

Hi everyone. I'm Diana Weber, the Well-Being Administrator at Children and Family Services. Now we're going to talk about the case management portion of the Safety Framework Practice Model Training. This will be a fairly high-level overview, understanding that more in-depth training will occur later. You will notice we use the terms caseworker and case manager interchangeably throughout the presentation. They both refer to the person assigned to manage the case.

Safety Framework is consistent with the Wraparound values and principles in that it uses a family centered approach, parents or caregivers are viewed as the experts in their family and as such, are the focus of the intervention. This requires caseworkers to continually engage families in a change process while simultaneously recognizing that only the family can decide when or if they are ready to change.

Support of a parent's/caregiver's right to self-determination is significant in achieving sustainable change and ensuring safety for children in the household. The Safety Framework model of practice refers to all the decisions and actions required throughout child welfare involvement with the family to assure that an unsafe child is protected. It respects the constitutional rights of each family member and utilizes the least intrusive intervention to keep a child safe.

In order to support implementation of the safety framework practice model, many policy revisions are currently being made. The Wraparound Case Management Policy manual 641 is currently under construction by a group of your peers and by me as the in-home program administrator. The name of chapter 641 will be changed to the In-Home case management policy manual and the plan is to have it disseminated by December 1st A procedures manual is also being drafted for in-home caseworkers

updated for more detail, but please know that the Safety Framework Practice Model policy will be included within 600-05 on the CFS policy bookshelf. 600-05 is the overarching policy manual applicable to all child welfare programs. It will be renamed and will contain both Wraparound Practice Model policy and Safety Framework Practice Model policy.

Practice Area	In-Home	Foster Care	Safety Framework
Warm handoff from CPS	Y	Y	applies to <u>all case</u> <u>managers</u> equally.
Open for case management	Y	Y	Further detail for
CFT meetings	Y	Y	foster care case management will
Caseworker visits	Y	Y	be coming once foster care
Case Planning	Y	Y	redesign is formally
Safety Management	Y	Y	completed.

Casework practice for both in-home and foster care cases are very similar. Both will include a warm handoff case transition staffing from CPS, opening a case for case management, convening child and family team meetings at least every 90 days, having frequent and quality caseworker visits with the parents or caregivers and children, completing case plans, and monitoring and updating safety plans in order to manage child safety.



CPS

IH

Foster Care

Over the years all three programs have operated separately in ND. But the silos will be taken down with the Safety Framework practice model. Safety Framework engages all parties, regardless of title and program, together for the FAMILY.

For most child welfare cases CPS will engage with the family in the beginning to complete an assessment. At the conclusion of their assessment the CPS worker will participate in a warm handoff to case management. We will talk more about what that involves in a bit.

The structure for case management varies across the state. In some parts of the state case managers are strictly IH caseworkers, some are FC caseworkers, and some combine by offering case management and engaging with the family ongoing regardless of the program, or level of intrusion. Thus, if a child moves from an inhome safety plan to an out of home safety plan, the caseworker stays the same. This model provides continuity for the family and fosters engagement. It is a great model to consider as we embrace the new workflow with Safety Framework.

The components of case management apply to In-Home and Foster Care equally as will be discussed later in this training.

As stated earlier, we will have Safety Framework Practice Model policy located within 600-05 on the CFS policy bookshelf. CFS's goal is to complete the revised manual by December 1st. In the meantime, the Safety Framework Handbook you received as part of this training will be an essential resource for you.



In the past, many county social service agencies worked with families in which children were safe because the parents requested assistance due to various circumstances and often the families didn't know where else to go for help. However, the child welfare agency cannot be 'all things to all people.' Our legal responsibility is to serve families in which a child is unsafe by providing protective services. As a government agency, we need to be clear on who we serve so that we don't infringe on the family's rights.

In-home case management is a less intrusive protective service we provide to families when it is determined the child can remain safely in the home with supports in place. So, per our Safety Framework practice model, IH case management will serve families with an unsafe child where impending danger is controlled and managed through an in-home safety plan.



When, at the conclusion of the CPS assessment out of home safety management is required due to the case circumstances, the unsafe child is removed from the home (or remains out of the home if removal occurred during the CPS assessment) and placed with kin whenever possible, and when that isn't possible the child is placed in a foster home or facility. Foster care is the most intrusive safety plan option and intended to be a TEMPORARY solution to keep the child safe while the caseworker makes efforts to safely reunify or achieve whatever permanency goal is appropriate to the case.

For both in-home and foster care case management the purpose of agency intervention is to direct a case planning process, clearly understanding the caseworker's role with the household as well as the roles of formal and informal supports. Service provision decisions are based on inclusive assessments and planning with the family to establish goals that achieve measurable outcomes. Throughout the provision of case management, the primary role of the agency caseworker is to engage families in a positive working relationship to achieve a safe, stable home and permanence for children.



The tools, or forms, discussed during training this week will be valuable resources for your work as a case manager. While you will not complete Tools 1 and 3, it is important that you become familiar with them. In particular Tool 3, the CPS assessment, which will lay the groundwork for your family assessment and case planning. The tools you will use are:

- Tool 2 The Present Danger Assessment and Present Danger Plan. During the course of case management the caseworker may identify a present danger threat that meets the danger threshold criteria. When this occurs, the caseworker will need to complete the Present Danger Assessment and establish a Present Danger Plan with the family.
- Tool 4 The Safety Plan is completed by the CPS worker and may continue to be in place following the case transition to in-home case management. The caseworker is responsible to monitor and update the safety plan to ensure it is sufficient, feasible, and sustainable for the family.
- Tool 5 The Protective Capacities Family Assessment, or PCFA, is where the caseworker will document the family assessment. We will talk more about this assessment later.
- Tool 5A The PCFA hardcard contains helpful information to guide the caseworker

in completing the PCFA.

- Tool 6 The Case Plan is used to document the agreed-upon case goals and tasks.
- Tool 7 The Protective Capacities Progress Assessment, or PCPA, is completed at any time based on the judgment that progress measurement, Case Plan revisions, or safety plan revisions are needed. It is where the caseworker documents progress in case plan goal achievement. Tool 5A will be helpful resource in completing the PCPA.

All tools will remain in draft so they can be practiced by all of you revised as necessary until we arrive at the final product. If you have feedback on the forms, please share with CFS. The long-term vision is for all forms to be web-based, fillable, and printable.



A warm handoff is defined as a planned transition from one worker to another. There are 4 instances in a typical case where there will be a warm handoff. A successful warm handoff of the case involves a full kit that assists in a smooth transition for the family.

For both in-home and foster care case management the 4 warm handoffs are:

- 1. From CPS to either the in-home or foster care supervisor,
- The case transition staffing when the CPS worker, case management supervisor, and the assigned caseworker meet to review the full kit of information,
- 3. The case manager's initial contact with the family, and
- 4. Case closure

Let's talk about each of the warm handoffs a bit further.



Warm Handoff 1 occurs at the conclusion of the CPS assessment when it is determined the family can best be served through either an in-home or out of home safety plan. The CPS worker will refer the case to the IH or FC supervisor so that the supervisor can assign it to a case manager.

A full kit for Warm Handoff 1 includes important information about the family that was learned through the CPS assessment process including:

- A review of the present danger assessment and plan (when applicable to the case),
- The CPS assessment to include any identified impending danger threats and the status of the parent/caregiver protective capacities,
- The safety determination report, and
- The Safety Plan.

Once the supervisor receives the full kit, it is assigned to a case manager within 24 hours. It is critical for the case to be assigned timely so that there is continuity of care for the family. If there are delays in Warm Handoff 1 resulting in delays assigning the case to a caseworker, the agency cannot be certain the children are safe.

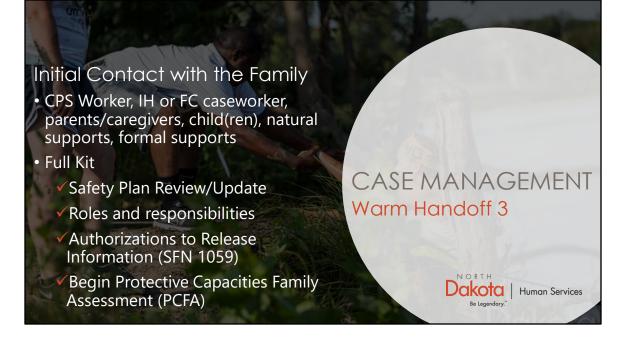


The second warm handoff is called the warm handoff case transition staffing. This meeting between the CPS worker, the IH or FC supervisor, and case manager lays the groundwork for how the caseworker will engage with the family. The Warm Handoff Case Transition Staffing should happen within 3 days from the date the supervisor has assigned the case. The abbreviated timeframe is critical to ensure the agency continues to monitor child safety.

The full kit for the Warm Handoff Case Transition Staffing includes:

- The CPS worker reviewing the status of the family, including the CPS assessment and safety plan;
- Confirmation that a meeting has been scheduled with the family so that the CPS worker can introduce the caseworker to the family; and
 - Building a preliminary engagement strategy. Some of the options can include:
 - Warm Handoff 3, which is the initial contact with family, when the family meets with the CPS worker and caseworker to formalize the transition from CPS to case management,
 - A Family Centered Engagement meeting when the case is eligible for an FCE meeting and one is needed, or
 - An initial child and family team meeting.

The decision on how best to proceed with engaging the family is jointly made during Warm Handoff 2.



Warm Handoff 3 is the initial contact with the family. The CPS worker, IH or FC caseworker, and family members are in attendance for this meeting. Natural supports, such as extended family, friends, fictive kin, or clergy can attend if the family wishes to include them. Formal supports working with the family such as individuals from the school or childcare, mental/behavioral health, early intervention, developmental disabilities system, etc. may also be included. Safety service providers, whether formal or informal, should be in attendance since they are providing a vital function per the safety plan in place for the child and family. The full kit for this initial meeting with the family includes:

- Reviewing and updating the safety plan to ensure it is sufficient, feasible, and sustainable;
- Explaining the case manager's role;
- · Ensuring necessary releases of information are obtained
- Strengthening the caseworker's engagement with the parents/caregivers and children;
- Introducing the Protective Capacities Family Assessment (PCFA);
 - By the way - Future training on the PCFA is currently being planned.
 Policy and procedure will also provide additional information on the PCFA process to support casework practice. In the meantime the Safety

Framework Handbook will be a super helpful resource for you.

During Warm Handoff 3 the caseworker may also discuss with the family whether a Family Centered Engagement (FCE) meeting is needed, depending on case circumstances. It may also involve discussion on whether an ICWA Family Preservationist (or IFP) would be helpful (for those areas where an IFP is available).

It is during this and future contacts with the family that strong engagement and interview skills by the caseworker are essential. In order to gain a clear understanding of the family situation, and to determine what changes must be made for the agency to exit the family's life, the caseworker will need to ask good questions and have frank discussions as to why the agency needs to be involved in their lives. It is through discussing and pinpointing what needs to change that an outcome-based case plan can be created with the family. We will talk more about case planning in a bit.

As we roll out the Safety Framework practice model, we will have ongoing conversations and troubleshooting sessions to grow in these skills. Remember – we're all learning this together!



The 4th and final warm handoff is case closure. Safe case closure occurs when a child is safe, protected, and in a permanent and stable home. The full kit for Warm Handoff 4 includes:

- A final child and family team meeting where their success can be celebrated,
- A closing safety plan for the family to include ongoing community supports and connections they can turn to if or when difficulty arises in the future,
- A closure letter sent to the family following the team meeting, and
- An opportunity for the family and team to share their experience through an evaluation or survey conducted by the agency.

At the time of case closure, the caseworker will summarize the status of the case including parent/caregiver protective capacities, family network resources, connections to community services as appropriate, the status of child(ren)'s needs, and the status of change achieved through the case planning process. The warm handoff to the family symbolizes that the child is safe and agency involvement is no longer necessary.

Sometimes case closure is not planned and there may not be opportunity for a warm handoff to the family. This may happen for a variety of reasons such as the family

moves out of the area, or they no longer accept services from the agency. In these situations it will be important for the caseworker and supervisor to discuss whether safety concerns exist and if so, what further action must be taken. For IH case management this sometimes involves a petition for court ordered services or out of home placement for the child to ensure they are safe. For a foster care cases "unplanned closure" will not occur as the permanency goal must be achieved in order to close the case or vacate public custody. However, unplanned closure of the parental involvement may occur resulting in a request to petition for the termination of parental rights. The caseworker will send a letter to the family outlining the actions taken, yet the foster care case will remain open with the agency.

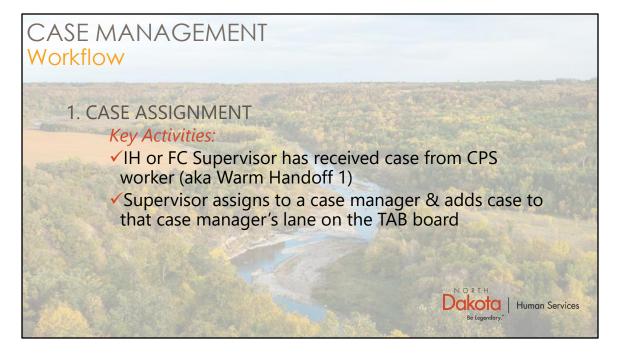


Now we're going to talk in more detail about how a caseworker manages a case from opening to closure. The flow of work for case managers involves the following seven distinct components. You will notice the 4 warm handoffs we just talked about are included within the workflow. The seven components are:

- 1. Assigning the case
- 2. The Warm handoff case transition staffing (aka Warm Handoff 2)
- Initiating the Protective Capacities Family Assessment (PCFA) through initial contact with the family (aka Warm Handoff 3)
- 4. Completing the PCFA and the Case Plan
- Completing and updating the Protective Capacities Progress Assessment (PCPA) and convening Child and Family Team meetings
- 6. Planned case closure (aka Warm Handoff 4)
- 7. Unplanned case closure

A helpful visual tool to manage workflow is the Task Analysis Board, or TAB board. This web-based resource will be provided to each of the Human Service Zones and is the same software provided to CPS but modified to depict the requirements for case management.

Additional training and support will be provided to the supervisors on how to develop and maintain a TAB Board. The TAB board for foster care will be developed during redesign. I will demonstrate the TAB board for in-home case management in a bit. For now, we'll discuss each of the 7 workflow components in more detail.



The IH or FC the CPS worker to review the information gathered during the CPS assessment prior to assigning the case. This is referred to as Warm Handoff 1.

When assigning cases to the case manager, their supervisor will consider the following:

- Complexity of the family situation;
- Current caseloads of caseworkers, where the current cases are positioned within the workflow components, and the intensity of safety management responsibilities;
- The caseworker's ability to engage families; and
- The variability in workload demands such as where the child resides, the number of children involved, and location of the family (meaning whether the live within the community or a distance from the community).

The supervisor assigns the case to a caseworker and adds the case to that caseworker's lane on the TAB board. It is anticipated the in-home caseworker can

successfully manage 10-12 families at a time. The anticipated number of cases for the foster care caseworker will be determined through the upcoming redesign.



Case transition to a case manager occurs after the CPS assessment is completed because it is through the safety determination that the agency identifies the appropriate level of intrusion through either an in-home or out of home safety plan. In cases where the CPS Assessment process requires a case opening for In-Home Case Management services, the case transition staffing must occur within 3 business days of case assignment. In cases where the CPS assessment requires out of home placement, the timeframe for the case

transition staffing will be decided through foster care redesign.

It is important to remember safety management is the primary responsibility of the Human Service Zone agency when a CPS case is transitioned to case management. The warm handoff case transition staffing includes communication concerning:

- Present Danger Assessment and Present Danger Plan (when applicable to the case);
- CPS Assessment, including the status of impending danger;
- Safety Determination;
- Safety Plan; and
- Strategy for family engagement to include:
 - Plan for initial contact between the CPS worker, assigned case manager, and the family,
 - Whether a referral for a Family Centered Engagement meeting has been completed or is needed, and
 - Potential members for the child and family team.

The assigned caseworker reviews the Safety Plan to ensure it is sufficient, feasible, and sustainable.

The content and date of the case transition staffing must be documented as a case activity log in FRAME. Agencies will determine which worker is responsible for documenting this information.



Prior to initiating the Protective Capacities Family Assessment, or PCFA, the caseworker must be familiar with the CPS Assessment information. When initiating the PCFA, the caseworker will expand upon that information related to parents/caregivers and the child or children.

The PCFA includes 4 stages, or sections, to be completed:

- 1. Introduction stage
 - The essential purpose of this stage is to introduce the PCFA to parents/caregivers, which means explaining what the PCFA is, how it is expected to work, and what the outcome can be.

2. Discovery stage

- the most substantial part of the PCFA, and involves engaging parents/caregivers to consider change, considering enhanced and diminished Caregiver Protective Capacities, and identifying what must change.
- 3. Safety management conclusion
 - Distinguishes whether the impending danger threats identified during the CPS assessment remain the same. If the status of impending danger has changed, the in-home caseworker must identify how impending danger is currently manifested. This will determine the least intrusive and most appropriate level of effort for controlling and managing impending danger.
- 4. Safety Plan Option Analysis
 - Provides the rationale whether an in-home or out of home safety plan remains sufficient or if more or less intrusive involvement is required to ensure child safety.



The 4th component of our workflow is to complete the PCFA and develop the case plan. The case manager will provide the family the opportunity to actively participate in development of both the PCFA and case plan. This will strengthen family engagement in the case planning process and will be accomplished through discussions with the parent/caregiver and the child (when age and developmentally appropriate). Absent/noncustodial parents will also be included under certain circumstances as defined in policy. Because the PCFA is very comprehensive, you can expect it will take some time to complete. You will likely need to visit with the family a few times so that you have an accurate picture of the family circumstances and needs. The more accurate and comprehensive the PCFA is, the easier it will be to formulate an outcome-base case plan.

The Case Plan is developed collaboratively with the child and family team. Case Plan goals must focus on enhancing parent/caregiver protective capacities to eliminate impending danger so the parents/caregivers can adequately manage child protection without agency intervention. The Case Plan organizes case activity through identifying goals and tasks. It is a tool for communicating with the child and family team and others involved in providing support and services to the family.



The Protective Capacity Progress Assessment (PCPA) process is an intervention component which begins after the Case Plan is in effect and continues until case closure. The PCPA is similar to the Protective Capacities Family Assessment. It

provides opportunity for the caseworker, along with the child and family team, to check in on the quality of the helping relationship between the parents or caregivers and the agency, and the degree to which specific behaviors and conditions are changing in the intended direction.

The PCPA process involves the assessment and documentation of the following components:

• Child and family team participants,

- Parent/caregiver progress assessment,
- Child progress assessment,
- Assessing the Case Plan,
- Assessing safety management,
- Review and reassessment of the safety plan determination,
- Reunification plan and process for children placed out of the home, and
- Case closure

Each component is key in determining that child safety is being managed, that the family is accomplishing case plan tasks and goals, and that progress toward successful case closure is occurring. The PCPA is reviewed and updated at the child and family team meetings that occur at least every 90 days.



Planned Case Closure is also referred to as Warm Handoff 4, as discussed earlier. At the time of case closure, the case manager will convene a final child and family team meeting during which he/she will:

- Summarize the status of the case including parents' or caregivers' protective capacities,
- Verify family network resources,
- Confirm the family's connections to community services,
- Discuss the status of child(ren)'s needs, and
- Identify the status of change.

This information will be provided in the PCPA in order to lend support for safe closure of the case.



When case closure is unplanned and the child is deemed safe, the caseworker generally sends out a closure letter to child and family team members and closes the case.

When case closure is unplanned and the child is unsafe, or it is unknown whether the child is unsafe, the caseworker will staff the case with his/her supervisor to determine the best course of action. For an in-home case this could include requesting a petition for court-ordered services OR removal. The caseworker will send a letter to the family outlining the actions taken.

For a foster care cases "unplanned closure" will not occur as the permanency goal must be achieved in order to close the case or vacate public custody. However, unplanned closure of the <u>parental involvement</u> may occur resulting in a request to petition for the termination of parental rights. When that becomes necessary, the caseworker will send a letter to the family outlining the actions taken, yet the foster care case will remain open with the agency until permanency is achieved.

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	+ add task CASE ASSIGNED Huntsman Family	+ add task WARM HANDOFF 2 - CASE TRANSITION STAFFING	+ add task WARM HANDOFF 3 - INITIAL CONTACT WITH FAMILY / INITIATE PCFA	+ add task COMPLETE PCFA & CASE PLAN	+ add task COMPLETE PCPA & CONVENE CFT MEETINGS	+ add task WARM HANDOFF 4 - CASE CLOSURE	TAB Board	
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The Task Analysis Board (TAB board) is a web-based tool used to efficiently manage work at a personal and supervisory level. The TAB board for IH case management has been developed but may be revised as we implement the Safety Framework practice model so that we are reflecting our work accurately. The TAB board for FC case management will likely look similar and will be developed through FC redesign to begin soon.

A TAB board is divided into horizontal "lanes," one for the supervisor and one for each caseworker assigned to that supervisor. On the left-hand side you will notice we have listed the supervisor at the top, and all of her staff will be listed below. When you hover over the "information button" the role of the staff person will be listed.

The workflow for case management is listed in columns across the top. The TAB board visually depicts work at various stages by using cards to represent each inhome case and columns to represent each stage of the case flow process. Cards are moved from left to right to show progress and to help coordinate the teams performing the work. You will see the Supervisor has 4 cases, or cards, in her queue that need to be assigned to her staff.

The card color indicates the level of danger operating in the family. Yellow means impending danger threats have been identified, red means there is a present danger threat requiring a present danger plan, and green indicated safety is being managed. To change the level of danger, the staff person clicks on the card, then click on the dropdown arrow under 'card type' and clicks on the appropriate level or color.

The case type can also be changed when necessary. The identified case types for inhome case management include

- IH case management, meaning the children remain in the home with their parents/caregivers
- IH kinship care/non-custody, meaning the children have been voluntarily place with relatives or fictive kin and there is no custody order in place
- IH court ordered services, meaning the agency has successfully petitioned the court to order the parents/caregivers to comply with services.

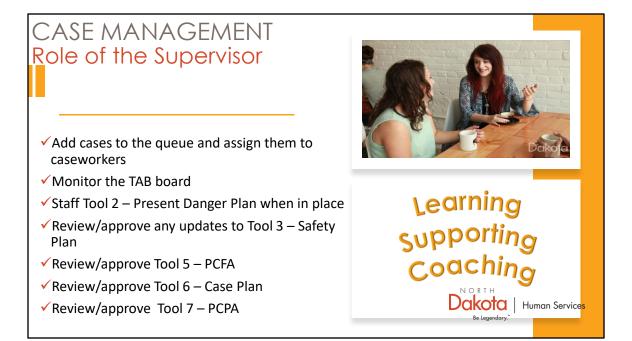
You will see that each case manager has cases at various stages of workflow and with various levels of danger. For example, Wilma currently has 9 cases assigned to her and by looking across her lane you can quickly see where each case is in the process.

The lanes can be collapsed if the supervisor wants to review current caseloads. Again, the TAB board is very easy to navigate and revise if we determine different card designations are needed.



Blue Light time is the time a staff person spends doing the work for which he or she was hired. For case management, the blue light is time spent working with families. This includes face to face visits, child and family team meetings, phone calls with the family, informal and formal supports, attending court hearings (if a foster care case), etc.

Protected time is included in the caseworker's weekly schedule to provide uninterrupted time to complete any required paperwork or other essential tasks. This time should be blocked on the schedule and the supervisor is to make sure the caseworker has adequate protected time each week.



The role of the Supervisor is multifaceted. The supervisor will:

- Add cases to the queue and assign them to caseworkers
- Monitor the TAB board to observe how the workflow for each case is progressing, including any present or impending danger threats the caseworkers are managing
- Staff Tool 2 Present Danger Plan when there is one in place
- Review/approve any updates to the Safety Plan
- Review/approve the PCFA
- Review/approve Tool 6 Case Plan
- Review/approve Tool 7 PCPA

Levels of approval may be adjusted as we implement the Safety Framework practice model. Key to all of these functions is the fact that the supervisor is a fellow learner of the model and its application to our transformative work with families. The supervisor also provides support and coaching through consistent staff meetings both one-on-one with the case manager and as a team.



We expect that you have many questions after listening to this week's training and we're certain more questions will arise in the days and weeks to come. But we thought it'd be helpful to introduce some of the questions we believe many of you have. These and the additional questions will be included on a Frequently Asked Questions document on our website.

QUESTION:

For in-home case management, are we still going to work with families in which children are safe (i.e. well-being cases)?

ANSWER:

Yes, on occasion. When children are safe, but the agency determines that a child requires protective services per NDCC 50-25.1-06, the agency will open a child welfare case and work with the family according to the In-Home Case Management policy manual. The In-Home caseworker will address family needs by providing services and supports or by linking the family with public or private community services. Policy and procedure will provide additional guidance regarding these situations.

FAQ 1

Dakota | Human Services Be Legendary.

OUESTION:

I am a case manager for both in-home and foster care. Safety planning has always been part of my typical case planning; however I never used a formal tool to safety plan. Are we required to use Tool 4 ~ Safety Plan and if so where are we required to put the document?

ANSWER:

Yes. All workers and case managers are required to use Tool 4 ~ Safety Plan to offer continuity of care to the family and consistent language for case planning. FRAME training will highlight that the only location in FRAME to upload the safety plan is for CPS workers in the CPS assessment. Please note there will not be a location to add an attachment for in-home or foster care case managers in FRAME. In Home and Foster Care case managers will manage all safety framework tools/forms in your current case file outside of the system. Additional uploads are being explored, but nothing formal until the pilot stage of all the tools is complete.

FAQ 2

Dakota | Human Services Be Legendary.

QUESTION:

I am a case manager and have ten open cases for foster care, when am I required to start using the new forms?

ANSWER:

December 14th our state will "go live" with the Safety Framework Practice Model. FRAME changes will be made available and the use of the framework tools will be required.

NORTH

Be Legendary

Dakota | Human Services

FAQ 3

QUESTION:

I am a foster care case manager and feel like I have learned a lot about CPS forms and processes? Please connect the dots for me.

ANSWER:

The Safety Framework is practice for all case managers and workers involved with child protection, in-home, and foster care. Assessing safety is part of our everyday work and as a foster care case manager we need to challenge ourselves to reassess safety more often by determining if present danger or impending danger threats exist so that we mitigate these threats through effective safety management.

FAQ 4



OUESTION:

I am an in-home supervisor. What happens when one of my case managers receives a referral from CPS using the new forms, but my staff hasn't yet been trained on the tools designed for case management? What should they do?

ANSWER:

We understand that intensive training on the Protective Capacities Family Assessment, Case Planning, and Protective Capacities Progress Assessment tools will not have occurred by December, when we roll out the Safety Framework Practice Model. Be prepared to guide your staff through the workflow by using the slides within this and the other PowerPoints. Training will be ongoing, as will be the support and coaching offered to the zones. We request you begin using the forms in December so that case managers can practice applying the model to their work.

FAQ 5





Family Centered Engagement was designed in 2018 and piloted in select counties in ND. As of July 1st, 2020 this service is available statewide. The FCE meeting is arranged and held by a neutral facilitator and the HSZ worker participates as a member of the team to share safety concerns, strengths/needs, etc. The agency worker retains decision-making authority.



The purpose of Family Centered Engagement (FCE) Meetings is to improve child welfare decisionmaking and outcomes for children. The three populations of children/youth eligible for an FCE meeting are:

- Those at risk of removal,
- Those temporarily removed on an emergency order, or
- Those who are involved in both the child welfare and juvenile justice systems but not in foster care. These children are

referred to as "Dual Status" youth. Please note if the dual status youth is in care, you should schedule an MDT (multidisciplinary team meeting) rather than an FCE meeting. The criteria for an MDT differs from FCE somewhat. An MDT is held when there is a youth in detention or another placement who can't return home. MDTs can also be held whenever the caseworker and court officer feel, within their discretion, that an MDT would be necessary to the youth and or/family's success.

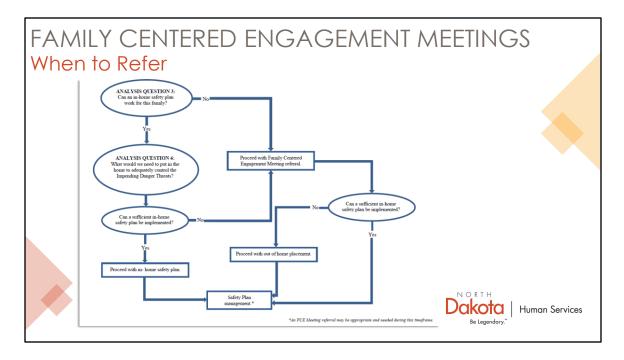
The 3 goals of FCE are:

Reduce the number of children entering foster care

Increase the number of children remaining safely in their own homes

For children who are removed, increase the number placed with kinship caregivers

Just a comment on children who are short stayers in foster care. If a child is in foster care or out of home placement for fewer than 90 days, did they really need to be in foster care at all? Could we have placed them temporarily with kin rather than taking them into the foster care system? These questions deserve consideration. If we can decrease the number of children who are 'short stayers', we can save them additional trauma by keeping them with their family.



On page 41 of your Safety Framework Handbook you will find a decision tree called "Steps in Safety Determination Analysis to Control Impending Danger Threats" A portion of this graph is included here on the slide to illustrate when a referral for an FCE meeting would be appropriate, assuming the child or youth is eligible.

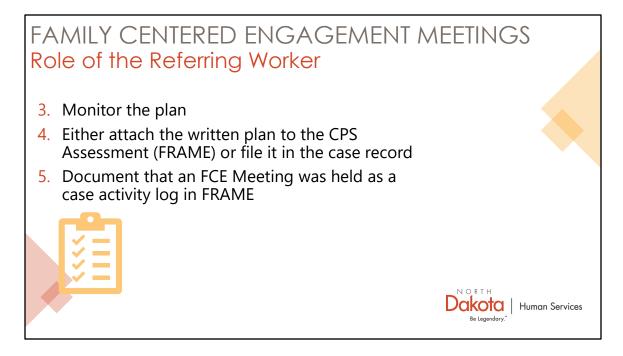
This decision tree will be used by either the CPS worker or caseworker in the Human Service Zones to determine the best way to control the impending danger threats.

Only HSZ child welfare workers and juvenile court officers can make referrals to FCE. When unsure whether an FCE meeting would be appropriate, please err on the side of making a referral. It's better to find out the child is not eligible rather than missing an opportunity to help the family access an FCE meeting to wrap supports around the child and strengthen engagement with the family.



The HSZ worker will make sure appropriate services providers (based on the family's needs), as well as any informal supports they identify, are listed on the referral form. These can include:

- Juvenile Court Officer
- ICWA Family Preservationists (IFPs) when assigned to the zone
- School staff
- Therapists
- Early Intervention services
- Faith community
- Family, friends, and fictive kin

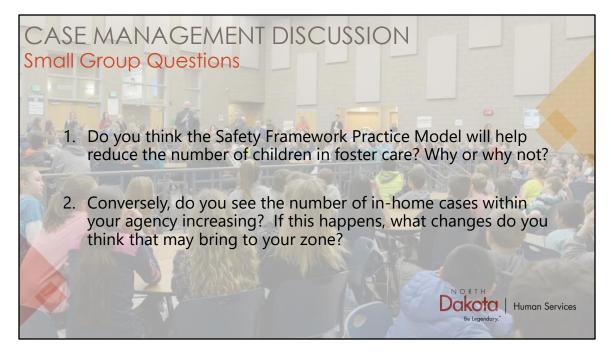


The referring HSZ worker will monitor the plan following the FCE Meeting. When the CPS worker makes the referral for an FCE meeting the written plan will be attached to the CPS Assessment in FRAME. When the case manager makes the referral, the written plan will be filed in the case record

The referring worker will document that there was an FCE meeting as a case activity log in FRAME

In summary, please know that Family Centered Engagement meetings are a beneficial and valuable resource available to you as a worker, and to the families. It can set the foundation for your casework practice going forward and reduce the amount of time it could take when developing the child and family team and bringing them to the table.

FCE meetings can have a tremendous positive impact on our child welfare system. Our data has shown at the 6-month follow up, 77% of the children whose families engaged in an FCE remained in the home with their parents rather than being removed or placed into foster care. Another 7% were placed with relatives or kin.



This concludes the case management portion of the training. Thank you for your attention during this presentation. Now we will break into small groups to discuss the questions on this slide.