

1710. Shared Planning



Guide to Shared Planning Meetings

The Purpose of this Guide: This guide acts as an extension of the 1710. Shared Planning Meeting policy, and supports Children’s Administration (CA) staff and families by clarifying the focus, purpose, timeframe, participants and documentation needed for each shared planning meeting type. Combining shared planning meeting types is encouraged when appropriate to decrease workload.

Purpose of Shared Planning: Shared planning meetings are the model Children’s Administration uses to include families, youth, natural supports and others who can assist in the case planning process. These meetings provide an opportunity for information to be shared and case plans developed. All shared planning meetings include a discussion of safety, permanency, and well-being of children as well as parent-child-sibling visitation and form the basis for CA case plan recommendations to the court.

Meeting Type	Purpose	Timeframe	Participants who must be invited	Documentation
Adoption Planning Review (APR)	<p>Discuss the child’s case plan and identify a permanent placement based on the best interests of the child. The following subjects are discussed but not limited to:</p> <ul style="list-style-type: none"> Identifying and assessing the child’s current placement that includes determining if the placement is the prospective adoptive family. Initiating social and medical assessments. Exploring available adoptive relative or kinship resources. Determining if an Open Adoption Agreement (OAA) or Letter of Intent is in the child’s best interests, and the terms of the agreement. Developing a plan to recruit an adoptive family and other post-termination case planning activities. If the child is not in a prospective adoptive home or the prospective adoptive family expresses uncertainty about their commitment to adopt. 	<ul style="list-style-type: none"> Within 30 days of a decision to file a Termination of Parental Rights (TPR) petition or accept a relinquishment of parental rights. 	<ul style="list-style-type: none"> Assigned caseworker Assigned supervisor Adoption caseworker or adoption supervisor Adoption Support Program Consultant if child is in a possible permanent placement Youth (12 and older) Two participants identified by youth (14 and older) other than the caseworker or caregiver Guardian Ad Litem (GAL)/Voluntary GAL (VGAL)/Court Appointed Special Advocate (CASA) Tribal representative or designee (when applicable) Caregivers Attorneys (AAG and youth’s attorney) Caregiver’s attorney if the caregiver is identified as the prospective adoptive home If APR is addressing an Open Adoption Agreement or Letter of Intent, invite: <ul style="list-style-type: none"> Parents Parent’s attorneys 	<ul style="list-style-type: none"> Use the Shared Planning Meeting Form in FamLink and check the Adoption Planning Review box. Create a separate form for each child. Document all participants who were invited and attended the meeting. Obtain releases of information from parents and youth {age 13 and older} before the shared planning meeting if any information regarding their mental health treatment, substance abuse treatment, access to reproductive services or sexually transmitted diseases/human immunodeficiency virus is discussed or shared with meeting participants.
<p>Behavior Rehabilitation Services (BRS)</p> <p>RCW 13.34.100 WAC 388-25-0100</p>	<p>The initial staffing is to determine if BRS is an appropriate and needed resource for the youth.</p> <p>A referral to Wraparound with Intensive Services (WISe) screening must be completed — prior to entering BRS, every six months during BRS and at the time of a youth’s discharge from BRS.</p> <p>If the youth is accepted into BRS, the caseworker must participate in the contractor’s required case</p>	<ul style="list-style-type: none"> Prior to making a referral for BRS. Participate in BRS provider’s quarterly meetings for the youth. Participate in youth’s discharge staffing with the BRS contractor. 	<ul style="list-style-type: none"> Assigned caseworker Parents Youth (12 and older) Two participants identified by youth (14 and older) other than the caseworker or caregiver Caregivers (if applicable) Tribal representative or designee (when applicable) Family members (if appropriate) 	<ul style="list-style-type: none"> Use the Shared Planning Meeting Form in FamLink and check the BRS Staffing box. Create a separate form for each child. Document all participants who were invited and attended the meeting. Obtain releases of information from parents and youth (age 13 and older) before the shared planning meeting if any information regarding their mental health treatment, substance abuse treatment, access to reproductive services or sexually transmitted

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	staffing to monitor the youth's progress and help identify any additional services needed for the youth.		<ul style="list-style-type: none"> • Individuals supporting the parent • Mentor (if applicable) 	diseases/human immunodeficiency virus is discussed or shared with meeting participants.
CHET (Child Health and Education Tracking) RCW 74.14A.050	To review and discuss the child's completed CHET Screening Report and identify any services or areas needing follow-up as the child's case plan is being developed.	<p>Within 60 days of placement for children under the department's legal jurisdiction who are expected to remain in care beyond 30 days.</p> <p>This can be done in conjunction with another regularly scheduled shared planning staffing.</p>	<ul style="list-style-type: none"> • Assigned caseworker • CHET specialist • Parents • Youth (12 and older) • Two participants identified by youth (14 and older), other than the caseworker or caregiver • Caregivers • Service providers for the child 	<ul style="list-style-type: none"> • Use the Shared Planning Meeting Form in FamLink and check the CHET & EPSDT box. • Create a separate form for each child. • Document all participants who were invited and attended the meeting. • Obtain releases of information from parents and youth (age 13 and older) before the shared planning meeting if any information regarding their mental health treatment, substance abuse treatment, access to reproductive services or sexually transmitted diseases/human immunodeficiency virus is discussed or shared with meeting participants.
Commercially Sexually Exploited Child (CSEC)	<p>To develop a plan for safety and stability that addresses the child or youth's needs including but not limited to:</p> <ul style="list-style-type: none"> • Safety • Placement stability • Permanency plan • Social activities/Prudent Parenting standards • Cultural needs • Education • Medical/Substance abuse/Mental health treatment • Independent Living Skills Program (ILS) 	<p>When a CSEC Screening Tool is completed on a child or youth in the care and custody of CA and the results identify new indicators or confirmation of CSEC. This includes initial and any rescreens.</p> <p>This can be done in conjunction with another regularly scheduled shared planning meeting.</p>	<ul style="list-style-type: none"> • Assigned caseworker • Parents, if child is not legally free • Parent's attorney, if child is not legally free • Youth (12 and older) • Two participants identified by youth (14 and older) other than the caseworker or caregiver • Caregiver (if applicable) • Attorneys (AAG and youth's attorney) • GAL/VGAL/CASA • Service providers and other professionals who play a significant role with the family • Individuals identified by the parties 	<ul style="list-style-type: none"> • Use the Shared Planning Meeting Form in FamLink and check the Other box and type "CSEC" in the text box. • Create a separate form for each child. • Document all participants who were invited and attended the meeting. • Obtain releases of information from parents and youth (age 13 and older) before the shared planning meeting if any information regarding their mental health treatment, substance abuse treatment, access to reproductive services or sexually transmitted diseases/human immunodeficiency virus is discussed or shared with meeting participants.
End-of-Life Care	To arrive at a resolution regarding the child's end-of-life care that is in the best interest of the child when one or more of the parties to the case disagree with the medical provider's recommendations. This includes determining if the medical provider's recommendations should be presented to the court for approval.	When any party to the case objects to the provider's recommendations regarding the child's end-of-life care.	<ul style="list-style-type: none"> • Parents, if child is not legally free • Parent's attorney, if child is not legally free • Caregivers • Child, if developmentally appropriate and physically able to participate • Child's attorney (if assigned) • AAG • GAL/CASA • Other parties to the case 	<ul style="list-style-type: none"> • Use the Shared Planning Meeting Form in FamLink and check the Other box. • Document all participants who were invited and attended the meeting. • Parents must sign consent prior to the beginning of the shared planning meeting in order for their case information to be shared.

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<p>Family Team Decision Making (FTDM)</p> <p>RCW 13.34.067 RCW 13.34.145</p>	<p>To make critical decisions regarding the removal of child(ren) from their home, changes in out-of-home placement, placement stabilization and prevention and reunification or placement into a permanent home.</p>	<p>Prior to:</p> <ul style="list-style-type: none"> • Removal of a child from their home. • Anytime out-of-home placement of a child is being considered. • Moving a child from one placement to another. • Trial return home or reunification of a child with parents. • The end of a Voluntary Placement Agreement (VPA). <p>No later than 72 hours after placement if child is placed:</p> <ul style="list-style-type: none"> • Into protective custody by law enforcement and must be held prior to the shelter care hearing. • With a new caregiver due to an unplanned change in placement. • On a VPA when there is an emergency and the FTDM cannot occur prior to placement. • This can be done in conjunction with another regularly scheduled shared planning meeting. 	<ul style="list-style-type: none"> • Assigned caseworker • Parents • Youth (12 and older) • Two participants identified by youth (14 and older) other than the caseworker or caregiver • Caregivers • Attorneys (AAG, parent's attorney and/or youth's attorney) • GAL/VGAL/CASA • Tribal representative or designee (when applicable) • Service providers • Extended family and other family supports including mentors • Individuals supporting the parent, including relatives, kin, friends, other agency representatives or other supports 	<ul style="list-style-type: none"> • Use the Shared Planning Meeting Form in FamLink and check the FTDM box. • Create a separate form for each child. • Document all participants who were invited and attended the meeting. • The initial FTDM must include discussion and development of the parent-child-sibling visit plan and reviewed at each subsequent meeting. • Obtain releases of information from parents and youth (age 13 and older) before the shared planning meeting if any information regarding their mental health treatment, substance abuse treatment, access to reproductive services or sexually transmitted diseases/human immunodeficiency virus is discussed or shared with meeting participants.
<p>Foster Care Assessment Program (FCAP)</p> <p>RCW 74.14A.050</p>	<p>To review the child's needs and initiate necessary actions to address permanency, mental and physical health issues.</p>	<ul style="list-style-type: none"> • After the Services and Permanency Assessment Report (SPAR) is received by the caseworker, per contract. • This can be done in conjunction with another regularly scheduled shared planning meeting. 	<ul style="list-style-type: none"> • Assigned caseworker • Parents • Youth (12 & older) • Two participants identified by youth (14 and older) other than the caseworker or caregiver • Caregivers • Service providers • Individuals supporting the parent • Extended family and other family supports including mentors 	<ul style="list-style-type: none"> • Use the Shared Planning Meeting Form in FamLink and check the FCAP Key Person Staffing box. • Create a separate form for each child. • Document all participants who were invited and attended the meeting. • Obtain releases of information from parents and youth (age 13 and older) before the shared planning meeting if any information regarding their mental health treatment, substance abuse treatment, access to reproductive services or sexually transmitted diseases/human immunodeficiency virus is discussed or shared with meeting participants.
<p>Local Indian Child Welfare Advisory Committee (LICWAC)</p> <p>RCW 74.13.080 RCW 74.15.190 RCW13.34.250 WAC 388-70-610</p>	<p>To discuss case planning with Tribal LICWAC partners when the child's tribe is not available under the following conditions:</p> <ul style="list-style-type: none"> • Tribes did not respond within 10 days to a written request for involvement; • Tribes requested LICWAC to act on their behalf; or • Child is not eligible for membership with a federally recognized tribe or is affiliated with a non-federally recognized tribe or Canadian 	<p>As determined by LICWAC, prior to permanency planning reviews and at least every six months.</p>	<ul style="list-style-type: none"> • Assigned caseworker • Parents • Youth (12 and older) • Two participants identified by youth (14 and older) other than the caseworker or caregiver • Caregivers • LICWAC members identified in each region and Tribal representative or designee (if available) 	<ul style="list-style-type: none"> • Use the Shared Planning Meeting Form in FamLink and check the LICWAC Staffing box. • Create a separate form for each child. • Document all participants who were invited and attended the meeting.

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	First Nations and at least one parent has given consent (if neither parent is involved, the case can also be staffed)		<ul style="list-style-type: none"> Individuals with responsibilities identified in the safety plan Extended family and other family supports including mentors Individuals supporting the parent 	
<p>Mental Health(MH)/Substance Abuse Treatment Planning</p> <p>RCW 13.34.145 RCW 71.24 WAC 388-877-0655 WAC 388-877-0660</p>	To develop a treatment and assessment plan for children unable to receive services from the Behavioral Health Organization (BHO).	<ul style="list-style-type: none"> Immediately after Notice of Action or Notice of Determination is received from the BHO. <p>Additional meeting requirement:</p> <ul style="list-style-type: none"> Immediately when a child is denied mental health, substance abuse services or treatment by any provider. This can be done in conjunction with another regularly scheduled shared planning staffing. 	<ul style="list-style-type: none"> Assigned caseworker Parents Youth (12 and older) Two participants identified by youth (14 and older) other than the caseworker or caregiver Caregivers Tribal representatives or designee (when applicable) Apple Health Core Connections managed care program representative (when applicable) Extended family and other family supports including mentors Individuals supporting the parent 	<ul style="list-style-type: none"> Use the Shared Planning Meeting Form in FamLink and check the MH/substance abuse box for denial of services (if appropriate). Create a separate form for each child. Document all participants who were invited and attended the meeting. Obtain releases of information from parents and youth (age 13 and older) before the shared planning meeting if any information regarding their mental health treatment, substance abuse treatment, access to reproductive services or sexually transmitted diseases/human immunodeficiency virus is discussed or shared with meeting participants.
<p>Permanency Planning Meeting</p> <p>RCW 13.34.136 RCW 13.34.145</p> <p>Practices and Procedures Guide: 4305 Permanent and Concurrent Planning 43061 Termination of Parents Rights (TPR) 43066 Pregnant and Parenting Youth 4340 Guardianship 43401 Relative Guardianship Assistance Program</p>	<p>To identify a child’s concurrent permanency planning goals and steps needed to achieve a plan of:</p> <ul style="list-style-type: none"> Return home to parents; Guardianship; Adoption; or Third party custody <p>Another permanent planned living arrangement (APPLA) may be considered for youth 16 and older after all other permanent plans have been determined not to be in the best interest of the child.</p>	<ul style="list-style-type: none"> Within 10 days of the youth’s confirmation of pregnancy. Within six months of original placement date (OPD). Prior to the Permanency Planning hearing and within 9-11 months of the child’s OPD. Every six months until the child’s permanent plan is achieved. Within 30 days of a TPR referral to the AAG. This can be done in conjunction with the APR meeting. Within 30 days after the court orders TPR. When requested by the parent or the parent’s attorney. 	<ul style="list-style-type: none"> Assigned caseworker Parents Youth (12 and older) Two participants identified by youth (14 and older), other than the caseworker or caregiver Caregivers Attorneys (AAG, parent’s attorney and/or youth’s attorney) GAL/VGAL/CASA Tribal representative or designee (when applicable) Service providers and other professionals who play a significant role with the family Extended family and other family supports including mentors Individuals supporting the parent 	<ul style="list-style-type: none"> Use the Shared Planning Meeting Form in FamLink and check the Permanency Placement Staffing box. Create a separate form for each child. Document all participants who were invited and attended the meeting. Document the concurrent permanency plans and the reasons why each is best for this specific child. If applicable, document any recruitment strategies to identify a permanent home for the child. Obtain releases of information from parents and youth (age 13 and older) before the shared planning meeting if any information regarding their mental health treatment, substance abuse treatment, access to reproductive services or sexually transmitted diseases/human immunodeficiency virus is discussed or shared with meeting participants.
<p>Shelter Care Case Conference</p> <p>RCW 13.34.067</p> <p>Practices and Procedures Manual 1730. Shelter Care Case Conference</p>	To develop a written Service Agreement with the parents that correlates with the court findings identified at the Shelter Care Hearing.	<p>Following the Shelter Care Hearing and within 30 days prior to the fact-finding hearing.</p> <ul style="list-style-type: none"> This can be done in conjunction with another regularly scheduled shared planning meeting. 	<ul style="list-style-type: none"> Assigned caseworker Assigned supervisor Parents Participants other than caseworker or caregiver Attorneys (AAG, parent’s and child’s attorneys) GAL/VGAL/CASA Other people agreed upon by the parties. Note: When using a shared planning meeting to meet the Shelter Care Case Conference requirement, parents must 	<ul style="list-style-type: none"> Use the Shared Planning Meeting Form in FamLink and check the Case Conference box. Create a separate form for each child. Document all participants who were invited and attended the meeting. Obtain releases of information from parents and youth (age 13 and older) before the shared planning meeting if any information regarding their mental health treatment, substance abuse treatment, access to reproductive services or sexually transmitted diseases/human immunodeficiency virus is discussed or shared with meeting participants.

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<p>Transition Plan for Dependent Youth 17 through 20 Years</p> <p>RCW 74.13.031 RCW 74.13.540 WAC 388-147-0190 PL 106-169</p> <p>Practices and Procedures Guide: 43015 Extended Foster Care</p>	<p>To develop a transition plan and identify services for youth exiting care to support their successful transition into adulthood. Federal requirements for the youth's transition plan include:</p> <ol style="list-style-type: none"> 1. Education 2. Employment 3. Housing 4. Health care with Apple Health Care 5. Local opportunities for mentors and continuing support 6. Work force supports and employment services 	<ul style="list-style-type: none"> • Complete Transition Plan DSHS 15-417 90 days before: <ul style="list-style-type: none"> ○ Youth's 18th birthday ○ Youth exits Extended Foster Care Program 	<p style="text-align: center;">agree to caregivers attending.</p> <ul style="list-style-type: none"> • Assigned caseworker • Youth • Youth's two identified participants other than caseworker or caregiver • Youth's attorney • Behavioral Health Administration representative • Developmental Disabilities Administration representative • Economic Services Administration representative • Rehabilitation Administration representative • Community Services Office representative • Independent Living provider • Transitional Living provider • GAL, VGAL, CASA • Extended family and other family supports including mentors • Other community partners • Tribal representative or designee (when applicable) • Child Placing Agency case manager (if applicable) • Mentor (if applicable) 	<ul style="list-style-type: none"> • Use the Shared Planning Meeting Form in FamLink and check the Multi-Disciplinary Staffing box. • Create a separate form for each child. • Document all participants who were invited and attended the meeting. • The youth must sign consent prior to the beginning of the shared planning meeting if any information regarding their mental health treatment, substance abuse treatment, access to reproductive services or sexually transmitted diseases/human immunodeficiency virus is discussed or shared with meeting participants. • The completed Transition Plan DSHS 15-417 must be attached to the court report at every review hearing beginning when the youth is age 17.5 and updated at every court hearing if participating in the Extended Foster Care Program.
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