Imminent risk of placement  Change of Placement  Exit from placement  Family Support Meeting  Family Group Conference  Foster Care Assessment Program Key Person Staffing (FCAP)  LICWAC staffing  Multiple Placement Staffing  Multi-Disciplinary Staffing (for Youth 17.5)  Permanency Planning Staffing  Tribal staffing (ICW Manual)  Other | | | | | | | | | | | |

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| **Section 3** | | | | | | |
| Meeting Invitees / Participants | | | | | | |
| Distribution List (who received a copy of the form?  Yes No | Role in relation to child (cross reference with FamLink) | Name | | Invited to  Meeting  Yes No | | Present at  Meeting  Yes No |
|  | Father(s) |  | |  | |  |
|  | Mother(s) |  | |  | |  |
|  | Child |  | |  | |  |
|  | Sibling(s) |  | |  | |  |
|  | Relative(s) |  | |  | |  |
|  | Foster parent/relative caregiver |  | |  | |  |
|  | CASA/GAL |  | |  | |  |
|  | Attorney(s) |  | |  | |  |
|  | CSO |  | |  | |  |
|  | Tribes |  | |  | |  |
|  | LICWAC |  | |  | |  |
|  | Substance Abuse Treatment Provider (for the child) |  | |  | |  |
|  | Mental Health Treatment Provider (for the child) |  | |  | |  |
|  | Case Worker |  | |  | |  |
|  | Supervisor |  | |  | |  |
|  | Collateral |  | |  | |  |
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| **Section 4** | | | | | | |
| Parent Information | | | | | | |
| NAME OF MOTHER | | | | | DATE OF BIRTH | |
| NAME OF FATHER | | | PATERNITY STATUS | | DATE OF BIRTH | |
| NAME OF FATHER | | | PATERNITY STATUS | | DATE OF BIRTH | |
| NAME OF FATHER | | | PATERNITY STATUS | | DATE OF BIRTH | |

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| **Section 5** | |
| Native American Status | |
| COMPLETED INDIAN IDENTITY REQUEST FORM (09-761) IN FILE?  Yes  No | LIST ALL TRIBAL AFFILIATIONS |
| Active efforts to identify Tribal status?  Yes  No  Describe active efforts: | |
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| **Section 6** | |
| **Safety** | |
| Review assessments related to safety  Develop/update safety plan or transition and safety plan  Discuss ways to maintain the family’s and/or child’s community, cultural identity, and cultural heritage  Identify/discuss family strengths  Identify/discuss services and referrals needed to eliminate need for agency involvement | |
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| **Permanency** | |
| Review assessments for strengths and challenges to timely permanence  Discuss Placement   * Stability of the current placement * Additional services to strengthen placement to reduce risk of disruption * Placement with siblings   Discuss status of relative search/relative home study (both maternal and paternal sides).  Discuss status of Tribal affiliation.  Discuss how the family identifies their own cultural identity and social heritage to maintain connections.  Identify/update permanency planning goals and progress, including barriers to permanency and discuss compelling reasons if exploring alternate permanency plans.  Discuss referral for TPR petitions (if child has been out of home 12 of the last 19 months) or identify/discuss compelling reasons not to file.  Discuss actions to support concurrent planning.  Discuss option of adoption with current caregiver.  Discuss open communication agreement  Develop and/or update visiting plans, including sibling visits (15-209C). | |
| **Well-Being** | |
| * Identify, address, and document the health and educational well-being of child, including services needed to support healthy development * Is the child achieving the developmental tasks for his/her age group? * Review and/or assign roles and responsibilities for child’s education * Gather/review/update medical information * Discuss/review Independent Living Services and transition plans * As a result of the CHET screening or consultation with the PHN, are there any services that need to be considered? | |
| **Section 7** | |
| (Complete or update Service Plan 15-259A or ISSP 15-209)  ADDITIONAL RECOMMENDATIONS/ASSIGNMENTS/DATES | |
|  | |
| Document recommended permanency plan (both primary and alternate plan).  Return home  Adoption:  Adoption by relative  Adoption by foster parent  Home study complete  Refer for home study  Adoption through exchanges and other recruitment efforts  Describe efforts: | |
| Chapter 13.36 RCW Guardianship:  (If Chapter 13.36 RCW Guardianship is recommended, the Guardianship Approval Checklist must be completed .)  Title 11 Limited Guardianship  Long Term Foster Care (If Long Term Foster Care/Relative is recommended, the Long Term Foster Care/Relative Checklist must be attached DCYF 15-323) | |

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| Document any compelling reasons:   * If not filing a Termination of Parental Rights Petition (TPR). * If choosing a permanent plan other than return home, adoption, guardianship, or third party custody. |
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| Document plan to maintain and/or achieve stability in placement (include any additional services for the child, parent or caregiver to strengthen placement): |
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| Document alternative plan for assessment, treatment and services if child has been denied mental health or substance abuse services: |
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| ATTACHMENTS  Family Face Sheet (14-024)  Investigative Risk Assessment (15-263)  Safety Assessment (15-258)  Safety Plan (15-259)  ISSP (15-209) – *REQUIRED ATTACHMENT, if due per policy*  Indian Identity Request form (09-761)  Family Assessment (15-421)  Assessment of Progress (15-373)  Case Plan (15-259A)  Child’s Medical and Family Background Report (13-041)(first four pages completed)  Child Information/Placement Referral form (15-300)  CHET Screening Report (14-444)  Parent Information Sheet (15-260)  Group Care Social Summary/Referral (10-166A)  Relative Search forms (15-325, 15-328, and 15-329)  Guardianship Approval Checklist (15-324)  Long Term Care with Foster Parent or Relative Checklist (15-323)  Transition Plan for Youth Exiting Care (15-417)  Other |

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| **Section 8** | | | | | | | |
| **For Family Team Decision Meetings** | | | | | | | |
| CASE NAME | | | CHILDREN DISCUSSSED | | | | |
| CASE WORKER NAME | | TELEPHONE NUMBER | SUPERVISOR NAME | | | TELEPHONE NUMBER | |
| STRENGTHS / RESOURCES | | | | | | | |
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| SAFETY CONCERNS | | | | | | | |
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| PLACEMENT DECISIONS | | | | | | | |
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| MEETING OUTCOME: | | | | PLACEMENT RECOMMENDATION: | | | |
| **ACTION PLAN** | | | | | | | |
| GOAL / OBJECTIVE | TASKS | | | | BY WHOM | | TARGET DATE |
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| **DEPARTMENT OF CHILDREN, YOUTH, AND FAMILIES** | | | | |
| **Signature Page** | | | | |
| CASE NAME | | DATE OF STAFFING | TIME | MEETING DURATION |
| I pledge to hold in confidence all information, verbal or written, I receive as a result of this Shared Planning Meeting. RCW 74-04.060 prohibits “… disclosing the contents of any records, files, papers, and communications, except for the purpose directly connected with the administration of the programs…” I agree I will not reveal, publish or otherwise make known to unauthorized persons of the public any information obtained in the course of the Shared Planning Meeting. If I am a staff member, this pledge covers discussion on my part with fellow staff members (unless specifically allowed by statute), personal friends and fellow citizens, in private, semi-private or public places. Any unauthorized release of information is in violation of state and federal law, and I understand I may be subject to criminal and/or civil sanctions as a result of such a release.  I understand that my role in this meeting is to assist in providing information related to the above case. I understand that this information may assist Children’s Administration in making recommendations to the court regarding services for the child and family, the safety issues, the best permanent living arrangement for the child, and well-being issues. | | | | |
| PRINT NAME | SIGNATURE | | ROLE / RELATIONSHIP | |
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| **Shared Planning Meeting Instructions**  The purpose of Shared Planning is to bring individuals together to share information, plan and inform decisions regarding children and families involved with the Department of Children, Youth, and Families. All shared planning meetings will address safety, permanency and well-being, and include a review of the tasks and activities associated with each of these elements. For more information, case workers should refer to the following practice guides:   * Practice guide to Risk Assessment * Permanency Planning Practice Guide for Case Workers * Practice Guide to Well-being – Child Health and Education Tracking * Case Worker’s Practice Guide to Education * Case Worker Practice Guide – Visits Between Parent(s), Child(ren) and Siblings   A shared planning meeting may include an update for full discussion of one or more of the tasks and activities. The first two pages of the Shared Planning Meeting form must be completed for each child staffed. A new Shared Planning Meeting form should be completed for each staffing. Because the form is a Word document, text may be copied and pasted into other documents.  **Section 1** – Case worker completes. Complete the top two pages for each child in the family.  **Section 2** – Case worker refers to Shared Planning Policy to determine which time frame to check and other meetings that can be consolidated with the shared planning meeting. If the Shared Planning Meeting is also a Family Team Decision Meeting (FTDM), the purpose of the FTDM should be checked on the form.  **Section 3** – Case worker completes.  **Section 4** – Case worker completes.  **Section 5** – Case worker completes.  **Section 6** – **Bolded statements are for discussion. This may be an update or full discussion at the meeting.** For more discussion, points, refer to the guide to this form. Case Worker will update Service Plan or ISSP from this discussion. (See Section 7)  **Section 7** – Case worker will Update Service Plan or ISSP from discussions in Section 6. Case worker documents any additional recommendations, assignments and/or dates. Designate a permanency plan, plan to maintain and/or achieve stability in placement for child, and an alternative plan if child has been denied mental health or substance abuse services. This section should be copied for the child’s caregiver.  **Section 8** – For Family Team Decision Meeting/Shared Planning Meetings, facilitator will complete this section and make copy for the family and other persons responsible for tasks.  **All participants in the Shared Planning Meeting must sign the signature page at the back of the form.** |