

**DEPARTMENT OF CHILDREN AND FAMILY SERVICES**

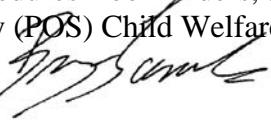
**POLICY GUIDE 2005.05**

Distribution X and Z

**MATCHING FOR ADOPTION & PERMANENCY UNIT (MAP)**

**RELEASE DATE:** October 20, 2005

**TO:** Rules and Procedures Bookholders, and DCFS and Purchase of Service Agency (POS) Child Welfare Staff

**FROM:** Bryan Samuels 

**EFFECTIVE DATE:** Immediately

**I. PURPOSE**

The purpose of this Policy Guide is to inform staff of the role of the Matching for Adoption and Permanency Unit (MAP) within the DCFS Division of Field Operations.

**II. DESCRIPTION**

The DCFS MAP unit was developed to support and assist child welfare worker's efforts to successfully match children with permanent homes. The MAP unit provides training, technical assistance, and hands-on support for workers. It can be utilized for assistance in facilitating permanency family commitment meetings, talking to youth about their permanency options, identifying and developing creative solutions regarding apparent barriers to permanency, providing accurate information on subsidies, developing or reviewing home studies, developing recruitment materials, assistance in completing the subsidy paper work or any other permanency related activity. The child welfare worker may seek assistance from the MAP unit or, when there is a lack of progress toward permanency, the case may be referred to the MAP unit for corrective action by DCFS executive staff including to the Office of Legal Services.

Case specific examples that prevent cases from moving toward permanency include:

- No adoptive or guardianship resource has been identified;
- The current placement is unwilling to commit to permanency;
- The current placement appears unable to meet the long-term permanency needs of the child in care; or
- The child, if between 12 and 15 years of age, expresses that he or she does not wish to be adopted.

There are other permanency specific issues, such as special needs, that require open discussion. However, involvement of the MAP unit to assist in the resolution of these issues is appropriate and recommended.



### III. REFERRALS

Referrals shall be made by mailing or faxing a completed **CFS 495-1, MAP Intake** form to the MAP unit at the following address or fax number:

DCFS-MAP Unit  
6201 S. Emerald  
Chicago, IL. 60621  
Fax: 773/371-6472

The MAP unit will review the cases submitted to them for assistance, referring those that will benefit from intervention to the supervisor of the MAP unit team for the child's region.

Referrals to the MAP unit can be made by any of the following:

- The DCFS Office of Legal Services' Joint Screening Committee (JSC), Adoption Resource Development Screening (ARDS);
- The DCFS HELP unit;
- Administrative Case Review through the chronic and critical feedback reports as outlined in **Policy Guide 2005.03, ACR Feedback Response Protocol**;
- DCFS Executive Staff; and/or
- Voluntary referral by any POS or DCFS casework professional, court-ordered or recommended by the child's guardian ad litem.

### IV. THE ACTION PLAN DEVELOPMENT STAFFING

Upon accepting a case for assistance and intervention, the MAP unit team will work with child welfare staff through an Action Plan Development Staffing. The purpose of the Action Plan Development Staffing is to develop a plan using the **CFS 495-3, MAP Action Plan** form, detailing the next tasks to be undertaken on behalf of the child and family. The MAP unit will play an active role in identifying the necessary tasks. Staffings are designed so that the MAP unit, DCFS or POS child welfare staff, and families can work collaboratively to facilitate resolution of the issue or issues that have been identified as an obstacle to achieving permanency.

Participants in the Action Plan Development Staffing include the child welfare worker (permanency worker), supervisors, and others with a role in case planning. Staffings may also include the child and/or any prospective permanent caregiver. Additionally, the MAP unit will work with Child and Family Teams to ensure that the permanency needs of children and families are adequately addressed.

The tasks reflected on the **CFS 495-3** form must be incorporated as tasks on the **SACWIS Client Service Plan** or on the **CFS 497, Client Service Plan** form as an addendum to the service plan, within 30 days of the Action Plan Development Staffing; per Rule 315, Permanency Planning, and must be discussed with the current caregiver. In cases where the action plan staffing results from an Adoption Resource Development

Screening, (ARDS), the action plan will also be reviewed as an ongoing part of the legal screening process.

All MAP unit interventions take place at the supervisory level. Cooperation with the MAP unit is mandatory.

Once the court or the case review process has involved the MAP unit on a case, the MAP unit cannot withdraw until an appropriate plan of action has been developed, and the permanency goal for the child has been achieved or satisfactory progress toward the goal is evident. MAP intervention may include Resource Development and Referral, Systems Facilitation, and Permanency Action Plan Development Staffing.

## V. SCHEDULING THE ACTION PLAN DEVELOPMENT STAFFING

When the MAP unit determines that an Action Plan Development Staffing is necessary, the MAP supervisor, and/or designee, will contact the permanency worker responsible for the case to schedule the staffing. Once scheduled, the MAP unit will review each case, and in collaboration with the DCFS or POS caseworker and/or supervisor, determine if other professionals should be invited to the staffing.

In order to prepare for the Action Plan Development Staffing, the worker must:

- Review the ACR Critical and Chronic Feedback Report, if available, with his or her supervisor;
- Follow the steps of response to a Chronic and Critical Feedback Report as outlined in **Policy Guide 2005.03, ACR Feedback Response Protocol**;
- Complete the **CFS 495-2, MAP Permanency Progress Review Tool** form; and
- Provide a copy of the current social history or Integrated Assessment report to the MAP unit for the Action Plan Development Staffing.

The caseworker or supervisor must send (preferably via Fax 773/371-6472) all requested supporting documentation to the MAP unit at least 4 working days before the staffing. Supporting documentation includes:

- A completed **CFS 495-2, MAP Permanency Progress Review Tool** form;
- The most current Client Service Plan;
- The most current social history, or integrated assessment report (if available); and
- All relevant clinical assessments.

The staffing will not be held if the MAP unit does not receive the documentation 4 working days before the staffing.

## VI. REPORTING

The MAP unit will send reports on a monthly basis, documenting its interventions to the following:

- Deputy Director, Division of Field Operations;
- Deputy Director, Division of Placement and Permanency;

- Deputy Director, Division of Purchase of Service Monitoring;
- Agency Performance Teams, and/or Regional Administrators;
- DCFS Office of Legal Services Joint Screening Committee (JSC), Adoption Resource Development Screening (ARDS); and
- Administrative Case Reviewer.

## VII. OUTCOMES AND CONCLUSION OF MAP UNIT INVOLVEMENT

MAP unit involvement in a case ends when one of the following is achieved:

- The client achieves permanency when either the adoption is finalized or guardianship is transferred;
- Sufficient efforts toward permanency are being made. An interim order for adoption has been entered, or the case has passed legal screening for guardianship and the caseworker is able to manage the case to completion without additional assistance;
- The identified barriers to permanency as outlined in the ACR alert have been successfully resolved and the case worker is able to manage the case to completion without additional assistance; or
- The Child and Family Team and the MAP unit have conducted a staffing and agree that the child's current placement is in the child's best interest. The caseworker must document the team's decision and the basis for this decision in the child's case record. The caseworker must also obtain recommendations from the child's service providers supporting the team's decision and include them in the case record.

When the Map Unit ends its involvement in a case, a **CFS 495-4, MAP Feedback** form will be completed and sent by the MAP unit to the child's caseworker, supervisor, APT liaison and the ACR reviewer (for ACR referrals). The child's caseworker shall place the completed **CFS 495-4** form in the child's case record.

## VII. ATTACHMENTS

- CFS 495-1, MAP Intake form
- CFS 495-2, MAP Permanency Progress Review Tool
- CFS 495-3, MAP Action Plan
- CFS 495-4, MAP Feedback form

These forms can be ordered in the usual manner, or may be found as templates on the SACWIS "T:" drive.

## VIII. QUESTIONS

Questions regarding this Policy Guide or the MAP Unit may be directed to Johnikutty Joseph, MAP Field Supervisor (773) 371-6463.

## IX. FILING INSTRUCTIONS

File this Policy Guide immediately following **Rule 315, Permanency Planning**.



**Was the child exposed to physical and/or sexual abuse, alcohol and/or drugs, severe neglect? To what extent?**

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**List all of the child’s placements and the reasons for the placement changes.**

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**Are there siblings or other relatives who the child may want or need to remain in contact with after placement? What is the prospective guardian or adoptive family’s response to this?**

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**HEALTH HISTORY:**

**General health information; any allergies to food, drugs, etc. medical conditions, medical equipment, medications, surgeries, broken bones, accidents resulting in injuries (note any of these and when):**

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**PERSONALITY:**

**How does the child express self?**

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**Is the child happy, reserved, outgoing, shy, etc.?**

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**Does the child have any unusual habits? Explain.**

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**How does the child show/respond to affection?**

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**DAY-TO-DAY LIVING:**

**Is there a current daily routine schedule available? (If yes, please attach)  Yes  No**

**What type of discipline is most effective? How does child respond to discipline?**

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**Any sleep related problems?**

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**What does the child like/dislike most?**

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**PREPARATION FOR ADOPTION/GUARDIANSHIP:**

**Lifebook:**

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**Child's feelings about another placement/a new family?**

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**Will there be any significant transition problems that you might be aware of? How do you feel child will react to new parents/siblings?**

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**Special visitation requirements or ideas?**

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**Have separations from significant people in child’s life been addressed and adequately resolved with the child, or are they being addressed in treatment?**

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**DEVELOPMENT AND SCHOOL FUNCTIONING:**

**Where does child attend school?**

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**Grade level?** \_\_\_\_\_

**Relationships at school (teachers/students):**

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**Academic performance:**

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**Mental/emotional development:**

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**Is child in counseling? (Where, with whom, how long?)**

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**What counseling for the family and child is recommended following placement? (Attach last quarterly progress report)**

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**Is a psychological evaluation available? (If yes, attach a copy)**       **Yes**       **No**

**Peer/Adult relationships in general:**

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**Age Inappropriate Sexual knowledge: Any indication of sexual abuse or exposure to adult sexuality or pornography?**

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**SOCIAL FUNCTIONING:**

**How does the child manage in social situations?**

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**Does the child enjoy social activities? What kind?**

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**MAP PERMANENCY PROGRESS REVIEW TOOL**

**Date Completed:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Client Name:** \_\_\_\_\_  
Last
First
Middle

**Client ID:** \_\_\_\_\_ **Age:** \_\_\_\_ **DOB:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Worker Name:** \_\_\_\_\_ **Direct Phone:** \_\_\_\_\_

**How long have you been the worker on this case?** \_\_\_\_\_

**Placement type/time in present placement:** \_\_\_\_\_

**What is the Child's legal status?** \_\_\_\_\_ **Date assigned:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Goal:** \_\_\_\_\_

**Other goals in past 6 months:** \_\_\_\_\_

**PLEASE FILL OUT A SEPARATE CFS 495-2 FORM FOR EACH CHILD.**

	<b>Permanency Planning Review Question</b>	<b>Yes, No or N/A</b>	<b>Comments</b> <i>(please use the back of this sheet as needed)</i>
1	Is the child's current placement a permanency resource? Explain why or why not.		
2	If the child needs an adoptive resource: Has the child been listed with AICI, referred to One Church One Child and Wednesday's Child? (Circle the resources used.) If none, why?		
3	Are siblings placed together? With whom?		
4	Have ALL sibling placements been explored as resources?		
5	Are there family members who have not been contacted that might serve as a resource? (List as much contact information, on the back, as possible. The MAP unit will attempt to locate them.)		
6	Has a permanency commitment family meeting occurred within the past 6 months? Who attended?		

	<b>Permanency Planning Review Question</b>	<b>Yes, No or N/A</b>	<b>Comments</b> <i>(please use the back of this sheet as needed)</i>
7	Is the CFS 1443 Permanency commitment form signed?  Date signed: ____/____/____		
8	Does the CFS 1443 indicate in section 3 that the caregiver WILL commit to permanence with this child?		
9	Are there any concerns about this home becoming a permanent placement?		
10	If this is an adoptive placement, has the 906 been changed to reflect an FHA placement?		
11	If subsidized guardianship is the goal and the caregiver is willing, is the child eligible (according to age and control group)?		
12	Is the subsidy completed?  Date: ____/____/____		
13	Has the interim date been set/ order entered?  Date: ____/____/____		
14	Has this case completed (pre)/screening?  Date: ____/____/____		
15	Is there a written description and picture of the child that can be used in recruitment, or a recruitment packet? If so, please submit with this review.		
17	Is it in this child's best interest to remain in present placement without permanency? If yes, explain why it is in this child's best interest.		
18	Does the child have any psychological, medical, physical, emotional or behavioral condition that is impeding permanency planning efforts? How are these being addressed?		
19	Are there legal issues that are impeding permanency progress? Please explain.		



State of Illinois  
Department of Children and Family Services

**MAP FEEDBACK FORM**  
(To be completed by the MAP Unit)

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Referral Source:**

- ACR**
- Administrative Referral.** Identify source: \_\_\_\_\_
- AICI**
- Adoptive Resource Development Screening (ARDS)**
- Waiting Child**
- Other.** Identify source: \_\_\_\_\_

**Client Name:** \_\_\_\_\_  
Last First Middle

**Client ID:** \_\_\_\_\_ **DOB:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Worker's Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Supervisor's Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Agency:** \_\_\_\_\_ **RSF:** \_\_\_\_\_

**APT Liaison:** \_\_\_\_\_

**MAP Facilitator:** \_\_\_\_\_

**ACR Reviewer:** \_\_\_\_\_

**Outcome:**  
(Please mark the appropriate outcome)

- Permanency achieved:**
  - Adoption finalized. Date of final order: \_\_\_\_/\_\_\_\_/\_\_\_\_
  - Guardianship finalized. Date of guardianship transfer: \_\_\_\_/\_\_\_\_/\_\_\_\_
- Sufficient efforts toward permanency are being made:**
  - Adoption. Date of interim order: \_\_\_\_/\_\_\_\_/\_\_\_\_
  - Guardianship. Date case passed legal screening: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Best interest placement:**

- The Child and Family Team and MAP have conducted a staffing and concluded that the placement is in the client's best-interest, and the worker has documented the team's decision and the basis for this decision in the client's case record. The worker has also obtained recommendations from the client's service providers supporting the team's decision and placed these in the client's case record.

Date of Child and Family Team meeting: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Action plan staffing was conducted and the permanency barriers outlined in the ACR alert have been addressed and resolved.**

Date of action plan staffing: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Inappropriate MAP referral (MAP will not be involved with this case):**

- Youth has age-appropriate independence goal
- Youth does not want to be adopted and is 14 years of age or older
- Youth is in a residential facility and is not ready for step-down
- Youth is on-run or whereabouts unknown
- Youth is incarcerated or in a detention facility
- Youth has a return home goal
- Other: \_\_\_\_\_

**Other:**

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*This form is to be completed when closing a MAP case and sent to the worker, supervisor, APT liaison and ACR reviewer (for ACR referrals), and placed in the child's case record.*