

# **Child Welfare Pre-Service Training**

## **Case Planning**

### **Participant Guide**

October 2012



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## Module 1: Client Relationships and Case Planning

### Family-Centered Model versus Protective Authority Model

<b>Family-Centered</b>	<b>Protective Authority</b>
Role of Case Manager: Helper/Supporter	Role of Case Manager: Enforcer
<b>Process:</b>	<b>Process:</b>
The parents are involved in a mutual assessment of problems, including the causes and contributing factors to the visible problem behaviors.	The agency defines the scope and nature of the parent's problems, often in terms of visible problem behaviors only.
Case goals and case plans are developed with the parent. The case plan outlines both parties' agreed upon roles, responsibilities, and activities.	Case goals and case plans are developed for the parent. The plan is a written set of the agency's expectations for the parent.
<b>Outcomes:</b>	<b>Outcomes:</b>
Parents who are involved in the assessment of their own problems are more likely to perceive the benefits to being involved with the agency.	Parents who are not involved in the assessment of their own problems are not likely to perceive benefit or make connections between their own behavior and the agency's demands.
The parent is empowered to act in productive ways on his/her own behalf; this reduces resistance. The issue is collaboration.	The parent is forced to act in certain ways to meet external requirements of the authority; this strengthens resistance. The issue is compliance.
Changes may be integrated into the family's life style and sustained beyond the agency's involvement.	Changes are likely to be abandoned if external authority is withdrawn, since there generally was no "buy-in" by the parent to begin with.

## **Using Authority within the Family-Centered Model**

### **Family-Centered Model: The Preferred Service Intervention Model**

- The preferred service intervention model as it has the greatest potential to both:
  - protect the children and
  - serve the family
- Efforts are directed toward empowering the parent to make changes that will protect the child when at home.
- Collaboration reduces resistance to change and involves the parent in assessing the problem behaviors/situations and their causes, and also in implementing the planned solutions.
- Change is more likely to be sustained when parents are part of the planning process.

### **Appropriate Use of Authority within the Family-Centered Model**

- The ideal approach to child protection is a service model that effectively integrates the use of casework without compromising the appropriate use of authority. Case Managers who use this intervention model:
  - Use the family-centered method to develop a positive and supportive relationship to:
    - empower the parent and
    - promote positive change in the family.
  - Use of authority is limited to situations in which casework service interventions are not, by themselves, sufficient to assure child protection.
  - The parent is provided with a choice to:
    - work collaboratively with the agency to make the home safe for the child, or,
    - fail to become involved in joint problem solving, thus, forcing you to use the mandated authority to assure the child's protection.
  - The potential for you to exercise the authority to enforce change can be used as leverage to motivate parents to become involved in resolving their own problems.

### **Balancing Authoritarian and Helper**

- Reliance on the use of authority may jeopardize a potentially successful chance of working collaboratively with the family to generate positive change.
- Yet the safety of the child is paramount.
- When it is decided that the use of authority is necessary to protect a child at risk of harm, failure to exercise that authority puts the child at increased risk.
- The very essence of child protective services is the professional balancing of the dual responsibilities of a protective authority and helping person.

## **Steps for Working with Resistance**

### **Step 1: Recognize the cues.**

- Identify the form of resistance.
- Identify your emotions in reaction to the resistance.
- Be aware of the nonverbal messages and the messages heard in the parent's voice.
- Trust and accept your feelings as a cue to the parent's resistance.

### **Step 2: Manage your emotions and reactions.**

- Examine your emotions and select ways to manage them effectively.
- Remind yourself that resistance is a normal response to the process of change.
- Do not take the expression of resistance personally.
- Identify the positive intent or the benefit to the person for experiencing the resistance.

### **Step 3: Reflect the form of resistance you observe and allow silence.**

- Use reflection to state in a neutral way the form of resistance you are seeing and hearing.
- Make your statement succinct and genuine.
- Use "I" messages, such as, "When I ask about the effect of your drinking on the children, I notice you change the subject."
- Then, fall silent and allow this reflection to "echo" for them.

### **Step 4: Use active listening and empathic reflection to help parents discuss their vulnerability.**

- Use empathy, active listening, attending, reframing, and clarification to enable the parent to explore their vulnerability:

Example:

- "If it were true that your drinking has a negative effect on your child, what would that mean to you?"
- Help the parent understand some of the feelings of vulnerability and losses being experienced.

## **Strategies to Engage Families**

The following strategies are helpful in engaging parents during the initial stages of building a relationship. You must:

### **Explain the Authority for Removal**

- Acknowledge all the parent's concerns about the removal process.
- Be honest about the possibility of removal and clearly explain the conditions when the children could be removed, i.e. conditions that would require you to call the hotline.
- Stress that removal is considered only if it is felt that the child cannot be protected from maltreatment in the home.

### **Demonstrate Empathy**

- Demonstrate empathy with the difficulties faced by the parent in the current situation.
- Example: "I have two children, and I know how I feel when they both want me at the same time. I imagine that having six would truly try your patience."

### **Explain Agency Involvement**

- Clearly explain what protective services are, and what is expected to happen next; this gives parents a "road map" and helps them understand the reasons for our actions.
- Example: "We would like to work with you to be sure your children get the medical care they need. We can work together this way, but you must follow through with all the medical appointments."
- Conduct activities that help parents see you as dependable, competent, and involved. Such activities might include:
  - providing services to meet the family's immediate needs
  - following through with commitments
  - assuring consistency in communications with the family by you and other staff of the agency.

### **Involve the Parents**

- Involve the parent in all aspects of the casework process: assessing problems, developing goals, setting priorities, and identifying action plans.
- Encourage the parent to take as much responsibility as possible for case plan development and implementation.
- Routinely identify, support, and build upon the parents' strengths.
  - Encourage parents to assume control in changing their own lives when possible.



## **Engagement Skills**

Greet the family member and state honestly and matter-of-factly, the purpose for the interview or meeting.

### **Core Conditions**

- Authenticity/ Genuineness
- Respect
- Empathy

### **Exploring Skills**

- Active Listening
- Reflection (Reflect on what a parent is saying or feeling)
- Attending Behaviors
  - observing and listening; nodding head
  - responding with “Um-hmm” or “Really?” or “Oh, can you tell me more?”

### **Focusing Skills**

- Reframe
- Question (open-ended, closed-ended, indirect, solution-focus)
- Paraphrase
- Clarify
- Summarize
  - to keep the interview focused and on track
  - to structure the interview
  - check your understanding of what the parent is saying

### **Directing Skills**

- Give options, advice, directions or suggestions
- Support
- Reassure
- Provide effective feedback to
  - reinforce or maintain desired behavior, or
  - change behavior

### **Additional Strategies**

- Use techniques that help families move through the stages of change.
- Use techniques that help family members work through their resistance.
- Use strengths to empower families.

## **Strategies to Engage Families from Different Cultural and Ethnic Backgrounds**

These attitudes and strategies can help to effectively engage the client in a productive relationship. These strategies are particularly valuable during the initial phase of casework.

### **Learn Values, Attitudes, Traditions, Beliefs**

- Learn the values, attitudes, traditions, and beliefs of the cultural and ethnic groups served by the agency.
- This may prevent
  - insulting or criticizing a parent, or
  - misinterpreting the meaning of the client's behavior.

### **Recognize Cultural Norms**

- Become knowledgeable of the cultural norms of the client's primary reference group regarding involvement of outside agencies in family problems. These norms will affect the family's view of you and the agency.
  - What appears to be "resistance" to becoming involved may be the result of feeling ashamed and embarrassed because family problems have become public.
  - An understanding of resistance helps "slow down" and establish a better relationship before addressing more sensitive issues.

### **Listen and Learn from Parents**

- Have a willingness to listen and to learn from the parent to
  - establish areas of commonality and
  - communicate respect for the family member's individuality.
- During the early stages of the relationship, listen actively.
- Ask questions to help family members talk about their differences, so they can better understand each other.
- Openly acknowledge cultural differences during the early stages of casework, and indicate that there may be misunderstandings as a result.
- Suggest that many people find it harder to trust someone who is very different from them.

## **Communicate about Cultural Differences**

- Encourage family members to talk about cultural differences, so you and the family can better understand one another.
- Express an interest in getting to know the family member and in understanding things from his/her perspective. For example, "It may be harder for me to grasp what you mean, since I grew up very differently, but tell me about it, and explain it to me."
- Use interviewing techniques which can clarify the subtleties of the family members' communications.
- Never assume that parents understand what you mean and that you understand what the family member means.
- Clearly explain the meaning of your responses and behaviors.

## **Learn Social Rules of Behavior**

- Become knowledgeable regarding the particular social rules of behavior for a particular cultural or ethnic group, and abide by them.
- It is important to "tread gently" until the culture is better understood. Ask what the family would like you to call them and what they would feel most comfortable calling you.
- Request their guidance to help you understand them and to avoid offending them.
- If lack of cultural knowledge leads to a blunder, apologize and assure the family that no insult was intended.

## **Module 2: The Case Assessment**

### **Factors to Consider in the Case Assessment Process**

Child maltreatment is a symptom of other family problems. Maltreatment occurs in families whose members are experiencing stresses related to personal, environmental, and/or interpersonal factors and problems.

In a thorough assessment, you must identify the factors in the family contributing to maltreatment. The intervention plan must identify services addressing these contributing problems.

### **Family's Concrete and Immediate Needs**

The assessment must include an evaluation of the family's immediate economic and environmental needs. Meeting basic survival needs can significantly reduce family stress. These needs might include:

- inadequate income
- problems with budgeting and money management
- food shortages
- lack of proper clothing or home furnishings
- substandard or dangerous housing
- absent utilities and services
- lack of transportation, inability to access services

### **Availability of Support Systems, Resources, and Services**

The availability of support systems and resources, and the family's ability to access such services, must also be assessed. This must include the family's:

- values regarding the use of community support services
- knowledge of services available to them
- current use of community support agencies, resources and services to meet basic survival needs, i.e., fully accessing all supports and resources available to them
- current use of community resources for interpersonal support, i.e. church, neighborhood networks, parent groups, community service agencies
- ability to access services, and potential barriers, including lack of transportation, lack of confidence, lack of understanding of the system, and previously unpleasant experiences with service providers

### **Poverty vs. Neglect**

- Do not confuse poverty with neglect.
- A family is not neglectful if:
  - it does not have the resources to meet the children's basic needs and
  - is doing the best it can with what it has; and
  - supportive services will assist with the family's basic needs

## **Psychosocial Assessment of Parents**

There are several personal and developmental variables that effect an individual's ability to parent.

## **Mental Illness and Other Mental Health Problems**

### **Psychosis**

- Psychotic parents display pervasive thought disorders, emotional withdrawal, may have hallucinations or delusions, and may display erratic, unusual, behaviors.
- When psychosis is untreated, the parent's inability to assess reality, and their often illogical thought patterns, can create very dangerous situations for children.
- Only a small percentage of parents who abuse, or neglect their children are psychotic.

### **Depression**

- A depressed parent may not have the emotional energy to attend to the children's needs.
- Symptoms of depression include social and emotional withdrawal, depressed affect, crying jags, loss of energy, and sleep and eating disturbances.
- Depression may be "situational," i.e., of relatively recent origin which usually develops in response to a traumatic loss; or,
- It may be "clinical depression," which is long-standing, less related to situational causes, and sometimes has a biological basis.

### **Personality Disorders**

Parents with personality disorders may display seriously dysfunctional patterns of behavior in all aspects of their lives.

- Frequent moves and changes of life circumstances;
- The absence of emotional attachment to the children or abandonment of children;
- Erratic parenting, selfishness, antisocial or criminal activity, excessive dependence;
- Frequently changing and "shallow" interpersonal relationships;
- Excessive drug or alcohol involvement may be symptoms of personality disorder.

### **Acute Stress**

- Some parents may develop symptoms of emotional distress, such as anxiety reactions, mild depression, emotional outbursts, and behavior problems, as a result of acute stress.
- The presence of significant stress is a frequent contributor to both physical abuse and neglect.
- Clients in a state of clinical crisis may display excessive levels of anxiety and depression and cannot engage in purposeful, goal-directed behavior. Clinical crisis is identified by assessing the family history.

- If there has been a recent event which created high levels of stress for the client, and psychological symptoms were precipitated or exacerbated by this stress, the client may be in crisis.
- The referral to the agency and subsequent investigation may, by themselves, create a crisis for the family.

### **Intellectual Disabilities and Other Limitations in Cognitive and Social Skills**

- Most parents with limited cognitive and social skills who are served by the child welfare system are in the low-normal range of intelligence, or the mild range of an intellectual disability.
- The parent's level of intelligence and of adaptive skill will determine if they have the ability, or potential, to retain primary responsibility for care of the children.
- Many of these parents can live independently in the community and be adequate parents to their children if supportive services are provided.
- These supports may be provided by family members, friends, or community agencies.

### **Substance Abuse**

- Children who are cared for by drug dependent or alcoholic parents may be at very high risk of maltreatment.
- There is an additional risk to the fetus of being mentally challenged, growth deficiency, and other developmental disabilities when pregnant women are addicted to either drugs or alcohol.

### **Level of Personal and Interpersonal Maturity**

- Personal and interpersonal maturity are developmental variables that describe the degree to which a parent has developed adult ways of relating to other people and of dealing with life tasks and events.
- These factors are often referred to in the literature as "ego strengths," and include:
  - The parent's degree of self-control versus impulsivity;
  - The parent's ability to delay gratification versus immediate gratification of his own needs;
  - The parent's ability to recognize and accept responsibility for her own behavior, versus the tendency to blame others for her problems;
  - The degree to which the parent is able to make a realistic assessment of his own strengths and weakness, versus an inability to accept one's own shortcomings;
  - A positive self esteem, versus very low self esteem and lack of confidence in one's own abilities;
  - A parent's ability to be self-directive and autonomous, to make his own decisions and choices, versus excessive dependence and reliance upon others.

## **Coping Skills and Strategies**

- The absence of effective coping abilities can contribute to child maltreatment.
  - Parents might take out their frustrations on their children.
- Families who have limited coping ability and resources are at higher risk of crisis in the face of normal life stresses.
- Effective coping strategies include:
  - ability to plan ahead
  - ability to use structured problem-solving activities to resolve a problem
  - ability to take constructive action
  - ability to identify and properly use supports and resources
  - use of interpersonal relationships for emotional support
- Less effective coping strategies may include either “fight” or “flight,” responses:
  - During Fight response, persons may have sudden bursts of energy or strength.
  - May become argumentative or belligerent, and blame others
  - During Flight response, persons may be in denial that the problem exists.
  - May become avoidant of a problem situation
  - May seem unresponsive, withdrawn, or appear to “shut down” or flee the situation

## **The Nature and Quality of Parents' Interpersonal Relationships**

Abusive or neglectful parents often have a history of painful, unsatisfying, or traumatic relationships.

Parent's generalized distrust and avoidance of relationships may result in social withdrawal, sometimes referred to as "self-imposed isolation," and in chronic interpersonal conflict, both of which can be contributing factors to child maltreatment.

You must assess the following factors:

- parents' ability to trust other people, including the belief that other people care for them and can be depended upon
- nature and quality of the parents' attachment to their children and to other family members
- parents' ability to productively negotiate conflicts in intimate relationships, such as with their own parents, with their spouses, and with friends
- degree to which parents seek out interpersonal relationships for support, nurturance, and guidance; or, the presence of social withdrawal and "self-imposed isolation"
- appropriateness of the parent' 'relationships; including the ability to:
  - be more intimate in selected relationships,
  - maintain a normal degree of resistance and ambivalence in new or threatening relationships, and
  - the ability to build intimacy over time

## **Parenting Skills**

To prevent misinterpretation of the family's parenting behaviors, you must understand the accepted parenting practices of the client's cultural and social group, including the meaning and intent of parenting interventions. Factors to be assessed include:

- basic child care skills; feeding and nutrition, bathing, dressing, maintaining a schedule, meeting health care needs
- nurturing strategies to promote attachment; holding, cuddling, talking or playing with the child, responsiveness to the child's cues and approaches
- discipline strategies, including ability to set and enforce limits, strategies to manage behavior consistency in approach, and effectiveness of discipline strategies
- adequacy of supervision and parents' ability to recognize harmful situations and protect child from them
- parent's ability to encourage child's development; use of play, books, toys, household objects, television, interpersonal games, and other parent interaction with the child to develop cognitive, social, and language skills
- the degree to which maltreatment results from stringent standards or inappropriate age-related expectations for children's behavior

## **Family's Strengths, Skills, and Motivation**

An assessment of the family's strengths and skills helps to identify areas of capability that can be directed toward resolution of current problems, with a likely increase in the self-esteem and motivation of the client. These factors must be assessed:

- What do the family members do well? What are they proud of? What gives them a sense of self-worth and satisfaction?
- What types of stresses and problems has the family dealt with successfully in the past? How did they do it?
- In what ways might the family's strengths be supported and directed most effectively toward helping to resolve the current problems?
- What further education, support, or other intervention can build upon the family's existing strengths and resources?
- What are family members motivated for? What do they want for themselves and their children? How much energy are they able to direct toward the achievement of their own, self-selected goals?
- Are any of the parents' own goals or desires consistent with the agency's expectations, and what may interfere with the parents' ability to pursue these goals?
- What barriers can you or the agency help to eliminate, to allow the parent to work toward achieving their goals?



## **Parents' Values about Their Own Behavior and Situation**

- Understanding the parents' values and the values of their primary cultural reference group can help you recognize and correctly interpret strengths, and engage the parent into a positive relationship.
- These factors must be assessed:
  - To what degree do the parents' values and beliefs support or conflict with community standards for parenting and child care?
  - To what degree can the parents' values and behaviors be explained as consistent with, or deviate from, generally accepted values and behaviors of the cultural or ethnic population of which they are a part?

## Family Assessment Factors

**Note:** Sample questions and assessment considerations are provided as a reference or starting point. Because of the varying circumstances of each family, hundreds of possible questions can be generated. It is important to understand each factor and its impact on the overall assessment.

### Family Factors

<p><b>Family Composition and Relationship</b></p>	<p>Describe the family composition and relationship Including the case name, assessment date, status, who created the family assessment and the purpose of the family assessment.</p> <p>List all individuals who are active participants in the case including date of birth, gender, marital status, and service role</p>	<ul style="list-style-type: none"> <li>• Who resides in the home?</li> <li>• What are the date of births and gender for each person residing in the home?</li> <li>• What is the marital status; single or married?</li> <li>• What are the relationships and the service role-child or adult?</li> <li>• • What are the social security numbers of each person residing in the home?</li> </ul>
<p><b>Prior Intakes and Investigations</b></p>	<p>Review and summarize all participants' historical records (i.e., local, state, and national criminal records, abuse reports/allegations, and domestic violence allegations/investigations) that are relevant in assessing child safety from abuse and neglect.</p>	<ul style="list-style-type: none"> <li>• What (if any) is the prior history/?</li> <li>• Were the prior allegations verified?</li> <li>• Who was the alleged perpetrator?</li> <li>• What are the results of current or past interventions?</li> <li>• How does this information relate to the current situation?</li> <li>• What needs to change?</li> </ul>
<p><b>Reason for Agency Involvement</b></p>	<p>Describe how the agency's intervention began, the length of involvement, and the circumstances that warrant continued services.</p> <p>Describe the family's perspective on the reason for agency involvement.</p>	<ul style="list-style-type: none"> <li>• What are the case allegations?</li> <li>• What are the current circumstances that warrant services?</li> <li>• What are the maltreatments?</li> <li>• Does the family recognize the problems/issues that contribute to the maltreatment?</li> <li>• What are the family's thoughts on the reason for agency involvement?</li> <li>• Can the family provide a description of the sequence of events that took place before, during and after the allegations?</li> <li>• • If this is not the first time that this has occurred, can the family think of a time when this same situation/event took place but the outcome ended positively?</li> </ul>

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### Family Factors

<p><b>Family: Cultural Factor</b></p>	<p>Describe the cultural factors that may impact the family as a whole, including the strengths, needs and protective capacities.</p> <p>Some cultural characteristics include: religious observances; customs (including marriage customs that often accompany religious and other beliefs); acceptable gender roles and occupations; dietary practices; intellectual, artistic, and leisure-time pursuits; and other aspects of behavior.</p> <p>Describe the communication/language factors that may impact the family as a whole.</p>	<ul style="list-style-type: none"> <li>• Which cultural factors affect the family's protective capacities?</li> <li>• What services are available to meet this need?</li> <li>• Are the child's basic physical health and safety needs being met?</li> <li>• Are there any communication/language factors that could impact interventions?</li> </ul>
<p><b>Family: Environmental Factors</b></p>	<p>Describe the environmental factors that may impact the family as a whole including the strengths, needs, and protective capacities.</p> <p>Include any physical or emotional (behaviors/stressors) that may have an influence on the family and child safety.</p>	<ul style="list-style-type: none"> <li>• Have there been any recent stressful life events, such as death or divorce?</li> <li>• Is anyone disabled?</li> <li>• Are there any safety or sanitation trouble spots?</li> <li>• Are financial needs affecting the family's ability to provide the child with food, shelter (rent/utility payments), or clothing?</li> <li>• What stressors may impact the family's ability to change?</li> </ul>
<p><b>Family: Input and Involvement Factors</b></p>	<p>Include input from other contacts outside of the agency as well as other agency involvement.</p>	<ul style="list-style-type: none"> <li>• Is there any other input/involvement from other agencies or sources that relate to family and the assessment of family strengths and needs (CPT, law enforcement, school, neighbor, etc...)?</li> <li>• If other agency involvement, what is the purpose and the recommendations?</li> </ul>

## Family Assessment Factors

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### Family Factors

<p><b>Family: Safety Factors</b></p>	<p>Describe any signs of present danger, threats of harm, protective capacities, or child vulnerability concerns.</p> <p>Describe any danger - related risk dynamics - substance abuse, domestic violence, mental illness, perception of the child.</p>	<ul style="list-style-type: none"> <li>• Is there an active Safety Plan?</li> <li>• Do any household members have substance - abuse problems?</li> <li>• Are there any indicators of domestic violence?</li> <li>• Are risk factors escalating in intensity or frequency?</li> <li>• Are protective capacities diminishing?</li> <li>• Are intakes increasing in severity?</li> <li>• Are intakes escalating in frequency?</li> <li>• Are more people becoming involved, either as a victim or subject of the intake?</li> <li>• Is family stability diminishing?</li> <li>• Are family stressors increasing?</li> <li>• Is family stability diminishing?</li> <li>• Are there other emerging dangers?</li> <li>• Is there a need for an initial or updated safety plan?</li> </ul>
<p><b>Emerging Danger Factors</b></p>	<p>Evaluate safety factors related to increased vulnerability and diminished parental protective capacities that are becoming out of control and could become a safety threat to the child (ren).</p>	
<p><b>Family Summary</b></p>	<p>Describe summary of casework activities.</p>	<ul style="list-style-type: none"> <li>• What is the risk assessment analysis?</li> <li>• Is the child safe in the current home?</li> <li>• Is the family willing and able to provide a safe and permanent home?</li> <li>• What change must the family make (if any) to provide a safe and permanent home?</li> <li>• What are the family's strengths and protective capacities?</li> <li>• What are the needs of the family (if any) that hinder provision of a safe and stable home?</li> <li>• What are the unique resources/services that can assist the family?</li> </ul>

## Family Assessment Factors

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### Child Factors

<p><b>Permanency Factors: Placement</b></p> <p><b>Permanency</b></p>	<p>Describe the child's current placement.</p> <p>Describe efforts to achieve permanency</p>	<ul style="list-style-type: none"> <li>• Is the child in "Out-of-Home Placement?"</li> <li>• Is the child placed with siblings?</li> <li>• Is the child in close proximity to the parents/legal guardians home?</li> <li>• Is the placement in the best interest of the child? If so, how (special needs, cultural needs, educational stability)?</li> <li>• Are caregivers willing and able to care for the child indefinitely (i.e. adopt) if necessary?</li> <li>• What efforts have been made to locate relative or other alternative placements?</li> <li>• Does the child meet independent living criteria?</li> </ul>
<p><b>Well - Being Health Factors</b></p>	<p>Include an overview of the child's medical, dental, and overall health status.</p>	<ul style="list-style-type: none"> <li>• What is the child's status with physical and emotional health?</li> <li>• Is child's diet and nutrition consistent with health maintenance?</li> <li>• Is the child receiving preventative health care (physical, dental)</li> <li>• Is the child's need for dental care and preventative maintenance being met?</li> <li>• What does the child like to eat?</li> <li>• How many meals a day does the child eat?</li> <li>• How much does the child sleep?</li> </ul>
<p><b>Well- Being Behavioral Health Factors</b></p>	<p>Describe the child's social relationships: family, peers, others</p>	<ul style="list-style-type: none"> <li>• Does the child demonstrate coping and problem solving skills, resiliency and sense of identity?</li> <li>• Is child's mental/behavioral health consistent with development?</li> <li>• How does the child respond to authority?</li> <li>• How does the child get along with others, including family/peers?</li> <li>• What kind of things make the child frustrated, sad or angry?</li> <li>• What does the child do when he/she is frustrated, sad, or angry?</li> </ul>
<p><b>Well - Being Education Factors</b></p>	<p>Describe the child's academic performance, exceptional services being received, and progress in school, including attendance.</p>	<ul style="list-style-type: none"> <li>• How is the child's academic performance?</li> <li>• How is the child's attendance in school?</li> <li>• Is cognitive/intellectual level consistent with developmental level?</li> <li>• Does the child meet criteria for the Rilya Wilson act?</li> </ul>

## Family Assessment Factors

**Note:** Sample questions and assessment considerations are provided as a reference or starting point. Because of the varying circumstances of each family, there are hundreds of possible questions. It is important to understand each factor and its impact on the overall assessment.

### Child Factors

<b>Well-Being Social Factors</b>	Describe the child's social relationships: family, peers, others	<ul style="list-style-type: none"> <li>• Does the child display age appropriate interpersonal skills?</li> <li>• How does the child get along with others, including family/peers?</li> <li>• How does the child respond to authority?</li> <li>• Does the child have any ungovernable behavior, illegal behavior, or gang affiliation?</li> <li>• Is the child involved in any social activities at school or in the community?</li> <li>• How does the child show affection to the parent?</li> </ul>
<b>Vulnerability Fragility Factors</b>	Describe any signs of fragility or developmental delay that would make the child vulnerable to maltreatment.	<ul style="list-style-type: none"> <li>• Does the child have any arrests, law enforcement or juvenile justice involvement?</li> <li>• Does the child's age and level of functioning enable self-protection?</li> <li>• Is the child free of substance abuse and/or exposure (including in-utero)?</li> <li>• How has the maltreatment affected the child's development?</li> <li>• If developmental delays exist, do they place the child at greater risk for maltreatment?</li> </ul>
<b>Vulnerability Behavior Factors</b>	Determine if the child exhibits behavioral or communication difficulties.	<ul style="list-style-type: none"> <li>• Does the child exhibit behaviors or conditions that may be indicative of a need of a specialized assessment or treatment (i.e., Drug/Alcohol Abuse, running away, stealing lying, fire setting, etc...)</li> </ul>
<b>Child Vulnerability Adjustment Factors</b>	Describe the adjustment factors and any change the child wants to make in their family home.	<ul style="list-style-type: none"> <li>• Is the child effectively coping with the impact of maltreatment?</li> <li>• How is the child adjusting to current placement/living arrangement?</li> <li>• Does the child feel safe and secure in current placement/living arrangement?</li> </ul>

## Family Assessment Factors

**Note:** Sample questions and assessment considerations are provided as a reference or starting point. Because of the varying circumstances of each family, hundreds of possible questions can be generated. It is important to understand each factor and its impact on the overall assessment.

### Adult Factors

<b>Functioning Health Factors</b>	<p>Describe the adult's physical health factors</p> <p><u>Describe the impact on the family or the ability to parent or protect the child if there are any signs of physical health conditions.</u></p>	<ul style="list-style-type: none"> <li>• Is the individual free of any physical health conditions that may impact the ability to parent?</li> <li>• Does the individual manage their own physical health maintenance and treatment, consistent with medical needs?</li> <li>• Does the individual smoke, drink, use recreational drugs?</li> <li>• How often does the individual go to the doctor?</li> </ul>
<b>Functioning Behavioral Health</b>	<p>Describe the adult's behavioral health factors.</p> <p>Describe the impact on the family or the ability to parent or protect the child if there are any signs of behavioral or mental health issues.</p>	<ul style="list-style-type: none"> <li>• Is the individual free from any behavioral/mental health issues that may impact the family, ability to parent, or protective capacities?</li> <li>• Does the individual manage their own behavior/mental health maintenance and treatment, consistent with identified needs?</li> <li>• Is the individual free of any substance abuse issues that may impact the family, their ability to parent, or protective capacities?</li> <li>• What helps the individual cope with everyday life?</li> <li>• What kinds of frustrations does the individual deal with during the day?</li> </ul>
<b>Functioning Intellectual Factors</b>	<p>Describe the degree to which the individual exhibits cognitive abilities or has adequate coping mechanisms.</p> <p>Describe any cognitive limitations to meet the child's needs for supervision, care and protection.</p>	<ul style="list-style-type: none"> <li>• How does the individual express anger, frustration, or stress?</li> <li>• Can the individual explain the problem and the intervention process?</li> <li>• Does the individual understand the implications of abuse?</li> <li>• Is the problem recognized as one that needs to be changed?</li> <li>• Does the individual understand accept responsibility for his/her actions? How?</li> </ul>

## Family Assessment Factors

**Note:** Sample questions and assessment considerations are provided as a reference or starting point. Because of the varying circumstances of each family, hundreds of possible questions can be generated. It is important to understand each factor and its impact on the overall assessment.

### Adult Factors

<b>Functioning Communication Factors</b>	Describe communication factors and any special considerations for service provision (i.e., language/sign language interpreter, services available in primary language).	<ul style="list-style-type: none"> <li>• Can adults read and write in their primary language?</li> <li>• Does the adult effectively communicate needs?</li> <li>• What is the highest grade completed in school?</li> <li>• Are you able to understand the adult's language?</li> </ul>
<b>History Abuse Factor</b>	Describe the degree to which the individuals previous involvement in the Child Welfare system and any effects of a negative childhood history of abuse, impacts current functioning.	<ul style="list-style-type: none"> <li>• What (if any) is the prior history?</li> <li>• Was the parent abused/neglected as a child or as an adult?</li> <li>• What are the results of current or past interventions?</li> <li>• How does this information relate to the current situation?</li> <li>• Does the adult have a history free of exposure to abuse or neglect either as a child or as an adult?</li> <li>• Does the adult have a history free of perpetrating abuse or engaging in abusive or neglectful behavior?</li> </ul>
<b>History Criminal Factor</b>	Describe the degree to which the individual's criminal history or involvement in dangerous criminal activity impacts their ability to meet the child's needs for supervision, care and protection.	<ul style="list-style-type: none"> <li>• Review criminal history through FDLE, NCIC, and local etc...</li> <li>• Has the adult ever been arrested or do they have a criminal record?</li> <li>• Does the adult have a history free of crimes of violence, sex offenses, or drug/alcohol related offenses?</li> </ul>



## Family Assessment Factors

**Note:** Sample questions and assessment considerations are provided as a reference or starting point. Because of the varying circumstances of each family, literally hundreds of possible questions can be generated. It is important to understand each factor and its impact on the overall assessment.

### Adult Factors

<b>History Financial Factors</b>	Describe the individual's employment history and ability to manage financial resources.	<ul style="list-style-type: none"> <li>• Are the finances stable and sufficient enough to meet family needs?</li> <li>• Is the adult currently working?</li> <li>• Does the adult get paid under the table or does the individual receive a paycheck?</li> <li>• What is the adult's employment history?</li> </ul>
<b>Relationship Domestic Violence</b>	Describe any domestic violence experience as a victim or aggressor.	<ul style="list-style-type: none"> <li>• Does the adult have a history of being a victim of domestic violence?</li> <li>• Does the adult have a history of perpetrating domestic abuse?</li> <li>• Does the adult have physical and/or emotional aggression towards others?</li> <li>• Find out who is in charge and assess if there is a balance of responsibility.</li> <li>• Keep in mind cultural factors when assessing balance of power.</li> <li>• What are the role, rules, routines, and relationships of the household?</li> <li>• How does the adult protect the child from harm?</li> </ul>
<b>Relationship Dynamic Factor</b>	Describe the family dynamics including relationships within the family and marital history	<ul style="list-style-type: none"> <li>• Does the adult have a history of stable relationships?</li> <li>• Is the adult able to resolve relationship conflicts in a positive manner?</li> <li>• Is the adult in a current relationship? How long?</li> <li>• Is the current relationship stable?</li> <li>• Is the adult able to engage in joint decision- making within the current relationship?</li> <li>• Does the adult have the ability to develop and maintain supportive relationships?</li> <li>• What type of support network does the adult have outside the home?</li> </ul>

## Family Assessment Factors

**Note:** Sample questions and assessment considerations are provided as a reference or starting point. Because of the varying circumstances of each family, hundreds of possible questions can be generated. It is important to understand each factor and its impact on the overall assessment.

### Adult Factors

<b>Relationship Support Networks</b>	Describe support networks/relationships outside the family.	<ul style="list-style-type: none"> <li>• Does the adult have the ability to develop and maintain supportive relationships?</li> <li>• What type of support network does the caregiver have outside the home i.e., church, temple, women's/men's group, family, friends?</li> </ul>
<b>Parenting Protective Capacities</b>	Describe the protective capacities of the adult and motivation to protect the child.	<ul style="list-style-type: none"> <li>• Is the adult willing/able to protect the child from the alleged perpetrator/harmful situations?</li> <li>• Does the adult demonstrate attachment to the children?</li> <li>• Do children exhibit attachment to the adult?</li> <li>• Is adult willing and able to meet the child's needs for food/nutrition, hygiene, health, shelter, and education?</li> <li>• Does the adult understand and have the ability to identify harmful situations?</li> <li>• Is the adult motivated and willing to comply with restrictions on access to the child?</li> </ul>
<b>Parenting Expectations of the Child</b>	Describe the parent's expectations of the child and if they are realistic based on the child's age and development.  Describe parent's childcare/discipline techniques.	<ul style="list-style-type: none"> <li>• What expectations does the adult have of the child?</li> <li>• Are the expectations realistic based on child's current age/development?</li> <li>• Does the adult utilize age and developmentally appropriate discipline techniques consistent with child's behavior?</li> <li>• What are some of the things the adult finds challenging as a parent?</li> <li>• What does the adult do when the child does not do what is asked?</li> <li>• How were the parents disciplined as children?</li> <li>• Does the parent demonstrate positive parenting skills? How?</li> </ul>

## Family Assessment Factors

**Note:** Sample questions and assessment considerations are provided as a reference or starting point. Because of the varying circumstances of each family, hundreds of possible questions can be generated. It is important to understand each factor and its impact on the overall assessment.

### Adult Factors

#### Parenting Participation

- Describe parent's willingness and ability to participate in services and follow through with commitments.

- Does the adult have a realistic understanding of intervention and needed services?
- Does the adult recognize the seriousness of the maltreatment?
- Is the adult willing and able to participate in offered services?
- Does the adult demonstrate follow through with case commitments?
- Does the adult demonstrate behavioral changes as a result of participation in services?

## **Client Strengths and Safety Factors**

**These must be addressed while assessing and developing case plans with families.**

### **Family, adult, and child factors that must be resolved to ensure child safety**

Considerations:

- Family goals and expectations that may conflict with interventions
- Identification of barriers and strategies to overcome barriers
- Identification of threats to child safety that require removal of the child

### **Outcomes that must be accomplished to achieve permanence**

Considerations:

- Identify risk to children
- Needs associated with risk

### **Services needed by the child and family to meet identified goals**

Considerations:

- What services will address identified needs?
- Are needed services available?
- How do service providers define or measure success?

## **Some Family Strengths**

### **How to Identify and Make Use of Strengths**

- Strengths demonstrate parents' willingness and/or ability to care for and protect their children.
- Build on strengths so informal interventions and supports can be matched to family's needs.

### **Examples of Family Strengths**

- Facing problems and accepting help
- Having a sense of humor
- Are willing to make sacrifices for their children
- Are receptive to outside intervention
- Have a family support network available
- Have relatives that are willing to care for children
- Patience
- Ability to listen
- Asserting their own rights
- Ability to express loving and warm feelings
- Having knowledge of treatment resources in their community
- Demonstrating self-control
- Defend family members from unjust treatment
- Not wanting to depend on others
- Ability to forgive
- Share in spiritual or religious activities
- Seeking to further knowledge, education, and skills
- Courage to risk sharing problems with Case Manager
- Following through on commitments
- Generosity with time and/or money
- Wanting to improve current and future situations
- Effectively coped with similar situations in the past

## **Identifying Problems**

### **Describe the Conditions and Behaviors**

- That result in continuing risk to the child's
  - Safety
  - Permanence
  - Well-Being
- Include BEHAVIORS AND ACTS OF THE PARENT(s) that result in risk to the child and
- The reason for intervention by the agency.

### **Child Safety**

- First, isolate each type of maltreatment in the case that is verified or where there is credible evidence (not substantiated) to believe harm or threatened harm has occurred.
- Identify the behaviors/conditions that result in continuing risk to the child.
  - Focus on what brought the family to the agency's attention plus what was discovered after involvement.
  - Match the Child Maltreatment Matrix descriptions and factors for each maltreatment.
  - Confer with PI and CLS to get an up-to-date picture of what is going on.
  - Examine shelter order, dependency petition, Investigation Summary, results or findings of the investigation, and the family assessment.

### **Child Permanence**

- Examine the conditions effecting the child's permanency.
- Examples:
  - The children are living in a temporary out-of-home placement, or
  - The children's home situation places them at risk for removal.

### **Child Well-Being**

- Examine educational, physical, and mental health assessments.
- Review the family assessment.
- Identify the child's needs.
- Examples:
  - The child has asthma and the mother will not take her to the doctor.
  - The child has severe behavior problems at school.

**Write Statements that:**

- Describe the behaviors/conditions that result in continuing risk to the child's
  - safety
  - permanence
  - well-being
- Include behaviors and acts of the parent(s) that result in risk to the child.

**Safety**

- For each safety problem, write a clear, specific, behavioral statement describing the incident or condition of maltreatment.
- State who did what to whom, resulting in what.
- Example:
  - "Bobby's father beat him repeatedly with a belt, leaving numerous bruises and welts on the child's lower back, buttocks and thighs." (Keep it brief)
- Don't attribute motives or causes in the problem statement.

**Well-being**

- Write a clear, specific behavioral statement describing the problem as identified in assessments regarding the child's educational, physical, or mental health needs.
- Example:
  - Daniel exhibits aggressive behavior in the classroom.
  - Parents do not provide nutritious meals for the children daily.
  - The child is behind in grade level skills and is in danger of failing.

**Permanence**

- When the child has been removed from the home and requires reunification or could be at risk for removal, one problem statement in the case plan must be addressed as a permanency issue.
- Examples:
  - The children are living in a temporary out-of-home placement, or
  - The children's home situation places them at risk for removal.

## **Maltreatment Scenario Worksheet Part I**

Directions: Complete the initial steps in the planning process by assessing the family's strength(s); problem(s) and their cause(s); and the child and family need(s). All scenarios have limited information and are intended to provide guided practice for the case planning process.

### **Kincaid Family**

The Kincaid family's 3-year old toddler was playing hide-and-seek and hid in a non-working refrigerator in the back yard. The neighbor, helping in the search for the 3-year old, found the frightened toddler balled up inside the refrigerator, unable to get out. The neighbor is a good friend of the Kincaid family and often checks on the child when the child is alone in the back yard. The neighbor alleged that on Saturday mornings the parents often go to the store down the street and leave the child alone in the back yard playing. Before leaving the home, the PI ensured that the parents secured the refrigerator door, so the child could not get inside. The investigation was closed with verified findings of Environmental Hazards and Inadequate Supervision. There were no prior reports, and the PI supervisor approved the case for Non-Judicial In-Home Services.

### **Strengths:**

### **Problems:**

Behaviors/conditions that result in risk to the child's safety, well-being, permanence:

Environmental Hazards:

Inadequate Supervision:

### **Needs:**

**A service is not a need.**

Based on the problems, what are the needs for the child's safety, well-being, and permanence:

### **Causes:**

Assessing the underlying cause(s) helps to individualize and focus the outcomes & tasks of the case plan.



## **Maltreatment Scenario Worksheet Part I**

Directions: Complete the initial steps in the planning process by assessing the family's strength(s); problem(s) and their cause(s); and the child and family need(s). All scenarios have limited information and are intended to provide guided practice for the case planning process.

### **Rickards Family**

Mr. Rickards, a single parent and widower, uses an extension cord to discipline his 4-year-old son, David. Recently, David was observed to have lacerations on his back and upper legs. When asked how he got the marks, he stated that his father hit him with an extension cord when he was bad. Mr. Rickards reported that "My father used an extension cord on me, and I turned out o.k." David's pre-school teachers reported serious physical aggression towards classmates and weekly visits to the school counselor. The counselor also reports that Mr. Rickards called last month to inquire about the new parenting class hosted at the school, but he has not registered for the class. The Investigator verified the maltreatment of Physical Injury (excessive corporal punishment and bruises/welts) and due to high risk factors, removed the child.

### **Strengths:**

### **Problems:**

Behaviors/conditions that result in risk to the child's safety, well-being, permanence:

### **Needs:**

**A service is not a need.**

Based on the problems, what are the needs for the child's safety, well-being, and permanence:

### **Causes:**

Assessing the underlying causes helps to individualize and focus the outcomes & tasks of the case plan.

## **Maltreatment Scenario Worksheet Part I**

Directions: Complete the initial steps in the planning process by assessing the family's strength(s); problem(s) and their cause(s); and the child and family need(s). All scenarios have limited information and are intended to provide guided practice for the case planning process.

### **Benitos Family**

The Benito children's grandparents reported that their grandchildren are always hungry, and the children have told them that they have been going to bed hungry all summer. The grandparents report that the children's parents gamble at the local casino until all of their money is depleted. The grandparents said there is no food in the house, and after they inquired about the lack of food and told the parents what the children said, the parents refused to allow them to bring food, visit, or talk to their grandchildren on the phone. The recent investigation was closed with a verified maltreatment of Environmental Hazards (inadequate food). There was a prior Non-Judicial In-Home Services case, with the same maltreatment, so the children were adjudicated dependent and remained in the home with Judicial In-Home Services.

### **Strengths:**

### **Problems:**

Behaviors/conditions that result in risk to the child's safety, well-being, permanence:

### **Needs:**

**A service is not a need.**

Based on the problems, what are the needs for the child's safety, well-being, and permanence:

### **Causes:**

Assessing the underlying causes helps to individualize and focus the outcomes & tasks of the case plan.

## **Maltreatment Scenario Worksheet Part 1**

Directions: Complete the initial steps in the planning process by assessing the family's strength(s); problem(s) and their cause(s); and the child and family need(s). All scenarios have limited information and are intended to provide guided practice for the case planning process.

### **Silver Family**

Mrs. Silver recently gave birth to a child who was born prematurely. The baby weighed four pounds and had a positive toxicology screen for crack cocaine. Mrs. Silver admitted to using drugs during her pregnancy and told the hospital that she needed and wanted help to "kick the habit." The investigation was closed with a verified maltreatment of Substance Misuse (substance-exposed child-newborn). The newborn child was removed and placed with a relative.

#### **Strengths:**

#### **Problems:**

Behaviors/conditions that result in risk to the child's safety, well-being, permanence:

#### **Needs:**

**A service is not a need.**

Based on the problems, what are the needs for the child's safety, well-being, and permanence:

#### **Causes:**

Assessing the underlying causes helps to individualize and focus the outcomes & tasks of the case plan.

## **Assessing Needs**

### **Focusing on Needs**

- Need statements restate the problem in positive statements focusing on the child's safety, permanence, and well-being.
- During the case plan conference with parents, emphasizing the child's needs rather than the problem can facilitate the parents' willingness to work on problems and their causes.

### **What Is a Need?**

- The need is directly related to the problem.
- A need is what is lacking - not how to fix it.
- A service is not a need - a service meets a need.

### **Identifying Needs**

- Needs are discovered by looking at the identified problems or the behaviors and conditions effecting the child's safety, permanence, and well-being.

#### **Problem:**

A three-year-old child is left alone at home while mother goes shopping for several hours.

#### **What is needed?**

The answer is "supervision." For a three year-old, the need would be constant supervision. The need is NOT Family Builders or parenting classes.

#### **Problem:**

Bobby is physically aggressive to his classmates.

#### **What is needed?**

Bobby needs to control his aggressive behavior.

#### **Problem:**

The children are living in a temporary out-of-home placement.

#### **What is needed?**

The children need to live in a permanent home within twelve months of removal.

### **Writing Need Statements**

- Need statements form the basis for writing case plan outcomes; they are not written in the case plan, but are used to focus the outcome on the child's safety, well-being, and permanence.
- A need must be written in positive terms: not "Dad needs to stop beating Bobby," but "Bobby needs to be protected from physical abuse."
- Write need statements from the reference of the child and what the child needs.

## **Possible Causes of the Needs**

### **Focus on the child's needs.**

- It is easier to conference with the family to decide causes and to develop solutions if you convey the problem in terms of what the child needs.
- Focusing on the child's needs helps parents to become more open to working on the causes for the problems that brought them to the attention of the agency.
- This focus helps to convey in a more positive way that the agency wishes to help the child, and not punish the parents.

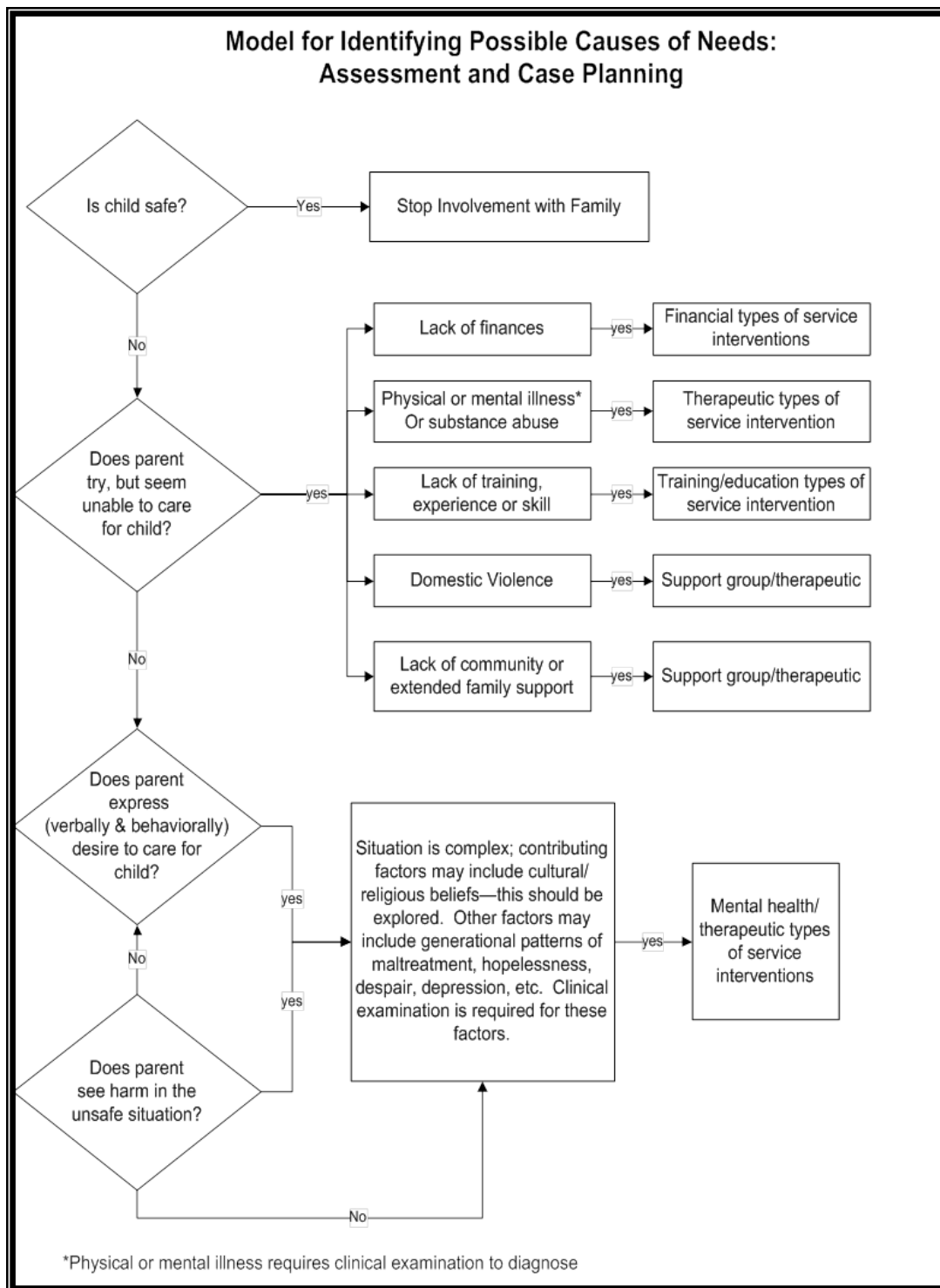
### **Help the family explore the needs to identify causes.**

- To pick the appropriate type of services and supports for families, help the family explore the needs to identify the causes or contributing factors.
- Use the "Model for Identifying Possible Causes of Family's Needs and Service Solutions." This is a learning tool (not a set of questions to carry into the field).
- The purpose of the tool is to model the thought processes that must be used to lead a family through the case planning process.

### **Identifying causes helps individualize the case plan.**

- Identifying possible causes helps individualize the case plan and avoid "laundry list" or "boiler plate" methods of getting every family parenting classes, stable housing, gainful employment, drug tests, counseling when some of those services may not meet the family's real needs.
- Identifying all the factors that contribute to the family's current situation helps in the selection of appropriate supports and services to meet the identified needs.

# Model for Identifying Possible Causes of Needs



## **Case Study: The Harrison Family**

### **Intake**

The hospital called the hotline to refer a 2-year old boy, who was brought to the emergency room by his 24-year-old mother. She claimed he had fallen off his tricycle and bruised himself. The hospital took x-rays of his leg, suspecting a fracture. The doctor also noted bruises in various stages of healing on the child's face, back, legs, and abdomen. Relatively new bruises on the lower back were noted.

The hospital indicated a strong suspicion of abuse, and asked the mother to admit the child for "observation." The mother refused treatment, would not allow the hospital to admit the child, and left the hospital with the child.

### **Investigation**

The x-ray reports confirmed a spiral fracture of the lower leg. The hospital report also documented multiple bruises on non-bony parts of the body. X-ray also revealed old fractures on the same leg. Neighbors were unable to report any problems, other than the mother occasionally screaming and the child crying. As far as the neighbors knew, no one other than the mother and her son lived in the home.

The PI filed an Emergency Court Order with temporary placement of the child in the hospital for further assessment and treatment of injuries. The child was at high risk of harm if he remained in the home. The PI made an unannounced visit to the home, accompanied by the police.

The mother and her son were present. The son's leg was badly swollen and very black and blue. The mother denied abuse and refused to talk to the PI.

The PI explained the need for placement to protect the child and asked if the mother wanted to accompany him to the hospital. The mother refused.

The PI staffed and transferred the case immediately to the services unit for follow-up.

### **Findings:**

- Physical Injury
- Bone Fracture
- Medical Neglect

### **Assessment Data**

You visit the home. The mother is extremely angry and at first refuses to let you in. "You can't even take your kid to the doctor any more without the authorities taking him away from you. You have no right, and I don't have to talk to you." You firmly, but gently acknowledge that it probably did seem unfair, but that the agency was glad she sought help for her son, that it showed she really cared about him, and that you want to talk with her to see if you could figure out the problems which led to her child's being hurt. You tell her that you want to help her have her son home again, and to protect him in the future. She angrily denied touching the child, said he had fallen off his bike, and stated that nobody ever believed her. She accuses you of being just like everyone else she knew; you weren't to be trusted.

You gently tell the mother that the injuries are not consistent with a fall off a bike, and that the hospital believed them to have been "inflicted." You indicate you have worked with many parents whose children had similar injuries, and that none of them were bad parents. You explain that her son is placed in a licensed home, not to punish her, but to protect the child, until it can be determined how he was injured and what needed to be done to protect him in the future.

Over the next two contacts, you determine the following information:

- The mother never married the baby's father. She dated him for two years, and they broke up. She wanted the baby, he didn't. She refused an abortion.
- Her mother lives nearby. The mother claimed they were "really close," but open-ended questions about their relationship revealed significant conflict, fights, and an apparent attempt by the daughter to please her mother. "My mother is never satisfied." She would not ask her mother for help because "all she'll do is criticize me."
- The mother lives in a small, modestly furnished apartment. The child's room was very attractively decorated with brightly colored curtains, and there were many age-appropriate toys in the room.
- The mother's father was an alcoholic and reportedly beat her mother.
- The mother denies having been beaten as a child.
- The mother claims her son is incorrigible. She believes him to be just like his father. He listens to no one, and "does whatever he damn well pleases." She said he is sneaky, does things behind her back. She asks him if he needs to go potty, and he says no. He then "goes and poops his pants, just to spite me."
- The son was an 8-month preemie with high bilirubin at birth. He was in the hospital for a week. He was intermittently colicky. The mother thinks that the "light did something to his brain . . . he's just not right."
- In response to an open-ended question, the mother states she thinks her son loves her some of the time. He brings her toys and sometimes he puts his arms around her neck and hugs her. But, he's not to be trusted. The next minute he won't stay on her lap, kicks her to get off, and wants nothing to do with her. "He likes that damn truck better than he likes me."
- The mother has one girlfriend whom she sees on occasion, but has no other close friends. She claims she hasn't met too many people she wants to be friendly with. She has a sister she never sees. They had a fight three years earlier and have not talked since then.
- She survives on welfare and claims to have no financial problems. "I've never had much of anything. I've learned to live with what I've got." She is home all the time with her child. She claims she wants to "live some kind of life that's different from what I have." She's "bored to tears" at home.

### **Planning:**

Use the planning worksheet to document your planning assessments.

- List the Verified Maltreatments.
- Assess the Family Strengths/Supports/Resources.
- Assess the Problems: (behaviors and/or conditions) that result in risk to the child's safety, permanency, and well-being.
- Assess the Child and Parent Needs based upon the Problems. **(A service is not a need)**
- Assess the underlying Cause(s) that contribute to the problems/needs.



## Part I: Harrison Planning Worksheet

The case study for this activity has limited information and, therefore, a comprehensive case plan cannot be drafted. Implement the planning process using the information provided in the case study.

- List the Verified Maltreatments.
- List the Family Strengths/Supports/Resources.
- List the Problems (behaviors and/or conditions) that result in risk to the child's safety, permanency, and well-being (physical, mental health, and educational).
- List the Child and Parent Needs based upon the Problems. **(A service is not a need)**
- Assess the underlying causes that contribute to the problems and needs.
- Prepare 2 separate flipchart pages for strengths & problems; needs and causes.

### Verified Maltreatments

- Physical Injury; Bone Fracture
- Medical Neglect:

### Family Strengths/Supports/Resources

### Problems

Behaviors/conditions that result in risk to the child

List the problems by clustering them beneath the associated maltreatment:

Physical Injury; Bone Fracture:

Medical Neglect:

### Needs

Based on the problems, what are the needs for the child's safety, well-being, and permanence?

**A service is not a need.**

### Cause(s)

Help to individualize and focus the outcomes & tasks of the case plan

## Module 3: The Case Planning Process

### Case Plan Timeframes

#### Statutory Requirements:

- **F.S. 39.603(1)** – All case plans and amendments to case plans must be court approved.
- **F.S. 39.6011(2)(d)** - The date the compliance period expires. The case plan must be limited to as short a period as possible for accomplishing its provisions. The plan's compliance expires:
  - no later 12 months after the date the child was initially removed from the home, or adjudicated dependent or
  - the date the case plan was accepted by the court, whichever occurs first.
- **F.S. 39.6011(6)(b)(2)** - When the child is placed in out-of-home care, a case plan must be
  - prepared within 60 days after the removal of the child from the home and
  - submitted to the court prior to the disposition hearing for review and approval.
- **F.S. 39.6011(6)(b)(3)** - After jurisdiction attaches, all case plans must be filed with the court and a copy provided to all the parties whose whereabouts are known not less than 3 business days before the disposition hearing.
  - The agency must file with the court, and provide copies to the parties, all case plans prepared before jurisdiction of the court attached.

#### Case Plan Amendments

- **F.S. 39.6013(2)** - The case plan may be amended at any time in order to
  - change the goal of the plan
  - employ the use of concurrent planning
  - add or remove tasks the parent must complete to substantially comply
  - provide appropriate services for the child
  - update the child's health, mental health, and education records required by **s.39.6012**.
- **F.S. 39.603(2)** - When the court decides that any of the elements considered at the hearing related to the plan have not been met, the court will require the parties to make necessary amendments to the plan under **39.6013**.
  - The amended plan must be submitted to the court for review/approval within 30 days after the hearing.
  - A copy of the amended plan must also be provided to each party, if the location of the party is known, at least 3 business days before filing with the court.

## **ASFA Requirements: Case Plan**

### **The case plan for each child must:**

- Be a written document, part of the case record, in a format developed jointly with the parent(s), child, if age appropriate, or guardian of the child in foster care; and
- Be developed within a reasonable period, but no later than 60 days from the child's removal from the home;
- Include a discussion of how the case plan is designed to achieve a safe placement for the child in:
  - the least restrictive (most family-like) setting available
  - close proximity to the home of the parent(s) when the case plan goal is reunification
  - the best interests and special needs of the child

### **Reasonable Efforts**

- Include a description of the services offered and provided to prevent removal of the child from the home and to reunify the family; and
- Document the steps to finalize a placement when the case plan goal is or becomes adoption or placement in another permanent home.
- When the case plan goal is adoption, at a minimum, documentation must include:
  - child-specific recruitment efforts, such as
  - the use of state, regional, and national adoption exchanges including electronic exchange systems.
- When a court decides that reasonable efforts to return the child home are NOT required,
  - a permanency hearing must be held within 30 days of the decision,
  - unless the requirements of the permanency hearing are fulfilled at the hearing when the court decides reasonable efforts to reunify the child and family are not required.

### **Criminal Records Checks**

- Must provide documentation that criminal records checks have been conducted with respect to prospective foster and adoptive parents.
- The statute links the criminal records check requirements to Titles IV-B/IV-E eligibility.
- All criminal background screenings must be completed and documented prior to issuance of foster home license or approval of adoptive home.

## What's Missing?

Use the "Florida Statutes for Case Planning" section **39.6011**, **39.6012**, **39.6013**, and "ASFA Requirements for Case Planning" to determine what is missing in each statement.

1. The case plan must be developed in conference with the \_\_\_\_\_ and \_\_\_\_\_ and, \_\_\_\_\_ and \_\_\_\_\_.
  
2. The case plan for each child must include a description of the \_\_\_\_\_ offered and provided to prevent removal of the child from the home and to reunify the family.
  
3. The services described in the case plan must be designed to improve the \_\_\_\_\_ and \_\_\_\_\_  
\_\_\_\_\_,  
\_\_\_\_\_, or  
\_\_\_\_\_.
  
4. The case plan must be written simply and clearly in \_\_\_\_\_ and, if \_\_\_\_\_ is not the principle language of the child's parent, to the extent possible in the \_\_\_\_\_ principle language.
  
5. Who must inform the parent(s) of the right to receive assistance from any person or social service agency in the preparation of the case plan?  
\_\_\_\_\_,  
\_\_\_\_\_.
  
6. True or False: A copy of the amended case plan does not have to be given to the parents.

## **Rilya Wilson Act F.S.39.604**

### **Overview**

- Requires coordination between CBC staff; Local School Readiness Coalitions and licensed early education or child care providers
- Provides priority for childcare services for specified children who are at risk of maltreatment
- Specifies certain requirements designed to ensure the safety and well-being of children age 3 to school entry who are:
  - under Judicial In-Home Services
  - in the custody of the community-based lead agency
  - are enrolled in a licensed early education or child care program
- Each child who is subject must participate in licensed early education or childcare services at least 5 days a week, unless exempted by the court.

### **CBC Requirements to Notify Licensed Provider**

- CBC must notify the operator of a licensed early education or childcare program of any child who is subject to this law and enrolled in the program.
  - The program must be informed re: reporting requirements for child's attendance per **s.39.604, F.S.**
- Direct notification is encouraged.

### **Provider Requirements for Monitoring and Reporting Attendance**

- Providers of licensed early education or child care services must notify the CBC following EACH "unexcused absence" or SEVEN CONSECUTIVE "excused" absences for a child.
- Absences must be reported by the end of the business day following an "unexcused" absence or a 7th consecutive "excused" absence.
- Procedures regarding this notification are region/circuit specific.

### **Caregiver Requirement to Report Absences**

- The parent or caregiver must report the absence of the child to the program by the end of the business day for the absence to be considered "excused."
- Absence is considered "unexcused" if the parent or caregiver fails to timely report the absence.

## **Case Plans**

- Case plan and court order must specify the number of days per week that the child is to attend.
  - An exemption for the required attendance of 5 days per week may be granted by the court.
- If the child is transferring from one program to another, court approval is not required unless the court order or case plan cites the specific program.
- Case plan and court order must not list a specific licensed early education or childcare program.
  - prevents multiple amendments

## **Requirements for Withdrawal or Reducing Attendance**

- Children cannot be withdrawn from the program without the prior written approval of the CBC lead agency.
- You must consult your supervisor prior to granting the approval.
- Court must approve an amended case plan or issue an order that recognizes the change in requirements prior to reducing and/or ceasing attendance.
  - If the child is entering school, amend the case plan as soon as practical.

## **Case Manager Site Visits**

- Must make a site visit to the child's residence to decide if the child is missing following:
  - 2 CONSECUTIVE reports of UNEXCUSED absences or
  - a report of 7 CONSECUTIVE EXCUSED absences
- Site visit must be made within one business day following receipt of the notification of the absences.
- When a child is missing, you must notify local law enforcement and initiate established procedures for locating missing children.

## **Case Plan Compliance**

- When it is decided that the child is NOT MISSING, the parent or caregiver with whom the child resides must be informed that failure to ensure attendance is a violation of the case plan.
- When more than 2 site visits are conducted due to the requirements of this act, YOU MUST NOTIFY THE COURT of noncompliance with the case plan, whether or not the child is missing.

## **Rilya Wilson Activity Worksheet**

- Use **PG51-52, Rilya Wilson Act**, to record the key tasks for the assigned topics. Consider what tasks will facilitate implementation of the requirements.
- Present key information and the tasks to the class during your presentation.
- Record the remainder of the tasks on this worksheet as they are discussed.

### **CBC Requirements to Notify Licensed Provider**

### **Provider Requirements for Monitoring and Reporting Attendance**

### **Caregiver Requirement to Report Absences**

### **Case Plans**

### **Requirements for Withdrawal or Reducing Attendance**

### **Case Manager Site Visits**

### **Case Plan Compliance**

## **“Zahid Jones, Jr., Give Grandparents and Other Relatives a Voice Act”**

Zahid Jones was born in 2003 and murdered by his mother’s boyfriend in 2007. The family was known to DCF for prior allegations of physical abuse of Zahid and siblings. Zahid was removed from his mother and placed with a non-relative, rather than with his paternal grandmother, who had been a primary caretaker in the past. After the mother successfully passed drug screens, Zahid was returned home. The paternal grandmother attempted to alert investigators and service providers of imminent danger to Zahid. Zahid tragically died on May 29, 2007 at the hands of his mother’s boyfriend. Representatives pursued this legislation with a goal to establish a more effective protocol for engagement of relatives and assurance that their voice is heard during investigative and judicial process.

### **Child Protective Investigator Requirements:**

- Must provide contact information to reporter within twenty four hours. **F.S. 39.301(6)**
- Must inform reporter of his/her right to provide written summary of report to CPI who must include it in master file. **F.S. 39.301(6)**
- Must obtain collateral contact from a relative if a family is offered but refuses services, if the CPI has knowledge of and the ability, to contact a relative.

### **Child Protective Investigator and Case Managers Requirements:**

- Any photographs or reports on examinations made or X-rays taken pursuant to section **39.304, F.S.** must be preserved in permanent form in child’s master records.

**NOTE: “Open Records Law”** requires a means for ensuring the extended maintenance of all dependency records, including medical content, until a child who received services from the Department reaches 30 years of age.

- After commencement of the investigation, a relative may submit a request in writing to the CPI or CM to receive notification of all proceedings and hearings. **F.S. 39.301(15)(b)**
- Request must include relative’s name, address, phone number, and relationship to the child. **F.S. 39.301(15)(b).**



### **Joint Action for CPI's, Case Managers, Children's Legal Services**

It is the responsibility of the case manager to forward a relative's request to receive notification of all proceedings and hearings submitted pursuant to s. 39.301(14)(b) to the attorney for the department

- CPI or CM must forward the request for notification to Children's Legal Services

### **Children's Legal Services Requirements**

- Children's Legal Services must notify relative of all hearings either in writing or orally and must inform relative of their right to:
  - attend all subsequent hearings
  - submit written reports to the court
  - speak to the court regarding the child. **F.S. 39.502(19)**

### **Court**

- Court may release attorney from this obligation if relative's involvement is impeding the dependency process or detrimental to the child's well-being. **39.402(19)**
- Failure to provide notice will not result in any previous action of the court being set aside, reversed, modified, or changed unless court makes a finding that a change is in the child's best interest **F.S. 39.301(15)(b)**
- Court must provide notice of next hearing to relatives providing out-of-home care to the child **F.S. 39.402(8)(b)(6), 39.506(9)**
- At shelter, court must notify the parents, legal custodian, and relatives providing out-of-home care of the importance of the active participation of the relative. **F.S. 39.402(8)(b)6**
- Court must notify relatives providing out-of-home care following a shelter petition being granted that relative has the right to:
  - attend all subsequent hearings
  - submit reports to the court
  - speak to the court regarding the child **F.S. 39.402(8)(b) 8**

## **Laundry List vs. Planning Model**

### **Laundry List**

The inadequacy of a laundry list approach is that it seeks solutions to treat a symptom. When the underlying cause is known, one realizes that many of the solutions identified through a brainstorming approach are not appropriate. For example:

**Problem:** Child is not attending school.

**Outcomes:** The child will regularly attend school.

### **Possible Solutions:**

- Drive the child to school on our way to work
- Get mother to take him every day
- Talk to teacher and ask her to encourage him
- Ask teacher to give him work in class that he likes
- Ask the neighbor to walk him to school
- Talk to the child about the value of an education
- Threaten the child with removal of television privileges
- Change schools
- Change the child's class

### **Planning Model**

- In an effective planning sequence, once the problem is identified, we must ask the question "Why is this happening?"
- Collecting information and formulating plausible explanations is the process of assessment.
- Only then can we set appropriate goals and outcomes and identify the best activities to achieve them.
- For example:

**Presenting Problem:** Child is not attending school.

**Assessment:** Why?

- **IF:** Mother cannot tell time, fails to get child up on time & he frequently misses the bus.
- **THEN:** Mother should learn how to tell time.
- **ACTIVITIES:** Parent advocate will teach mother how to tell time using a digital watch.
- **IF:** Child is afraid to go to school because he is bullied by older children on the way.
- **THEN:** Protect the child on the way to school.
- **ACTIVITIES:** Neighborhood teen will walk the child to school every day.
- **IF:** Child doesn't like school because he has a learning disability & feels inadequate.
- **THEN:** Provide the child with remedial experiences & special education to increase self-esteem and academic competence.
- **ACTIVITIES:** Meet with school to arrange transfer to an L.D. class and remedial tutoring.
- A properly implemented planning process, appropriate goals, outcomes and tasks develop logically from the information contained in the assessment.

## Case Planning Process

- Review FSFN case file and documents:
  - Current & prior intakes
  - Safety Assessment
  - Dependency petition & order
  - Family assessment
  - PDS (if applicable)
  - Order of disposition
  - Case notes & transfer summary
  - Medical records
  - Child's educational and health assessments
  - CBHA and other assessments, if applicable
- Gather missing information (from providers, school, family members, CPI, etc.)
- Conduct a face-to-face conference with parents, GAL, temporary custodian, and child, if age-appropriate.
- Obtain additional assessment information.
- Discuss parents' perception of underlying causes and service needs to resolve risk.
- Develop the case plan.
- List the maltreatments.
- List the family's strengths, supports, & resources.
- Identify/describe the problems: conditions or behaviors causing continuing risk to the child's:
  - safety: abuse, abandonment, neglect
  - well-being: educational, physical, and mental health needs
  - permanency: (the children are living in a temporary out-of-home placement, or the children's home situation places them at risk for removal)
- Include behaviors or acts of the parent(s) that result in risk to the child.
- Decide the needs based on the problems.
- Include the child's educational, physical, and mental health needs.
- Decide the underlying causes of the problem.
- Decide the permanency goal for the case plan.
- Decide the outcomes to achieve the case plan goal.
- Prioritize outcomes.
- List the tasks for each participant (family members, child, temporary custodian, Case Manager) to achieve each outcome.
- Prioritize tasks.

## Case Planning Checklist

- List the Maltreatments.**
- List Family Strengths and Supports.**
- Write Problem Statements (Conditions/Behaviors).**
  - Include 3 kinds of problems (conditions/behaviors) that effect: (1) the children's safety; (2) the children's educational, physical, and mental health needs; (3) permanency.
  - Examine the shelter order, dependency petition/order, Investigative Summary, results/findings of the investigation, and all assessments involving the child's physical, mental health, and educational needs.
  - Focus on behaviors/conditions that result in risk to the child and any needs concerning the child's physical, emotional, or educational well-being.
  - Write clear, specific, behavioral statements to describe: (1) each of the incident(s) or condition(s) of maltreatment; (2) each of the child's needs, if applicable: physical, emotional, or educational well-being; (3) the permanency problem.
  - State who did "what", "to whom", resulting in "what".
- Write Need Statements.**
  - Need statements assist with writing case plan outcomes; they help you and the parents focus on solutions to help the child.
  - What does the child need to be safe? (based upon the behaviors/conditions that result in continuing risk to the child)
  - What does the child need to fulfill his/her educational, physical, and mental health needs?
  - What does the child need to attain a permanent home?
  - Write a need statement in positive, not negative terms.
  - A service is not a need; a service meets a need.
- Decide/List the Causes that Contribute to the Needs.**
  - Family conferences assist with identification of causes.
  - Knowledge of causes helps ensure services/tasks that meet needs and
  - Helps individualize the case plan; avoids "boiler plate" case plans.
- Decide the Permanency Goal for the Child.**
  - Refer to the 6 options in F.S.
  - Maintain or strengthen placement within the home
  - Reunification
  - Adoption
  - Permanent guardianship of a dependent child
  - Permanent placement with a fit and willing relative
  - Placement in another planned permanent living arrangement

□ **Write the Outcomes.**

Include outcomes that address the child's safety, well-being, and permanence.

- Sometimes more than one outcome is necessary for a problem.
- State outcomes behaviorally; use action verbs.
- State the person responsible (who).
- State what he/she must do (what behavior).

□ **Write Tasks for Each Outcome.**

- Tasks are the services, activities, and/or steps to achieve the outcome.
- Include tasks for the child, if appropriate, parent(s), caregivers, & Case Manager.
- Include tasks that state the minimum number of Case Manager contacts each month and the purpose of the contacts.
- Tasks must be individualized and relate to identified causes and needs.
- Tasks must include the name of the person responsible.
- Tasks must be measurable (frequency, duration, intensity).
- If the task includes involvement with a service provider, include the service provider name, the location, and the phone #.
- Include the completion date for the task.
- Stagger the timeframes for tasks, so the family experiences success in steps.
- Ensure that the tasks are clear, and timeframes are realistic, and achievable.

□ **Prioritize Outcomes and Tasks.**

- Top priority is child safety.
- Keep the order logical.
- Some desired outcomes or tasks must be completed before other related outcomes can begin.
- Prioritize outcomes/tasks that can result in immediate success before those that will take much longer.

## **Maltreatment Scenario Worksheet Part 2**

Directions: Use the PART I WORKSHEETS to determine the PERMANENCY GOAL and to develop the OUTCOMES and TASKS for the family's case plan. Use the back of this worksheet if necessary.

### **Kincaid Family**

The Kincaid family's 3-year old toddler was playing hide-and-seek and hid in a non-working refrigerator in the back yard. The neighbor, helping in the search for the 3-year old, found the frightened toddler balled up inside the refrigerator, unable to get out. The neighbor is a good friend of the Kincaid family and often checks on the child when the child is alone in the back yard. The neighbor alleged that on Saturday mornings the parents often go to the store down the street and leave the child alone in the back yard playing. The abuse investigation was closed with verified findings of Environmental Hazards and Inadequate Supervision. There were no prior reports, and the PI supervisor approved the case for Non-judicial In-Home Services.

### **Permanency Goal:**

### **Outcomes:**

The outcome must state what can be done to eliminate the problem and address the needs. State WHO is responsible and WHAT he/she must do to eliminate risk to the child's safety, permanence, and well-being:

**Tasks:** Restate the outcome here and list the associated tasks beneath it.

State WHO, WHAT, WHEN, WHERE, and HOW. Tasks are the measure of success for the outcome. Be sure to address all of the child's needs and the causes that contribute to the problem/need. Sequence the tasks logically.

## **Maltreatment Scenario Worksheet Part 2**

Directions: Use the PART I WORKSHEETS to determine the PERMANENCY GOAL and to develop the OUTCOMES and TASKS for the family's case plan. Use the back of this worksheet if necessary.

### **Rickards Family**

Mr. Rickards, a single parent and widower, uses an extension cord to discipline his 4-year-old son, David. Recently, David was observed to have lacerations on his back and upper legs. When asked how he got the marks, he stated that his father hit him with an extension cord when he was bad. Mr. Rickards reported that "My father used an extension cord on me, and I turned out o.k." David's pre-school teachers reported serious physical aggression towards classmates and weekly visits to the school counselor. The counselor also reports that Mr. Rickards called last month to inquire about the new parenting class hosted at the school, but he has not registered for the class. The PI verified the maltreatment of Physical Injury (excessive corporal punishment and bruises/welts) and due to high risk factors, removed the child.

### **Permanency Goal:**

### **Outcomes:**

The outcome must state what can be done to eliminate the problem and address the needs. State WHO is responsible and WHAT he/she must do to eliminate risk to the child's safety, permanence, and well-being:

**Tasks:** Restate the outcome here and list the associated tasks beneath it.

State WHO, WHAT, WHEN, WHERE, and HOW. Tasks are the measure of success for the outcome. Be sure to address all of the child's needs and the causes that contribute to the problem/need. Sequence the tasks logically.



## Maltreatment Scenario Worksheet Part 2

Directions: Use the PART I WORKSHEETS to determine the PERMANENCY GOAL and to develop the OUTCOMES and TASKS for the family's case plan. Use the back of this worksheet if necessary.

### Benitos Family

The Benitos children's grandparents reported that their grandchildren are always hungry, and the children have told them that they have been going to bed hungry all summer. The grandparents report that the children's parents gamble at the local casino until all of their money is depleted. The grandparents said there is no food in the house, and after they inquired about the lack of food and told the parents what the children said, the parents refused to allow them to bring food, visit, or talk to their grandchildren on the phone. The recent investigation was closed with a verified maltreatment of Environmental Hazards (inadequate food). There was a prior Non-judicial In-Home Services case, with the same maltreatment, so the children were adjudicated dependent and remained in the home with Judicial In-Home Services.

### Permanency Goal:

### Outcomes:

The outcome must state what can be done to eliminate the problem and address the needs. State WHO is responsible and WHAT he/she must do to eliminate risk to the child's safety, permanence, and well-being:

**Tasks:** Restate the outcome here and list the associated tasks beneath it.

State WHO, WHAT, WHEN, WHERE, and HOW. Tasks are the measure of success for the outcome. Be sure to address all of the child's needs and the causes that contribute to the problem/need. Sequence the tasks logically.

## **Maltreatment Scenario Worksheet Part 2**

Directions: Use the PART I WORKSHEETS to determine the PERMANENCY GOAL and to develop the OUTCOMES and TASKS for the family's case plan. Use the back of this worksheet if necessary.

### **Silver Family**

Mrs. Silver recently gave birth to a child who was born prematurely. The baby weighed four pounds and had a positive toxicology screen for crack cocaine. Mrs. Silver admitted to using drugs during her pregnancy and told the hospital that she needed and wanted help to "kick the habit." The investigation was closed with a verified maltreatment of Substance Misuse (substance-exposed child-newborn). The newborn child was removed and placed with a relative.

### **Permanency Goal:**

### **Outcomes:**

The outcome must state what can be done to eliminate the problem and address the needs. State WHO is responsible and WHAT he/she must do to eliminate risk to the child's safety, permanence, and well-being:

**Tasks:** Restate the outcome here and list the associated tasks beneath it.

State WHO, WHAT, WHEN, WHERE, and HOW. Tasks are the measure of success for the outcome. Be sure to address all of the child's needs and the causes that contribute to the problem/need. Sequence the tasks logically.

## **Case Plan Outcomes**

### **Outcomes**

- relate to identified problems (conditions, behaviors) and causes
- satisfy the need
- are expressed positively
- are realistic and possible to achieve

### **Outcomes Include Who and What**

- the person responsible: (WHO)
- what he/she must do to: (WHAT) action or behavior
  - address the problems, causes, needs
  - alleviate the risk to the child's safety and well-being
  - reach the permanency goal for the child

### **Measuring Compliance with Outcomes**

- The tasks under each outcome are steps towards meeting the case plan outcome.
- Tasks also include the services for parents and children to alleviate risk to the child.
- Tasks are specific and measurable, and when they are successfully completed, the outcomes are considered achieved.

### **Examples of Case Plan Outcomes**

- Verified Maltreatment: Environmental Hazards
- Problem: Ms. Dolly allows her children to remain in an unsafe, unclean environment that places them at risk (soiled bedding, bug infestation, feces on the floor, unclean clothing).
- Need: The Dolly children need to live in a clean and safe environment.
- Cause: Ms. Dolly has financial needs (husband does not pay child support) and possible mental health problems (previous medication for depression); she stays in bed frequently when at home.
- Outcome: Ms. Dolly will keep her home clean, sanitary, and free of hazardous conditions and will, upon reunification and overnight visits, keep her children and their clothing clean and sanitary.

## **Words to Avoid**

### **Properly:**

- “Properly” is subject to interpretation.
- Instead, explain in behavioral terms what is meant by “proper.”

### **Appropriate:**

- “Appropriate” is subject to interpretation.
- Instead, work out with the client the behaviors necessary to reduce risk.

### **Adequate:**

- “Adequate” is subject to interpretation.
- Instead, state specifics of what is meant: (i.e., adequate housing means two bedroom apartment with running water).

### **Suitable:**

- “Suitable” is subject to interpretation.
- State specifics.

### **Stable:**

- State what is meant by “stable” employment?
- Part-time? Full-time? For how long?

### **A.S.A.P.:**

- “As soon as possible” is not a timeframe.
- Instead, state the number of days.

### **Ongoing:**

- “Ongoing” is **not** a timeframe.
- Instead, choose a target date when the outcome will be evaluated or reevaluated.

### **Successful completion:**

- Changing behavior is more than completing a program.
- Define behavioral changes that will occur as a result of completing the program.

## **Case Plan Tasks s. 39.6012(1)(b)1.-7**

### **What Are Tasks and Who Is Responsible?**

- Tasks are the services, activities, and/or steps to achieve the outcome.
- Directly relate tasks to a possible cause or factor contributing to the need (so interventions, supports, and services can be matched to identified needs and causes).
- Include tasks for each client (e.g., birth parents, child if appropriate), foster parents, caregiver, and Case Manager.
- When appropriate, include specific tasks and/or services for the children.
- State the minimum number of Case Manager face-to-face contacts that will take place each month and connect contacts to a purpose for those contacts.

### **Tasks Must Be Specific and Measurable**

- State who will do what, when/how often, where, and how it will be measured.
  - WHO is responsible?
  - WHAT behavior/action is to be accomplished?
  - WHEN will it be performed?
  - WHERE it will be done?
  - HOW often?
- Make sure the tasks are clear, realistic, and achievable and that the person responsible for the task has the capacity (cognitive, physical, and emotional) to do the task.
- Number each task under its outcome and check to be sure the task is a step toward accomplishing that particular outcome.
- Tasks must be measurable (frequency, duration, intensity).
  - when the behavior is to begin
  - frequency of that behavior (how often the behavior is to occur)
  - duration of the behavior (how long and when it ends)
  - intensity (how well, how much)

### **Services**

- Include the type, frequency, location, and phone # of services and the name of the person responsible.
- The case plan must have a space for entering this information; do not include it in the task statements.

### **Sequence Tasks Logically**

- Use small incremental steps (tasks) to achieve the outcome so the family can experience success.
- Give a timeframe for each task and stagger the timeframes so tasks are not overwhelming to the family.

### **How Do You Measure Success?**

- observation of interaction between children and parents during visitation
- psychological evaluation report
- following through on recommendations
- observation of monthly budget
- reports from probation officer
- random urine analysis
- reports from a provider
- law enforcement reports
- home study
- foster parents reports
- monthly meeting with provider
- employment pay stubs
- observation and monitoring
- no new intakes
- school discipline reports
- report cards
- frequency and duration of visitations

### **Examples of Your Tasks**

- The Case Manager will meet with the parents once per month beginning in June in the parents' home to identify obstacles to meeting their goal and to assist them in overcoming those obstacles.
  - WHO – You
  - WHAT BEHAVIOR – will meet with parents to identify obstacles to meeting the goal and to assist them in overcoming the obstacles.
  - WHEN – in June
  - WHERE – in the parent's home
  - HOW OFTEN (frequency, duration, or intensity) – once per month
- The Case Manager will meet with the child and foster parents twice per month beginning in June to assess the child's safety, adjustment to placement, and possible services needed.
- The Case Manager will request and review monthly updates from the service providers to verify that the parents are receiving services and completing tasks as required.
- The Case Manager will seek alternative services if services originally identified are not available.

## **Prioritizing Outcomes and Tasks**

### **Stagger Outcomes and Tasks.**

- Families become overwhelmed if given too many “assignments.”
- Success is much more likely when things are kept manageable for the family.

### **Prioritize Outcomes and Tasks.**

- Each family is unique; therefore,
- There are no firm rules for how to prioritize for all families.

### **Suggestions for Prioritizing Outcomes and Tasks:**

#### **Top priority is child safety.**

- Request a court injunction to keep the perpetrator away from the child.
- Arrange for treatment or exams (i.e., psychological tests for child, parents, or caregivers).
- Ensure that the safety plan is in effect and that it is understood.
- Follow court orders.

#### **Keep the order logical.**

- Some desired outcomes or tasks must be completed before other related outcomes.
- Example: learning to complete an application must occur before one can find a job.

#### **Select a task that might result in immediate success to be performed early.**

- If a behavior or situation can be changed without too much difficulty, select this task early and at the same time another more difficult task has begun.
- Then, the family will feel a sense of control and accomplishment prior to beginning the difficult task.

## **Prioritize your own tasks as you work with families:**

### **Meet time frames established by legislation and court action.**

- Several of the deadlines in Florida legislation are based on federal legislation: Title IV-B and Title IV-E assurances.

### **Put the most complex cases first.**

- This criterion is useful when the caseload is heavy.
- As families become more self-sufficient, they will not need as much guidance.
- Families with complex or numerous issues may need help more often, especially when the involvement first begins.

### **Some tasks require on-going work.**

- Some tasks may be started by another PI or CM and then continued by you.
- Examples: updating of health and educational information for each child, diligent searches for a missing parent, or searches for and home studies of family members who could become temporary or permanent caregivers for the child.

### **Listen carefully to the family.**

- Everyone may want the same results but may be expressing the outcomes differently or with varying degrees of emphasis.
- Compromise when possible.

### **Focus on the child, and be aware of the child's sense of time.**

- Stress the urgency of resolving the child's temporary and uncertain status, and give high priority to those outcomes that are crucial for permanent status.
- Those working with the family can influence court-ordered tasks because they understand the conditions, factors, and traits that led to intervention.

### **Work intensely with the family prior to filing the plan with the court.**

- If the PI and/or you work intensely with the family prior to filing the plan with the court, the family's willingness to work on tasks in the case plan is increased.
- Consider what to do when your priorities for the family and the family's own priorities don't match.



## Case Study/Planning Worksheets Part 1: The Johnson Family

### Background:

An intake is received at the hotline on **11/04/2008 at 8:10 a.m.** regarding the Johnson family. The intake is a 24 hour response priority and alleges the following: "Today Samantha collapsed on the playground and was complaining of chest pains. For the last two months Samantha has had a low grade fever, wheezing, and a bad cough." There are no prior investigations and Ms. Johnson does not have any criminal history.

### In-Home Investigation:

1. On **11/04/2008 at 9:45 a.m.** PI arrived at Pinewood Elementary School to attempt contact with Samantha (age 11) and the other children in the family. The PI spoke to the school guidance counselor, Nancy Young, who confirmed that Samantha was complaining of chest pains and collapsed on the playground yesterday. Ms. Young stated that for at least two months Samantha has had a low grade fever, wheezing, and a bad cough. Samantha reportedly told her that she had not been to the doctor in quite some time. She reported that Samantha was examined by the school nurse after she complained of chest pains, and the nurse was concerned that Samantha might have pneumonia. Ms. Young stated that she also had concerns for Samantha's siblings (Marcus 10, Silvia 8, and Leonard 6). She stated that during the last school year the children were often absent (Samantha 25 days, Marcus 28 days, Silvia 22 days, and Leonard 18 days), and the pattern has continued into this school year. All of the children have already missed four days of school in the first month. She said the children are also not dressed appropriately for the weather. Last January it was in the 30's and the children came to school wearing sandals and light sweaters. The children often come to school hungry, and staff have given them food or money to buy food. Marcus has developed a severe behavioral problem and is being considered for ESE (Exceptional Student Education) classes. Silvia often stays on school grounds well after school is out, and Ms. Johnson doesn't come until the school calls numerous times. Leonard often cries in school without explanation. Ms. Young stated that yesterday they made numerous attempts to contact Ms. Johnson to pick up Samantha, and they finally had to call 911 when she collapsed on the playground. She stated the teachers, principal, and she have all tried to contact Ms. Johnson with limited success. She reported that Samantha is not in school today, but the other children are present.
2. **11/04/2008 at 10:20 a.m.** PI spoke with Marcus in the guidance office. Marcus' appearance was slightly disheveled as his clothing had dirt and food stains on them, and his hair was uncombed. Marcus reported that he hated school because the other kids make fun of him for being poor and dirty, and they call him "Mucky Marcus." He stated that is why he misses school a lot and also because sometimes they just miss the bus. Marcus has a hard time concentrating, but states that since Samantha has been sick he has been cooking for and watching after his siblings. He stated he cooked macaroni and cheese for dinner last night. Marcus reported that his mother is usually asleep when they leave for school in the morning and also when they get home in the afternoon and only sometimes gets up before they go to bed. He stated that his mother will yell at them if they try to wake her.

3. **11/04/2009 at 10:35 a.m.** PI spoke with Silvia in the guidance office. Silvia was also disheveled with stained clothing and matted hair. Silvia stated that she likes to stay late after school because the teachers give her snacks, and there is not much to eat in her house. She stated that her mom has not gone to the store in a couple of weeks, nor has she washed their clothes, because she sleeps all day. She stated that Marcus and Sam cook for them, but Marcus has been doing most of the cooking lately because Sam has been sick. She said, "Sam got real sick yesterday, and the ambulance had to take her to the hospital." Silvia stated that her mom called the hospital last night, but they didn't get to go see Sam because her mom was tired. She stated they miss school a lot because they miss the bus, and their mom won't get up to take them to school.
4. **11/04/2008 at 10:55 a.m.** PI spoke with Leonard in the guidance office. Leonard was also wearing clothing with dirt and food stains on them, and his hair was uncombed. When the PI introduced himself to Leonard, Leonard began to cry. He stated that he didn't want to be taken away from his mother and siblings. He reported that the other children make fun of him for being dirty, and his mom hasn't washed his clothes because she sleeps all the time. Leonard stated that his siblings do most of the cooking at home.
5. **11/04/2008 at 1:10 p.m.** PI went to County General Hospital to get information on Samantha's condition and to interview Samantha. PI spoke to head nurse, Maria Sanchez. Nurse Sanchez reported that when Samantha was admitted, she had a 103° temperature and was extremely dehydrated. She reported that Samantha has a severe case of pneumonia, and she was being given IV antibiotics and fluids. Nurse Sanchez reported that Samantha otherwise appeared to be a healthy 11 year old. She stated they are going to keep Samantha overnight for observation.
6. **11/04/2008 at 1:15 p.m.** PI spoke with Samantha in her hospital room. Samantha reported that she was feeling a little better. She reported that she has had a cough for about two months and a slight fever for at least a month. She stated that she told her mother about it, but her mom just gave her some cold medicine and said it would go away on its own. Samantha asked how her siblings were and wanted to know how long she would be in the hospital because she had to get back home to take care of them. She stated that she is typically the one to cook and get her siblings ready for school but that Marcus has been helping out more since she has been sick. Samantha said that her mom just sleeps all the time and that it has been like that since their father left a year ago. Samantha said that was really hard on her mom so she had to start doing some the things that her mom used to do. She stated that her mother has not been grocery shopping or done laundry in a few weeks. She stated that there were no other adults in their home that could help out, and she stated that they didn't have any friends or family that could help either.
7. **11/04/2008 at 2:35 p.m.** PI went to the family home and knocked on the door numerous times before the mother, Ms. Johnson, came to the door. Ms. Johnson was wearing a torn and tattered night gown, and her hair was uncombed. It appeared as though she had just woken up. Ms. Johnson was withdrawn but answered the PI's questions. Ms. Johnson receives Food Stamps, Temporary Cash Assistance, and does a few odd jobs for cash. She said "We get by." The food in the home was limited to crackers, cereal, and some canned goods. Ms. Johnson reported that she hadn't been to the store yet. She stated that this was all Mr. Johnson's fault because he left them, and he used to support the family. Ms. Johnson stated that she knew Samantha was sick but that she just thought it was a persistent cold and would eventually go away. Ms. Johnson agreed to Non-Judicial In-Home services and said she just wanted to get her life "back on track." The home was dirty and cluttered but generally safe.

8. **Disposition:** Judicial In-Home Services.

9. Findings

- Medical Neglect of Samantha, age 11
- Environmental Hazards for all the children (inadequate food and clothing)
- Inadequate Supervision for Leonard, age 6 and Silvia, age 8

### **Assessment Data**

You make an unannounced visit at noon and wake Ms. Johnson, the mother. Initially, Ms. Johnson refuses to talk with you, but you use supportive, open-ended questioning to engage her. During the interview, the following is determined:

- Ms. Johnson's second husband, Gerard Johnson, the father of her two younger children, Silvia and Leonard, left her for another woman one year earlier.
- Ms. Johnson has never worked full time. She has managed to "get by" on case assistance and a few odd jobs for cash.
- Ms. Johnson has few friends and no family in the area. Her mother, Sadi Hunt, and her sister, Mary Kent, live in Kentucky. She talks to the neighbor at times, but they are not close.
- Ms. Johnson is "ashamed" to call her mother or her sister in Kentucky. This is the second time she has had a husband leave her.
- Ms. Johnson claims that all her children have been sick on and off throughout the winter, but she hasn't taken them to the doctor because "It's such an exhausting trip to spend the whole-day at the clinic."
- Ms. Johnson has no car. She claims she used to do everything herself by taking the bus, including grocery shopping, laundry, paying bills, and other errands, and she knows her way around the city using public transportation.

When asked about her own health, Ms. Johnson indicated it wasn't good. She reported the following:

- chronic headaches;
- without energy;
- "tired all the time . . . all I want to do is sleep."
- lost her appetite, and sometimes couldn't think about food.
- fed her children "whatever was easy - It's too much effort to cook."
- She saw a doctor 6 months earlier for a possible broken finger. She did not want to go back to the doctor, stating, "They'll think I'm crazy."
- After gentle questioning she admits to crying bouts that last for hours at a time. She was afraid that, "They'll lock me up, and then who will care for my children?" She has had these symptoms for about a year. They began shortly after her husband left.

## Case Work Activity

- 11/4/08: Samantha released from Broward General Hospital at 8:45 pm. Doctor: Ronald Sinchak 954-745-3952. Begin Z-pack medication.
- 11/5/08: ESI/Case Transfer staffing
- 11/5/08: Referred Jacqueline and children for mental health assessments
- 11/6/08: Jacqueline referred for homemaker services for meal planning
- 11/6/08: Jacqueline referred to the food and clothing bank.
- 11/6/08: Referrals completed for children's medical and dental check up
- 11/08/08: Background checks completed on Jacqueline. All clear
- 11/11/08: Case Manager spoke to Susan Kennedy (Marcus's 4th grade teacher)
  - Referral made for tutoring for Marcus's dyslexia
  - Placement in ESE classes for Marcus
  - Referral for peer behavioral counseling for Marcus
  - Referral made for Marcus to receive an Educational Surrogate

## Mental Health Assessments

The results of Jacqueline Johnson's mental health assessment indicated that she was suffering from depression, has low self-esteem, and tends to isolate herself from family and friends.

- Recommendations: Individual counseling for depression and low self esteem 2 times a week – Monday and Thursday 11am -12pm. Family counseling when therapeutically recommended. Ms. Johnson was prescribed Zoloft 2xday.

The results of the children's Mental Health Assessments indicated the following:

- 6-year old Leonard – Suffers from severe anxiety and is afraid to be alone. Reports always feeling hungry.
- 8-year old Silvia – Has good relationships with peers, very independent and self-sufficient. She tends to be the protector to the six year old and takes on a parental role with the six year old. She indicates that she and her siblings do not get fed.
- 10-year old Marcus – Displays oppositional defiant behavior and suffers from dyslexia. Does not have good peer relationships. States that he does not need to be supervised by an adult and that he can take care of himself.
- 11-year old Samantha – Highly stressed. Feels like she is responsible for all her brothers and sisters. Needs medical attention. Has no appetite. Caretaker to all children.
- Recommendations: All four children receive individual therapy 1 time a week – Family therapy when therapeutically recommended; enroll 10 year old, Marcus, in ESE classes, peer behavioral counseling, and tutoring for dyslexia.

## Part I: Johnson Planning Worksheet

The case study for this activity has limited information and, therefore, a comprehensive case plan cannot be drafted. Implement the planning process using the information provided in the case study.

- List the Verified Maltreatments.
- List the Family Strengths/Supports/Resources.
- List the Problems (behaviors and/or conditions) that result in risk to the child's safety, permanence, and well-being. (List the problems beneath each verified maltreatment)
- List the Child and Parent Needs based upon the Problems. (**A service is not a need**)
- Assess the underlying Causes that contribute to the problems and needs.
- Prepare 2 separate flipchart pages for strengths & problems; needs & causes.

### Verified Maltreatments

- Medical neglect of the 11-year old
- Environmental Hazards for all the children (inadequate food, clothing, medical attention)
- Inadequate Supervision

### Family Strengths/Supports/Resources

### Problems

Behaviors/conditions that result in risk to the child

List the problems by clustering them beneath the associated maltreatment:

Medical Neglect: Samantha - the 11-year old.

Environmental Hazards: all of the children (food, clothing, medical attention)

Inadequate Supervision:

### Needs

Based on the problems, what are the needs for the child's safety, well-being, and permanence?

**A service is not a need.**

### Causes

Help to individualize and focus the outcomes & tasks of the case plan

## Part II: Johnson Planning Worksheet

Complete the case planning process:

- Decide the child's permanency goal.
- Decide the outcomes to achieve the permanency goal.
- List the tasks to achieve each outcome. Tasks must be specific and measurable: Who will do what, when, where, and how often.
- Use the back side of this page to complete your draft.

### Permanency Goal:

#### Outcomes:

The outcome must state what can be done to eliminate the problem and address the needs. State WHO is responsible and WHAT he/she must do to eliminate risk to the child's safety, permanence, and well-being:

**Tasks:** Restate the outcome here and list the associated tasks beneath it.

State WHO, WHAT, WHEN, WHERE, and HOW. Tasks are the measure of success for the outcome. Be sure to address all of the child's needs and the causes that contribute to the problem/need. Sequence the tasks logically.

#### Outcome 1:

Tasks:

#### Outcome 2:

Tasks:

# Case Planning Worksheet

Case Name:

Children's Names and Ages:

Verified Maltreatments	Problems	Needs	Causes
OUTCOME:	OUTCOME:	OUTCOME:	OUTCOME:
TASKS:	TASKS:	TASKS:	TASKS:

## Part II: Harrison Planning Worksheet

Complete the case planning process:

- Decide the child's permanency goal.
- Decide the outcomes to achieve the permanency goal.
- List the tasks to achieve each outcome. Tasks must be specific and measurable: Who will do what, when, where, and how often.
- Use the back side of this page to complete your draft.

### Permanency Goal:

#### Outcomes:

The outcome must state what can be done to eliminate the problem and address the needs. State WHO is responsible and WHAT he/she must do to eliminate risk to the child's safety, permanence, and well-being:

**Tasks:** Restate the outcome here and list the associated tasks beneath it.

State WHO, WHAT, WHEN, WHERE, and HOW. Tasks are the measure of success for the outcome. Be sure to address all of the child's needs and the causes that contribute to the problem/need. Sequence the tasks logically.

#### Outcome 1:

Tasks:

#### Outcome 2:

Tasks:



## FSFN Court Involved Case Plan

IN THE CIRCUIT COURT      JUDICIAL CIRCUIT  
IN AND FOR      COUNTY, FLORIDA  
DIVISION

IN THE INTEREST OF:  
Minor Children

CASE NO.:

### CASE PLAN FOR (Primary Goal)

<b>Address:</b>	Guardian ad litem: <input type="checkbox"/> is appointed <input type="checkbox"/> was discharged <input type="checkbox"/> needs to be appointed
	Dependency Case Manager:
	Case Manager Supervisor:
	Other:

<b>Father of:</b>	<b>Address:</b>
<b>Father of:</b>	<b>Address:</b>

### NOTICE TO PARENTS:

This case plan was entered into by the above-named parties/participants in order to comply with sections 39.6011, 39.6012, 39.6013, 39.603, 39.621 and 39.701, Florida Statutes, all other applicable sections of chapter 39, and the Adoptions and Safe Families Act.

**A PARENT MAY RECEIVE ASSISTANCE FROM ANY PERSON, AN ATTORNEY OR ANOTHER SOCIAL SERVICES AGENCY IN PREPARING THE CASE PLAN. YOU MAY REQUEST COURT MEDIATION TO ASSIST YOU.**

**PARENTS: YOU HAVE A RIGHT TO OBTAIN YOUR OWN ATTORNEY AT ANY STAGE OF THESE DEPENDENCY PROCEEDINGS, INCLUDING FOR ASSISTANCE IN THE PREPARATION OF THE CASE PLAN. YOU HAVE A RIGHT TO REQUEST THE COURT APPOINT AN ATTORNEY IF YOU CANNOT AFFORD TO HIRE AN ATTORNEY. THIS RIGHT CONTINUES AT EACH AND EVERY STAGE OF A DEPENDENCY PROCEEDING, EVEN IF YOU HAVE PREVIOUSLY WAIVED THIS RIGHT.**

#### I. Reason for Department of Children and Families involvement:

1. The mother, Angela, was under the influence of drugs during her pregnancy with Fred. She and her paramour, Fred's father, continue to use drugs and party late at night leaving the children unattended for long periods of time. The investigation revealed that John FN2, Fred's father, was arrested for selling cocaine, from the home, to an undercover officer.

#### II. Goal(s) The case plan goal is:

Participant Name	Primary Goal	Concurrent Goal

**III. Overall Goal Compliance Expiration Date:**

(Although Florida law permits case plans of up to twelve (12) months, section 39.806, Florida Statutes, permits termination of parental rights nine (9) months after the date a child is removed from the home or the date the case plan is accepted by the court, whichever is shorter. The case plan must be limited to as short a period as possible for accomplishing its provisions.)

**THE FAILURE TO SUBSTANTIALLY COMPLY WITH THE CASE PLAN MAY RESULT IN THE TERMINATION OF PARENTAL RIGHTS SOONER THAN THE COMPLIANCE PERIOD SET FORTH IN THE CASE PLAN.**

**IV. Placement:**

▶ #1	
Child is in out of home placement:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Type of placement/living arrangement:	
Reason(s) to continue in this placement:	Placement is the least restrictive, most family like setting consistent with child's best interest and special needs. Placement is in close proximity to the child's <input type="checkbox"/> home.
Child is placed with siblings?	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Placement takes into account which school child attended prior to removal?	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Change of school since removal?	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Placement supports parental visitation?	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Reasonable efforts to prevent removal or reunify family:	
Is the child a legal United States resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If child is not a legal resident:	
Does the permanency plan include remaining in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has a petition for permanent special immigrant juvenile status or adjustment of status been filed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Will a request for extension of jurisdiction beyond age 18 be made? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is child ICWA eligible? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, was notice given to the tribe? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If notice was given, is the inquiry still pending? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**V. Identification of the role/responsibility of each party/participant:**

**A. Barriers to goal achievement:**

**B. Case Plan Tasks:**

This Case Plan is based on a Family Assessment:  Yes  No

**FSFN Plan ID:**

**SUBSTANTIAL COMPLIANCE WITH THIS CASE PLAN OCCURS WHEN THE CONDITIONS THAT CAUSED THE CREATION OF THIS CASE PLAN HAVE BEEN SIGNIFICANTLY REMEDIED TO THE EXTENT THAT THE WELL BEING AND SAFETY OF THE CHILD(REN) WILL NOT BE ENDANGERED UPON THE CHILD(REN)'S RETURN TO, OR THE CHILD(REN) REMAINING WITH, THE CHILD(REN)'S PARENT.**

**C. Mother**

**Tasks required by Mother:**

1. The Mother is responsible for the financial support of the child(ren).
2. The Mother is responsible for maintaining frequent and regular visitation and/or communication with the child(ren) sufficient to establish or maintain a substantial and positive relationship with the child(ren).
3. The Mother is responsible for maintaining monthly face to face contact with the dependency case manager.
4. The Mother is responsible for providing the dependency case manager with the Mother's address and telephone contact number within 3 days of any change.
5. The Mother is responsible for maintaining contact with the Mother's court appointed counsel.
6. The Mother shall cooperate with the Department/CBC in the execution of all releases of information for both herself and the child(ren).
7. The Mother shall notify the Department/CBC of any change in the composition of the household within 48 hours of the change.

**Mother's Primary Tasks**

<b>▶#</b>	Mother's Name:	Identified Problem:
	<b>Task</b> – What has to be done:	Who pays:
	How to begin:	Begin your tasks by (date):
	When you should be done:	Person responsible to do task:
	Steps to complete task:	Provider (Name and Address):
	Estimated Cost:	Frequency:
<b>NOTES:</b>		

**D. Father(s)**

**Tasks required by Father(s):**

1. **The Father is responsible for the financial support of the child(ren).**
2. **The Father is responsible for maintaining frequent and regular visitation and/or communication with the child(ren) sufficient to establish or maintain a substantial and positive relationship with the child(ren).**
3. **The Father is responsible for maintaining monthly face to face contact with the dependency case manager.**
4. **The Father is responsible for providing the dependency case manager with the Father’s address and telephone contact number within 3 days of any change.**
5. **The Father is responsible for maintaining contact with the Father’s court appointed counsel.**
6. **The Father shall cooperate with the Department/CBC in the execution of all releases of information for both himself and the child(ren).**
7. **The Father shall notify the Department/CBC of any change in the composition of the the household within 48 hours of any change.**

**Father’s Primary Tasks**

<b>▶#1</b>	<b>Father of</b>	Identified Problem:
<b>Task – What has to be done:</b>		Who pays:
How to begin:		Begin your tasks by (date):
When you should be done:		Person responsible to do task:
Steps to complete task:		Provider (Name and Address):
Estimated Cost:		Frequency:
<b>NOTES:</b>		

**Mother’s Concurrent Tasks**

<b>▶#</b>	<b>Mother’s Name:</b>	Identified Problem:
<b>Task – What has to be done:</b>		Who pays:
How to begin:		Begin your tasks by (date):
When you should be done:		Person responsible to do task:
Steps to complete task:		Provider (Name and Address):
Estimated Cost:		Frequency:
<b>NOTES:</b>		

**Father's Concurrent Tasks**

▶ #	, Father of	Identified Problem:
Task – What has to be done:		Who pays:
How to begin:		Begin your tasks by (date):
When you should be done:		Person responsible to do task:
Steps to complete task: <input type="checkbox"/>		Provider (Name and Address):
Estimated Cost:		Frequency:
<b>NOTES:</b>		

**A. Visitation Information**

**Visitation with the Mother:**

▶ Mother:	Frequency:
<input type="checkbox"/> Supervised:	<input type="checkbox"/> Unsupervised:
Visitation by the Mother shall be as already ordered by the court and modified by future court orders.	

**Visitation with the Father:**

▶ #1	Father:	Frequency:
<input type="checkbox"/> Supervised:	<input type="checkbox"/> Unsupervised:	
Visitation by the Father shall be as already ordered by the court and modified by future court orders.		

**Sibling Visitation:**

Frequency:	<input type="checkbox"/> Supervised:	<input type="checkbox"/> Unsupervised:
Sibling visitation shall be as already ordered by the court and modified by future court orders.		
Who makes it happen and what they have to do:		
Sibling visitation should not occur because:		

**B. Community Based Care Tasks:**

<p><b>Task:</b> Maintain contact with mother</p>	<p><b>Frequency:</b></p>
<p><b>Narrative:</b> The Department/CBC will</p>	<p><input type="checkbox"/> Daily  <input type="checkbox"/> Weekly  <input type="checkbox"/> Monthly  <input type="checkbox"/> Courtesy worker  <input type="checkbox"/> N/A</p>
<p><b>Task:</b> Maintain contact with father</p>	<p><input type="checkbox"/> Daily  <input type="checkbox"/> Weekly  <input type="checkbox"/> Monthly</p>
<p><b>Narrative:</b> The Department/CBC will</p>	<p><input type="checkbox"/> Courtesy worker  <input type="checkbox"/> N/A</p>
<p><b>Task:</b> <input type="checkbox"/> Make face to face contact with children  <input type="checkbox"/> Telephone and other contact with courtesy worker</p>	<p><input type="checkbox"/> Daily  <input type="checkbox"/> Weekly  <input type="checkbox"/> Monthly  <input type="checkbox"/> Courtesy worker</p>
<p><b>Narrative:</b> The Department/CBC will</p>	
<p><b>Task:</b> Case Manager will notify the CLS Attorney if the relative or caregiver has requested notice of hearing.</p>	
<p><b>Task: Other</b></p>	
<p><b>Task: Getting records and releases from Mother Father Other:</b>  <input type="checkbox"/> Release needed for  <input type="checkbox"/> Release needed for  <input type="checkbox"/> Release needed for</p>	
<p><b>Task:</b> Provide referral for  <input type="checkbox"/> Not made yet - target date for making referral  <input type="checkbox"/> Have already been made on (date)</p>	
<p><b>Task:</b> Provide referral for (Foster Family/Legal Custodian)  <input type="checkbox"/> Not made for yet - target date for making referral  <input type="checkbox"/> Have already been made on (date)</p>	

**C. Children's Tasks:**

**Primary Tasks:**

▶#1		Identified Problem:
Task – What has to be done:		Who pays:
How to begin:		Begin your tasks by (date):
When you should be done:		Person responsible to do task:
Steps to complete task:		Provider (Name and Address):
Estimated Cost:		Frequency:
<b>NOTES:</b>		

**Concurrent Tasks:**

▶#		Identified Problem:
Task – What has to be done:		Who pays:
How to begin:		Begin your tasks by (date):
When you should be done:		Person responsible to do task:
Steps to complete task:		Provider (Name and Address):
Estimated Cost:		Frequency:
<b>NOTES:</b>		

**F. Foster parent(s)/legal custodian/other:**

**Responsibilities and Additional Tasks of the Caregivers**

Your role is to provide for the safety, welfare and protection of any child entrusted to you. A caregiver must be capable of providing a physically safe environment and a stable, supportive home for each child under supervision. You must not release a child to anyone without approval from the counselor or the Court. These are additional tasks and responsibilities you have as a caregiver under this plan:

1. It is the responsibility of a caregiver to assure that each child's well-being is met, including, but not limited to:
  - a. Proper nutrition
  - b. Proper housing and clothing
  - c. Educational needs
  - d. Provision of routine immunizations
  - e. Provision of emergency and routine medical care. This does not include surgery, general anesthesia, psychotropic medications or extraordinary procedures. (You must notify the counselor of any medical care or treatment provided to a child placed in your care.)
  - f. Provision of specialty care for special needs of the children including mental health services.
  - g. Provision for education, include day care or preschool services, as eligible

2. It is the responsibility of a caregiver to abide by all court orders.
3. It is the responsibility of a caregiver to be actively involved with the counselor as a team member in achieving the court approved permanency goal for each child. You must never make negative statements about a child's family to the child or in the presence of the child.
4. It is the responsibility of a caregiver to assist with court ordered supervised or court ordered unsupervised visits and communication between a parent and a child. If the Court orders no visits or places limits on contact with a child, you must obey the court order regardless of whether you agree with the order. (You should not permit visits with a child placed in your car by anyone other than the counselor or the Guardian ad Litem, without specific authority from the Court or the counselor.
5. It is the responsibility of a caregiver to assist with visitation and communication between a child and the child's siblings, if separated unless otherwise ordered by the Court.
6. It is the responsibility of a caregiver to maintain a child's eligibility for assistance from the State, including, but not limited to: ACCESS, Department of Child Support Enforcement, Department of Social Security Administration, Department of Education, and Department of Health.
7. It is the responsibility of a caregiver to ensure each child attend school or daycare, if required to do so by law (the Rilya Wilson Act) or if attendance is required as part of a plan to ensure the safety of the child.
8. It is the responsibility of a caregiver to inform the Court and the counselor if people move into or out of their home, or if there is a change to their residence or marital status.
9. It is the responsibility of a caregiver to contact the counselor concerning any plans for out-of-state travel while the case is under court supervision.

**Additional Caregiver Responsibilities:**

▶#		Identified Problem:
<b>Task</b> – What has to be done:		Who pays:
How to begin:		Begin your tasks by (date):
When you should be done:		Person responsible to do task:
Steps to complete task:		Provider (Name and Address):
Estimated Cost:		Frequency:
<b>NOTES:</b>		

**Primary Tasks:**

▶#		Identified Problem:
<b>Task</b> – What has to be done:		Who pays:
How to begin:		Begin your tasks by (date):
When you should be done:		Person responsible to do task:
Steps to complete task:		Provider (Name and Address):
Estimated Cost:		Frequency:
<b>NOTES:</b>		



**Master Trust Information:**

▶ #1		
1) Does the child have a master trust account established already?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2) If yes, has a statement of account been filed with the court?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3) If no, does the child need a master trust account established?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4) If yes, then case worker will establish account by the following date:		

**VII. Health Information:**

▶ #1		
Name of Primary Physician:		
Address of Primary Physician:		
Other Healthcare Provider:		
Address of Other Healthcare Provider:		
Name of Dental Provider:		
Address of Dental Provider:		
Name of Mental Health Professional:		
Name of Psychiatrist:		
Date of last Comprehensive Behavioral Health Assessment:		
Immunization record available		

**Medications:**

▶ #		
Physician/Practitioner:	Child's DOB:	
Prescribed Medication:	Is Medication Psychotropic: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date Prescribed:	Date Stopped:	
Parental/Guardian Consent	Date Consent Obtained:	
Court Order Required	Date Court Order Obtain <input type="checkbox"/> d: <input type="checkbox"/>	

**Diagnosis, assessments and/or treatments for the child:**

▶ #	Child DOB:
First Service Date:	Last Service Date:
Provider:	Condition Type:
Provider Type:	Type of Service:
Procedure:	
Diagnosis:	
Description of diagnosis, assessment and/or treatment for the child:	

**VIII. Current Education Information:**

▶	Child's DOB:
Current School Name:	Current Grade Level:
Date of child's current Individualized Education Plan (if applicable):	Current Program Type:
Current School Address:	
Special Education:	Special Education Level:

**Chronology of School Placements:**

▶#	Child's DOB:
Start Date:	School District:
School Name:	Reason for Change:
Program Type:	School Address:

**IX. Other information:**

▶#1	
Does this child meet criteria for Rilya Wilson Act? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If child is 3 years of age, up to age of school entry, is child in daycare? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, is child attending five days per week? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, is there a court order exempting daily attendance? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**X. Independent Living Services:**

▶#1	
<input type="checkbox"/> The child is not yet 13 years of age or the child is not in licensed foster care.	
<input type="checkbox"/> Child is 13+ years of age and has been referred for Independent Living.	Date Referred:
<input type="checkbox"/> IL Skills Assessment Completed.	Date Completed:
<input type="checkbox"/> Child is 13+ years of age and is currently receiving Independent Living Services/Training.	
<b>Education and Career Path:</b>	
<input type="checkbox"/> Attending a 4 year college, or university or community college plus university or a military academy.	
<input type="checkbox"/> Receiving a two year post-secondary degree.	
<input type="checkbox"/> Attaining a post-secondary career or technical certificate.	
<input type="checkbox"/> Beginning immediate employment, including apprenticeship after completion of a high school diploma or its equivalent or enlisting in the military.	
Requirements to achieve goal:	
Barriers to achieve goal and specific plan to address barriers:	

**XI. Attachments to Case Plan:**

<b>Medical/ Mental Health</b>	
Medical records	<input type="checkbox"/> Attached <input type="checkbox"/> Not Attached <input type="checkbox"/> Reason why missing:
Mental Health records	<input type="checkbox"/> Attached <input type="checkbox"/> Not Attached <input type="checkbox"/> Reason why missing:
Immunization records	<input type="checkbox"/> Attached <input type="checkbox"/> Not Attached <input type="checkbox"/> Reason why missing:
Dental Records	<input type="checkbox"/> Attached <input type="checkbox"/> Not Attached <input type="checkbox"/> Reason why missing:
<b>Education</b>	
Report cards	<input type="checkbox"/> Attached <input type="checkbox"/> Not Attached <input type="checkbox"/> Reason why missing:
Individual Education Plan	<input type="checkbox"/> Attached <input type="checkbox"/> Not Attached <input type="checkbox"/> Reason why missing:
Other school records	<input type="checkbox"/> Attached <input type="checkbox"/> Not Attached <input type="checkbox"/> Reason why missing:
<b>Visitation Plan(s)</b>	
Include parents, siblings & grandparents (if applicable)	<input type="checkbox"/> Attached <input type="checkbox"/> Not Attached <input type="checkbox"/> Reason why missing:
<b>Master Trust (if applicable)</b>	
Notice of Fee Assessment and Rights of Foster Child Regarding Government Benefits	<input type="checkbox"/> Attached <input type="checkbox"/> Not Attached <input type="checkbox"/> Reason why missing:
Quarterly Accounting Statement	<input type="checkbox"/> Attached <input type="checkbox"/> Not Attached <input type="checkbox"/> Reason why missing:
<b>Other</b>	
Out of Home Plan (if applicable)	<input type="checkbox"/> Attached <input type="checkbox"/> Not Attached <input type="checkbox"/> Reason why missing:
Rights and Responsibilities	<input type="checkbox"/> Attached <input type="checkbox"/> Not Attached <input type="checkbox"/> Reason why missing:
<b>Optional Attachments (select and attach to Case Plan):</b> Safety Plan Responsibilities of the Department and Contract Providers Other:	<input type="checkbox"/> Attached <input type="checkbox"/> Attached <input type="checkbox"/> Attached

**Signatures:**

**BY SIGNING THE CASE PLAN, YOU AGREE TO DO THE THINGS LISTED IN THE CASE PLAN TO MAKE YOUR HOME SAFE FOR YOUR CHILD OR CHILDREN. YOU MAY BEGIN WORKING ON THE TASKS EVEN IF YOU DO NOT SIGN THIS CASE PLAN.**

**SIGNING THE CASE PLAN DOES NOT CONSTITUTE AN ADMISSION TO ANY ALLEGATION OF ABUSE, ABANDONMENT OR NEGLECT AND DOES NOT CONSTITUTE CONSENT TO A FINDING OF DEPENDENCY OR TERMINATION OF PARENTAL RIGHTS.**

**THIS CASE PLAN WILL BE SUBMITTED TO THE COURT. THE COURT MAY ACCEPT THE CASE PLAN, MODIFY THE CASE PLAN, OR NOT ACCEPT THE CASE PLAN. AFTER ACCEPTANCE, NO CHANGES MAY BE MADE WITHOUT COURT APPROVAL. THE COURT WILL REVIEW CASE PLAN COMPLIANCE AT LEAST EVERY SIX MONTHS.**

**Dependency Case Manager**

**Date:**

**Dependency Case Supervisor**

**Date:**

**CLS Attorney**

**Date:**

**Parent:**

**Date:**

**Parent's Attorney:**

**Date:**

**Parent:**

**Date:**

**Parent's Attorney:**

**Date:**

**Guardian ad litem :**

**Date:**

**Other:**

**Date:**

**Child:**

**Date:**

**Certificate of Service:**

I HEREBY CERTIFY that a copy of the foregoing has been furnished by U. S. mail/hand delivery/electronic delivery/facsimile to: this day of 2010.

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**CLS Attorney**

**Date:**

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## **Module 4: Integrating the Child and Family Needs into the Case Plan**

### **Implementation of the Guiding Principles of Care**

Quality Assurance will review the case files of children placed in licensed care to decide the extent to which children in agency care and custody are receiving services listed in the Guiding Principles. The following data is collected:

#### **Screening**

- Percent of children screened for mental health and substance abuse needs.
- Percent of children with a potential need for services referred for further assessment.
- Percent of children with screenings completed in 30 days and percent of children with referrals completed in 30 days, or if not, reasons are documented.

#### **Assessment**

- Percent of assessments conducted or reviewed and approved by a licensed mental health professional or certified addictions counselor.
- Percent of assessments that include a comprehensive review of behavioral, educational, health, and home environment.

#### **Planning**

- Percent of children who have mental health or substance abuse needs who have a case plan.
- Percent of children whose mental health and substance abuse needs are included in the case plan.
- Percent of children with individualized case plans.
- Percent of case plans developed with involvement of family and/others important to the child.
- Percent of case plans that include a description of the mental health and substance abuse needs being addressed, services to be provided, including type, frequency, duration, location, and name of provider.
- Percent of case plans that are adjusted according to changes in treatment needs.
- Percent of children with mental health or substance needs not addressed by the case plan.

#### **Services**

- Percent of planned services implemented within 30 days of identification of need, or if not, reasons are documented.
- Percent of services consistent with child's case plan.
- Percent of clients whose services are monitored by the Case Manager.
- Percent of children in the Independent Living Program who have appropriate outcomes and tasks to address the skills and needed services documented in their case plan.

## **Implementing the Guiding Principles**

### **Screening**

- Refer children in care for 7 days for mental health assessments.
- Refer children with potential need for services for further assessment.
- Complete screenings and referrals within 30 days or document why not.

### **Assessment**

- Review assessments to ensure assessments are conducted/approved by a licensed mental health professional or certified addictions counselor.
- Review assessment to ensure they include a comprehensive review of behavioral, educational, health, and home environment.

### **Planning**

- Develop a case plan that
  - Includes the behavioral health needs
  - Is individualized
  - Documents others input in case plan development
  - Describes needs being addressed, services to be provided, including type, frequency, duration, location, and name of provider
  - Is adjusted as treatment needs change

### **Services**

- Implement services within 30 days of identification of need, or document why not.
- Identify services consistent with child's case plan.
- Monitor services, as appropriate.
- Develop case plans with appropriate outcomes and tasks that address the skills and needed services for children in the Independent Living Program.

## **Principles for Service Provision**

### **Mental Health Services**

- Mental health services must be provided in a system of care that:
  - is centered on the child and family, with their needs and strengths dictating the types and mix of services provided
  - engages children's families and surrogate families as active participants in all aspects of planning, selecting, and delivering mental health services
  - is community based, with accountability, the location of services, and the responsibility for management and decision-making resting at the local level
  - provides timely access to a comprehensive array of cost-effective mental health treatment and support services
  - provides individualized services, guided by an individualized service plan, in accordance with the unique needs and strengths of each child and family
  - through an appropriate screening and assessment process, identifies as early as possible those children who are in need of mental health services
  - provides services in the least restrictive and most normal environment that is clinically appropriate for the service needs of the child
  - provides services that are integrated and linked with schools, child-caring agencies, and other agencies and programs



## **Community Mental Health Services** (for children who are Medicaid eligible)

### **Goals**

- The goal of mental health services in the community is to:
  - provide individualized treatment and supports
  - enable the child to live in a home environment
  - reduce the number of unplanned moves
  - secure a permanent home for the child as soon as possible
- To meet these goals, Medicaid funded services can be provided:
  - in the child's home
  - foster and group care settings
  - schools
  - other community settings are available
- Mental health service needs that are identified in the child's case plan and that are not Medicaid funded may be purchased through Children Mental Health funds.

### **Children's Mental Health Services**

#### **Behavioral Health Overlay Services, or BHOS**

- BHOS is a Medicaid program component that enables eligible children placed in designated agency contracted residential group care programs to receive medically necessary behavioral health services.
- An eligible provider:
  - is an enrolled Medicaid Community Mental Health Services provider.
  - is under contract with the agency as a residential group care provider.
  - has the primary mission to provide an alternative living situation for children who have been adjudicated dependent.
  - is designated by the agency as an essential behavioral health care provider.
  - is certified as eligible by the district ADM program office and the AHCA regional office.
  - is under contract with the ADM program office as a provider.

## **Case Management**

- is provided primarily for children with more complex needs requiring coordinated services from two or more providers.
- Case Managers
  - arrange for services for individual children and their families,
  - advocate on their behalf,
  - ensure that appropriate service plans are developed and implemented,
  - coordinate service delivery, and
  - review progress toward desired results.

## **Crisis Stabilization Units**

- provide short-term residential evaluation and crisis stabilization for persons experiencing an acute mental or emotional crisis.
- Children admitted to these facilities are those who are believed to meet the criteria for involuntary treatment under Florida's Baker Act (Chapter 394, Part 1, F.S.) and who
  - require inpatient psychiatric care during a period of crisis.
- The purpose of this service is to evaluate the child's condition, stabilize the child, and provide recommendations for appropriate follow-up treatment upon release.
- These facilities may be free-standing or may be hospital-based.
- In some regions/circuits, crisis stabilization units serve both children and adults, but the facilities are in compliance with statutory requirements for keeping children separated from adults.

## **Day Treatment**

- An integrated program of academic, therapeutic, and family services, staffed by multi-disciplinary teams.
- Educational services are usually delivered by local public school teachers and should be individualized.
- Therapeutic services include individual and group counseling, interpersonal skill building, and therapeutic behavioral training.
- Family services may include family counseling, parent training and assistance with specific family problems. The treatment team is expected to coordinate the services they provide for the child and family.
- Day treatment programs may be school-based or provided at other community sites.

## **Individualized Wrap-Around Services**

- "Packages" of treatment and related services for the child and the family.
- Enable the child to remain in the child's own home, foster home, or other community setting.
- May include both traditional and highly individualized services, including the purchase of needed goods and services identified in the service plan.

### **Outpatient Treatment/Outpatient Medical**

- Provision of individual, group or family therapy by mental health professionals, including psychiatrists, psychologists, and mental health counselors.
- Treatment settings may include
  - community mental health centers
  - private offices
  - child's home or school, and other settings
- Non-Judicial In-Home behavioral services and supported community activities, such as therapeutic friends or community support aides, are also considered outpatient treatment.
- Assessment of psychiatric mental status and medication administration can also be provided, to improve the functioning or prevent further deterioration of children with serious emotional disturbance.

### **Respite Care**

- Planned period of relief for parents caring for a child with serious emotional disturbance
- May be used for any eligible child's family, including biological, adoptive and foster parents
- Respite care providers assume the duties of care-giving to relieve the family from the constant demands of parenting a child with often difficult behaviors and special needs.
  - several hours, overnight, several days in the child's home or in the home of the respite care provider

### **Specialized Therapeutic Foster Care**

- Medicaid-funded program of intensive mental health treatment provided in specially recruited foster homes
- Provides the supervision and intensity of programming required to support children with moderate to severe emotional and/or behavioral problems
- Avoids the need for admission to an inpatient psychiatric hospital or residential treatment center
- Specialized therapeutic foster homes must be licensed under Chapter 65M-6, F.A.C., and no more than two children requiring this level of care may be placed in a home except when a child has a sibling.

### **Therapeutic Foster Care**

- Provides mental health services for children with emotional and behavioral disturbances living in a foster family home. Each home:
  - is managed by trained foster parents who provide specialized care for children needing a therapeutic setting;
  - must be licensed under Chapter 65M-6, F.A.C, and supervision of the child's treatment provided by mental health professionals;
  - is licensed to serve one or two children;
- The child and family receive support services as necessary. In this program, the therapeutic foster parent is considered the key therapeutic agent.
- Funding is through a combination of sources, usually a mixture of Child Protection Agency, Medicaid, and Children's Mental Health.

## Implementing CBHA Recommendations into the Case Plan

- Consider the Johnson case study drafted by the class. Prior to the first JR hearing, another intake was received by the hotline. Following the investigation, the new allegation of substance abuse was verified. The children were removed due to risks associated with the mother's substance abuse. A new case plan was drafted with a permanency goal of reunification. CBHA referrals were initiated and results for Marcus Johnson, the 10-year old child are included in the chart below.
- Write an outcome for the new case plan to address the children's educational, physical, and mental health needs.
- Write tasks for the mother, Case Manager, and caregiver to address the CBHA recommendations for Marcus.

### Recommendations are from the therapist who completed the CBHA.

(1) Problem/Issue	Marcus complains that he cannot see the board when his teacher writes on it and has trouble seeing movies and picture books from his seat in class. He also reports that he often has a runny nose and itchy eyes. There are medical records available, but the parent's attorney advised her not to provide consent for release of information.
Goal/Outcome	Marcus will receive any medical monitoring or treatment as recommended by his medical provider.
Intervention/Service recommended	Marcus may benefit from a pediatrician's review of his medical records to decide if any medical treatment is necessary at this time. He may benefit from a referral to an eye doctor to assess his vision and to a primary care physician to assess his complaints.

(2) Problem/Issue	Marcus's teacher stated that she is considering referring him for remedial reading services, and he is struggling to attain benchmark grade level achievements in reading, math, and science. School records indicate that his mother has missed multiple meetings at the school to discuss his progress. His attendance is adequate.
Goal/Outcome	Marcus will receive educational testing to identify his intervention needs and will receive necessary services.
Intervention/Service recommended	Case Manager and caregiver consultation with school's intervention team to request academic ability and achievement testing or to arrange for a psychological testing to rule out any learning disabilities and develop an appropriate intervention plan to assist Marcus in achieving success at school.

(3) Problem/Issue	According to direct observation and verbal reports from others, Marcus has a tendency to engage in intense verbal arguments over minor issues, demonstrates difficulty in sharing, and is becoming physically aggressive with his classmates when they touch his belongings or do something he does not want them to do.
Goal/Outcome	Marcus will demonstrate non-disruptive behaviors for problem solving, sharing, and expressions of anger.
Intervention/Service recommended	Marcus may benefit from participating in an anger management group or counseling to support him in developing age appropriate behaviors in expressing anger. He and his parent and/or caregivers may benefit from joint counseling.

## **Children Jointly Served: CBC and DJJ**

**F.A.C. 65C-30.017** - Coordination of Services for Youth Involved with the Department of Juvenile Justice

### **Who Are They?**

- Children who are in the legal or physical custody of CBC in paid out-of-home care and are
  - Children in secure detention facilities and residential programs through commitment to a DJJ program OR
  - Children on probation in lieu of commitment to a DJJ program.

### **Overview of Agency Relationships**

- You must share information regarding the child's background, family history, service history and participate with DJJ when initial plans are being developed and when the child is being transitioned back into the community.
- DJJ must provide you with monthly progress reports regarding services and sanctions.
- Failure of either department to work together will result in notification of respective agencies district administrators.

### **Secure Detention**

- The assessment for and provision of mental health services for children in secured detention (long-term basis) are the primary responsibility of the DJJ counselor.
- The assessment for and provision of mental health services for children who remain in CBC licensed care or who are in temporary, short-term secured detention are your responsibility.
- Rules of DJJ **do not** supersede provisions in Chapter 39 governing consent to treatment and services for DCF children in DJJ's custody including the provisions of psychotropic medications.
- Visitation by you is allowed according to the regulations of facility; by caregivers during regular facility visitation hours; by parents when you approve.
- Within 5 days of any change in legal and/or physical custody between CBC and DJJ (or vice versa) you must meet with the DJJ counselors to transition case responsibilities and ensure continued service provision.

### **Probationary Status**

- The assessment for and provision of mental health services for children on probationary status is your responsibility.
- You and the DJJ counselors jointly decide how to handle the notification of probationary compliance and coordination of efforts.

**Day Treatment**

- CBC retains responsibility for treatment provision and monitoring.
- DJJ retains responsibility for monitoring progress at day treatment program.

**Commitment**

- You will participate in commitment hearing for the purpose of transitioning services.
- You/DJJ/Child/Family/Others meet to develop case plan.
- DJJ responsible for coordinating services with you and providing monthly progress reports.
- DJJ to provide information to you for ongoing judicial review report development.
- You will continue visitation planning in accordance with DJJ facility visitation policy.

## **Domestic Violence Service Planning Activities**

The primary goal of service planning with battered victims and their children is to protect the children by protecting their battered parent and have batterers take responsibility for stopping their violence.

### **Case Plan Tasks for Victims and Children**

- The parent participates in safety planning for them and the children.
- The parent participates in empowerment counseling to address personal safety issues in order to increase protections for them and their children.
- The parent self-educates regarding the effects of domestic violence on children through involvement with local domestic violence programs.
- The parent does not use physical discipline with the children.
- The children have a safety plan that is consistent with their willingness to use it, their age, and their developmental level.

### **Services**

- individual/group counseling through battered women's program or other community programs
- legal, housing, welfare advocacy
- shelter and transitional services
- visitation services
- specialized assessment services focusing on issues of domestic violence
- day care
- parent support groups

### **Case Plan Tasks for Batterers**

- appropriate batterer intervention programs (certified by the state)
- visitation center services
- specialized assessment services focusing on issues of domestic violence
- cooperation with police, probation, and parole when involved
- substance abuse and mental health services, if needed

### **Inappropriate Services and interventions for Domestic Violence**

- options for protection for the adult victim that in their estimation increases the level of danger
- couples or family therapy
- court mediation/divorce mediation
- anger management groups or other batterer's treatment options that do not meet the requirements for domestic violence perpetrator rehabilitation programs
- visitation arrangements that endanger victim and/or children



## **Domestic Violence Criteria for Effective Perpetrator Rehabilitation Programs**

### **The Program:**

- Goal is for the batterer to stop all tactics of control, rather than striving to keep the couple together or resolve the couple's issues.
- Defines domestic violence as a pattern of coercive behaviors that includes physical, sexual, and psychological assaults, as well as economic coercion.
- Holds the batterer accountable for the abusive conduct and for making the necessary changes to stop the abuse. The program also uses strategies that do not blame the victim for the batterer's violence.
- Follows clear policies regarding victim confidentiality and safety.
- Provides information to adult victims and/or victim advocates about issues related to victim safety.
- Provides initial and on-going assessments of the danger posed to the victim or children by the batterer and notifies the victim and the appropriate authorities should the victim or children be in danger.
- Conducts an initial assessment to assess if there are significant factors that may influence the batterer's ability to benefit from treatment (e.g., organic impairments, psychosis, motivation to change).
- Is a minimum of one year of batterer accountability to an intervention program within which there are a minimum of 26 group sessions.
- Has clear completion or termination criteria.
- Has clear consequence for noncompliance by the batterer.
- Staff have demonstrated an ability to work cooperatively with victim advocacy programs, the courts, and other agencies.

This material was adapted from the Family Violence Prevention Fund's publication *Domestic Violence: A National Curriculum for Child Protective Services*, by Dr. Anne Ganley and Susan Schechter and was made possible by support from the Edna McConnel Clark Foundation. Used with permission of the Family Violence Prevention Fund.

## **Module 5: Concurrent Case Planning**

### **Concurrent Case Planning Terminology**

#### **Alternate Goal**

- Refers to a permanent placement for the child other than the child's own home or reunification with the child's parents.
- Alternate permanency goals are adoption, relative/non-relative custody.

#### **Attachment**

- The psychological connection between people that permits them to have significance to each other.
- Attachment has also been defined as an affectionate bond between two individuals that endures through space and time and serves to join them emotionally.

#### **Concurrent Planning**

- A process that supports family reunification efforts and
- Simultaneously supports all the preparation necessary to quickly implement an identified alternate goal for the child(ren) if a safe, timely reunification is not successful.

#### **Early Decision-Making**

- Means reaching the point without delay when case documentation clearly supports either the primary goal of family reunification or
- An alternate permanency goal for the child(ren) such as adoption or legal guardianship.

#### **Frontloading**

- Immediate, early provision of rehabilitative services
- Intensive follow-up until such services are successful or proven unsuccessful

#### **Full Disclosure**

- A situation in which you candidly and thoroughly inform the birth family and appropriate others from the beginning about the potentially negative consequences of out-of-home care, the need for a concurrent plan, parental rights, and responsibilities, and the consequences of not achieving the outcomes in the case plan.
- Full disclosure also includes informing the parents of how others view the parents' progress and what the full range of parental options are at each stage of process.

**Primary Goal**

- The agreed upon goal, usually reunification, to be supported as long as progress toward the goal is consistent with the agreed-upon time frames.
- If the child is receiving Non-Judicial In-Home Services, the primary goal is to maintain or strengthen the current placement.
- For the agency, when the term primary goal or reunification is used, it may also refer to the goal of maintaining or strengthening the current placement.

**Resource Family**

- A family related to the child or a foster/adoptive family who is willing and able to assist the agency in working toward reunification.
- Considers themselves a permanent placement for the child if the reunification efforts are unsuccessful.

**Target Population**

- The age group of children whose parents are screened to determine if a concurrent plan is appropriate.
- If a child who falls in the target age group has older siblings and the case is appropriate for a concurrent plan, the older child(ren) are included in the concurrent plan.

## **Is Concurrent Case Planning Appropriate?**

Directions: Read each of the scenarios and decide if concurrent case planning is appropriate.

### **Scenario 1: Tanya and Derrick**

#### **Toddler Left with Neighbors**

Derrick was 20 months old when his mother left him with a neighbor while she “went to work to pick up her check.” Three days later, the neighbor called the Hotline and Derrick was placed in emergency shelter care while PI searched for the mother. The mother finally returned in five days. Two weeks later a maternal aunt was located who agreed to care for Derrick temporarily. The following information was gathered for the intake:

#### **According to the closed case file**

- Derrick was born addicted to crack-cocaine and was reported to be difficult to calm and soothe in the first three months of his life, when the maternal aunt often cared for him.
- Following Derrick’s birth, services, which included substance abuse treatment were court ordered and successfully completed in 18 months.
- Tanya, 28 years old, has been abusing crack-cocaine for three years.
- Tanya participated unsuccessfully in a substance abuse program when she was pregnant with Derrick.
- She has one older son who lives with his paternal grandmother who was asked by Tanya to provide care when Tanya didn’t have food or shelter.
- Tanya is separated from Derrick’s father, Derrick Sr. He is not the father of the oldest child, and abuses alcohol and does not maintain sobriety despite support from his mother and his sister.

#### **According to an interview with the maternal aunt**

- Since the termination of court ordered services, Tanya often disappeared for several days, and sometimes up to a week’s time; the maternal aunt finally became too frustrated by Tanya’s erratic behavior and refused to take Derrick just prior to his being left with the neighbor.
- The maternal aunt is open to consideration of long term relative placement if necessary.

#### **According to Tanya**

- At the time of the intake, Tanya admitted that she ran into old friends and relapsed.
- Derrick, Sr. does not work, and lives on and off with his mother and his sister who has recently said he could not stay with her any longer.
- Tanya told the PI that she loves Derrick and wants him to be returned to her.

## **Scenario 2: Jordan Rogers**

PI responded to an intake alleging that Cindy Rogers had been using cocaine and marijuana, sometimes in the presence of her six year old son, Jordan. When PI arrived at the apartment of Ms. Rogers, she admitted that she had a drug problem and desperately needed help. Jordan also spoke to PI and said that his mom smokes funny cigarettes and does drugs with her friends. The apartment had very little furniture and no food. Cindy told PI that she had sold the furniture to buy drugs.

Cindy has a sister, named Mary who lives in the area. Mary agreed to help support Cindy and agreed to take custody of Jordan provided she had a court order that gave her temporary custody. Jordan was placed with his Aunt Mary at a shelter hearing held the following day.

At the time of the case plan conference, Cindy was already enrolled in a residential drug treatment program. She has been having and attending at least one supervised visit a week with Jordan. She calls him regularly on the telephone.

## **Scenario 3: Ricky Fernandez**

An intake called in to the Abuse Hotline indicated that the local fire rescue squad was called to the home of Alex Fernandez. They were met by Mr. Fernandez, who was holding a limp nine-month-old boy, his son, Ricky. There were scratch marks on the left side of the chest and bruising on both sides of the neck. After administering emergency treatment, Ricky was transported to the hospital. He was diagnosed with a severe bleed in his cranium. Mr. Fernandez stated that he had put Ricky down for a nap and had gone outside for ten minutes. When he returned, he found the side of the crib lowered, and said that the baby had rolled onto the tile floor. He said he must have forgotten to raise the other side of the crib after he put the baby down for his nap.

Mr. Fernandez is the primary caregiver for Ricky since his wife, Maria died in a car accident six months ago. He is not employed at the present time, and his income is from a life insurance policy he had on Maria.

The child protection team was consulted, and the physician determined that the injuries to Ricky were a subdural hematoma and acute retinal hemorrhaging, consistent with "Abusive Head Trauma." X-rays revealed that Ricky had two fractured ribs, plus evidence of two older fractured ribs. There was also a partially healed spiral fracture of the long bone of the baby's right leg. The father denies causing any of the injuries to the baby. When asked about the fractured ribs and leg, he says he has no idea how that could have happened.

## Reunification Prognosis Assessment for Concurrent Planning

Based on "Foster Care Drift: A Risk Assessment Matrix," Child Welfare by Linda Katz and Chris Robinson

### Section A: Grounds for TPR

- voluntarily executed a written surrender
- abandonment as defined in **s. 39.01(1)** or when the identity or location of the parent or parents is unknown and cannot be ascertained by diligent search within 60 days
- severe or continuing maltreatment
- parent who has materially breached the case plan making it unlikely that he or she will be able to substantially comply with the case plan before the time for compliance expires
- when the parent of a child is incarcerated and either:
  - The period of for which the parent is expected to be incarcerated will constitute a significant portion of the child's minority. When determining whether the period of time is significant, the court shall consider the child's age and the child's need for a permanent and stable home. The period of time begins on the date that the parent enters into incarceration.
  - The incarcerated parent has been determined by the court to be a violent career criminal as defined in **s. 775.21**;
  - the court determines by clear and convincing evidence that continuing the parental relationship with the incarcerated parent would be harmful to the child, and for this reason, that termination of the parental rights of the incarcerated parent is in the best interest of the child.
- egregious, bad conduct or failure to prevent egregious conduct
- aggravated child abuse, sexual battery, sexual abuse, or chronic abuse

### Expedited TPR

- A petition for termination of parental rights may also be filed when a child has been adjudicated dependent, a case plan has been filed with the court, and the child continues to be abused, neglected, or abandoned by the parents.
- Parent(s) have engaged in egregious conduct or had the opportunity and capability to prevent and knowingly failed to prevent egregious conduct that threatens the life, safety, or physical, mental or emotional health of the child or the child's sibling.
- Parent(s) have subjected the child to aggravated child abuse as defined in **s.827.03**, sexual battery or sexual abuse as defined in **s.39.01**, or chronic abuse.
- Parent(s) have committed murder or voluntary manslaughter of another child, or a felony assault that results in serious bodily injury to the child or another child, or aided or abetted, attempted, conspired, or solicited to commit such a murder or voluntary manslaughter or felony assault.
- Parental rights of the parent to a sibling have been involuntarily terminated.

- The parent or parents have a history of extensive abusive, and chronic use of alcohol or a controlled substance which render them incapable of caring for the child, and have refused or failed to complete available treatment for such use during the 3-year period immediately preceding the filing of the petition for termination of parental rights.
- A test administered at birth that indicated that the child's blood, urine, or meconium contained any amount of alcohol or a controlled substance or metabolites of such substances, the presence of which was not the result of medical treatment administered to the mother or the newborn infant, and the biological mother of the child is the biological mother of at least one other child who was adjudicated dependent after a finding of harm to the child's health or welfare due to exposure to a controlled substance or alcohol as defined in s. 39.01(31), after which the biological mother had the opportunity to participate in substance abuse treatment.
- On three or more occasions the child or another child of the parent or parents has been placed in out-of-home care pursuant to this chapter, and the conditions that led to the child's out-of-home placement were caused by the parent or parents.

## **Section B: Good Prognosis Indicators**

### **Parent-Child Relationship**

- Parent shows empathy for the child.
- Parent responds appropriately to the child's verbal and non-verbal signals.
- Parent has an ability to put the child's needs ahead of his/her own.
- When they are together, the child shows comfort in the parent's presence.
- The parent has raised the child for a significant period of time.
- In the past, the parent has met the child's basic physical and emotional needs.
- Parent accepts some responsibility for the problems that brought the child into care or to the attention of the authorities.

### **Parental Support System**

- The parent has positive, significant relationships with other adults who seem free of overt pathology (spouse, parents, friends, relatives).
- The parent has a meaningful support system that can help him/her now (church, job, counselor).
- Extended family is nearby and capable of providing support.

### **Past Support System**

- Extended family history shows family members able to help appropriately when one member is not functioning well.
- Relatives came forward to offer help when the child needed placement.
- Relatives have followed through on commitments in the past.
- There are significant other adults, not blood relatives, who have helped in the past.
- Significant other adults have followed through on commitments in the past.

### **Family History**

- The family's ethnic, cultural, or religious heritage includes emphasis on mutual caretaking and shared parenting in times of crisis.
- The parent's own history shows consistency of parental caretaker.
- The parent's history shows evidence of his/her childhood needs being met adequately.

### **Parent's Self-Care and Maturity**

- Parent's general health is good.
- Parent uses medical care for self appropriately.
- Parent's hygiene and grooming are consistently adequate.
- Parent has a history of stability in housing.
- Parent has a solid employment history.
- Parent has graduated from high school or possesses a GED.
- Parent has employable skills.

### **Child's Development**

- Child shows age-appropriate cognitive abilities.
- Child is able to attend to tasks at an age-appropriate level.
- Child shows evidence of conscience development.
- Child has appropriate social skills.
- Major behavioral problems are absent.

### **Section C: Poor Prognosis Indicators**

- Child experienced physical or sexual abuse in infancy.
- Treatment of offending parent may be so difficult and lengthy that child would spend years in foster care.

### **Dangerous Lifestyle**

- \*\*Parent's only visible support system and only visible means of financial support is found in illegal drugs, prostitution and street life.
- Parent is addicted to debilitating illegal drugs or to alcohol.
- Pattern of documented domestic violence between the spouses of one year or longer and they refuse to separate.
- Parent has a recent history of serious criminal activity and jail.
- Mother abused drugs/alcohol during pregnancy, disregarding medical advice to the contrary.



### **Significant CPS History**

- The agency and or law enforcement has intervened regarding three or more serious separate incidents, indicating chronic pattern of maltreatment.
- In addition to emotional trauma, the child has suffered more than one form of maltreatment.
- Parent's other child(ren) have been placed in foster care or with relatives for periods of time over six months duration or have had repeated placements with agency intervention.
- This child has been abandoned with friends, relatives, hospital, or in foster care, or once the child is placed in subsequent care, the parent does not visit of his or her own accord.
- Agency preventive or family preservation measures have failed to keep the child with parent. (Intensive Crisis Intervention, Family Builders, homemakers, therapeutic child care)
- Parent is under the age of 16 with no parenting support system, and placement of the child and parent together has failed due to parent's behavior.
- Parent has asked to relinquish or place the child on more than one occasion following initial intervention. (Child may suffer repeated voluntary placements)

### **Inherent Deficits**

- \*\*Parent diagnosed with severe mental illness (psychosis, schizophrenia, borderline personality disorder, sociopathy), which has not responded to previously delivered mental health services. Parent's symptoms continue, rendering parent unable to protect and nurture child.
- Parent has a diagnosis of chronic and debilitating mental illness; psychosis, schizophrenia, borderline personality disorder, sociopathy or other illness that responds slowly or not at all to current treatment modalities.
- Parent is intellectually impaired, has shown significant self-care deficits, and has no support system of relatives able to share parenting.
- Parent grew up in foster care or group care, or in a family of intergenerational abuse. (Unfamiliarity with normal family life can severely limit parent's ability to overcome other problems in life)
- Lack of prenatal care for other than financial reasons. (May indicate parent is unlikely to bond with child)

**Important: See Instructions and Signature/Date lines below and on next page.**

## Instructions

### Use of Section A

If any one of the grounds for expedited TPR grounds 6-9 from **PG105-106**, a reunification case plan is not required. In rare instances, if good prognosis indicators offset one of the grounds (e.g., item 9) the ground may then become a poor prognosis indicator and trigger a concurrent plan. Consult with legal staff immediately if any of the grounds are present to determine whether a TPR petition is the appropriate course of action.

### Use of Section B

Good prognosis indicators are used as strengths on which to build, in a traditional or concurrent case plan in which reunification is the goal or the primary goal.

### Use of Section C

Asterisked items are **EXTREME** conditions that make reunification a very low probability. Only one indicator is necessary to classify the prognosis as poor. Non-asterisked items are **SERIOUS** conditions that make reunification a low probability. Two or more **SERIOUS** conditions have the same weight as one **EXTREME** condition. Two **SERIOUS** conditions are necessary to classify the prognosis as poor. The more **SERIOUS** conditions that are present, the less likely it is that safe reunification will occur. A determination that a particular **EXTREME** or **SERIOUS** condition is present must be based on accurate verified information that, if challenged, can be proven in court. Attach verification to the Reunification Prognosis Assessment and consult immediately with legal staff to discuss a concurrent plan.

### Recommended Course of Action:

- Expedited TPR Petition
- Engage family in a traditional case plan
- Engage family in a concurrent case plan

### Permanency Goals

- Reunification
- Adoption
- Permanent Guardianship
- Permanent Placement with a Fit and Willing Relative
- Placement in Another Planned Permanent Living Arrangement

**Signature**

**Date**

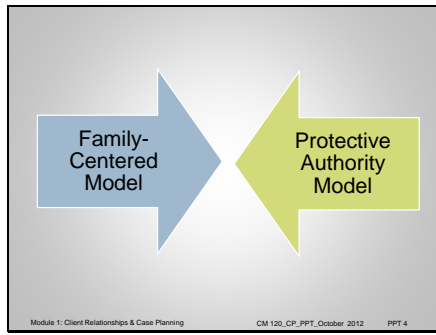
**Case Manager**

**Supervisor**

**Attorney**



Slide 4



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Slide 5

**Family-Centered Model**

Empower the family to actively participate in case plan development & implementation:

- Assess needs
- Decide goals & direction for change
- Plan activities & identify resources
- Carry out activities to reach goals
- Evaluate success & revise plan for change

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Slide 6

**Protective Authority Model**

Role of **enforcer**

Assumes agency knows best

You determine changes the family needs to assure child protection

You tell the family how to comply with agency expectations

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Slide 7

**Planning Defined**

Cognitive process of thinking through a course of action to

- achieve a goal or
- solve a problem

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Slide 8

**The Planning Process**

- Gather & organize information
- Evaluate information
- Make decisions about goals & outcomes
- Explore options
- Identify resources
- Decide courses of action
- Determine activities to be performed
  - by whom
  - how, when, where, how often
- Document process & guidelines to implement

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Slide 9

**Reacting Defined**

**Responding**

- without fully evaluating or thinking about the situation before acting

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Slide 10

**Planners**

- learn how to plan properly
- prioritize time for planning activities
- accept responsibility for their plans
- realize that they may not always be right
- able to support choices when criticized
- recognize when they make wrong decisions & change them

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Slide 11

**Reactors**

- Avoid responsibility
- Blame others or the whole system for failures
- Feel ineffective dealing with the job's needs and problems

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Slide 12

**Three Core Helping Conditions**

Authenticity/  
Genuineness

Empathy

Respect

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Slide 16

Culture

- ...is a system of values, beliefs, standards for behavior, and rules of conduct

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Slide 17

Making Eye Contact

- "I want to get to know you"
- "I like you" or "I am interested in you"
- "I see you as an equal"
- "Eye-to-eye"

- May reflect challenge, aggressiveness, intent to overpower or fight another person, or
- Disrespect to someone in a position of authority, (e.g., an elder)

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Slide 18

Avoiding Eye Contact

shyness

desire to ignore/avoid contact; unwillingness to be friendly

symptom of deceit & not telling the truth; e.g., "look me in the eye and tell me the truth"

respect & deference to esteemed or honored position

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Slide 19

**Calling by First Name**

Implied **friendliness**, equality, & barrier dropping

- Using "Mr." or "Mrs." is seen as maintaining an artificial distance or
- A sign of disrespect
  - some cultures view use of first names when not very close friends as rude
- using "Mr." or "Mrs." acknowledges respect for age, position or deference

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Slide 20

**The Use of Specific Words**

You ask the mother if she is willing to attend a school conference-

The mother answers, "I don't care."

<p>In your culture, "I don't care." is a polite way of saying you don't want to do something.</p> <ul style="list-style-type: none"><li>• interpreted as non-committal, avoidance</li><li>• You decide she isn't motivated, &amp; drop it.</li></ul>	<p>In her culture "I don't care." means "No reason not to...it's fine with me."</p> <ul style="list-style-type: none"><li>• She doesn't understand why you didn't follow through &amp; thinks you are unreliable.</li></ul>
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Slide 21

**Culture Rules Regarding Relationships**

In some cultures it is inappropriate to talk with certain family members without prior discussion with key family member.

Ignoring the "proper" way to approach the family communicates disrespect or deviousness & may ultimately close off communication.

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Slide 22



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Slide 23

**Module 2: The Case Assessment**

**Objectives:**

- Recognize factors to consider in case assessment process.
- Use family assessment to ID problems & causes to assess family strengths & needs.

Module 2: The Case Assessment CM 120\_CP\_PPT\_October 2012 PPT 23

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Slide 24

**Environmental Factors**

- Physical condition of the home
  - Appliances
- Hazards present in the home and yard
- Community hazards (abandoned buildings, violence, drug house, pedophile)
- Access to services
- Services available in the community
- Support system available to the family
- Presence of utilities and/or plumbing

Module 2: The Case Assessment CM 120\_CP\_PPT\_October 2012 PPT 24

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Slide 25

**Child Factors**

- Age
- Child/Parent Interactions
- Attachment to Caretaker/Siblings
- Behaviors
- Physical Emotional, Cognitive, Developmental Age & Stage
- Sleep Habits
- Community visibility
- Persons in home
- Energy/activity level
- Potty trained
- Cultural identity
- Loss & separation issues
- Prior Maltreatment History

Module 2: The Case Assessment CM 120\_CP\_PPT\_October 2012 PPT 25

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Slide 26

**Identify Problems**

**Review all case file documents & assessments**

**Identify conditions & behaviors that result in risk**

- to child's safety, well-being, and permanence

**Base problems on verified maltreatments**

**Write problem statements that describe:**

- behaviors & conditions that result in risk to the child
- include parent's acts & behaviors: "who" did "what" "to whom" resulting in "what"

**Examples**

- Bobby's father beat him repeatedly with a belt leaving numerous bruises and welts on the child's lower back, buttocks and thighs.
- Daniel exhibits aggressive behavior in the classroom.

Module 2: The Case Assessment CM 120\_CP\_PPT\_October 2012 PPT 26

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Slide 27

**Maltreatment Scenarios: Problem Statements**

- The Kincaid's 3-year old child has access to a non-working refrigerator & got trapped inside while playing unsupervised.
- The Kincaid family's 3-year old toddler is not consistently supervised.
- Mr. Rickards uses excessive corporal punishment to discipline his 4-year old son, David.
- David uses severe physical aggression towards his classmates.
- David is living in a temporary out-of-home placement.

Module 2: The Case Assessment CM 120\_CP\_PPT\_October 2012 PPT 27

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Slide 28

**Maltreatment Scenarios: Problem Statements**

- The Benitos parents do not feed their 3 children 3 nutritious meals each day with at least 2 in their home and 1 at school during the school year.
- At birth, Mrs. Silver's baby tested positive for crack cocaine and she admitted to using drugs during her pregnancy.
- At birth, Mrs. Silver's baby was premature and weighed 4 pounds.

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Slide 29

**Assess Needs**

- Need directly relates to problem
- Need statements restates problem in positive terms
- A service is NOT a need
- What does the child need for safety, well-being and permanence?

Module 2: The Case Assessment CM 120\_CP\_PPT\_October 2012 PPT 29

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Slide 30

**Sample Need Statements**

Problem: "Bobby's father beat him repeatedly with a belt, leaving bruises and welts on the child's lower back, buttocks and thighs".

- Need: Bobby needs to be protected from physical abuse.
- Need: Bobby's father needs to use alternative means of disciplining Bobby.

Problem: Daniel exhibits aggressive behavior in the classroom.

- Need: Daniel needs to control his aggressive behavior.

Module 2: The Case Assessment CM 120\_CP\_PPT\_October 2012 PPT 30

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Slide 34

**Maltreatment Scenarios: Need Statements**

**Problems:**

- At birth, Mrs. Silver's baby tested positive for crack/cocaine, and she admitted to using drugs during her pregnancy.
- At birth, Mrs. Silver's baby was premature and weighed 4 pounds.

**Needs:**

- Mrs. Silver needs to provide a drug-free environment for her child.
- The child needs to live in a drug free environment to develop his physical, mental, and emotional health and well-being despite his drug exposure.

Module 2: The Case Assessment CM 120\_CP\_PPT\_October 2012 PPT 34

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Slide 35

**Deciding Causes**

Focus on child's needs

Convey problems in terms of the child's need for safety, well-being, & permanence

Conference with family & encourage their input re: causes

Identifying underlying causes helps individualize the case plan

Focus outcomes & tasks to individualize the case plans & avoid "boiler plate" plans

Module 2: The Case Assessment CM 120\_CP\_PPT\_October 2012 PPT 35

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Slide 36

**Maltreatment Scenarios: Causes**

The Kincaid family has not removed the non-working refrigerator from the yard where the toddler has access to it.	Mr. Rickards reports that his father used the same method of discipline, and he turned out okay.
The Benitos parents are spending a large amount of money on gambling.	Mrs. Silver exposed her unborn child to crack/cocaine during her pregnancy.

Module 2: The Case Assessment CM 120\_CP\_PPT\_October 2012 PPT 36

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Slide 37

**Module 3: The Case Planning Process**



**Objectives:**

- Identify case plan statutory requirements.
- Identify the case planning process components.
- Describe case plan writing mechanics.
- Apply case planning methodology & statutory requirements to draft case plan.
- Describe steps you must take when caregiver is unwilling/unable to participate in a case plan.

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Slide 38

**Case Plan Defined**

**FS 39.01(11)**

- document prepared with input from all parties
- follows the child from voluntary services through any dependency, foster care, termination of parental rights proceeding or related activity or process F.S. 39.01(11)

Module 3: The Case Planning Process CM 120\_CP\_PPT\_October 2012 PPT 38

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Slide 39

**Zahid's Law HB 381**

Zahid Jones, Jr., Give Grandparents and other Relatives a Voice Act"

- Goal: To establish a more effective protocol for engagement of relatives and assurance that their voice will be heard during investigative and judicial processes.

Module 3: The Case Planning Process CM 120\_CP\_PPT\_October 2012 PPT 39

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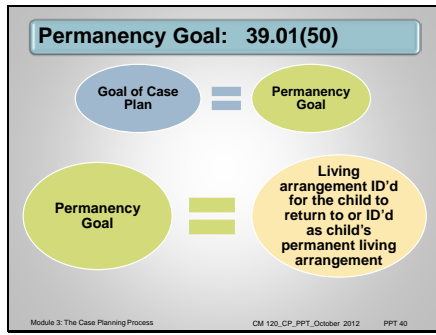
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Slide 40



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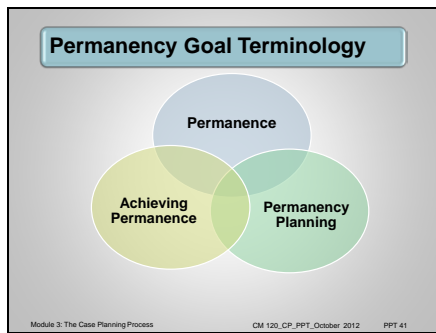
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Slide 41



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Slide 42

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- Permanency Goal Options- 39.621(2)(a-e)**
- Maintaining and strengthening placement in the home
  - Reunification
  - Adoption
  - Permanent Guardianship
  - Permanent Placement with a Fit and Willing Relative
  - Placement in Another Planned Permanent Living Arrangement
- Module 3: The Case Planning Process CM 120\_CP\_PPT\_October 2012 PPT 42

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Slide 43

**Statutory References to Outcomes**  
**F.S. 39.6012(1)(b)(7)**

Case plan must describe each task the parent must comply with & services to be provided to the parent, addressing the specific identified problem.

- Description of measurable outcomes
- Specify timeframes to achieve case plan outcomes address specific problem(s)

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Slide 44

**Criteria for Outcomes**

Relate to child's safety, well-being, permanency

Express positively

Use action verbs (e.g., demonstrate, develop, practice, apply, etc.)

Realistic & possible to achieve

Module 3: The Case Planning Process CM 120\_CP\_PPT\_October 2012 PPT 44

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Slide 45

**Case Plan Outcomes**

Relate to problems & causes to satisfy needs & state:

- who is responsible
- what he/she must do – what action/behavior to:
  - address the problems, causes, needs
  - alleviate the risk to the child
  - reach the permanency goal for the child

Measurable by task

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Slide 46

Outcomes must be Measurable

Express in terms of behavior or situation change.

Describe whose behavior or what situation to change.

Describe how the change will be demonstrated.

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Slide 47

**Writing an Outcome:**

**Problem:** Ms. Dolly lets her children remain in an unsafe, unclean environment that places them at risk (soiled bedding, bug infestation, feces on the floor, unclean clothing).

**Need:** Children need to live in a home free of environmental hazards.

**Cause:** Financial needs (husband does not pay child support) and possible mental health problems (previous medication for depression).

**Outcome:** Ms. Dolly will keep her home clean, sanitary, and free of hazardous conditions and will, upon reunification and overnight visits, keep her children and their clothing clean and sanitary.

**Outcome:** Ms. Dolly will receive treatment for her depression by a licensed mental health agency, so she can ensure the safety and well-being of her children.

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Slide 48

**The Kincaid Family**

**Problem #1:** The Kincaid family's 3-year old child has access to a non-working refrigerator and got trapped inside while playing unsupervised.

**Need:** The Kincaid's 3-year old needs to live in a home free of environmental hazards.

**Cause:** The Kincaid family has not removed the non-working refrigerator from the yard where the toddler has access to it.

**Outcome:** The Kincaid parents will provide a home free of environmental hazards.

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Slide 49

**The Kincaid Family**

**Problem #2:** • The Kincaid family's 3-year old toddler is not consistently supervised.

**Need:** • The Kincaid's 3-year old needs consistent supervision.

**Outcome #2:** • The Kincaid parents will provide consistent supervision for their 3-year old child.

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Slide 50

**The Rickards Family**

**Problem #1:** • Mr. Rickards uses excessive corporal punishment to discipline his 4-year old son David, by repeatedly hitting him with an extension cord leaving lacerations on his back and upper leg.

**Need:** • Mr. Rickards needs to learn alternative means of discipline that will not harm his 4-year old son.

**Cause:** • Mr. Rickards reports that his father used the same method of discipline, and he turned out okay.

**Outcome #1:** • David will live in an environment free of physical abuse.

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Slide 51

**The Rickards Family**

**Problem #2:** • David uses severe physical aggression towards his classmates.

**Need:** • David needs to control his aggressive behavior.

**Outcome #2:** • David will interact with his classmates in a calm, non-aggressive style.

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Slide 52

**The Rickards Family**

**Problem #3:** • David is living in a temporary out-of-home placement.

**Need:** • David needs to live in a safe, permanent home.

**Outcome #3:** • David will live in a safe, permanent home.

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Slide 53

**The Benitos Family**

**Problem:** • The Benitos parents do not feed their 3 children 3 nutritious meals daily with at least 2 in their home and 1 at school during the school year.

**Need:** • The children need to be fed 3 nutritious meals each day with at least 2 in their home and one at school during the school year.

**Need:** • The parents need to manage their income so that there is sufficient money to provide nutritious meals for their children.

**Cause:** • The parents are spending a large amount of money on gambling.

**Outcome:** • The parents will ensure their children receive 3 nutritious meals a day by managing their income.

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Slide 54

**The Silver Family**

**Problem:** • At birth, Mrs. Silver's baby tested positive for crack cocaine, and she admitted to using drugs during her pregnancy.

**Problem:** • At birth, Mrs. Silver's baby was premature and weighed 4 pounds.

**Need:** • Mrs. Silver needs to provide a drug-free environment for her child.

**Need:** • Child needs to live in drug free environment to develop physical, mental, & emotional health & well-being despite drug exposure.

**Cause:** • Mrs. Silver exposed her unborn child to crack cocaine during pregnancy.

**Outcome:** • Beginning immediately after evaluation results, Mrs. Silver will provide for the child an environment free of drugs as evidenced by clean random drug urinalysis.

**Outcome:** • Mrs. Silver's newborn baby will have his physical, emotional, and mental health needs met.

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Slide 58

**Tasks: The Silver Family**

- Task 4** • Mrs. Silver will begin to follow all recommendations by the evaluator beginning on the date of the written evaluation.
- Task 5** • The Case Manager will make necessary referrals as needs are identified to the evaluation/treatment program (program name).
- Task 6** • The Case Manager will request urinalysis screenings on a random basis.

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Slide 59

**Tasks: The Silver Family**

- Outcome 2:** Mrs. Silver's newborn baby will have his physical, emotional and mental health needs met.
- Task 1** • The child will be referred to a developmental clinic/specialist to determine an appropriate intervention to reduce or eliminate the effects of the drug exposure on his future development.
- Task 2** • The Case Manager will make a referral for the child to the Developmental Clinic within 5 days of the acceptance of this case plan.
- Task 3** • The caregiver will assure the child goes to each developmental assessment and intervention appointment and will follow the recommendations of the treatment specialists.

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Slide 60

**Tasks: The Silver Family**

- Task 4** • Mrs. Silver will participate in the developmental clinic appointments and follow the recommendations of the treatment provider during her visits with her child.
- Task 5** • Mrs. Silver, upon return of the child into her custody, will maintain in contact with the developmental clinic and follow the recommendations of the treatment specialists following successful reunification.

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Slide 61

**Module 4: Integrating Child & Family Needs into Case Plan**



**Objectives:**

- Describe how to integrate child's mental health needs w/other interventions & case plan services.
- Name case planning issues related to domestic violence.

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Slide 62

**Problem/Need Statement**

**Problem:**

- Marcus is acting out aggressively with classmates.

**Need:**

- Marcus needs to demonstrate positive methods for dealing with his aggression.

Module 4: Integrating Child & Family Needs into Case Plan CM 120\_CP\_PPT\_October 2012 PPT 62

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Slide 63

**Outcome**

- Marcus will attend counseling sessions to learn to deal with his aggression until the LCSW determines that substantial progress has been made.

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Slide 64

**Task Statement**

- Marcus's caregiver's will arrange for him to be transported to the Community Mental Health Clinic for counseling on Thursday afternoons until his therapist ends the treatment.
- Case Manager will call the clinic, at least monthly, to ensure attendance.

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Slide 65

**Children Jointly Served by CBC and DJJ**

Children in DCF's legal or physical custody in paid out-of-home care, &

- in secure detention facilities & residential programs through commitment to DJJ program, or
- on probation in lieu of commitment to a DJJ program

Module 4: Integrating Child & Family Needs into Case Plan CM 120\_CP\_PPT\_October 2012 PPT 65

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Slide 66

**CBC/DJJ Relationship**

**You must**

- Share information with DJJ regarding child's background, family history, service history
- Participate with DJJ during initial planning and during transition back into the community

**DJJ must**

- Provide monthly progress reports to you regarding services and sanctions

Module 4: Integrating Child & Family Needs into Case Plan CM 120\_CP\_PPT\_October 2012 PPT 66

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Slide 73

**Concurrent Case Planning- 39.01(19)**

**What is concurrent case planning?**

- Establish case plan permanency goal using reasonable efforts to reunify the child with the parent, while at the same time establishing another goal.
- Concurrent efforts to more quickly move children from foster care to a permanent family.

Module 5: Concurrent Case Planning CM 120\_CP\_PPT\_October 2012 PPT 73

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Slide 74

**Good Prognosis Indicators**

- Parent-child relationship
- Parental support systems
- Past support systems
- Family history
- Parent's self-care and maturity
- Child's development

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Slide 75

**Poor Prognosis Indicators**

- Dangerous lifestyle
- Significant child welfare history
- Inherent deficits

Module 5: Concurrent Case Planning CM 120\_CP\_PPT\_October 2012 PPT 75

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