Module 1: Introduction to Case Management

Florida Department of Children and Families
June 2016
Module 1: Introduction to Case Management

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Module Purpose: The purpose of this module is to provide the framework for practice by understanding of the Child Welfare Practice Model and exploring the basic functions of a Case Manager.

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Agenda:
- Unit 1.1: Review of CORE
- Unit 1.2: Overview of the Case Management Process
- Unit 1.3: Purposeful Contacts
- Unit 1.4: Laws, Rules and Policies
- Unit 1.5: Understanding Quality Assurance Case Reviews and Family-Centered Practice
Materials:
- Trainer’s Guide (TG)
- Participant’s Guide (PG)
- PowerPoint slide deck
- Flip chart paper and markers
- Videos: No videos.
- CM Additional Resource Materials (ARM):
  - CM ARM: 1, Intervention Across the Florida Child Welfare Practice Model
  - CM ARM: 2, Case Management Flowchart
  - CM ARM: 3, Progress Update
  - CM ARM: 4-7, Blank FFA-Ongoing from FSFN
  - CM ARM: 8, Law/Policy/Procedure Locator
- Handouts needing to be printed: No Handouts

References:

Links:
- Florida Statute: [http://centerforchildwelfare.fmhi.usf.edu/flstat/FloridaStatues.shtml](http://centerforchildwelfare.fmhi.usf.edu/flstat/FloridaStatues.shtml)
- Operating Procedures/Practice Guidelines: [http://centerforchildwelfare.fmhi.usf.edu/HorizontalTab/DeptOperatingProcedures.shtml](http://centerforchildwelfare.fmhi.usf.edu/HorizontalTab/DeptOperatingProcedures.shtml)

References:

Unit 1.1
- CFOP 170-1, Safety Practice Model
- CFOP 170-7, Safety Planning
- CFOP 170-9, Family Assessment and Case Planning

Unit 1.2
- F.A.C.65C-30.007 Case Management Responsibilities After Case Transfer
- CFOP 170-1, Safety Practice Model
- CFOP 170-7, Safety Planning
- CFOP 170-9, Family Assessment and Case Planning

Unit 1.3
- [Family Reunification: What the Evidence Shows](http://centerforchildwelfare.fmhi.usf.edu/HorizontalTab/DeptOperatingProcedures.shtml)” the U.S. Department of Health and Human Services in 2011. The full report can be found at the Child Welfare Information Gateway at:
https://www.childwelfare.gov/pubs/issue-briefs/family-reunification/

- A more recent study was published in March, 2014 by the National Family Preservation Network, “Family Assessment, Family Functioning, and Caregiver Engagement in Family Preservation and Reunification Programs, and the Relation of These and Other Factors to Reunification Service Outcomes.” This study can be found at the National Family Preservation Network website at: http://www.nfpn.org/Portals/0/Documents/2014-reunification-report.pdf
- F.A.C.65C-30.007 Case Management Responsibilities After Case Transfer

Unit 1.4
- Florida Statute: http://centerforchildwelfare.fmhi.usf.edu/flstat/FloridaStatues.shtml
- Florida Administrative Code: http://centerforchildwelfare.fmhi.usf.edu/HorizontalTab/FloridaAdminCode.shtml#
- Operating Procedures/Practice Guidelines: http://centerforchildwelfare.fmhi.usf.edu/HorizontalTab/DeptOperatingProcedures.shtml

Unit 1.5
- Section 39.6011, F.S., Case Plan Development

Activities:

Unit 1.1:

Unit 1.2: No Activities

Unit 1.3:
- Activity C: Putting the Tenets to Work in Purposeful Contacts – TG: 36, PG: 18

Unit 1.4:
- Activity D: Laws/Policies/Procedures and the Case Manager – TG: 43, PG: 21

Unit 1.5:
Credits: Much of the material in this course was adapted from ACTION for Child Protection training materials and articles.

Module 1: Introduction to Case Management

Unit 1.1: Review of CORE

Unit 1.2: Overview of the Case Management Process

Unit 1.3: Purposeful Contacts

Unit 1.4: Laws, Rules and Policies

Unit 1.5: Understanding Quality Assurance Case Reviews and Family-Centered Practice
Unit 1.1: Review of CORE

Display Slide 1.1.1

Unit Overview: The purpose of this unit is to review the concepts and processes learned in CORE training that Case Managers will need in Case Management.

References:
- CFOP 170-1, Safety Practice Model
- CFOP 170-7, Safety Planning
- CFOP 170-9, Family Assessment and Case Planning

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Learning Objectives:
1. Identify the key concepts and terminology from CORE.
2. Review the steps in the Florida Child Welfare Practice Model.
Welcome to Case Management. You have successfully completed CORE training and are now ready for your specialized area – Case Management.

We are going to start this module with an activity to help you recall the major terms and concepts you learned in CORE.

**Activity A: CORE Terminology Recall Game**

*Display Slide 1.1.3  PG: 3*

**Instructions:**
1. Define the term.
2. Explain why the term is important to Child Welfare Practice.

**Time:** 30 minutes

**Trainer Note:** A copy of the terms and definitions can be handed out after the activity. Participants do not need to worry about writing them down.

**Materials:**
- PG: 3, CORE Terminology Recall Game Worksheet
- Note Cards and container (optional)

**Trainer Instructions:** This is designed to be an interactive discussion to help participants recall terminology from CORE. Participants must define the term and describe why the term is important in the Child Welfare Practice.
There are two options you can use when conducting this activity.

**Option A:**
- Call out each term and have participants raise their hands to define and explain the below terms (they can use examples).

**Option B:**
- Split the class into teams and set up a way to keep track of points. (You can have the class keep track or keep track on a flip-chart).
- Write the terms on notecards and have teams draw cards one at a time. If the team is able to define the term, they get a point. If the team is not able to answer, the next team gets a chance to correctly define the term and earn the points.

- Review as a class those terms you feel students may need help recalling. Ask questions to encourage answers.

- After the activity is completed provide participants with the Handout: **CORE Terminology Recall Game Answer Key.**

<table>
<thead>
<tr>
<th>Safe</th>
<th>Unsafe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indian Child Welfare Act (ICWA)</td>
<td>Role of Florida Abuse Hotline</td>
</tr>
<tr>
<td>Caregiver Protective Capacity (CPC)</td>
<td>Present Danger Qualifiers</td>
</tr>
<tr>
<td>Early Childhood Trauma</td>
<td>Family Dynamics</td>
</tr>
<tr>
<td>Present Danger</td>
<td>Safety Plan (Impending Danger)</td>
</tr>
<tr>
<td>Child Maltreatment Matrix</td>
<td>Mental Injury</td>
</tr>
<tr>
<td>Present Danger Safety Plan</td>
<td>Impending Danger Definition</td>
</tr>
<tr>
<td>Impending Danger Threshold Criteria</td>
<td>Information Collection Domains</td>
</tr>
<tr>
<td>Family Functioning Assessment (FFA)</td>
<td>Domestic Violence</td>
</tr>
</tbody>
</table>
Activity A:  
CORE Terminology Recall Game  
ANSWER KEY

1. **Safe**: No danger threat identified.

2. **Unsafe**: A danger threat is identified in the home and the parent or legal guardian does not have sufficient protective capacities to effectively manage the threat.

3. **ICWA (Indian Child Welfare Act)**: Requires you to always determine if a child is of American and Alaskan Native descent recognized by the federal government under ICWA. If a Native American child is the subject of a dependency case, the tribal court may have control over the case or be permitted to intervene in the circuit court case. Also states DCF has no authority on an Indian reservation unless an agreement is in place.

4. **Role of Florida Abuse Hotline**: Screens reports based on whether or not there is reasonable suspicion of child abuse, neglect, or abandonment as defined in Florida Statute. If the report is screened-in the Hotline Counselor determines response time based on the identification of present danger (immediate) or impending danger (24-hour).

5. **Caregiver Protective Capacity**: Personal and caregiving behavioral, cognitive and emotional characteristics which are specifically and directly associated with being protective towards one’s child(ren).

6. **Present Danger Qualifiers**: Immediate, Significant, Clearly Observable, and Actively Occurring. All qualifiers must exist for there to be present danger.

7. **Early Childhood Trauma**: Traumatic experiences that occur to children ages 0-6. These traumas can be the result of intentional violence such as physical or sexual abuse, the persistent absence of responsive care, or due to a natural disaster, accident or war.

8. **Family Dynamics**: The patterns of relating in interactions between family members

9. **Present Danger Definition**: Immediate, significant, and clearly observable harm or threat of harm occurring to a child in the present time requiring immediate protective actions on the part of the Case Manager or CPI. Can occur at any point in time.

10. **Safety Plan (Impending Danger)**: Established when there is impending danger. Safety Plans must control the behavior, emotion, or condition that resulted in the child being unsafe. Once put in place the Safety Plans effect must be immediate.

11. **Child Maltreatment Matrix**: Provides clear and consistent definitions for the different types of maltreatments based on state law, administrative rules, and operating procedure. Provides definitions, examples of maltreatments, factors to consider when assessing for
maltreatment, and excluding factors.

12. Mental Injury: Any injury to the intellectual or psychological capacity of a child as evidence by a discernible and substantial impairment in the ability to function within the normal range of performance and behavior.

13. Present Danger Safety Plan: Established when there is present danger and must control the behavior, emotion, or condition that resulted in the child being in present danger. Put in place before leaving the home and is a short term plan until more information is collected about the family dynamics, caregiver protective capacities and child vulnerability.

14. Impending Danger Definition: A pervasive “state of danger” resulting from persistent and on-going out of control negative family conditions in the home. Places a child in a continual, imminent position of being seriously or severely maltreated.

15. Impending Danger Threshold Criteria: Observable, Vulnerable Child, Out-of-Control, Imminent, Severe. The danger threshold is the point at which a negative condition goes beyond being concerning and becomes dangerous to a child’s safety.

16. Information Collection Domains: Extent of maltreatment, surrounding circumstances of the maltreatment, child functioning, adult functioning, general parenting and discipline or behavior management. Represents the fundamental information that must be gathered and assessed about the household that is the focus of the Family Functioning. Sufficient information needs to be gathered about family functioning to explore danger threats, caregiver protective capacities and child needs.

17. Family Functioning Assessment (FFA): The process by which information is gathered, analyzed, and assessed to determine child safety in the household where the alleged maltreatment occurred.

18. Domestic Violence: A pattern of abusive behavior in any relationship that is used by one partner to gain or maintain power and control over another intimate partner. Domestic violence can be physical, sexual, emotional, economic or psychological actions or threats of actions that influence another person. This includes any behaviors that intimidate, manipulate, humiliate, isolate, frighten, terrorize, coerce, threaten, blame, hurt, injure or wound someone.

Respond to any questions participants may have.

Activity STOP
Now that we have reviewed terminology let’s review the logic model that the Florida Child Welfare Practice Model is based on. We will then shift our focus to Case Management and talk about the strategy we will use over the next several weeks to learn about your job as a Case Manager.

**Activity B: Safety Intervention Across the Florida Child Welfare Practice**

*Display Slide 1.1.4 PG: 4*

**Time:** 30 minutes

**Purpose:** To review the Child Welfare Practice Model learned in CORE.

**Materials:**
- PG: 4, Blank copy of the Safety Intervention Across the Florida Child Welfare Practice
- ARM: 1, Safety Intervention Across the Florida Child Welfare Practice (complete chart)

**Trainer Instructions:**
- Refer participants to **PG: 4, Safety Intervention Across the Florida Child Welfare Practice**.
- Instruct participants to identify the assessments and actions that take place during each step of the logic model. Make sure participants do not look in their ARM where there is a completed copy of the model.
- In groups, ask participants to identify the significant steps that occur in each step. Dependent on class size and trainer preference this activity can also be done individually or as a whole class.
- Review as a whole class using **CM ARM: 1**.
Safety Intervention Across the Florida Child Welfare Practice

- Hotline Assessment: Identify and Screen In Primary Service Population
- CPI Family Functioning Assessment: Problem Identification
- Ongoing Family Functioning Assessment: Determine What Must Change
- Safety Plan and Case Plan Evaluation: Measuring Progress for Change
- Anticipated Intervention Outcomes: Case Closure – Child Safety, Permanency and Well-being
Safety Intervention Across the Florida Child Welfare Practice

**Hotline Assessment:** Identify and Screen In Primary Service Population

- Hotline Assessment seeks to screen in cases and determine response times where reported information indicates that maltreatment may have occurred and/or there are indications that children may be unsafe due to Present or Impending Danger.

**CPI Family Functioning Assessment:** Problem Identification

- Collect information related to Maltreatment, the surrounding circumstances, child functioning, adult functioning, parenting general and parenting discipline.
- Determine Impending Danger and Diminished Caregiver Protective Capacities.
- Establish sufficient Safety Plans.

**Ongoing Family Functioning Assessment:** Determine What Must Change

- Engage caregivers to facilitate change.
- Discuss reason for case opening and develop "Danger Statement".
- Promote family self-determination; raise self-awareness regarding danger and caregiver protective capacities.
- Co-construct case plan with family to establish: Family Goal Outcomes to achieve change/ enhance/caregiver protective capacities Address child well-being needs.
- Revise/manage Safety Plans.

**Safety Plan and Case Plan Evaluation:** Measuring Progress for Change

- Continue to engage caregivers, promote personal choice; raise self-awareness and facilitate change.
- Focus on progress related to goals and outcomes for change: Enhancing Diminished Caregiver Protective Capacities.
- Assess effectiveness of change strategies.

**Anticipated Intervention Outcomes:** Case Closure – Child Safety, Permanency and Well-being

- In the absence of impending danger and demonstrated Enhanced Caregiver Protective Capacities, close the case.
- If reasonable efforts to improve diminished protective capacities have been provided but cannot be achieved in the required time frames, alternative permanency for child is arranged.
Case Management Specialty Track Curriculum Outline

PG: 5-6
The Case Management Specialty curriculum has been divided into 9 modules and 2 labs. We are now going to take a brief tour of each module so that you have a picture of the process. As we go through the outline you will see how the modules follow the case management process from start to finish.

Module 1: Introduction to Case Management - The Introduction will be a quick review of what you learned in CORE and provide a preview of the remaining modules in this specialty track. In addition, you begin to learn about the major concepts and processes impacting the case management process.

Module 2: Case Transfer - Module 2 is about the first major task in your job as a Case Manager. You will learn about the Case Transfer process:
- what that means;
- types of cases transferred;
- level of sufficient information needed for case transfer;
- the roles and responsibilities of those involved; and
- how to handle out-of-county service requests.

Module 3: Safety Management – In Safety Management you will learn about your role in safety planning and safety management. This module will give you the skills to work with families through management and modification of Safety Plans. In addition, you will learn the procedures to follow when you have a missing child.

Module 4: Court Proceedings and Case Management – In some cases it will be necessary to have court involvement. This module will take you through the court process and how to work with families when an out-of-home placement has been made including family time/visitation.

Lab 1: Courtroom Testimony – Lab 1 covers what to expect when you go to court. It will include a field day where you will have the opportunity to see dependency courtroom proceedings.

Module 5: Out-of-Home Care – In Module 5 we discuss the options available for placing children in the least restrictive, most homelike setting while focusing
on a placement setting that will meet the child’s individual needs.

**Module 6: Family Engagement Standard – Preparation and Introduction** - In Module 6 we will begin exploring the four distinct Family Engagement Standards. Module 6 focuses on preparing to meet a family and introducing yourself to them.

**Module 7: Family Engagement Standard – Exploration** - In Module 7 we will learn about the third Family Engagement Standard - Exploration. In this module we learn how to develop and document your FFA-Ongoing. This includes gathering sufficient information around the domains, assessing on-going danger threats, developing the danger statement and family goal, and assessing caregiver protective capacities, child strengths and needs and the family’s motivation for change.

**Lab 2: Exploration and Development of the FFA-Ongoing** - In Lab 2, we will learn the interviewing skills needed to gather and document the information for the FFA-Ongoing. You will then have the opportunity to observe these skills in the field.

**Module 8: Family Engagement Standard – Case Plan** - Module 8 covers the last Family Engagement Standard – Case Planning. This module explains the process for building a case plan, identifying the right services for the family, developing concurrent case planning goals and the process for amending case plans.

**Module 9: Evaluating Family Progress** – This module focuses on the Case Manager’s primary mission of supporting and assessing caregiver progress in achieving change and achieving child well-being, including the child’s need for permanency. The evaluation of family progress drives changes to Safety Plans, achievement of reunification, and the contents of case plans (goals, outcomes, tasks and service).

We are now going to move on to Unit 1.2 which is an overview of the Case Management Process. Some of these concepts will be new and some of the concepts you will remember from CORE.
Unit 1.2: Overview of the Case Management Process

Display Slide 1.2.1

Unit Overview: The purpose of this unit is to explain the case management process within Florida’s Child Welfare Practice.

References:
- CFOP 170-1, Safety Practice Model
- CFOP 170-7, Safety Planning
- CFOP 170-9, Family Assessment and Case Planning
- Section 39.6011, F.S., Case Management Responsibilities After Case Transfer

Display Slide 1.2.2 (PG: 7)

Learning Objectives

1. Identify and describe the four family engagement standards used for information gathering.
2. Recognize the importance of information collection during the case management process.
**Learning Objectives:**

1. Identify and describe the four family engagement standards used for information gathering.
2. Recognize the importance of information collection during the case management process.

Display Slide 1.2.3 *(PG: 7)*

<table>
<thead>
<tr>
<th>Case Management</th>
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<tbody>
<tr>
<td>You will be responsible for:</td>
</tr>
<tr>
<td>📑 assessing how the family is functioning,</td>
</tr>
<tr>
<td>📑 correctly identifying what in the family system needs to change,</td>
</tr>
<tr>
<td>📑 determining when behavior change has occurred, and</td>
</tr>
<tr>
<td>📑 recognizing immediate and ongoing safety needs.</td>
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Let’s talk further about the processes and procedures that guide your work.

Case management goes far beyond simply referring families for services and checking off a box when they complete it.

You will be responsible for:

- assessing how the family is functioning,
- correctly identifying what in the family system needs to change,
- determining when behavior change has occurred, and
- recognizing immediate and ongoing safety needs.

You must be comfortable with taking immediate protective actions and developing and maintaining Safety Plans. On a daily basis you will have to use good judgment, engage families through interviews and observations and help families make changes to keep children safe. You will have to build the skills and competencies in these areas.

The case flow process in Florida is prescribed. There is a fundamental process that families go through when involved in the child welfare system. As we just discussed, the Hotline Counselor, CPI and Case Manager all have different roles to play in the Florida Child Welfare Practice. *(Refer participants to CM ARM: 1, Safety Intervention Across the Florida Child Welfare Practice)*

Looking at
the flowchart you can see where the Hotline Counselor completes the intake and then the CPI completes the investigation which includes the FFA-Investigation. For those children who are determined to be unsafe, case management services will then be initiated. You can see on the flowchart the steps you need to both manage and modify the Safety Plan and develop your FFA-Ongoing and Case Plan. Let’s take a moment to look at the family engagement standards which you will follow when developing your FFA-Ongoing and Case Plan.

Display Slide 1.2.4 *(PG: 8)*

**Case Management Flowchart**
There are four distinct Family Engagement Standards: Preparation, Introduction, Exploration, and Case Planning. These standards reinforce a methodical approach to information gathering and forming working relationships with families to achieve desired outcomes.

Preparation, Introduction and Exploration are focused around gathering and assessing information in the FFA-Ongoing. The FFA-Ongoing is then used to inform the development of the Case Plan Outcomes.

**Preparation** is all of the activities the Case Manager completes before making initial contact with the family. Includes:
- Reviewing the FFA-Investigation.
- Reviewing the Impending Danger Safety Plan.
- Reviewing other pertinent case information and contact collaterals.
- Responding to any immediate safety needs.
- Developing a strategy for engaging with the family.
- Supervisory consult to ensure that all information is reconciled and that the Case Manager is prepared to engage the family.

**Introduction** includes the first meetings between the Case Manager and the family after the Case Transfer Meeting. Includes:
- Building rapport.
- Learning about the family.
- Beginning to develop a working relationship.
- Providing the family with needed information in regards to the role and purpose of case management services.

**Exploration** takes place while you are completing the FFA-Ongoing. Includes:
- Assessing with the family the relationship between child needs, caregiver protective capacities and the danger threats.
- Identifying the family’s motivation for change.
- Working with the family to create a danger statement and family goal.
- Documenting the Family Functioning Assessment-Ongoing.
**Case Planning** takes place after the FFA-Ongoing is completed. Includes:
- Creating outcomes that will facilitate behavior change.
- Identifying the services and tasks that will enhance Caregiver Protective Capacities and ensure child safety.

Safety plan management occurs during all four Family Engagement Standards. Once a family is transferred to you from Child Protective Investigations you have thirty days to move through the first three standards and complete the FFA-Ongoing.

Knowing and understanding these standards are paramount to your role as a Case Manager. They are one of the foundations of your job.

*Display Slides 1.2.5-1.2.8*
Trainer Note: Use the **CM ARM: 3, Progress Update Flowchart** to assist while going through the following concepts.

**Progress Update Flowchart**

For the first Progress Update, information in pink boxes is pulled from the FFA-Ongoing.
After the Family Engagement Standards are completed it is time to begin evaluating progress. You will be evaluating both the family’s progress and the work you have done to help the family achieve change. This is an ongoing process and will continue until permanency is reached and the family is no longer in need of case management services. This is either achieved by safe case closure or when an alternative permanency goal is achieved.

**Gather Information** includes all efforts the Case Manager makes to gather, assess, and analyze information around the information collection domains. This information gathering can occur during:
- Regular monthly contacts with the parents and children
- Collateral contacts including friends, teachers, relatives, therapists etc.
- Family time observations

**Assess Family Progress** is when all of the information that has been gathered assessed and analyzed is used to formally evaluate the progress that has been made since the last assessment occurred. This includes:
- Updating and evaluating the Caregiver Protective Capacities and Child Strengths and Needs
- Evaluating the danger statement, family change strategy, stages of change, and Safety Analysis/Conditions for Return and updating these when needed
- Evaluating quality and frequency of family time, case plan outcomes

All of the above items are evaluated, updated, and assessed using the Progress Update.

**Assess and Modify Plan** includes the evaluations and modifications that are made based off of the information in the Progress Update. This includes:
- Evaluation and modification of the Case Plan Outcomes
- Evaluation and modification of Safety Plan
- Evaluation and modification of the Family Time Plan
- No changes needed.
**Trainer Note:** The next section will first look at the importance of the domains. Review the information gathered around each domain and help participants apply it to case management.

**Information Collection Domains**

**PG: 11**

You must use critical thinking skills through each step of the case from preparation through case closure. The information that you gather will be directly related to the domains of information collection that you learned about in CORE.

The domains should look familiar from CORE, but we will take a moment to review them and discuss how you will utilize them as a Case Manager.

**Who can identify and define the six domains that information is gathered around?**

*Have one person present one domain rather than one person present all.*

**Endorse:**

1. Extent of Maltreatment - Whether maltreatment is occurring or has occurred and what the results are. Includes the immediate effect the maltreating behavior has on the child.
2. Surrounding Circumstances - The context or situation surrounding the maltreatment. Includes the build up to the maltreatment and what exists while the maltreatment is occurring.
3. Child Functioning - How a child functions day to day including their general behavior, emotions, temperament, development, academic status and health status.
4. Adult Functioning - How the adult caregivers function day to day including how they feel, think, and act as adults not parents.
5. General Parenting Practices - The overall, typical parenting practices used by the caregivers.
6. Disciplinary Approaches/Behavior Management – Discipline strategies used by the caregivers, and under what circumstances.
Florida Abuse Hotline Counselors, Child Protective Investigators and Case Managers all gather information around the domains, but they use the information gathered differently.

During the intake process how do Hotline Counselors use the information gathered around the six domains to determine?

**Endorse:**
If there are danger threats/maltreatments occurring that need to be investigated and what the response time should be e.g., immediate or 24-hour.

During the FFA what do Child Protective Investigators use the information gathered around the six domains to determine?

**Endorse:**
If a child is safe or unsafe. If the child is unsafe they use the information to help with safety planning.

Although there are a total of six information domains, Extent of Maltreatment
and Nature of Maltreatments: Surrounding Circumstances are gathered only by the Florida Abuse Hotline and CPI’s. When the FFA-Ongoing is opened the two maltreatment domains will pre-fill with the FFA information gathered by the CPI and cannot be altered in the FFA-Ongoing. There is an “Additional Ongoing Information” section in the FFA-Ongoing for any information surrounding the two maltreatment domains that is learned after case transfer.

In the FFA-Ongoing and the Progress Update, information is collected around Child Functioning, Adult Functioning, General Parenting, and Discipline/Behavior Management. During the FFA-Ongoing, domain information is gathered to determine and evaluate what behavior change needs to occur within the family to eliminate the danger threats and/or enhance caregiver protective capacities. During the Progress Update domain information is gathered to assess what behavior changes have occurred within the family and how this has influenced the danger threats and the caregivers protective capacities. Both assessments provide a systematic and structured mechanism for you to gather, assess, and synthesize information.

**Trainer Note:** Refer participants to **CM ARM: 4-7, Blank FFA-Ongoing.** After participants have had time to review the FFA-Ongoing ensure they noticed where the domains are located. Some concepts, including Child Needs and the Danger Statement, were not addressed in CORE. If participants ask about these concepts let them know we will be thoroughly addressing these concepts later in the training.

This is a copy of a blank FFA-Ongoing. You will recognize many of the concepts in this assessment from CORE. Please take a moment to review it. We will be working on it throughout this course.
Unit 1.3: Purposeful Contacts

Display Slide 1.3.1

Unit Overview:
This unit will provide an understanding of the skills and personal attributes that contribute to building ongoing interpersonal relationships. Participants will begin to understand the key tasks that they need to accomplish during their contacts with parents, children and caregivers.

References:
- A more recent study was published in March, 2014 by the National Family Preservation Network, “Family Assessment, Family Functioning, and Caregiver Engagement in Family Preservation and Reunification Programs, and the Relation of These and Other Factors to Reunification Service Outcomes.” This study can be found at the National Family Preservation Network website at: http://www.nfpn.org/Portals/0/Documents/2014-reunification-report.pdf
- F.A.C.65C-30.007 Case Management Responsibilities After Case Transfer
Learning Objectives:
1. Describe the importance of Case Manager’s working relationships with parents, children and caregivers.
2. Identify the policy requirements for contacts.
3. Identify the tenets of purposeful contacts with families.

A major review was conducted of empirical literature by the U.S. Department of Health and Human Services in 2011. The review also included information gathered from the Children’s Bureau qualitative reviews conducted of state child welfare systems (Child and Family Service Reviews, CFSR).

The final report, and “Family Reunification: What the Evidence Shows” identified the child welfare system practices that were identified as being most helpful to successful reunification.
This report cited an abundance of research that points to one common theme—the Case Manager’s relationship with the family and caregivers.

**Trainer Note:** Trainer should review points on the slide and generate discussion with participants as what they think about each of the three specific findings.

Display Slide 1.3.4 *(PG: 13)*

The study also noted that in terms of the successful achievement of reunification, the working relationship between foster parents and birth parents was a key variable.

**Trainer Note:** Trainer should review points on slide and generate discussion with participants as what they think about the two specific findings.

**How could you as the Case Manager engage the foster parents and biological parents to facilitate the same type of impact as this study?**

Endorse the following (as participants may not mention the last two issues below about visits with parents, trainer should be sure to bring these up):

- Case Manager can convey positive messages to foster parents about the birth parents
- Case Manager can convey positive messages to parents about the foster parents
- Case Manager asks parent what it is important for foster parent to know about their child, and to do
- Case Manager can convey messages of hope for parent progress to foster parents
- Case Manager can work with parents to help them be open to having a
relationship with foster parents

- Case Manager can help parents consider what might be a good outcome for their children if they were to have a relationship with the foster parent
- Case Manager can explore ways for foster parent and parent to jointly attend medical appointments, school events, etc.
- Case Manager can help parents and foster parents with the logistics of getting together (ice breaker meetings)
- Case Manager can explain the many different ways that children react after visits with their parents (grief, anger, acting-out, depression) which does not mean that visits should not occur!
- If children are having difficulty handling their emotions after visits with parents or siblings, Case Manager can determine what is needed to make the visits more therapeutic for all involved.

Now, let’s take a look at how often we should be having contacts so we can facilitate this type of engagement.

*Display Slide 1.3.5-1.3.6*  

**Trainer Note:** Trainer should briefly review contact requirements for children and make the following additional points.

Case Managers will be responsible for obtaining the assignment of a secondary worker when children or a parent reside in another jurisdiction. The secondary worker will be responsible for the frequency and quality of contacts. This includes documentation of the contact.
The primary Case Manager is responsible for communication with the secondary worker as to what needs to be accomplished with child, parent or caregiver during visits and also to provide case information updates. Also the primary Case Manager should provide outreach and direct feedback to secondary workers assigned if there is a need to gather additional information during their contacts. If direct feedback does not get the results needed, the Case Manager should escalate concerns to a supervisor.

All contacts with children both in the home and in out-of-home care (kinship or placement) include the need to assure safety plan sufficiency. In addition to ensuring the danger threat is being managed, the Case Manager should explore if the child feels safe in their home or out of home setting? If not, what is happening that makes them feel unsafe.

Contact with children also includes a determination as to whether the basic care, including health care, and well-being needs of children are being met. Just because a child is receiving counseling does not mean that it’s working! The Case Manager should explore how any planned interventions are happening (e.g., Is the child attending counseling sessions?) and is the intervention (e.g., counseling) helping the child?

In addition, if age appropriate, contact with children includes discussions as to their understanding of safety plans and treatment interventions in the case plan for parents. In fact, children should have input into case plan outcomes, particularly ones that pertain to services for them. Children 14 years and older are required to have input into their case plan outcomes.

Display Slide 1.3.7 (PG: 14)
It is important to note that contact requirements include non-maltreating parents in different households when children are in out-of-home care.

The amount of contact on a monthly basis is predicated on what Case Managers want to achieve as a result of the contact. These include:

- **Ongoing safety management responsibilities related to evaluating the sufficiency of in-home safety plans, overseeing and coordinating visitation, and/or managing out-of-home safety plans (placements).** Specific conversations with caregivers related to the sufficiency of in-home safety plans should again involve considering the continued willingness and acceptance among caregivers to support the use of an in-home safety plan as well as the continued stability of the home environment to assure the sufficiency of an in-home safety plan.

- **Assisting caregivers in moving to change and progressing toward outcome achievement.** The Case Manager will explore with parents what is changing in their lives, and whether the planned services in the case plan are effective in helping them achieve changes.

- **Focusing on the parent’s progress in meeting Conditions for Return.** Parents should also be engaged in qualitative discussion about their family time, as well as updates about how their children are doing. Case Managers should interact with caregivers in such a way that promotes caregiver self-determination, seeks to raise caregiver self-awareness and create discrepancy in the status quo and the perceived need for change.
Contacts with caregivers should focus on gathering information about how the child is functioning in that home, including relationships with other children and adults in the home at child care or school, and other settings. It includes discussions about how the caregiver is doing with addressing needs that the child has, including exploration of any supports that would help the caregiver with specific child needs. Contacts should confirm that the placement setting continues to be a safe and nurturing environment for the placed child.

Caregivers should receive information on a regular basis as to the parent’s progress in meeting Conditions for Return.

They should be involved in discussions about any upcoming transitions for a child, such as reunification or going to a new school. The Case Manager should elicit the caregiver’s suggestions as to what supports the child might need to success with the transition.
There are other types of contacts that will be critical sources of information in terms of assessing the actual progress that parents and children are making. The focus is on gathering information about demonstrated, observable change in behaviors and conditions, rather than if the parents attended and/or completed services.

Contacts with change services include focus on parent and child progress being made toward outcome achievement. Providers are able to inform the frequency and quality of interaction the parents are having within the service. Case Managers should be able to observe the parents implement what they learned or gained from the services when they interact with their child(ren).

Display Slide 1.3.10-1.3.11 *(PG: 15-16)*

During your contacts with children, parents and caregivers will become “purposeful” when you use core tenets that directly address building a strong, constructive working relationship.

You will use the same interviewing skills used during the development of the Family Functioning Assessment-Ongoing to strengthen and maintain family engagement.

The tenets of the on-going assessment process are the following:

1. **Treat Families as Unique Individuals and Family Systems**

   With respect to whoever might be in the role of caregiver, an effective process requires respect for the person’s uniqueness and fundamental rights as a human being. Individualization means viewing a person as like no other; as one who
possesses his or her own distinctive experience, personal interests, beliefs and values; as having basic self-worth while having both strengths and limitations.

A family system focus recognizes that the day-to-day case decision making must involve caregivers as the executives of the family by being focused upon strengthening their role within the system. That means supporting caregivers to identify and achieve their own choices about how change occurs and direct their own lives to the greatest extent possible.

2. **Promote Mutual Respect**  
It is essential that you show respect for the knowledge, skills, experience, and perspective of others involved in the service provision effort. This should be regardless of age, level of training, position, particular discipline, setting, or the agency involved.

3. **Identify and Build on Family Strengths**  
The ongoing assessment process encourages recognition, emphasis, and use of enhanced caregiver protective capacities and family protective factors that can be used to support change. A positive intervention mentality, attitude, and approach make it far easier for caregivers to stay committed and continue within the collaborative partnership with you.

4. **Encourage Purposeful Family Expression**  
Caregivers and family members can be supported to express their feelings, thoughts, and ideas in productive, helpful ways. This includes full opportunity for disclosure and opinion about what their judgments are about progress and what is or isn’t influencing change.

5. **Respect Self-Determination (Keep Family in Driver’s Seat)**  
Self-determination is the cornerstone of a safety intervention system and always respected during ongoing services. To change, a person must decide to change. The process of change depends on a person moving through stages that leads to a decision to change. Caregivers have a right to determine the course of their lives. This value should not be misunderstood to include that caregivers can determine that they will not, for instance, protect their children or participate with you in a process of change without contending with resulting consequences.
This value includes the realization that it is a responsibility for you to (1) honor caregiver self-determination and (2) fully explain potential consequences of choices made by the caregiver – both good and bad.

6. **Control Your Emotional Involvement**
This value underscores the importance for you to maintain and represent yourself as a genuine, caring person who is well prepared to guide the caregiver through a process of change. A balance between subjective and objective involvement is vital to the Progress Update process.

Objective involvement seeks to partner with the caregiver in order to encourage and support change and to judge progress toward restoring the caregiver to his or her protective and parenting responsibilities.

Subjective involvement is concerned with understanding the personal meaning experienced by the caregiver in all aspects of his or her life. Subjective involvement is expressed through feelings and demonstration of empathy for the caregiver.

7. **Seek to Be Less Intrusive**
Once service provision begins, your eyes are on the “finish line.” Routinely, you and the caregiver are judging how close or far away the “finish line” is. When the “finish line” is crossed, intrusion ends.

Progress toward the “finish line” involves caregiver change and child safety. This value is at work when you assure that the focus of interest related to caregiver change remains on caregiver protective capacities. When the focus is on safety management, you continually apply a provisional perspective about whether safety intervention can be adjusted to be less intrusive. Ultimately you are directing all efforts and understanding toward no intrusion.

8. **Promote Accountability**
The manner in which this value must be considered is that the assessment process is accountable to the caregiver who is involved in it. This means that you take as much responsibility for encouraging successful change as the caregiver takes in participating and attempting to make significant life changes.
Reliance and dependability are dimensions of this value. The value is best characterized by keeping in touch with caregivers, by keeping them informed to the greatest extent possible of all case issues and activities that affect them.

**Activity C: Putting the Tenets to Work in Purposeful Contacts**

*Display Slide 1.3.13 (PG: 17-18)*

**Time:** 20-30 minutes

**Purpose:** To have participants think about their purposeful contacts. The core tenets apply to all contacts that the Case Managers will make with case participants. This activity will help participants integrate and apply the tenets in the context of making their visit purposeful.

**Materials:**
- *PG: 17-18, Putting the Tenets to Work in Purposeful Contacts worksheet*

**Trainer Instructions:**
- Divide participants into 4 groups and assign each group two of the core tenets.
- Have them identify what actions would demonstrate accomplishing the perspective of each of the 8 core tenets during purposeful contacts.
- Conduct a debriefing at the end. More than likely, the lists will be more similar than different.
Activity Instructions:  
1. In small groups, using your assigned core tenets, identify what actions would demonstrate accomplishing the perspective of each of the 8 core tenets.  
2. Be prepared to share with the whole class.

**Trainer Version**

**Treat Families as Unique Individuals and Family Systems:**

- Know who are the caregivers  
- Know other household members and their role  
- Ask about anyone else outside of the home who may have a role in the family  
- Ask about family traditions and beliefs  
- Recognize cultural frame of reference, which includes race, nationality, religion, class, education, regional/geographic influence  
- Recognize families’ diverse needs, backgrounds and abilities  
- Respect each member’s uniqueness and fundamental rights as a human being

**Promote Mutual Respect:**

- Keep caregivers informed of all case issues and activities that affect them  
- Serve as an advocate  
- Show up on time for scheduled contacts  
- Return phone calls in a timely manner  
- Explain the reason for unscheduled contacts  
- Practice basic courtesy  
- Explain your role in the process

**Build on Family Strengths:**

- Acknowledge and praise any positive changes or actions you observe  
- Ask about other family members and friends who might be able to help  
- Ask about helping to re-engage family members who may have been involved in the past
• Discuss any past successes the family has had
• Have family members identify their strengths and strengths of the family

Encourage Purposeful Expression:
• Ask how family members feel about certain issues
• Ask what they feel could be done differently
• Ask about any concerns
• Acknowledge and validate difficult experiences
• Ask the family for solutions
• Ask if members feel safe
• Listen

Respect Self-Determination:
• Offer family members and caregivers choices when possible
• Fully explain the potential consequences of choices—both good and bad
• Help move through stages of change by listening to challenges and validating feelings
• Encourage family members to be involved in decisions about the case
• Treat caregivers and family members as partners in the case

Control Your Emotional Involvement:
• Don’t be judgmental, remain open
• Demonstrate empathy
• Take time to ask questions and listen before responding
• Demonstrate that the individual is a person worthy of the time and effort necessary for change to occur

Seek to be Less Intrusive:
• Discuss Safety Plan and any modifications that could be made to make it less intrusive, if possible
• Get services started in a timely manner
• Seek to resolve issues promptly
• Identify barriers to goal achievement early on
Promote Accountability:

- Be honest about how the case is going
- Remind parent for the reason for Case Management involvement
- Review and enforce the Safety Plan and family member’s responsibilities
- Providing praise for change
- Clearly state and review everyone’s responsibilities within the case
- Reinforcing the responsibility within the individual for change

Activity STOP

Display Slide 1.3.12  *(PG: 19)*

The accumulation of information obtained during your monthly contacts is used to inform your assessment of the family, including your FFA-Ongoing and your Progress Update. These discussions will provide case participants, including the family, with regular opportunities to voice their opinions and remain actively involved in case decision making. When you utilize the tenets of ongoing assessment, your purposeful contacts will help you continually assess the family. You should always be thinking of these questions during your purposeful contacts. These questions include: Is the child safe? Are the child’s needs being met? Does everyone understand the Danger Threats and responsibilities within the Safety Plan? Do the parents understand their rights and responsibilities? Does everyone know the goal of the case and how it is being achieved? Are the participants in the case making progress?
Now that you have considered how you will gather information during your purposeful contacts, let’s move on and discuss the laws, rules and policies that govern our actions.
Unit 1.4: Laws, Rules and Policies

Display Slide 1.4.1

Unit Overview: The purpose of this unit is to provide Case Managers with an understanding of the legal foundations governing case management.

References:
- Florida Statute: http://centerforchildwelfare.fmhi.usf.edu/flstat/FloridaStatues.shtml
- Florida Administrative Code: http://centerforchildwelfare.fmhi.usf.edu/HorizontalTab/FloridaAdminCode.shtml#
- Operating Procedures/Practice Guidelines: http://centerforchildwelfare.fmhi.usf.edu/HorizontalTab/DeptOperatingProcedures.shtml

Display Slide 1.4.2 (PG: 20)

Learning
1. Identify and review the laws, rules and policies governing child welfare
Objectives: and case management.

**Trainer Note:** Go over the “Florida DCF’s Legal Foundations” chart that was presented in CORE. Explain that everything they do will be governed by these rules, laws and policies.

**Order of Precedence**

*Display Slide 1.4.3 (PG: 20)*

In CORE we discussed how our U.S. legal system is structured hierarchically; legal authority begins with the Constitution and federal statutes and is passed down to the states and agencies. These multiple levels of legal guidance authorize (and, in some cases, mandate) the protective actions we take as child welfare system professionals.

As a Case Manager it is important to be familiar with the laws, rules, and policies surrounding Child Welfare as they will affect how you work with families.
Activity D: Laws/Policies/Procedures for the Case Manager

Display Slide 1.4.4 (PG: 21)

Time: 30 minutes

Purpose: In this activity we look at how the laws, codes and guidelines are incorporated in Family-Centered Practice.

Materials: • ARM: 8, Laws/Policies/Procedures Locator chart
           • PG: 21, Laws/Policies/Procedures worksheet

Trainer Instructions:
• Explain to the participants that ARM: 8, Laws/Policies/Procedures Locator chart outlines references in Florida Statute, Florida Administrative Code and operating procedure on topics that Case Managers need to have knowledge of. It is imperative participants understand how to locate various topics in law, policy and operating procedures.

• Break participants into small groups and provide each group with one or two topics.

• Ask the participants to research their topic using the internet or have printed copies for them.
  ○ Option: Pick a topic as a class and show participants how to look it up in the Florida Statutes, Florida Administrative Code and DCF Operating Procedures.

• Instruct the participants to list on flip chart paper what they feel are the highlights or what is important for a Case Manager to know about their topic(s).
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- Have groups select a spokesperson to share with the class.

- The next slide has a link to the Center’s website to assist with a full class demonstration.

**Activity Instructions:**

1. In small groups, research your topic(s). On flip chart paper, list what you feel are the highlights or what is important for a Case Manager to know about your topic(s).
2. Class review: Have a spokesperson for the group share with the class.

*Display Slide 1.4.5*

**Finding Topics in Statutes, Administrative Code, Operating Procedures and Practice Guidelines**

- Florida Statutes: [http://centerforchildwelfare.fmhli.usf.edu/FloridaStatutes.shtml](http://centerforchildwelfare.fmhli.usf.edu/FloridaStatutes.shtml)
- Operating Procedures/Practice Guidelines: [http://centerforchildwelfare.fmhli.usf.edu/HorizontalTab/DeptOperatingProcedures.shtml](http://centerforchildwelfare.fmhli.usf.edu/HorizontalTab/DeptOperatingProcedures.shtml)

**Activity Instructions:**

1. In small groups, research your topic(s). On flip chart paper, list what you feel are the highlights or what is important for a Case Manager to know about your topic(s).
2. Class review: Have a spokesperson for the group share with the class.

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Unit 1.5: Understanding Quality Assurance Case Reviews and Family-Centered Practice

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Unit Overview: The purpose of this unit is to provide participants with an overview of the types of Quality Assurance Reviews that are conducted for case management cases.

References: • Section 39.6011, F.S., Case Plan Development

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Learning Objectives:
1. Define child well-being, permanency and safety.
2. Explain the application of Family-Centered Practice during the work of the Case Manager.
3. Identify the different types of quality assurance reviews used in child welfare.
Quality Assurance Case Reviews are an important piece of practice and allows for feedback to be provided to the agency, Supervisor, and Case Manager.

Community-based care agencies (CBCs) are required to conduct on-going Quality Assurance Case Reviews to determine the quality of child welfare practice related to safety, permanency, and child and family well-being. Quality Assurance Case Reviews provide an understanding of what is "behind" the safety, permanency and well-being data in terms of day-to-day practice in the field and how that practice impacts child and family functioning and outcomes. Reviews are approached using two processes:

1. **RAPID SAFETY FEEDBACK.**

   Rapid Safety Feedback is a process designed to flag key risk factors for in-home services cases that could gravely impact a child’s safety. These factors have been determined based on reviews of other cases where child injuries or tragedies have occurred. Factors include, but are not limited to the parents’ ages, the presence of a boyfriend in the home, evidence of substance abuse, or previous criminal records. The critical component of the process is the case consultation in which the reviewer engages the child Case Manager and the supervisor in a discussion about the case. The case review focuses on nine (9) overarching items:

   - **Item 1 – Services to Prevent Removal**
     Were concerted efforts made to provide services to the family to prevent children’s entry into out-of-home care or re-entry after a reunification?

   - **Item 2 – Initial and Ongoing Assessments**
     Were Initial and Ongoing Assessments conducted to assess safety concerns relating to the child(ren) in their home?
Item 3 – Safety Planning
If safety concerns were present, did the agency develop an appropriate safety plan with the family?

Item 4 – Monitoring the Safety Plan
If safety concerns were present, did the agency continually monitor the safety plan as needed including monitoring family engagement in any safety-related services?

Item 5 – Background Checks and Home Assessment
Are background checks and the home study assessment sufficient and responded to appropriately?

Item 6 – Caseworker Visits with Child
Is the frequency and quality of visits between Case Managers and the child(ren) in the case sufficient to ensure the safety, permanency, and well-being of the child and promote achievement of case goals?

Item 7 – Casework Visits with Parents
Is the frequency and quality of visits between Case Managers and the mothers and fathers of the children sufficient to ensure the safety, permanency, and well-being of the children and promote achievement of case goals?

Items 8 – Safe Case Closure
Does planning for case closure provide a sequence of strategies, interventions, and supports that are organized into a coherent service process providing a mix of services that fits the child and family’s evolving situation?

Item 9 – Supervisory Case Consultation
Is there evidence the Case Management Supervisor is regularly consulting with the Case Manager, recommending actions when concerns are identified, and ensuring recommended actions followed up on urgently?

2. **Florida and Federal Child and Family Service Reviews (CFSR)**
Florida has adopted the CFSR review tool for ongoing case reviews. The Children’s Bureau, Administration for Children and Families and U.S. Department of Health and Human Services, developed the case review items. The items assessed identify strengths and challenges in programs and systems, focusing on outcomes for children and families in the areas of safety, permanency, and well-being. All reviews are conducted quarterly on a random sample of in-home and out-of-home cases using the federal Online Management System (OMS).
We are now going to look at the seven outcomes that are reviewed. You may remember these from the Adoptions and Safe Families Act information you read in CORE. Review items include two safety outcomes; two permanency outcomes; and three well-being outcomes.

**Trainer Note:** Provide class a moment to look over the seven outcomes and instruct them that in a moment we will look further at these outcomes.

### Safety, Permanency and Well-Being

**Display Slide 1.5.4 (PG: 25)**

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**Looking at the Florida Child Welfare Practice Flowchart when does safety begin and end?**

*Ask for a volunteer to come up to the Florida Child Welfare Practice chart and point to these places. If you don’t have a chart on the wall have participants turn to CM ARM: 1, and point to these places using the flowchart.*

**When does permanency begin? End?**

**How about well-being?**

**Endorse:**

All three begin as soon as the call comes to the Hotline and ends when the case is closed.
Safety Outcomes

Display Slide 1.5.5 *(PG: 25)*

1. Children are, first and foremost, protected from abuse and neglect.

2. Children are safely maintained in their homes whenever possible and appropriate.

*What tasks do Case Managers perform that achieve the safety outcomes in the CFSR?*

**Endorse:**
- Identification of new present or impending danger threats
- Ongoing assessment of the existing danger threats and overall family conditions within the home
- Safety plan monitoring. Includes changing the intrusiveness of the plan based on the manifestation of the danger threat.

*What comes to mind when you hear the word “permanency”?*

Accept participant’s responses.
There are two outcomes in the CFSR associated with permanency.

1. Children have permanency and stability in their living situations.

2. The continuity of family relationships and connections is preserved for children.

The first outcome explores children’s level of stability while in out-of-home care, their permanency goals, and whether those goals are appropriate and attainable.

The second outcome looks at maintaining children’s family connections while in out of home care.

**What types of things can Case Managers do to maintain children’s connections with family and friends when there has been a removal?**

**Endorse:**
- Place siblings together when possible and having regular visitation between siblings when not possible.
- Placing children in relative homes whenever possible
- Keep the child in the same community, school, and activities.

**When you hear the word well-being, what is the first word that comes to your mind?**

Accept participant’s answers.
Well-being means that a child’s basic needs are met and the child has the opportunity to grow and develop in an environment which provides consistent nurture, support and stimulation.

There are three outcomes in the CFSR associated with well-being:

1. Families have enhanced capacity to provide for their children's needs.
2. Children receive appropriate services to meet their educational needs.
3. Children receive adequate services to meet their physical and mental health needs.

Out of the three outcomes - safety, permanency and well-being; well-being is probably the least concrete and certainly hardest to measure. A tool we use to assess all three outcomes, including well-being, is the Child’s Strengths and Needs Assessment in the FFA-Ongoing and Progress Update. When these assessments are completed it allows you to see what areas the child is strong in and where the child may need additional services or assistance.
Activity E: Safety, Permanency or Well-Being?

Display Slide 1.5.8 *(PG: 27)*

**Time:** 10 minutes

**Purpose:** Provide participants with the opportunity to practice their skills at distinguishing between Safety, Permanency and Well-Being.

**Materials:**
- *PG: 27, Safety, Permanency, or Well-Being scenarios*

**Trainer Instructions:**
- Refer participants to *PG: 27*, scenarios that describe safety, permanence, and well-being. Direct them to determine what the scenario is describing and put an S (for Safety), P (for Permanency), or WB (for Well-Being) in the box.

- Be sure to walk around and listen to the discussions and prompt when needed.

- Review as a whole class.
<table>
<thead>
<tr>
<th>Answer Key: Safety, Permanency or Well-Being?</th>
<th>S,P,W</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. A child in foster care has not seen a dentist in two years.</td>
<td>Well-Being</td>
</tr>
<tr>
<td>2. Five-year-old Bobby has been removed from his mother twice. He was in temporary shelter care for over 30 days before his is present placement with Mrs. Strong. The Strong’s state that he is disrupting their home and they cannot keep him due to his behavior and the Case Manager must find a new home.</td>
<td>Permanency</td>
</tr>
<tr>
<td>3. Six-year-old child Shana was physically abused by her father. The father moved out of the house, and Shana has been progressing well in-home with her mother, with services provided. When the Case Manager visits the home, she notices bruises on Shana’s back. The mother admits that the father visited, but she does not know how the bruises got there.</td>
<td>Safety</td>
</tr>
<tr>
<td>4. It is questionable as to whether Mr. and Mrs. Keep, both serving jail terms, will be out of jail before the year’s end. The case goal is reunification. There is no concurrent goal.</td>
<td>Permanency</td>
</tr>
<tr>
<td>5. John was placed with a foster parent. Relative placements were not pursued, even though he has relatives living in the same county.</td>
<td>Permanency</td>
</tr>
<tr>
<td>6. Kerry’s teachers think he has learning disabilities. He has not been assessed or tested.</td>
<td>Well-Being</td>
</tr>
<tr>
<td>7. A Case Manager working a non-judicial case is conducting a home visit with a mother and 3-month-old infant. When holding the infant notices the infant appears lighter. The Case Manager removes the infants clothing and finds the child has lost tone and its bones are protruding.</td>
<td>Safety</td>
</tr>
<tr>
<td>8. Terry has attended three different schools in the last year.</td>
<td>Well-Being</td>
</tr>
<tr>
<td>9. When a Case Manager goes on a visit, the mother, Mrs. Polo is inebriated and her eight-year-old daughter Marcie is fixing dinner.</td>
<td>Safety</td>
</tr>
<tr>
<td>10. When making a visit to the home, Jan Peters, the Case Manager, did not ask the mother about 2-year-old Toby's most recent medical and dental visits.</td>
<td>Well-Being</td>
</tr>
</tbody>
</table>
Family-Centered Practice

Family-Centered Practice is an integral part of the Children and Family Services Review (CFSR) and is monitored and reviewed by them.

Can anyone remember from CORE what Family-Centered Practice is?

After eliciting responses from the class show the next slide.

Display Slide 1.5.9 (PG: 28)

Family-Centered Practice holds the belief that the best place for children to grow up is within a family. You must provide services that engage, involve, strengthen and support families to ensure children’s safety, permanency, and well-being outcomes are met.

Family-Centered Practice looks at the family as a whole and makes them the primary focus of attention. It recognizes that most parents desire to be competent caregivers. By partnering with a family and building on a family’s strengths Case Managers are able to help families make long lasting behavioral changes.
Please take a moment to review the components of the *PG: 28, Foundations for Family-Centered Practice*. You should recognize these from CORE.

In order to fully practice a family-centered approach it is important that Florida Statues, Florida Administrative Code and the Florida Child Welfare Practice Model support the approach. In the following activity we will look at how these laws, codes and guidelines have incorporated Family-Centered Practice.

**Activity F: Using Family-Centered Practice - OPTIONAL**

Display Slide 1.5.11 *(PG: 29)*

- **Time:** 15 minutes
- **Purpose:** In this activity we look at how the laws, codes and guidelines are incorporated in Family-Centered Practice.
Materials:
- PG: 29-30, Using Family-Centered Practice Scenario and worksheet

Trainer Instructions:
- Ask the participants to read the scenario on their Family-Centered Practice worksheet. Split class up into groups. Instruct each group to identify what Family-Centered Practice skills they could use to engage this family (Question A) and any barriers, fears, or apprehensions they may have when using Family-Centered Practice with this family (Question B).

- In a large group discuss answers. Make it clear that it is normal to encounter barriers and fears when using Family-Centered Practice, especially when egregious abuse has occurred.

- Review answers as a large group.

Activity Instructions:
1. Read the scenario.
2. Identify what Family-Centered Practice skills you could use to engage the family.
3. List any barriers, fears, or apprehensions you may have when using Family-Centered Practice with this family.

Using Family-Centered Practice

ANSWER KEY

1. Read the following Scenario:
Susan and Steven, both 18, are the parents to three-month-old Sarah. Susan works during the day and Steven stays home and takes care of Sarah. One day after work Susan comes home to find Steven holding Sarah, who is unresponsive. Upon being admitted to the hospital Sarah is found to have two subdural hematomas consistent with being shaken, a broken femur which appears to be a couple weeks old, two broken ribs, and bruising on her chest and back. Susan and Steven have been the sole caretakers for Sarah and state the injuries must have occurred when Sarah rolled off the couch last night. This explanation does not fit with Sarah’s developmental abilities or fully explain all of her injuries. The police are still investigating and no one has been arrested. Sarah was found to be unsafe and an out-of-home safety plan was initiated leading to the court ordered removal of Sarah from both her parents. The case has been transferred to case management services. Susan and Steven are both very upset about the removal.

Whenever they interact with their Case Manager they become belligerent and provide very little information. They claim they don’t need any case management services because they have done nothing wrong; all that happened was Sarah fell off the couch and people refuse to believe them.
2. Answer the following questions:

   A. Using the worksheet, identify one way you could use family-centered practice skills to engage this family for each of the three foundation categories (Demonstrate, Respond, and Enable)

      Possible Answers:
      - Demonstrate:
        o Continue to show respect and courtesy to the parents by listening to their perspectives
        o Even when the parents become belligerent staying calm and maintaining a professional attitude with them
      - Respond:
        o Continuing to attempt to build a trusting working relationship with the parents even though they have not yet made steps to engage in a positive manner.
      - Enable
        o Ensure the parents have the ongoing knowledge needed to understand the child welfare process and why case management services are involved with the family.
        o Continuing to engage the family to try and get as much knowledge from them about their family as possible. This can be done by attempting to get knowledge from them on other domains aside from maltreatment.

   B. Based on the egregious nature of the abuse identify any barriers, fears, or apprehensions that you have when using family-centered practice with this family.

      Possible Answers:
      - Easy to become verbally aggressive with the family because they are approaching the process in a verbally aggressive way.
      - Hard to have or show any empathy towards the parents.
      - May become discouraged and frustrated since the parents are refusing to take any responsibility for the abuse and have been refusing to engage in a positive way.
      - Difficult to care about the parent’s knowledge and expertise due to the nature of the abuse.
Family Teams and Family Meetings

Display Slide 1.5.12  PG: 31

Florida law (39.6011, F.S.) provides that “the case plan must be developed in a face-to-face conference with the parent of the child, any court-appointed Guardian ad Litem, and if appropriate, the child and the temporary custodian of the child.”

As we have discussed, many case management organizations have adopted specific family team meeting models and some have special staff whose primary job is to facilitate a family team meeting.

Families have a long history of dealing with crisis and solving problems by convening their own network of members and support to help address with both routine family issues and emergencies. These natural networks are usually informally organized and occur in all cultures as a means of adding problem solving expertise and expanding the family’s strengths. Many families have a support system and family team that is already available to tap into. The Case Manager has to work with the family to mobilize what resources they already have.

Meeting with the family and their resource network is based on a number of beliefs and practice values. The following are some of the most important principles that make family teamwork models effective:

- Focus is on the needs of the family (solution focus) rather than the symptoms.
- People are capable of change.
- All people and families have strengths.
- A solution generated by a family responds to its uniqueness.
A family is more invested in a plan which they generate.
- No formal system would be able to generate the solutions identified by family teams.
- Family and friends provide love and caring which helps a family to take supported risks.
- Caring people in the same room creates energy for change.

Display Slide 1.5.13 (PG: 31)

The branches of this tree indicate the many areas of a child’s life. The roots represent stability which is necessary for the tree to grow.

All three outcomes; safety, permanency, and well-being, are connected and if a child is lacking in one area it will affect all of the areas. Although it can sometimes be challenging, consistently using family-centered practice will help you reach positive results in all of these areas.

As we discussed in CORE, the system is well-intentioned, but can unwittingly have a negative impact on well-being if we are not acutely aware that we run the risk of re-traumatizing children by:
1. removal and/or multiple placements,
2. separating siblings,
3. not having frequent and timely visits,
4. not ensuring that all mental health, educational and medical issues are assessed and addressed.

We have a higher likelihood of maximizing well-being if we ensure that safety planning and case planning considers the maltreatment, the child’s
developmental needs, cultural factors and the caregiver’s protective capacities.

**Any questions or comments?**

*Trainer Note: Review concepts learned in Module 1.*