



FAMILY STRENGTHS, NEEDS, AND RISK ASSESSMENT TRAINING FOR CASEWORKERS

Trainer Guide

Continuing Education

Materials List

Standard Classroom Set Up:

Class roster/sign-in sheets

Name tents

White board markers

Participant manuals

PowerPoint projector

Posters

FSNRA Tips

Handouts

Handout 1, FSNRA Bingo

Handout 2, Policy IV-C*

Handout 3, FSNRA Tips (printed on card stock-any color)

Handout 4, FSNRA Blank Form

Handout 5, Contacts

***Administrative Assistant Note:** Because policy updates regularly, Handout 2, Policy IV-C, should be checked via CHRISNet to confirm that it is still current. As of March 23, 2009, Handout 2 is up to date with DCFS Policy. In order to locate Policy IV-C, go to CHRISNet at the following link: <http://170.94.232.16/ChrisWeb/CHRISNetdefault.htm> and click on the 'DCFS Policy' link on the left side of the webpage. When the Policy document opens, search for Policy IV-C.

Participant Materials Set-Up Note: The participant materials should be placed inside a pocket folder with a MidSOUTH sticker on the outside of the front cover. The Participant Manual should be placed in the left-hand pocket, and the handouts should be placed in the right-hand pocket.

Competencies Addressed

102-2

102-4

102--9

105-1

105-2

TRAINER GUIDE

SECTION I: Introduction

Time: 30 minutes (9:00-9:30)

Objectives: Participants will

- Become familiar with the trainer and the training group members.
- Review the agenda and training format.
- Discuss the importance of the training.
- Participate in an opening activity.

Materials:

- Sign-In Sheets
- Participant Manuals
- Name Tents – consider coding name tents with stickers or some other visual cue for quick division into small groups
- FSNRA PowerPoint Presentation (Trainer Resource)
- Handout 1, FSNRA Bingo
- FSNRA Bingo Answers (Trainer Resource)
- Prizes for FSNRA Bingo
- Trainer Evaluations (To be passed out at the beginning of class)

A. Introductions and Housekeeping

The trainer should quickly cover the following items:

1. The trainer should welcome everyone to the training and take a minute to introduce himself/herself and the title of the training to the group at this time, which should be on **Slide 1**.
2. Go over housekeeping issues, which are explained on **Slide 2, Housekeeping Issues**. Explain that training will be three hours long and three credit hours will be given upon completion of the training. Also remind participants that there will be breaks given every hour, location of restrooms, emergency exits, silence cell phones, and to sign the sign-in sheet.
3. Ask participants to turn to **page 1** in their **participant manuals** to review the agenda and objectives. The trainer should explain that the objectives are from the Child Welfare League of America.

B. Why the Need for FSNRA Training?

The trainer should begin this portion of training by asking the group the following question: **Why is FSNRA training important?** After hearing some of the various answers the participants have to contribute, proceed to **Slide 3, Why FSNRA Training?** Be sure to reiterate any points the participants raised during the discussion. The main point to emphasize, as the slide points out, is that a thorough FSNRA equals good casework practice.

Slide 4, Research-Based Fact, is self explanatory. However, it relates back to the main point on Slide 3. Again, completing a thorough FSNRA by involving the family will ultimately result in a better outcome for everyone.

C. FSNRA Bingo Opening Activity

Trainer Note: The trainer should review Policy IV-C (Handout 2) for changes before this activity. If any changes have been made to the policy, they should be reflected in the FSNRA Bingo as well.

Proceed to **Slide 5, Opening Activity**, and ask participants to participate in the following activity to both familiarize themselves with each other and with the policy concerning the FSNRA.

Purpose

The purpose of this activity is to allow participants an opportunity to get to know each other and to review policy as it pertains to the FSNRA.

Materials

Participants will need **Handout 1, FSNRA Bingo**, and a pen or pencil. The answers for FSNRA Bingo are in the **Trainer Resource**. The trainer will also need prizes for the winners.

Methodology

1. Each person should put his/her name at the top of his/her FSNRA Bingo handout.

2. Handout 1 has squares with various questions or true or false statements relating to the FSNRA. Participants should move around the room asking each other to correctly answer and initial one Bingo square. When they do, that person will initial inside that particular square. Be sure to only allow one signature per person.
3. The first person to get a full line will win! If time permits, keep going to allow others a chance to win. There is a prize bag full of goodies for participants to choose from.

Processing

The discussion of answers to Handout 1 can be used to review some policy as it relates to the FSNRA. Be sure to emphasize that the FSNRA is a living document and must be updated appropriately. Be sure to answer any questions that are raised during this time.

SECTION II: CHRIS Tips

Time: 30 minutes (9:30-10:00)

Objectives: Participants will

- Review timelines as they relate to the FSNRA.
- Discuss helpful tips for completing the FSNRA.
- Generate a list of questions to be answered in the lab.
- Read the Rodney Jones information.

Materials:

- Participant Manuals
- Handout 2, Policy IV-C (Trainer should be sure the most current version of Policy IV-C has been obtained from CHRISNet before training begins.)
- Handout 3, FSNRA Tips
- FSNRA Tips Poster

A. Timelines and Linkages

Trainer Note: Because policy is updated regularly, the trainer should review Handout 2, Policy IV-C, to be sure the most current version of policy has been printed from CHRISNet. As of March 23, 2009, Handout 2 is up to date with DCFS

Policy. In order to locate Policy IV-C, go to CHRISNet at the following link: <http://170.94.232.16/ChrisWeb/CHRISNetdefault.htm> and click on the ‘DCFS Policy’ link on the left side of the webpage. When the Policy document opens, search for Policy IV-C.

Now that participants have had a chance to review some of the policy that pertains to the FSNRA, explain that this next section of training will be a more in-depth look at timelines and tips for completing an FSNRA. Refer participants to the right-hand pocket of their folders to **Handout 2, Policy IV-C**, and go to **Slide 6, Critical Timelines and Linkages**. Remind participants that in addition to the timelines listed on the slide, they also need to update the FSNRA any time there are significant changes to the child’s or family’s situation.

B. Tips for Completing the FSNRA

The next couple of slides contain helpful information for completing a thorough FSNRA which, as we have already discussed, ultimately benefits children and their families. Proceed to **Slides 7 & 8, Tips for the FSNRA**, for some helpful tips on completing a thorough FSNRA. Some points to remember to discuss are below:

- Policy says the FSNRA will take “several” visits. It is important to stress that it will take more than one visit to complete the FSNRA; it will take *several*. Although, policy does not define what *several* is, it is safe to assume that will take at least 2-3 visits in order to complete the FSNRA.
- Have a thorough interview. It is important to make a list of questions to be answered so nothing is forgotten. It is also important to make a list of additional questions for the next visit should the worker run short on time in the first or second visit.
- It is important to write everything down as soon as possible. If the worker is unable to write everything down during the visit, it is wise to make notes shortly after the visit is over, preferably in a quiet setting.
- Finally, be sure to include the whole family. Completing the FSNRA WITH the family is vitally important to their success.

C. Timesaver Tips

The next two slides contain tips to consider before requesting approval and editing the FSNRA. **Slide 9, Timesaver Tips**, suggests that the supervisor reviews the FSNRA before it is submitted for approval. The worker can either e-mail a copy or print out a

copy for the supervisor to review. Either way of getting feedback on the FSNRA before submitting it for approval can save time and work later.

Slide 10, CHRIS Tips, is a self-explanatory slide that suggests some practical tips for using CHRIS. The tips listed on this slide are important things to remember and can be a timesaver when utilized.

The trainer should refer participants to their folders to **Handout 3, FSNRA Tips**, at this time to summarize this section of training. The trainer may want to refer to the **FSNRA Tips Poster** at this time as well.

D. What's in This for Me?

In this portion of training, we will begin to get ready to go to the computer lab. Go to **Slide 11, What's in This for Me?** Ask the group what topics they would like to discuss and questions they would like to have answered as they prepare to go to the lab. The trainer should write the list on the white board. Some topics may include: Family fears, parenting, family connections, family resources, safety plans, and needs. These questions should be addressed during the training in the lab.

After the group has generated a list of questions they would like to have answered in the lab, go to **Slide 12, Case Scenario**. Ask the participants to turn to **page 7** in their **participant manuals** and read the Rodney Jones Case intake information. After they have finished reading the information on the Rodney Jones Case, ask participants to go to the lab to log in to CHRIS.

Remind participants of the quote on **Slide 13** to wrap up the classroom portion of training, "Remember to look for what is STRONG with the family, not just what is wrong with the family."

SECTION III: Practicing with the FSNRA (Lab)

Time: 2 hours (10:00-12:00)

Objectives: Participants will

- Become familiar with the Rodney Jones Case.
- Review CHRIS screens necessary for completing the FSNRA.
- Discuss helpful tips for completing the FSNRA.
- Understand the “big picture” of the FSNRA.

Materials:

- Participant Manuals
- CHRIS Log-In Sheet for participants, Trainer Resource
- CHRIS Trainer Notes, Trainer Resource
- Handout 4, FSNRA Blank Form
- Handout 5, Contacts
- Beach Ball

CHRIS Trainer Set-Up Note: Prior to this portion of training, the CHRIS trainer should obtain each participant’s username and the last four digits of each participant’s social security number for each participant’s CHRIS **Log-In Sheet**. The CHRIS **Log-In Sheet** can be found in the **Trainer Resource**. The trainer should write the participants’ usernames on each Log-in Sheet before the training in an effort to save time during the lab portion of training.

The trainer should also obtain the password of the day in order for the participants to log on. In order to obtain the password of the day, the trainer should logon to the ‘Staff’ Portal on the MidSOUTH website and click on the ‘Password of the Day’ link. Additionally, the trainer should check the database before the training to ensure everything is working properly. After all participants have successfully logged on, they may take a 10 minute break.

BREAK

A. The Rodney Jones Case

Now that participants have had a chance to read over the intake information from page 7 in their participant manuals, they now need to familiarize themselves with the investigation, contacts and interviews. Ask participants to pull up Rodney Jones case by going to their Workload, clicking on the Rodney Jones Case, and then clicking on Show. Refer participants to **Handout 4, FSNRA Blank Form**, and **Handout 5, Contacts** in their folders. Ask participants to read through both the investigation in CHRIS and Handout 5 and become familiar with the details of the Jones Case. They may want to refer to Handout 4 as well since it is the actual form that must be completed for the FSNRA. Trainers should inform participants that additional blank copies of Handout 4 will be available after training is over as well.

B. Review of the FSNRA

After everyone has had an opportunity to read through the contact information and the investigation information, the trainer should review CHRIS screens with the participants. The trainer should spend more time reviewing any screens the participants have particular questions about. Below are some points to emphasize:

- Discuss selecting 'Other' in order for whatever information that is typed in the 'Explanation' box to print.
- Discuss policy versus "reality" in the field. Remind participants that they must follow what policy says.
- Discuss assessment locations. Each contact, regardless of location, should be documented appropriately.
- Review timelines again. Although these are touched on in the classroom, reiterate these again at this time.
- Remind participants of the field guide as a useful resource, particularly if they find themselves repeating information.

CHRIS Trainer Note: After the trainer does a review, the remaining portion of lab training will be determined by the needs and questions of the participants. The trainer should refer to the questions generated from the 'What's in it for Me?' activity in order to ensure all questions are answered. The following is a list of topics previous classes have generated should the participants have difficulties in coming up with topics for their own list: Family fears, parenting, family connections, family resources. Whatever list of questions the participants generate, the trainer should be sure to discuss safety plans and needs. Below is a sample exercise the trainer may choose to pattern her small group exercises after when discussing topics such as safety plans, needs, family fears, parenting, etc.

C. Small Group Exercise

Ask the group to participate in the following activity.

Purpose

The purpose of this activity is to give participants an opportunity to practice thinking about strengths and risks for the Jones family.

Materials

Participants will need both Handouts 4 and 5 for this activity. They will also need to have the Jones case pulled up on their monitors.

Methodology

1. With the Jones Case still pulled up on their screens, ask participants to go to the Unit-Jones screen-Perception/Fears/Parenting screen.
2. Divide the class into two groups. Depending on the class size, the class may need to be divided into pairs versus groups, so adjust this activity accordingly.
3. Each group should select one person who be the recorder and write down the ideas as they are shared and one person who will enter in the information into CHRIS at their individual station/monitor.
3. Ask one group to generate some risks and strengths for the Family Fears section and one group to generate some risks and strengths for the Parenting section

based on the information obtained from the investigation, contacts, and interviews. Be sure to remind participants to be as specific as possible.

4. After about 15 minutes, call time and ask each group to share.

Processing

During the discussion, the CHRIS trainer should be sure the appropriate CHRIS screens are displayed. Some examples of both strengths and fears to emphasize during the discussion are listed below:

- One parenting strength is that Dewayne recognizes the authority DCFS has to take Rodney away.
- Another parenting strength is that the mother knows that Rodney is safer in the foster home. She has admitted that she cannot keep him safe, and it is better for him to remain in foster care at this time.
- A family fear is that everyone (mom, grandma, and Rodney) is afraid of Dewayne.
- Another is example of a family fear is the mother's fear that DCFS will take her son away.
- A final example of a family fear is the mother's fear that she may have to choose between her son and Dewayne.

It is important to remind participants that as they are selecting a risk for a family, it will show up in the case plan and will need to be addressed as a need. Therefore, they should be thinking ahead about the case plan and the needs of the family members when preparing the FSNRA. Some questions for participants to consider if they have not already done so are: [What role will Betty Sue play?](#) [What about grief and loss in this situation?](#) [How is Rodney dealing with grief and loss?](#) [What about his mother?](#)

D. Wrap-Up Discussion

After discussing as many topics as time allows, wrap up with a concluding discussion. It is important for participants to understand the "big picture" of how the FSNRA ties in with the case plan and the needs of the family. Some things for the participants to think about are:

- How can Dewayne be included? What will happen if he does not comply?

- What role will Betty Sue play? What role could she play? How might she fit in with a concurrent plan?
- What big decision(s) does the mother have to make? What if she doesn't comply?
- How will all of these questions be addressed in the FSNRA? In the case plan?

E. Life's a Beach Closing Activity

Conclude the day by having all the participants stand in a large circle.

Purpose

The purpose of this exercise is to provide an opportunity for participants to reflect on what they have learned.

Materials

You will need a large beach ball for this activity. If you do not have a beach ball, any kind of ball or item that you can safely toss to each member will due.

Methodology

1. Ask each participant to think about one thing that they learned from today's training. Tell them to be prepared to share that one thing when the beach ball is thrown to them.
2. Throw to ball to the first person who is ready to share. After that person has shared, ask him/her to throw the ball to someone else who is ready to share. Continue this pattern until everyone has gotten a chance to share.

Processing

As each person shares, take the opportunity to reinforce the ideas and concepts that are shared from the training.

Conclude the presentation by thanking the audience for their participation. Make sure that the training evaluations are completed before everyone leaves. Be sure each participant picks up his or her training certificate on the way out the door.



FAMILY STRENGTHS, NEEDS, AND RISK ASSESSMENT TRAINING FOR CASEWORKERS

Trainer Resources

Continuing Education

FSNRA BINGO ANSWERS

<p>What is the time frame for completing the <u>initial</u> FSNRA?</p> <p>Answer: <u>30 Days</u></p> <p>Initials: _____</p>	<p>The FSNRA only needs updating once a year.</p> <p style="text-align: center;"><u>T</u> OR <u>F</u></p> <p>Initials: _____</p>	<p>The state could lose federal money if the family's not involved in developing the FSNRA.</p> <p style="text-align: center;"><u>I</u> OR <u>F</u></p> <p>Initials: _____</p>	<p>It isn't necessary to complete an FSNRA for a supportive services case.</p> <p style="text-align: center;"><u>T</u> OR <u>F</u></p> <p>Initials: _____</p>
<p>For out-of-home cases, the FSNRA shall be updated monthly.</p> <p>*PS Case: 30, 90, 6 mon. *FC Case: 30, 90, 3 mon. *From the time case was taken into care.</p> <p style="text-align: center;"><u>T</u> OR <u>F</u></p> <p>Initials: _____</p>	<p>Policy states that the FSNRA shall be completed in one visit.</p> <p>Policy states "several" visits.</p> <p style="text-align: center;"><u>T</u> OR <u>F</u></p> <p>Initials: _____</p>	<p>What does FSNRA stand for?</p> <p>Answer: Family Strengths, Needs, & Risk Assessment</p> <p>Initials: _____</p>	<p>A thorough FSNRA is the foundation for the case plan.</p> <p style="text-align: center;"><u>I</u> OR <u>F</u></p> <p>Initials: _____</p>
<p>The link from investigations to FSNRA is the "Findings" screen.</p> <p style="text-align: center;"><u>I</u> OR <u>F</u></p> <p>Initials: _____</p>	<p>The FSNRA is a "living" document.</p> <p style="text-align: center;"><u>I</u> OR <u>F</u></p> <p>Initials: _____</p>	<p>The family must sign the FSNRA.</p> <p style="text-align: center;"><u>I</u> OR <u>F</u></p> <p>Initials: _____</p>	<p>The FSNRA must be updated before the case is closed.</p> <p style="text-align: center;"><u>I</u> OR <u>F</u></p> <p>Initials: _____</p>
<p>Be sure to include strengths and risks in the FSNRA.</p> <p style="text-align: center;"><u>I</u> OR <u>F</u></p> <p>Initials: _____</p>	<p>For in-home cases, the FSNRA shall be updated every 3 months.</p> <p>It should be every <u>6</u> months.</p> <p style="text-align: center;"><u>T</u> OR <u>F</u></p> <p>Initials: _____</p>	<p>The links from the FSNRA to case plan are the "Reasons Case Opened" and "Needs."</p> <p style="text-align: center;"><u>I</u> OR <u>F</u></p> <p>Initials: _____</p>	<p>You can create a case plan without doing an FSNRA.</p> <p style="text-align: center;"><u>T</u> OR <u>F</u></p> <p>Initials: _____</p>

CHRIS Training LOG IN

1. To get to the desk top on a MidSOUTH lab computer, double click the word MidSOUTH in the upper left corner of your monitor screen.
2. Login to Windows using the username and password provided:

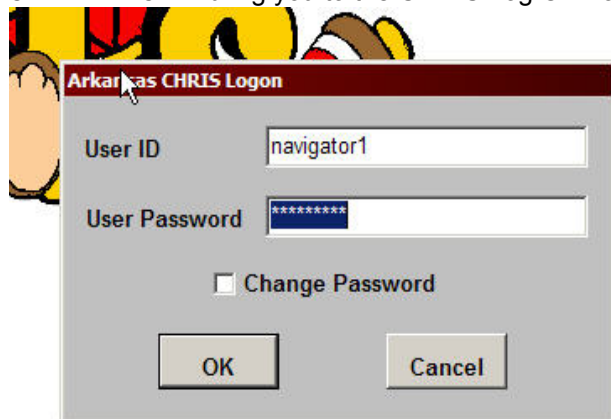
USERNAME: _____



3. Double click the CHRIS icon on the desk top.
4. Enter the password of the day given to you by your MidSOUTH CHRIS Trainer.



5. This will bring you to the CHRIS Log On Box.



CHRIS Username: _____

CHRIS Password: _____

CHRIS TRAINER NOTES

This trainer resource highlights some important information from the contacts and visits. The trainer may wish to use this as a “cheat sheet” in the classroom to as a reminder of some important things to point out to the participants.

Contact 1 (8/14/2008)

Substance Abuse Example- She stated that Sue Ann has a problem with alcohol abuse. She uses drugs occasionally (marijuana) but primarily has a problem with drinking. She was in an in-patient treatment program (Bridgeway) at age 14.

Grief & Loss- She ran away from home at age 15, alleging her stepfather sexually abused her.

Isolation-Betty Jones has not seen Rodney in about 9 months. She stated that Dwayne keeps Sue Ann and Rodney to himself.

Possible Drug Abuse- She stated she has a friend on the police force in Pine Bluff who told her Dwayne is suspected of selling drugs (meth).

Possible Domestic Violence- She fears Dwayne is abusive to her daughter but stated she has never seen any physical injury.

Contact 2 (8/14/2008)

Medical- Per Rodney’s mom, he is up to date on his shots. He is not allergic to any medications she knows of.

When asked why he missed so much (school), she stated that he had a lot of illnesses. She did not take him to the doctor.

Education- He will have to repeat first grade next year due to excessive absences.

Contact 3 (8/18/2008)

Develops Attachment Easily- Foster mom informed the worker that Rodney was fitting into the foster home.

Follows Rules- So far, he has followed the rules of the home regarding bedtime, playtime, etc with no complaint.

Possible Red Flag- He also hoards food in his room.

Domestic Violence & Drug Abuse-“Daddy gets mad a lot when he’s been drinking. When he’s mad he hits. He hits Momma, too. Momma and Daddy drink and smoke “dope” all the time.” He is worried that if he is not there, no one can help Momma be good.

Contact 4 (8/19/2008)

Dewayne’s Violence and Incorporation- He stated he was “going for my gun and if your ass is on my porch when I get back I’m going to shoot it dead.”

Contact 6 (8/25/2008)

Attachment- Rodney told the worker he likes this home OK but would rather be with his mother.

Contact 9 (9/8/2008)

Domestic Violence- That is how she got the black eye and marks on her throat.

Visit 1 (8/18/2008)

Parenting Skills- Sue Ann brought a board game (Chutes and Ladders) and spent a lot of time playing with Rodney.

Dewayne's Behavior- Starkey came to the front desk at the DCFS office demanding to see Ms. Jones. His voice was loud enough he could be heard in the visiting room.

Visit 2 (8/25/2008)

Mom Realizing Rodney is Safer in FC- Separation when the visit ended was hard for both Rodney and Ms. Jones. Both were in tears. Rodney threatened to kick the worker and his mother told him to please go – she would feel better because she knew he would be safe.

Visit 4 (9/8/2008)

Domestic Violence- When she came to the visit, she had a black eye and bruises on her throat.



FAMILY STRENGTHS, NEEDS, AND RISK ASSESSMENT TRAINING FOR CASEWORKERS

Posters

Continuing Education

FSNRA TIPS

LOOK BACKWARD (TO THE INVESTIGATION)

- What happened in the investigation – what was found to be true?
- These findings must be addressed in the FSNRA and in the Case Plan.
- What is the level of risk in the HSA?
- Was there a protection plan in the HSA?

WHAT'S HAPPENING NOW (THE CRITICAL LINK)

- Get the family's input.
- Identify strengths; identify risk factors.
- Get the family's input.
- Plan several visits.
- Do your contacts reflect what's in the FSNRA?

LOOK AHEAD (TO THE CASE PLAN)

- Make sure that all your clients have been added to the case.
- Make sure that you identify at least one need for everyone who will be in the case plan (everyone who is going to have to make a change or receive a service in order for the child to be safe in the home).
- The initial FSNRA protection plan should look like the HSA protection plan unless there have been significant documented changes between the time the two plans were developed.
- The initial level of risk should be similar to the risk level in the HSA unless there are significant documented changes in the situation.
- What behavioral changes need to happen; what resources for support and safety does the family bring to the table?

WRITING TIPS

- Write in factual, non-judgmental language.
- Consider writing in Word and then cut/paste into the FSNRA; then check and correct special characters.
- Edit in the text box, not in the zoom box.
- When you select a risk of "Other" the text field to explain is mandatory. If you select any other risk factor and then write in that text box, the text will not print. Make sure the pertinent information that supports your "pick" is set out in the main text box.
- Decide whether to pick "None" as a risk factor or whether to leave the pick blank. The word "None" will print out on the FSNRA.
- It's a living document – it is open for edits until it is sent for approval.
- Have your supervisor review the FSNRA before you actually submit it for approval and make suggested changes.



FAMILY STRENGTHS, NEEDS, AND RISK ASSESSMENT TRAINING FOR CASEWORKERS

Participant Manual

Continuing Education

3 Hours

Family Strengths, Needs, and Risk Assessment Training for Caseworkers

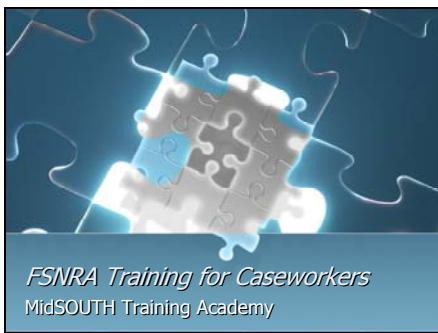
AGENDA

- I. Introduction**
 - A. Agenda
 - B. Housekeeping
 - C. Objectives
- II. Opening Activity**
 - A. Why FSNRA Training?
 - B. FSNRA Bingo
- III. Policy/Critical Time Frames**
 - A. FSNRA tips
 - B. CHRIS Tips
 - C. Rodney Jones Case Scenario
- V. FSNRA Computer Lab Practice**
- VI. Closing Activity**

CLASS OBJECTIVES: Participants will

- Understand the importance of effective case assessment and planning as the foundation of casework intervention (102-2).
- Understand the factors that must be addressed in the family strengths and needs assessment, including contributing factors to abuse and neglect, the functioning of the family as a unit, the strengths and limitations of each family member, and resources available to the family (102-4).
- Gain a better understanding DCFS policy and how it affects the components of the FSNRA.

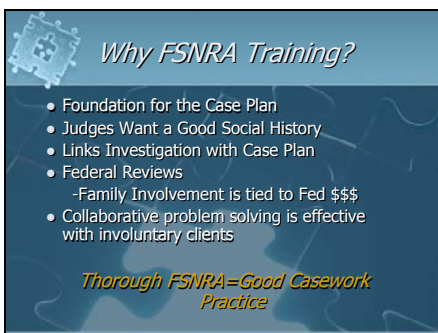
Slide 1



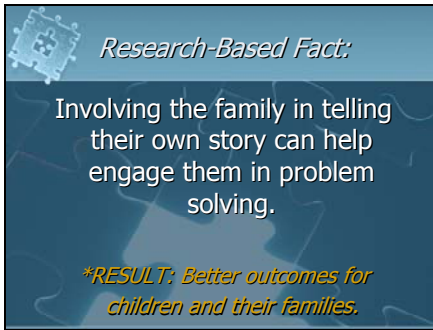
Slide 2



Slide 3



Slide 4

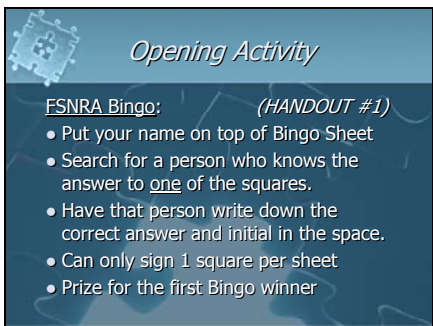


Research-Based Fact:

Involving the family in telling their own story can help engage them in problem solving.

**RESULT: Better outcomes for children and their families.*

Slide 5

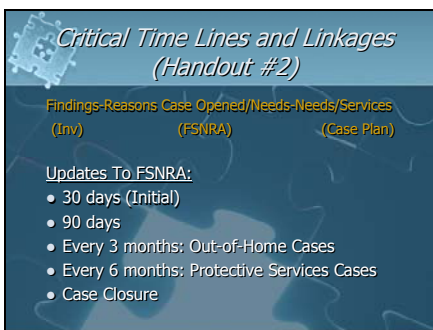


Opening Activity

FSNRA Bingo: (HANDOUT #1)

- Put your name on top of Bingo Sheet
- Search for a person who knows the answer to one of the squares.
- Have that person write down the correct answer and initial in the space.
- Can only sign 1 square per sheet
- Prize for the first Bingo winner

Slide 6



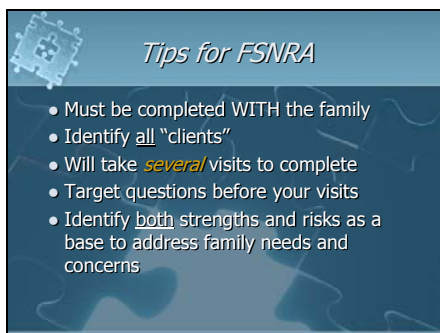
Critical Time Lines and Linkages (Handout #2)

Findings-Reasons Case Opened/Needs-Needs/Services
(Inv) (FSNRA) (Case Plan)

Updates To FSNRA:

- 30 days (Initial)
- 90 days
- Every 3 months: Out-of-Home Cases
- Every 6 months: Protective Services Cases
- Case Closure

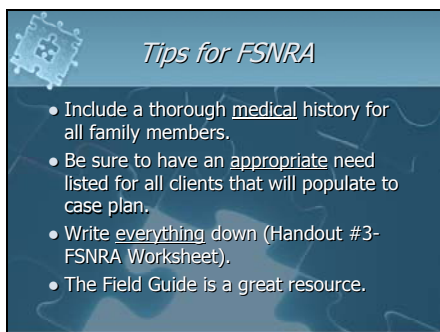
Slide 7



Tips for FSNRA

- Must be completed WITH the family
- Identify all "clients"
- Will take *several* visits to complete
- Target questions before your visits
- Identify both strengths and risks as a base to address family needs and concerns

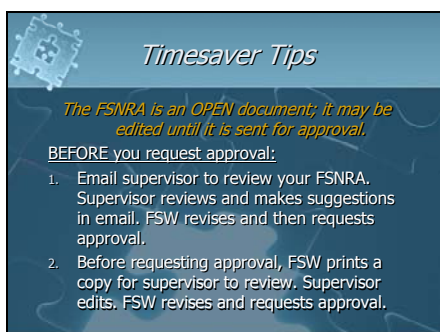
Slide 8



Tips for FSNRA

- Include a thorough medical history for all family members.
- Be sure to have an appropriate need listed for all clients that will populate to case plan.
- Write everything down (Handout #3-FSNRA Worksheet).
- The Field Guide is a great resource.

Slide 9



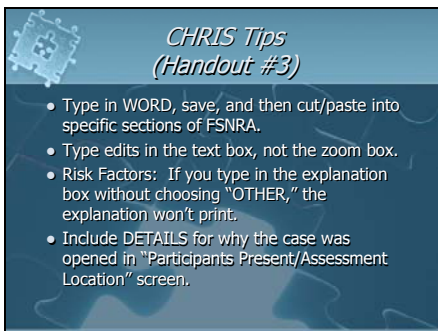
Timesaver Tips

The FSNRA is an OPEN document; it may be edited until it is sent for approval.

BEFORE you request approval:

1. Email supervisor to review your FSNRA. Supervisor reviews and makes suggestions in email. FSW revises and then requests approval.
2. Before requesting approval, FSW prints a copy for supervisor to review. Supervisor edits. FSW revises and requests approval.

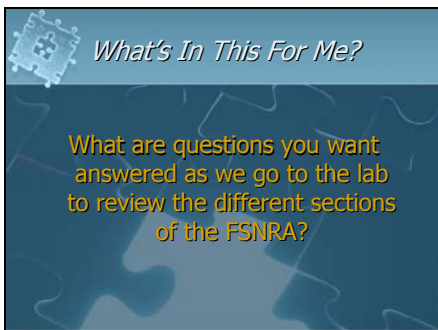
Slide 10



*CHRIS Tips
(Handout #3)*

- Type in WORD, save, and then cut/paste into specific sections of FSNRA.
- Type edits in the text box, not the zoom box.
- Risk Factors: If you type in the explanation box without choosing "OTHER," the explanation won't print.
- Include DETAILS for why the case was opened in "Participants Present/Assessment Location" screen.

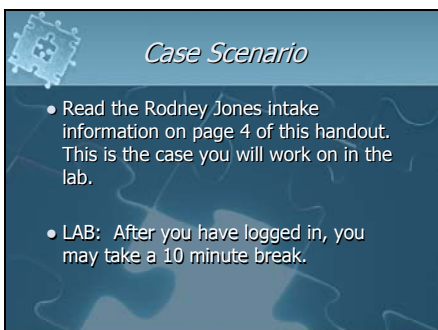
Slide 11



What's In This For Me?

What are questions you want answered as we go to the lab to review the different sections of the FSNRA?


Slide 12





Case Scenario

- Read the Rodney Jones intake information on page 4 of this handout. This is the case you will work on in the lab.
- LAB: After you have logged in, you may take a 10 minute break.

Slide 13

 *Quote of the Day*

"Remember to look for what
is **STRONG** with the family,
not just what is wrong with
the family."

Rodney Jones Case

Intake Information

On August 11, 2008, the Hotline received a Priority II report of suspected child maltreatment of a minor child, Rodney Jones, who is a 7 year old white male. The reporter, who asked to remain anonymous, stated that the parents leave the child alone at least once a week and lock him outside. The child is alone now and the caller has not seen the parents' truck in awhile.

The assessment of the complaint was initiated on August 13, 2008. The worker found the victim child alone and locked in a covered dog run. Inside the run was small doghouse containing a dirt encrusted blanket. There was a bowl of water in the run but no food was evident. The temperature that day, according to the National Weather Service Report, was 92 degrees F with a heat index of 102 degrees. The child identified himself as Rodney Jones and told the worker he had been in the pen "two nighttimes."

The neighbor cut the lock on the pen so the worker could get the child out. Visual inspection of the child showed old and new bruises on the back, buttocks, arms and legs and an oozing sore encircling his neck. Because of the extreme heat; the lack of sufficient food, water and shelter; inadequate supervision and no available caregivers; and the nature of the injuries, worker took protective custody of the child and transported him for a medical assessment.

According to the physician, the bruises were two different ages and the mark on the throat was consistent with a ligature mark. The medical report further indicated that this child was below the 5th percentile for height and weight for his age.

Adults identifying themselves as Dewayne Starkey and Sue Ann Jones contacted DCFS on August 14, 2008, inquiring about the whereabouts of the child. During this contact, both Mr. Starkey and Ms. Jones stated that they had been away from the residence on a business trip. Mr. Starkey is Ms. Jones' boyfriend. Ms. Jones is Rodney's mother. Rodney's biological father is unknown.

Rodney entered foster care on August 13, 2008, and is living in a foster home. He has had several visits with his mother in the DHS county office and in his grandmother's home. Rodney's maternal grandmother, Ms. Betty Jones, has expressed interest in being a foster parent for Rodney. She lives 10 miles from the family. Worker has had several contacts with the family since the case was opened. In the CHRIS lab, you will read the investigation and the contacts before completing the initial FSNRA on the Jones case.



FAMILY STRENGTHS, NEEDS, AND RISK ASSESSMENT TRAINING FOR CASEWORKERS

Handouts

Continuing Education

FSNRA BINGO

Handout 1

<p>What is the time frame for completing the <u>initial</u> FSNRA?</p> <p>Answer: _____</p> <p>Initials: _____</p>	<p>The FSNRA only needs updating once a year.</p> <p>T OR F</p> <p>Initials: _____</p>	<p>The state could lose federal money if the family's not involved in developing the FSNRA.</p> <p>T OR F</p> <p>Initials: _____</p>	<p>It isn't necessary to complete an FSNRA for a supportive services case.</p> <p>T OR F</p> <p>Initials: _____</p>
<p>For out-of-home cases, the FSNRA shall be updated monthly.</p> <p>T OR F</p> <p>Initials: _____</p>	<p>Policy states that the FSNRA shall be completed in one visit.</p> <p>T OR F</p> <p>Initials: _____</p>	<p>What does FSNRA stand for?</p> <p>Answer: _____</p> <p>Initials: _____</p>	<p>A thorough FSNRA is the foundation for the case plan.</p> <p>T OR F</p> <p>Initials: _____</p>
<p>The link from investigations to FSNRA is the "Findings" screen.</p> <p>T OR F</p> <p>Initials: _____</p>	<p>The FSNRA is a "living" document.</p> <p>T OR F</p> <p>Initials: _____</p>	<p>The family must sign the FSNRA.</p> <p>T OR F</p> <p>Initials: _____</p>	<p>The FSNRA must be updated before the case is closed.</p> <p>T OR F</p> <p>Initials: _____</p>
<p>Be sure to include strengths and risks in the FSNRA.</p> <p>T OR F</p> <p>Initials: _____</p>	<p>For in-home cases, the FSNRA shall be updated every 3 months.</p> <p>T OR F</p> <p>Initials: _____</p>	<p>The links from the FSNRA to case plan are the "Reasons Case Opened" and "Needs."</p> <p>T OR F</p> <p>Initials: _____</p>	<p>You can create a case plan without doing an FSNRA.</p> <p>T OR F</p> <p>Initials: _____</p>

Handout 2

Handout 2, Policy IV-C, should be reviewed to ensure the most current version of policy has been printed from CHRISNet. Because policy updates regularly, Handout 2, Policy IV-C, should be checked via CHRISNet to confirm that it is still current. As of March 23, 2009, Handout 2 is up to date with DCFS Policy. In order to locate Policy IV-C, go to CHRISNet at the following link: <http://170.94.232.16/ChrisWeb/CHRISNetdefault.htm> and click on the 'DCFS Policy' link on the left side of the webpage. When the Policy document opens, search for Policy IV-C.

**POLICY IV-C: CONDUCTING FAMILY ASSESSMENTS USING THE
FAMILY STRENGTHS, NEEDS, AND RISK ASSESSMENT (FSNRA)**
09/2008

The Family Strengths, Needs, and Risk Assessment (FSNRA) is a tool that assists staff in developing a thorough risk assessment through effective family engagement. The FSNRA identifies the most significant needs of the family and conducts an assessment on the family within the context of their social functioning.

The FSNRA should be completed and updated throughout the life of Supportive Cases and open Child Protective Services cases (in-home and out-of-home). The FSW will meet with the family several times in order to conduct a complete and thorough assessment. The FSW will ensure family involvement and receive input from parents, caregivers, children, service providers, and extended family members.

For Supportive and Protective Services cases, the FSNRA will be completed within thirty (30) days of case opening, within ninety (90) days of case opening, every six (6) months thereafter to correspond with required case staffings, and prior to case closure.

For Out-of-Home Placement cases, the FSNRA will be completed within thirty (30) days of the child entering out-of-home placement or thirty (30) days of case opening, whichever occurs first. Subsequent FSNRAs will be completed ninety (90) days after the child enters care, every three (3) months thereafter if appropriate, and prior to case closure.

The FSNRA may be revised at any time, but it must be completed within the timeframes outlined above and requires an update of the case plan. The FSNRA must be completed before a case can be closed.

PROCEDURE IV-C1: Conducting Family Assessments Using the FSNRA
09/2008

The Family Service Worker will:

- Meet several times with the family to conduct a thorough and complete assessment;
- Complete the FSNRA within thirty (30) days and ninety (90) days of Supportive and Protective Services case openings: every six (6) months thereafter; and prior to case closure;
- Complete the FSNRA within thirty (30) days of the child entering out-of-home placement or within thirty (30) days of case opening - whichever comes first; ninety (90) days after the child enters care; every three (3) months thereafter; and prior to case closure;
- Update the FSNRA throughout the life of open Child Protective and Supportive Services cases;
- Obtain the necessary signatures on the approved FSNRA (i.e. family, Resource Worker, Supervisor);
- Attach the approved and signed FSNRA to the case plan.

Handout 3

FSNRA TIPS

LOOK BACKWARD (TO THE INVESTIGATION)

- What happened in the investigation – what was found to be true?
- These findings must be addressed in the FSNRA and in the Case Plan.
- What is the level of risk in the HSA?
- Was there a protection plan in the HSA?

WHAT'S HAPPENING NOW (THE CRITICAL LINK)

- Get the family's input.
- Identify strengths; identify risk factors.
- Get the family's input.
- Plan several visits.
- Do your contacts reflect what's in the FSNRA?

LOOK AHEAD (TO THE CASE PLAN)

- Make sure that all your clients have been added to the case.
- Make sure that you identify at least one need for everyone who will be in the case plan (everyone who is going to have to make a change or receive a service in order for the child to be safe in the home).
- The initial FSNRA protection plan should look like the HSA protection plan unless there have been significant documented changes between the time the two plans were developed.
- The initial level of risk should be similar to the risk level in the HSA unless there are significant documented changes in the situation.
- What behavioral changes need to happen; what resources for support and safety does the family bring to the table?

WRITING TIPS

- Write in factual, non-judgmental language.
- Consider writing in Word and then cut/paste into the FSNRA; then check and correct special characters.
- Edit in the text box, not in the zoom box.
- When you select a risk of "Other" the text field to explain is mandatory. If you select any other risk factor and then write in that text box, the text will not print. Make sure the pertinent information that supports your "pick" is set out in the main text box.
- Decide whether to pick "None" as a risk factor or whether to leave the pick blank. The word "None" will print out on the FSNRA.
- It's a living document – it is open for edits until it is sent for approval.
- Have your supervisor review the FSNRA before you actually submit it for approval and make suggested changes.

Handout 4

Family Strengths, Needs, and Risk Assessment Worksheet

Family Unit: Perception/Fears/Parenting

Family Cultural Factor:
Participants Present/Assessment Location:
Family Perception of DCFS Involvement-Situation: Strengths: Risk: Domestic Violence, Feelings of Insecurity, Lack of motivation to change problem, Lack of parent acknowledgement of problem, Lack of trust, None, Other, Parent projects blame to others, Parent refuses to accept responsibility, Parental history of abuse
Family Fears - Situation: Strengths: Risk: Avoids CFS & other services providers, Child fears parent/ other adult in home, Fear of parenting, None, Other, Parent hostile to agency involvement, Parents thoughts are illogical, Parents unwillingness to receive help

Handout 4

Parenting - Situation:

Strengths:

Risk:

Child assumed parenting role in family, Excludes the child, Fails to protect in dangerous situation, Lack of consistent supervision, Negative response to normal development, Negative or harsh tone to child, None, Other, Parent ignores child, Parent is single with little support, Parent is young, Parent rewards child negative behaviors, Unrealistic expectations for the child

Family Unit: Marriage/Res/Conn/Loss

Marriage/Relations-Situation:

Strengths:

Risk:

Divorce or loss of partner, Domestic violence, Lack of social support, None, Numerous/short term relationships, Other, Social isolation

Family Resources/Strengths - Situation:

Strengths:

Risk:

Cannot recall times of joy/success, Intense depression/anxiety/conflict, Language/ cultural barriers, None, Other, Parent feels helpless, Parent unable to recognize child needs, Social Isolation, Stressful Life events

Handout 4

Family Connections/Supports - Situation:

Strengths:

Risk:

Family history of maltreatment, Lack of trust, Language/Cultural Barriers, None, Other, Parent Hostile/Threatening to Others, Recent death or loss of family member, Social isolation

Loss and Grief Issues - Situation:

Strengths:

Risk:

Depression/Anxiety, Divorce or loss of parent, Homeless, Loss of Income, None, Other, Recent death or loss of family member

Family Unit: Court/Mental/Subs/Educ

Court Involvement-Situation:

Strengths:

Risk:

Charged with Crime Against a child, Charged with manufacturing drugs, Child custody battle, Convicted of a felony, Frequent involvement justice system, Has been/is incarcerated, None, Other

Handout 4

Mental Health (Parent) - Situation:

Strengths:

Risk:

Delusions/hallucinations, Depressed-unkept/no energy/tearful, Does not comply with treatment, None, Other, Parent does not take Meds as prescribed, Recent/repeated attempted suicide-parent, Unable to plan for needs of child, Unable to protect in dangerous situation

Substance Abuse (Family) - Situation:

Strengths:

Risk:

Arrest for drug use or DUI, Binge drinking, Drug usage impairs parental ability, History of drinking that disrupts family, None, Other, Unsuccessful course of treatment

Education (Parent) - Situation:

Strengths:

Risk:

Child struggles with ADD or ADHD, None, Other, Parent does not value formal education, Parent keeps child from attending school, Parent permits truancy, Parent undermines school authority

Handout 4

Family Unit: Fin/Housing/Med/Violence

Financial/Employment/Vocational-Situation:

Strengths:

Risk:

Child support not regular, Income based in illegal activity, None, Other, Parent lacks job skills, Parent mismanages resources, Parental unemployment

Housing/Basic Needs - Situation:

Strengths:

Risk:

Family Makes Poor use of resources, Family moves frequently, Family refuses available services, Homeless, House used to manufacture drugs, Household composition changes frequently, Housing conditions unsanitary, None, Other, Utilities disconnected/ in child's name

Medical/Dental - Situation:

Strengths:

Risk:

Child has medical condition, Exposure to toxins(meth lab), Lack of adequate medical care, Lack of resources, None, Other, Parents has a medical condition

Handout 4

Domestic Violence - Situation:

Strengths:

Risk:

Animal abuse, Child shows concern for parent safety, Childhood history of abuse, History of family violence, Medical care due to domestic violence, None, Other, Police responded to domestic violence, Substance abuse/misuse, Violence viewed as normal

The fields in the "Child" section have to be completed for every child in the case.

Child: Gen Info/Mental/Medical

Child's Name:

General Information-Situation:

Strengths:

Risk:

Exposure to Toxins at Birth, Exposure to Toxins(Meth Lab), Failure to Thrive, Mental Disability, None, Other, Physical Disability, Premature/ Low birth weight, Special Physical or Developmental Needs

Handout 4

Mental Health - Situation:

Strengths:

Risk:

Behavior Problems, Mental Disability, Mental Health Issues, None, Other,
Suicidal Gestures in the Past

Medical - Situation:

Strengths:

Risk:

Chronic/Serious Illness Stresses Family, Exposure to Toxins at Birth, Exposure
to Toxins(Meth Lab), Failure to Thrive, None, other

Child: Education/Connection/Visitation/Reunification

Child's Name:

Education-Situation:

Strengths:

Risk:

Child Struggles with ADD or ADHD, Educational Delays, None, Other, Parent
Does not Value formal education, Parent Permits Truancy, Teacher Reports
behavior Problem

Handout 4

Family Connections - Situation:

Strengths:

Risk:

Lack of Extended Family Support, Lack of parental Contact, Lack of parental Support, No relatives identified as resources, None, Other

Successful Visitation - Situation:

Strengths:

Risk:

Child has extreme reactions to visits, child offended against a child/ sibling, none, other

Reunification - Situation:

Strengths:

Risk:

Child does not want to return home, Family unable to keep child safe, Family unwilling to change, None, Other

Handout 4

Safety Plan

Safety Plan for Family:

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Overall Risk

<p>Family Risk Factors: <i>These are the risk factors identified in the Family Unit Section.</i></p>	<p>Child Risk Factors: <i>These are the risk factors identified in the Child Section.</i></p>				
<p><i>Review Risk Factors from both sections to determine Overall Risk.</i></p>					
Overall Risk Assessment					
<input type="checkbox"/> None	<input type="checkbox"/> Low	<input type="checkbox"/> Moderately Low	<input type="checkbox"/> Moderate	<input type="checkbox"/> Moderately High	<input type="checkbox"/> High
<p>Family Preservation Services NOT Appropriate <input type="checkbox"/> Explain if (applicable)</p>					
<p>Worker Perception of Situation:</p>					

Handout 4

Rsn/Need

Reason Case Open: <i>This will populate from the Investigation</i>	Subsequent Investigations: <i>This is auto generated</i>
Client Name:	
Reason/Need	
Reason(s) Case Open	Need
Comments	Drug of Choice
Client Name:	
Reason/Need	
Reason(s) Case Open	Need
Comments	Drug of Choice
Client Name:	
Reason/Need	
Reason(s) Case Open	Need
Comments	Drug of Choice

Handout 4

Reason/Need Pick lists

Reason(s) Case Open	Need
<p>Abandonment Child's Behavior Educational Neglect Environmental Neglect Extreme or Repeated Cruelty Failure to Protect Failure to Thrive Family Needs Assistance (Supportive Srv) FINS behavior Problems FINS Runaway FINS Truancy Inadequate Clothing Inadequate Food Inadequate Shelter Inadequate Supervision Medical Neglect Medical Neglect of Disabled Infant Mental Injury Munchausen Syn. Or Factitious—III Proxy Neglect Newborn-Illegal Substance Exposure Physical Abuse Relinquishment for Adoption Sexual Abuse Sexually Aggressive Behaviors Substance Abuse/Misuse Threat of Harm</p>	<p>Adoptive Home Appropriate Caretaker Appropriate Discipline Skills Attachment to parent Attachment to Peers/Other Attachment to Siblings Behavior Mgmt. Clothing Appropriate for Weather Communication with Adult Communication with Siblings Coping Skills Decision-Making Skills Development Growth Skills Economic Security Educational Remediation Emotional Stability Employment Preparation Family Roles – Appropriate Health (Max. possible) Housing Hygiene Independent Living Skills Interpersonal Relationship Skills Maternity Services Medical Services Mental Stability Mentoring Motor Development Skills Nutrition Parenting Skills Remedy Abuse Remedy Neglect Remedy Sexual Abuse Safe home (Hazard Free) Self Discipline Substances Abuse Treatment Supervision Verbal Development</p>

Handout 5

CASE COLLATERAL

Betty Sue Jones
Maternal grandmother to Rodney
Address: 189 Pine Street, Any Town, AR
Phone: 870-368-9247
DOB: 07-13-1970

CONTACTS and VISITS

Contact 1

Type: Face-to-face
Location: DHS office
Date: 8-14-2008
Time: 3:00pm

Participants:

Betty Sue Jones (collateral)

Purpose: Placement assessment
Assessment

Comments:

Rodney's mother and grandmother requested that Rodney be placed with Betty Sue Jones while the assessment of maltreatment continued. Worker explained that due to state and federal law, such a placement was not permissible. Betty Sue Jones expressed interest in being considered as a foster placement for Rodney. Worker explained the process for becoming a provisional relative foster parent. Worker obtained information needed for the resource worker to begin the process of evaluating the possible placement.

Worker began gathering assessment information from Ms. Betty Sue Jones. This interview occurred outside the mother's (Sue Ann's) presence.

Betty Jones stated her age as 38-years-old (DOB: 07-13-1970). She has resided at the above address for 6 years. This address is approximately 10 miles from Rodney's mother's home. She has a 9th grade education. Her source of income is Social Security Disability due to a back injury on her last job. Ms. Betty Jones has not been employed for 10 years.

Betty Jones has been married 4 times. She is currently divorced and lives alone.

Betty Jones reported the following information about her daughter. She stated that Sue Ann has a problem with alcohol abuse. She uses drugs occasionally (marijuana) but primarily has a problem with drinking. She was in an in-patient treatment program (Bridgeway) at age 14. She ran away from home at age 15, alleging her stepfather sexually abused her. This allegation was never reported or investigated. She had Rodney at age 16.

Betty Jones has not seen Rodney in about 9 months. She stated that Dwayne keeps Sue Ann and Rodney to himself. She stated she has a friend on the police force in Pine Bluff who told her Dwayne is suspected of selling drugs (meth). She knows that neither he nor Sue Ann holds regular jobs. She fears Dwayne is abusive to her daughter but stated she has never seen any physical injury.

Handout 5

Contact 2

Type: Face-to-face

Location: DHS office

Date: 8-14-2008

Time: 3:45 pm

Participants:

Sue Ann Jones

Purpose:

Family contact –weekly

Assessment

Comments:

Worker visited with Sue Ann when she and her mother came to the office to ask about putting Rodney with his grandmother. Worker got Rodney's date of birth, SSN as well as dates of birth and SSN for adults in the home. Visit with Rodney set for 8-18-2008 @ 1:00 in the DCFS office.

Per Rodney's mom he is up to date on his shots. He is not allergic to any medications she knows of. He will have to repeat first grade next year due to excessive absences. She described him as "a smart kid." When asked why he missed so much, she stated that he had a lot of illnesses. She did not take him to the doctor.

Visit 1

Date: 08-18-2008

Status: Completed

Type: Mother-Child

Supervision: Weekly (supervised)

Present: Rodney Jones; Sue Ann Jones

Location: DHS Office

Comments:

Supervised visit between Rodney and his mother. Sue Ann brought a board game (Chutes and Ladders) and spent a lot of time playing with Rodney. She asked how it was going in the foster home. When Rodney saw his mother in the visiting room he ran to her and hugged her. He stayed very close to her during the visit. He was relatively quiet but did become more animated while they were playing the game.

This visit was scheduled to last 1 hour. However, about 20 minutes into the visit Mr. Starkey came to the front desk at the DCFS office demanding to see Ms. Jones. His voice was loud enough he could be heard in the visiting room. When Ms. Jones heard him, she quickly told Rodney goodbye and left. She left the game. Rodney refused to take the game with him and kicked the pieces across the room.

Contact 3

Type: Face-to-face

Location: Placement provider

Date: 8-18-2008

Time: 2:00 pm

Participants:

Handout 5

Foster Mother
Rodney Jones

Purpose:

Foster child contact - weekly
Placement assessment

Comments:

Visited with Rodney and foster mother after the parent/child visit. Rodney was very quiet on the ride to the foster home. When he got there he ignored the foster mother's greeting and went to his room.

Foster mom informed the worker that Rodney was fitting into the foster home. He was generally pretty quiet but had begun opening up a little. He spends a lot of time talking to the stuffed dog. So far, he has followed the rules of the home regarding bedtime, playtime, etc with no complaint. He tends to shy away if adults approach him closely. He also hoards food in his room.

Rodney has asked how his "Momma" was doing. He told foster mom that he was afraid his Momma would "mess up" and "make Daddy mad." "Daddy gets mad a lot when he's been drinking. When he's mad he hits. He hits Momma, too. Momma and Daddy drink and smoke dope all the time." He is worried that if he is not there, no one can help Momma be good.

Contact 4

Type/Loc: Face-to-face (failed Attempt)

Date: 8-19-2008

Time: 3:00 pm

Participants:

Dewayne Starkey

Purpose:

Family contact-weekly
Assessment

Comments:

Worker attempted home visit at 3:00 pm to continue gathering information for the maltreatment investigation and to assess family strengths and needs. When worker knocked on the door, a person identifying himself as Dwayne Starkey refused to open the door. He stated the only way the worker would get into the house was with a court order. He stated he was "going for my gun and if your ass is on my porch when I get back I'm going to shoot it dead." Worker left the premises without gaining entry or seeing either adult member of the household. It is not know whether Ms. Jones was present in the house.

Visit 2

Date; 08-25-2008

Status: Completed

Type: Mother-Child

Handout 5

Supervision: Weekly (supervised)

Present: Rodney Jones; Sue Ann Jones, Betty Sue Jones

Location: Relative's home

Comments:

Ms. Jones and Rodney visited at the home of Ms. Betty Sue Jones, maternal grandmother. Ms. Jones was on time for the visit and stayed for the entire visit. She brought a game to play and a toy truck for Rodney to take back the foster home. When Rodney asked why he could not go home with her, she told him she needed him to stay in a place where she knew he would be safe. Rodney asked her if she was being good and she said she was "trying." Separation when the visit ended was hard for both Rodney and Ms. Jones. Both were in tears. Rodney threatened to kick the worker and his mother told him to please go – she would feel better because she knew he would be safe.

Contact 5

Type/Loc: Face-to-face (other)

Date: 8-25-2008

Time: 3:00 pm

Participants:

Sue Ann Jones

Betty Sue Jones

Purpose:

Family contact-weekly

Assessment

Comments:

Worker used this time to get more information from Ms. Jones for the FSNRA. Ms. Jones confirmed the information about her adolescent mental health admission that her mother discussed earlier. She and her mother had a heated discussion about Ms. Jones' allegation that her step-father abused her. Ms. Jones accused her mother of not believing her and her mother basically concurred that she did not believe her. Ms. Jones described her drinking as something she did to help get through the day. She said she smoked weed occasionally. Ms. Jones stated she would not give any information about Mr. Starkey's drug/alcohol use. Worker talked with Ms. Jones about the need to involve Mr. Starkey in the case plan if Rodney was going to be able to return to the home. Ms. Jones feels powerless to make him get involved. Worker stated there would be a need to explore this further on another visit.

Contact 6

Type/Loc: Face-to-face (Placement Provider)

Date: 8-25-2008

Time: 4:00 pm

Participants:

Foster mother

Rodney Jones

Purpose:

Foster Child weekly

Handout 5

Comments:

Rodney told the worker he likes this home OK but would rather be with his mother. He said he and the foster mother had gone to school and met his teacher. The foster mother said the visit to the school was hard for Rodney because the teacher knew him from last year and asked where his mother was.

Visit 3

Date: 09-01-2008

Status: Completed

Type: Mother-Child

Supervision: Weekly (supervised)

Present: Rodney Jones; Sue Ann Jones, Betty Sue Jones

Location: Relative's home

Comments:

Ms. Jones was on time and stayed for entire visit. She talked to Rodney about school. Ms. Jones gave him some suggestions about what to say when people asked where she was. She and Rodney played a game. He asked if she brought a toy he could take home and she said not this time. She told him again that she was happy to know he was in a safe place while she learns how to keep him safe. She asked if he wanted to see Mr. Starkey and Rodney said, "No, I never want to see him again. I hate him."

Contact 7

Type/Loc: Face-to-face (Other)

Date: 09-01-2008

Time: 3:00 pm

Participants:

Sue Ann Jones

Purpose:

Family Contact weekly

Assessment

Comments:

Worker and Ms. Jones spent this visit discussing the need for Mr. Starkey to be part of the plan if Rodney was to return home. While Ms. Jones admits he is too rough with Rodney, she feels powerless to stop him. She is torn between feeling like she may have to make a choice of her child or her boyfriend – is at least voiced it may not be possible to have both. Worker and Ms. Jones also spent some time on talking about how to get appropriate child care for Rodney, since locking him in a pen outside was not acceptable.

Contact 8

Type/Loc: Face-to-face (Placement Provider)

Date: 09-01-2008

Time: 4:00 pm

Participants:

Foster mother

Rodney Jones

Handout 5

Purpose:

Foster Child weekly

Comments:

Worker took Rodney to the foster home at the end of the visit. The foster parent reported he seems to be settling in. He is somewhat more testing of the rules when he comes back from visits but gets back into the household routine in a day or two.

Visit 4

Date: 09-08-2008

Status: Completed

Type: Mother-Child

Supervision: Weekly (supervised)

Present: Rodney Jones; Sue Ann Jones, Betty Sue Jones

Location: Relative's home

Comments:

Ms. Jones came on time. When she came to the visit, she had a black eye and bruises on her throat. Rodney immediately began asking her if she had been "bad." She told him it was "hard not to mess up." He began crying, got up in her lap and did not talk for the rest of the visit. When it was time to go, he clung to her until his grandmother pulled him off telling him to "act like a man." Grandmother said she would take Rodney outside while this worker and Ms. Jones talked. Once he was outside, Rodney refused to go back in and say goodbye.

Contact 9

Type/Loc: Face-to-face (Other)

Date: 09-08-2008

Time: 3:00 pm

Participants:

Sue Ann Jones

Purpose:

Family Contact weekly

Assessment

Comments:

Ms. Jones told the worker that she had gotten drunk and fallen off the front porch. That is how she got the black eye and marks on her throat. Worker did express concern that the injuries looked like they happened in a different way. Ms. Jones got angry and accused the worker of saying she was lying. Worker responded by saying that she was just concerned. Worker told Ms. Jones that if there ever was a time when someone was hurting her and she wanted help, the worker would help her get to a safe place. Worker talked about the FSNRA and case plan. Worker also talked some about the concurrent plan. Worker explained that it would be very difficult to recommend that Rodney return to a place where Mr. Starkey was living if he (Mr. Starkey) had not changed his behavior or child care practices.