



“Mentoring and Modeling Quality”

A Discussion Guide for Case Management Supervisors

Objective: To improve practice and outcomes for children and families served by the child welfare system in Florida.

Underlying Principle: All staff must understand each person has a role in quality assurance. Everyone must be responsible for taking immediate action when there is any evidence the life, safety, or health of a child may be threatened. Whether the evidence is observed in the field, identified through formal review, or heard in an interview or other discussion with knowledgeable case participants or stakeholders, personal integrity and responsibility require action.

Instructions: At least once a quarter during the life of the case, the supervisor will review all open cases in the unit and subsequently facilitate a qualitative discussion with the case manager to assure needed safe guards and services are in place and casework activity is moving the child toward an appropriate safe and permanent living arrangement. It is recommended that the qualitative discussion occur in conjunction with the existing quarterly review that focuses on standing casework requirements.

At a minimum, the supervisor will document in a case note in Florida Safe Families Network that the discussion occurred, summarizing any major points that may need further attention and potential trend characteristics to be considered in the future. The CBCs may determine and mandate any additional operational or documentation requirements it deems necessary to ensure this activity occurs.

Discussion Guide

A. History and Culture

1. Tell me about this family. (If this is not the first time the case has been reviewed during supervision, ask about any changes since last discussed. Determine if the case worker understands the language and culture of the family. Are there any difficulties with communication/language barriers?) What do you like best or most admire about them? What is your major concern? Tell me about the children? What are his/her/their strengths? What do like about him/her/them? Does anything particularly concern you? What pre-planning or changing circumstances have been noted? The changing circumstances of the family unit require updated risk assessments, e.g., pregnancy, new baby, parents divorce, household composition changes, injunctions for protection are lifted, absent parent returns, new abuse reports received, etc.

2. What risk factors have you identified in this family? Do the parents have the capacity to keep the child safe if services are effective?

B. Services and Permanency Goals

3. Based on the family’s needs assessment, have you been able to match a comprehensive array of services to help eliminate the risk by resolving the family’s problems?

4. What is the case plan goal? What is the concurrent case plan goal? (Is the plan congruent with services and is the case worker’s assessment of the situation evidence-based, documented and sound? Is the plan congruent with assuring safety while addressing risks?)

- Will these services allow the family to be preserved intact or facilitate reunification?
- If reunification is the goal, have you conducted a current safety assessment and formulated a safety plan?
- Has an intensive visitation plan and array of services been provided to ensure the reunification is successful?
- If reunification is unlikely what steps have you taken to document this in order to free the child for adoption?
- Is the ongoing two-way communication with the juvenile probation officer reflective of joint case planning and sharing of pertinent case information?

5. What progress has the family made toward the goal? What strengths are present and what barriers exist? [Break out by Child, Mom, Dad, Siblings, Others]

6. How frequently have you visited with the caregivers, parents, and child? (Discuss the content-qualitative and effectiveness-of those visits.)

7. If adoption is the permanency goal what is the plan and timeline for termination of parental rights?

8. Has an adoptive home been identified for the child? Tell me why it is a good match for this child's needs.

9. What steps need to be taken to ensure that the adoption is completed with 24 months of the child's entry into care and within six months of the termination of parental rights?

C. Well-Being

10. Have you observed any behavioral or physical indicators that the child is not thriving or is in a potentially dangerous living arrangement? Is the child receiving physical, mental and dental health services as needed? Is the child enrolled in Medicaid or another health insurance program?

11. Did the child receive a medical diagnostic screening (previously known as an EPSDT) and is the child receiving the required follow up? Does the record reflect we have up-to-date medical information and has that information been shared with the caregivers?

12. Are there any developmental or mental health issues? Is the child on psychotropic medications, and if so, are they appropriately documented in FSFN? Is the Informed Consent current and/or is the court order authorizing treatments maintained in the record?

13. How is the child doing in school? Are grades and attendance OK? Is the school fulfilling any Individualized Education Plan properly?

14. Was the child able to remain in his/her own school and participate in school and community activities? Do the substitute caregivers have up-to-date educational records on the child? Does the child need any additional educational help and support; if so, what is the plan to provide it?

15. Was a multi-disciplinary staffing held to address the child's developmental, emotional, behavioral, educational and health care status? Are the prescribed services being delivered; if so, are they effective?

D. Out-of-Home Care (Includes placement in licensed care, relative or non-relative care.)

16. Has the child ever stayed overnight or longer in an unapproved or unlicensed setting (including an office or hotel room)?

17. Have you verified that the placement is fully licensed or, if placed with relatives or non-relatives, was a thorough home study completed along with appropriate background checks? If in licensed care, is the home over-

capacity or on a waiver? Why? *If so, are wrap-around services in place?* If the child is in congregate care are steps being taken to move the child to a family setting?

18. Are you satisfied with the quality of care the child is receiving in the home. How does the family feel about the child? How does the child feel about the family?

19. What is the mix of other children in this placement? Is there any danger to the child from other children who may be abusive?

20. Do the current caregivers know how to access emergency support?

21. Are the child's basic needs being met? Are special dietary requirements being met? Does the child have the full complement of required clothing?

22. Is the home stable? If there is a risk of placement disruption, what is being done to address this?

23. Tell me about the placement history. If the child was moved from one placement to another, were staffings held to try and prevent multiple moves?

24. What have you done to preserve the family's connections? Have parents, child and siblings, if applicable, been able to visit frequently and not less than monthly? Are other significant relatives or friends involved with the child?

E. Independent Living

25. If foster care youth is 13 to 14 years of age, have you thoroughly completed the pre-independent living assessment and identified services needed? Are those services being delivered and are they effective?

26. If foster care youth is 14 to 17 years of age, have you thoroughly completed the independent living assessment and identified services needed? Are those services being delivered and are they effective?

27. Does the case plan contain a written description of programs and individualized services that will help the youth prepare for the transition from foster care to independent living? Is it anticipated that those services will enable the youth to have adequate clothing, a safe place to live, sufficient income, educational opportunities and health care, and the anchoring of a reliable adult mentor at the point they leave the system? If not, what steps must be taken to achieve these goals?