MidSOUTH Training Academy

In-Home Unit 9

Trainer Guide

UA LITTLE ROCK
MidSOUTH
College of Business, Health, and Human Services
University of Arkansas at Little Rock

Revision Tracking Sheet (Classroom)

Classroom Unit Reviewed	Unit 9 -SOP/SDM Risk Reassessment On-going Tool	Date	05/2025

Revision Key:	Green = content added ~~Strikethrough~~ = content removed

Note: All changes are indicated in **green** font in the trainer guide for easy reference. Strikethroughs will only appear in the revision tracking sheet to indicate specific deleted materials as needed. If a larger section is removed the section will be referenced in the tracking sheet.

Document	Revision Tracking
General/All	• SDM Risk Reassessment tool has been added. • Minor Language shifts include Supportive to Prevention Protective Services to In-Home Clients to Families Parents to Caregivers Fictive Kin to Kin (These changes were made where most applicable. Please note that every word has NOT been changed) Please note that the timeframes of activities are approximate of the duration.
Trainer Guide	• Day 4 Section 1, the pick list box has been removed for Triple P and SafeCare and three other contracted service providers have been added. • The updated flyers for the three additional services have been added in the Supplemental Resources section on the MidSOUTH website • Case Closure Scenario 3 has been removed • Working with and across differences has been removed from pages 39 and 40 • Risk Reassessment has been added to Day 4 Section 1
Trainer Resources	• Melissa Andrews Script additions located on page 19 "She initially had a prescription following her accident, but her doctor would not prescribe any more medication. She has been getting a variety of medications from a friend, but she doesn't want to implicate her friend. Melissa is in denial about how much she uses and cannot articulate when and how frequently she takes them. She has recently been taking so many pills that she sleeps long hours when she is not working, leaving her 12-year-old son in charge of supervision of his little sister". • Updated DR Time Frames Answer key (Policy II-B) o Selection "G" was removed from the DR Timeframes answer key as it was previously answered in question 4a on page 45

Document	Revision Tracking
Participant Manual	• Andrews Case Scenario additions located on pages 20-21 Melissa and Marsha have had a rocky relationship ever since she accused Melissa of having an opioid addiction due to her need for pain pills. Marsha told Mike that Melissa sleeps all day, does not clean the house, has mood swings, and isolates herself when she comes to see the kids. • The Risk Reassessment tool along with definitions on scoring are located on pages 35-49 • Case Closure Scenario 3 has been removed
Handouts	• Safety Assessment Key Located on the MidSOUTH website under Supplementary Trainer Resources
PowerPoint	• On Day 4, Section 1, Trainers will need to show the Risk Reassessment Demo video created by DCFS. The video is located on the MidSOUTH Website Under PowerPoints and other media

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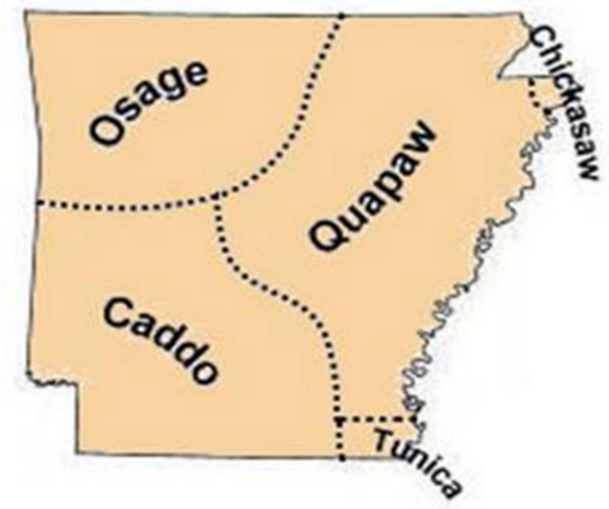
BEFORE YOU TRAIN

Trainer Note: Before going over the agenda, do a land acknowledgment with the group, direct participants to the first page in their participant manuals (not numbered). You can follow the script below. Emphasize the last point about the importance of finding ways to reduce harm and acknowledging the history of the land and its people.

- It is important for each of us to reflect on our place on the land, its history, and the impact we have on the land and its people. In Arkansas, we recognize the Caddo, Chickasaw, Osage, Quapaw, and Tunica peoples as the first people who inhabited the land.

- We further recognize that a portion of the Trail of Tears runs through what is now Arkansas and that the Cherokee, Choctaw, Muscogee (Creek), Chickasaw, and Seminole Nations crossed the land during this forced removal.

- We are committed to paying attention to the ways DCFS disproportionately impacts families of color, and we encourage you to reflect on how you can work to reduce that impact in your work with DCFS.



TRAINER MATERIALS LIST

Day 1

- Stages of Change Statements
- 23 Numbered/Alphabet Cards
- Bell
- Prizes
- Flip Charts/Markers Masking Tape Posters (needed for all days)
- You Tube Video - "Slipping Through the Cracks"

Day 2

- Andrews Case Scenario
- Andrews Immediate Safety Plan
- Andrews Scored FAST
- FAST User Guides
- Scripts
- Circles of Safety and Support Tool & prompt sheet
- Three Column Map

Day 3

- Family Case Planning Tool
- Family Case Plan Worksheet
- "Good Family Case Plan"

Day 4

- Case Closure Scenarios
- Services Pick List
- Contract Service Provider Flyers
- CHRIS Login Handout
- "What We Do and When We Do It" Answer Key
- PUB-85
- Policy II-B Differential Response
- "DR Time Frames" Answer Key
- DR Kahoot Review
- Risk Reassessment Key
- Risk Assessment Key
- Risk Reassessment Zoom Video 4:46 (Demo)
- Safety Assessment Key

Day 5

- DR PowerPoint
- "How Do We Do What We Do" Answer Key
- "What Do I say After I Say Hello"
- Case Closure Scenarios 1-2
- Critical Time Frames
- DR Time Frames
- Examples of calling the Family

COMPETENCIES LIST

- 101-1 The worker knows the values of family-centered child welfare practice and understands that effective family-centered services can strengthen families, promote positive change and help prevent removal of children from their homes. Family-centered child welfare values include:

  - Safe and stable families
  - Permanence for children
  - Preservation of caregivers' and children's rights and dignity
  - Client self-determination
  - Reasonable efforts
  - Respect for individual ~~and cultural~~ differences
  - Awareness of how one's own values and culture can impact the delivery of child welfare services

- 101-2 The worker understands the dual roles of the Family Service Worker to protect children from maltreatment and to empower families by providing services designed to strengthen and support families.
- 101-3 The worker can accurately identify the physical, behavioral, and emotional indicators of child maltreatment and can identify and evaluate how individual, family, developmental, situational, and environmental factors contribute to child maltreatment.
- 101-6 The worker knows the broad range of responsibilities of the child welfare agency and the range of interventions to assure child safety from least intrusive to most intrusive, including providing ~~supportive~~ prevention services, differential response, in-home services, arranging temporary ~~out-of-home~~ permanency placements and reunification, placement with fit and willing relatives, and providing permanent homes for children who cannot return to their ~~parents or~~ caregivers.
- 101-7 The worker knows the proper roles and responsibilities of other community agencies and child welfare service providers and knows how to collaborate with these agencies and providers to develop family case plans and provide services that assure a safe and stable family environment for children
- 102-1 The worker understands the importance of effective assessment, family case planning and concurrent planning ~~and concurrent planning~~ and understands the factors that must be ~~addresses~~ addressed in a thorough assessment including contributing factors to maltreatment, the functioning of the family as a unit, the cognitive, behavioral, social and emotional strengths and limitations of each family member, the formal and informal resources available to the family, and any other domains ~~address~~ addressed by agency assessment tools and protocols.

- 102-2 The worker knows strategies to engage family members in constructive and collaborative casework relationships that empower families; promote family participation in assessment and planning; overcome resistance; are culturally sensitive; and defuse anger, fear and hostility while appropriately using authority to assure the protection of children.
- 102-3 The worker knows how to involve families in the development of appropriate, time limited case goals and objectives; knows how to prioritize family and child needs; knows how to formulate observable; behavioral measures of goals and objectives which address the highest priority needs; and knows how to identify the most appropriate services and activities to meet the family case plan objectives.
- 102-4 The worker knows how to write concise, timely assessments and family case plans using agency approved assessment and planning protocols and instruments and knows how to document supporting contacts and casework actions in the family case record.
- 102-5 The worker can promote delivery of effective services through providing direct casework services and case management and also through referral to community resources and using community support systems including non-traditional and neighborhood resources.
- 102-6 The worker knows strategies to conduct effective interviews. These include communicating the purpose of the interview; controlling the process and direction of the interview while encouraging family participation; and using a variety of interview methods including open and closed ended questions, clarification, support, summarization, confrontation and helping families communicate feelings as well as facts.
- 102-7 The worker knows how family-centered casework methods are used to promote safe and stable families and to promote permanency for children by involving caregivers and other family and/or community members in assessment and family case planning; providing services to maintain children in their own home; assuring family members' involvement with their children in placement; and providing the necessary services to achieve timely reunification or other permanency options.

- 105-1 The worker understands the importance of CHRIS in the effective delivery of casework to the family and the management of the child welfare system.

- 105-2 The worker knows how to access and input information into CHRIS in a timely and accurate manner.

DAY 1

Day 1, Section 1: Prevention and In-Home Services Review

Time Estimate:	• 1 Hour 45 Minutes
Learning Outcomes:	• FSWs will examine the necessary requirements for opening a In-Home Case. • FSWs will review content related to the online training courses.
Competencies:	• 101-1 • 101-2 • 101-6
Participant Content:	• Participant Manual Pages 1-3
Trainer Materials:	• Stages of Change Statements • OL Case Review • Trainer Resources Manual • YouTube Video- "Slipping Through the Cracks"

INTRODUCTION & CLASS GUIDELINES

Welcome students and have them introduce themselves. Take about 15 minutes to do introductions and then spend about 30 minutes discussing the class guidelines and creating shared agreements on the flipchart before reviewing any content.

Next, give a brief overview of the material that will be covered in this module. Refer to the agenda on pages 1-2 of the Participant Manual. Briefly discuss the competencies on pages 9-10 in the Trainer Guide.

Following the review of the agenda, conduct a brief activity to review the content that was covered in the online course. Participants were asked to complete a partial case review (a copy of the OL Case Review) is available in the Participant Manual on page 3 as a part of their online assignment. Ask participants to take this document out to review with the larger group. Questions to generate discussion are listed below:

- What did they find out?
- Had family case plans been completed on some of the cases that has been open for longer than 30 days?

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- Has an immediate safety plan been in place for longer than 30 days, and if yes, has a 30-day petition been filed?
- Was there a completed CANS/FAST document?
- Were Early Intervention DD services referrals completed for children under the age of 3 years old?

While conducting their case reviews, participants may have identified some tasks on their caseload that are out of compliance. Ask participants to share their plan of action to bring those items back into compliance or how the issue was resolved.

You may also consider asking participants to list some of the things that they remember from the online course. They may have specific questions related to the policy. Questions related to policy could be answered throughout the course of this training module. Listed below are two specific questions that we want to ensure participants remember from the online course.

- **What is the difference between a Prevention Services case and a case?**
  A prevention services case is voluntary. Families who need assistance may accept services on a voluntary basis. If the family accepts, a prevention Services case will be opened **(Policy II-A).** *In-Home Services cases are not voluntary, and the services provided through them are mandatory for families to participate in.*
- **Do you have to open a Prevention Services case in order to provide services to families?**
  There is a perception that you must open a Prevention Services case anytime you want to provide services to prevent removal during an investigation. This is not accurate, and services can be provided. You can provide services and document them in the Service Log in CHRIS. Click the Services Button in the Investigation Tool Bar. That brings up the Service Log and Ref. Services buttons (as well as the Contacts button). However, programs such as Safe Care, Triple P, and other programs have certain funding requirements and due to the length of those programs a SS case must be open.

The Importance of In-Home Services

In-Home Services cases are designed to strengthen and support the family unit in order to maintain the child(ren) in their home. This service helps maintain consistency in the child's life and environment. The child can remain connected to friends, siblings, their community, and school. It is also important to consider the trauma and long-lasting adverse effects that are experienced by a child who is removed from their family home.

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Review of Safety Organized Practice (SOP)
SOP was introduced in Unit 2. Remind participants that SOP is a collaborative practice approach that emphasizes the importance of teamwork in child welfare. SOP aims to build and strengthen partnerships with the child welfare agency and within a family by involving their informal support networks of friends and family members.

Be sure to cover the TOP 3 Priorities of SOP:

1. Safely preserve and stabilize families, and if not possible
2. Safely and quickly reunify children with their families of origin, and if not possible
3. Safely create new permanent, culturally safe families for children

Encourage participants to keep this in mind as they begin to open an in-home .

In-Home Services Case Opening
By this point in the training, participants should be familiar with the policies and procedures regarding the opening of an In-Home case. Still, we will review it again now to ensure that FSWs have a good understanding of the requirements. Per **Procedure III-A1**, FSWs opening an In-Home case will:

- Gather data from the family about the needs of the needs of the family and place the information in the Family Advocacy and Support Tool (FAST). This information is located in the "[Family] Case Plan/Needs Assessment" section on the "Family Screen."
- Enter all necessary data in the Division Information Management System to create a client screen for each household member.
- Review all information in the contact automatically populated from the "case connect" screen into the contacts screen for the newly opened case.
- Ensure that any current immediate safety plan with a nearing 14-day* re-assessment date is noted and that a re-assessment of the safety of the child occurs within 14 days* of the implementation of the current plan.
- File an affidavit for dependency neglect for any plan which has been re-assessed and it is determined that a substantial risk of harm to the health and safety of the child remains.

*Policy reflects the 30-day reassessment requirement from the original Protection Plan, which is being replaced by the SDM Immediate Safety Plan and its respective 14-day reassessment date.

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Trainer Note: While an immediate safety plan must be developed during an investigation if a safety threat is identified and the child is to be left in the home, immediate safety plans should also be amended as necessary and/or developed after a an In-Home case (or any other type of case) is opened if a safety threat is identified. **(Procedure II-D9)**

ACTIVITY: Pair Share

Direct participants to stand and find one person from another table. The pair should think of 2-3 things they already know about opening an In-Home case and one thing they would like to learn today. Participants can return to their seats following the discussion with their colleagues. Allow approximately 10-15 minutes for the exchange of information. Call time and allow participants to share their responses.

Processing: As participants share their answers, be sure to tie the discussion back to what is written in policy regarding the opening of an In-Home case. Information to remember to cover if not mentioned by the participants is listed below:

- Why should an In-Home case be opened? The purpose of opening an In-Home case is to ensure child safety and to provide the child with a continuous and stable living environment, promote family autonomy, and strengthen family life where possible.
- How does the practice model of the priorities of safety organized practice connect with the reasons for opening an In-Home case? The priorities of the practice model are 1) safely stabilize and preserve families, and if that is not possible; 2) safely reunify children to their families of origin, and if that is not possible; 3) safely create new permanent families for children. Building strong plans for child safety is a collaborative process, and the family members and their support network usually have the knowledge and know-how to create the strongest plans.

Before taking a break, ask participants if they have any questions about the information just shared about opening a In-Home case.

Day 1, Section 2: Bridging the Gap: Collaborative Connections & Monitoring In-Home Cases

Time Estimate:	• 3 Hours
Learning Outcomes:	• FSWs will examine strategies to engage family members in collaborative working partnerships that aim to address and ameliorate unsafe parenting practices. • FSWs will examine factors of social and family dynamic in relation to child maltreatment and protective guidelines that must be follow to help ensure child safety.
Competencies:	• 102-2 • 102-7
Participant Content:	• Participant Manual pages 4-7
Trainer Materials:	• Choice Map • YouTube Video- "Slipping Through the Cracks" • Stages of Change Statements • 23 Numbered/ Alphabet Cards (FSW Contacts Game)

INTRODUCTION

Begin this section by talking about how SOP focuses on the development of a good working relationship, the use of critical thinking and decision support tools, and building collaborative family case plans to enhance daily child safety. This is important because workers need to be able to establish a respectful working relationship with the families that they will encounter. Oftentimes, families are understandably upset about the fact that they have been investigated by the agency, and this may create tension between the investigator and the family. Once the new worker is assigned to the case, there is a period of rapport building, engaging, and building of trust that must be established. While building good working relationships, workers should begin to think critically about the decisions that need to be made regarding the safety of the child.

The first step to critical thinking should begin with a critical assessment of ourselves and how we view the families we are working with to keep children safe. Here, we introduce the Choice Map as a tool to aid in our awareness.

Purpose: The purpose of this activity is to allow participants the opportunity to think about the mindset they have as they begin their work with families and to help them understand how that mindset can help or hinder the process and the family's progress.

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Trainer Note: There is no formal break written into this section. The classroom trainer should provide the participants with a break depending on the flow of the class discussion.

ACTIVITY: Choice Map

A copy of the Choice Map is available in Supplementary Materials on the MidSOUTH website. Allow a couple of minutes and then ask the following question: What do you see on this graphic? Allow responses. Make sure the following points are covered:

- Judger is normal and will be with us for the rest of our lives.
- Judger is the default reaction in part because it helps keep us alive and safe in dangerous situations.
- The learner Mindset is the "uphill" path, not the easy path.
- There are no unicorns or rainbows at the end of the Learner path; it can lead to hard conversations and hard truths.
- The Learner path IS the only path that leads to growth and opportunities (notice that it exits the box through the box through the break in the boarder).
- The Switching Lane is the path that helps us find our way to Learner. Switching Lane questions include Am I in Judger? Is this how I want to feel? How else can I think about this?
- You can ask, "Where do we find bias on the Choice Map?" The answer is "everywhere because our biases are always with us. But so are our values, and we need to uncover both of those so we can promote equality in our work with families".

Ask participants how knowledge of this tool could be useful both inside the walls where we work and in working with families. Allow for a couple of responses.

Processing: SOP is, at its core, about changing the questions that we ask of ourselves and of our families. How do we make conscious choices about switching to the learner mindset? We STOP, OBSERVE, and SWITCH. We all have the ability to switch lanes but like a muscle, the more we exercise it, the stronger it will get.

In addition, workers must be able to foster collaboration in order to effectively complete an assessment of the family and the circumstances surrounding the allegations of abuse or neglect. Families also need to be able

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to feel like they can trust the worker before they are able to fully examine their own shortcomings and move to a place of being able to acknowledge their unsafe parenting practices and begin to change their behavior. When we have trust, we are able to obtain far more accurate information.

The need for trust and rapport is important when gathering information so we must be transparent when communicating with our families. First, let's look at the stages of change.

> **Trainer Note:** Trainers can complete the Stages of Change Activity in one of two ways. The Stages of Change statements are located in Trainer Resources with an additional blank section under each scenario; this can be printed and given out to the participants fill in. The second way is to create their own Stages of Change Cards.

ACTIVITY: Stages of Change

Successful engagement and supportive family-centered practices also include being able to meet families' right where they are and acknowledging their input as the "experts" regarding their specific challenges. Being able to identify where families are on the change continuum can assist the worker in planning accordingly – specific support and services can be put into place to assist the client based on their current stage.

The trainers should place the Stages of Change cards around the room and distribute the strips of paper to each table group (depending on the size of your groups – give each group 5-6 strips). Instruct each group to match each client statement to the correct Stage of Change card. Allow 20-25 minutes for this activity.

Processing: Review the placement of the statements with each group after they have completed the activity. It is important to mention that clients may not "fit" exactly in one category, but there may be some overlap. Families do not always move along the continuum in a linear fashion, but they may move in various directions, and relapse – returning to old behaviors (i.e., drugs, physical abuse, and child neglect) is also a part of the continuum. Possible suggestions to generate further discussion:

- What are some of the cues that workers listen for to determine if a client is ready to change?
- By way of self-reflection-what are some of the things that may be difficult for individuals to give up (i.e., coffee, cigarettes, shopping, etc.)?
- Does being Family-Centered require that we overlook a caregiver's

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recurring relapses and just chalk it up so they will be able to move along the change continuum eventually?

- Remember that a Family-Centered approach does not mean ignoring the real problems but introducing a rigorous and balanced assessment Being Family- Centered involves a shift in perspective and focus. Rather than focusing on the issues that brought a family to the attention of DCFS, the focus shifts to how the family is dealing with the issues that brought them to the attention of the agency and how they can improve. It is not acceptable to ignore the issues, make excuses for families, or redefine a problem as a strength.

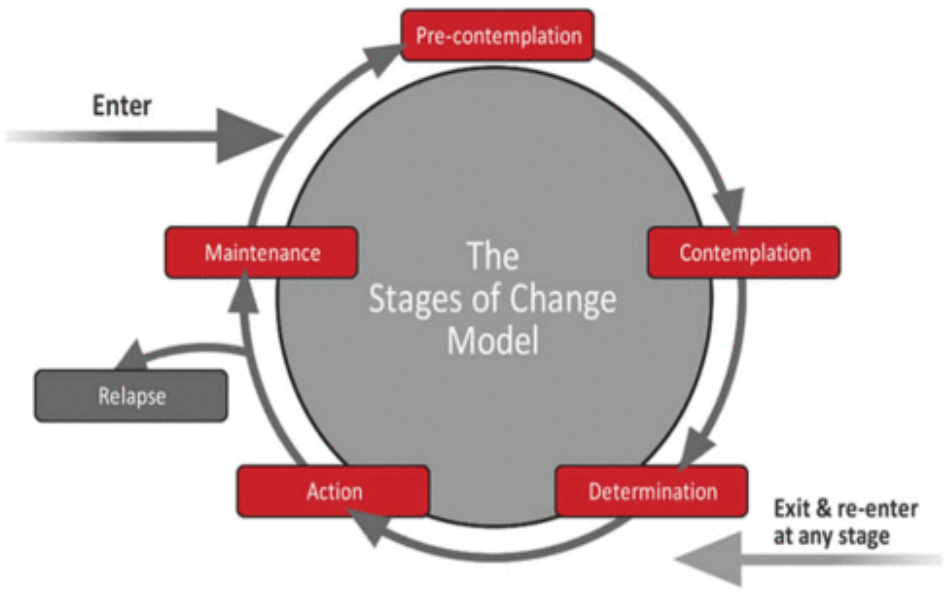
- Ask participants if they have examples of families that have struggled with being able to successfully move through the continuum of change stages, but were eventually able to maintain the positive behavioral changes in their life over a period.

- Ask participants if they have examples of working with a family while they were in the judger mindset and their family was in the pre-contemplation stage of change. Allow a couple of responses. Then, ask how their experience might have been different if they switched lanes.

"The Worker's role is to help tip the balance of change, to evoke reasons to change and the risks of not changing." –The Annie E. Casey Foundation

Instruct participants to turn to page 4 in their Participant Manual for a copy of the cycle image of the stages of change and page 5 in their Participant Manual for the table of The Stages of Change.

Stages of Change in the Transtheoretical Model (TTM) of Change by Prochaska & DiClemente (1983)



Stage of Change	Characteristics	Techniques
Pre-contemplation	Not currently considering change: "Ignorance is bliss"	Validate lack of readiness Clarify: the decision is the families Encourage re-evaluation of current behavior Encourage self-exploration, not action Explain and personalize the risk
Contemplation	Ambivalent about change: "Sitting on the fence" Not considering change within the next month	Validate lack of readiness Clarify: the decision is the families Encourage evaluation of pros and cons of behavior change Identify and promote new, positive outcome expectations
Preparation	Some experience with change and are trying to change: "Testing the waters" Planning to act within 1 month	Identify and assist in problem-solving re: obstacles Help the family identify social supports Verify that the families have underlying skills for behavior change Encourage small initial steps
Action	Practicing new behavior for 3-6months	Bolster self-efficacy for dealing with obstacles

		Combat feelings of loss and reiterate long-term benefits
Maintenance	Continued commitment to sustaining new behavior Post 6-months to 5 years	Plan for follow-up support Reinforce internal rewards-satisfaction coming from their own actions Discuss coping with relapse
Relapse	Resumption of old behaviors: "Fall from grace"	Evaluate trigger for relapse Reassess motivation and barriers Plan stronger coping strategies

Adapted from Prochaska & DiClemente, (1983)

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Engaging Strategies

Conduct a brief review of the information that was presented in Unit 5 about Family-Centered practices and practices that enhance and inhibit effective communication with families. Also, remind participants of the information pertaining to Solution- Focused Interviewing Strategies and Solution-Focused questions.

Factors that enhance communication with clients:

- Warmth and concern in facial and vocal expressions
- Eyes on the same level
- Explanation of DCFS' expectations by using harm and worry statements in a way that is understandable to the clients
- Voice audible, but not too loud

Factors that inhibit communication with clients:

- Avoiding eye contact or staring-remember that rules about eye contact vary across cultures
- Pointing finger for emphasis
- Looking at a watch or phone

Other communication practices that help to aid in the process of collaboration and engagement with families include:

Listening and remaining curious by:

- Asking the family to tell their story
- Meeting the caregiver(s) where they are
- Paying attention to the caregiver(s) worries about their children and their home live
- Acknowledging what the caregiver(s) have already done in terms of identifying current acts of protection
- Learning about the family's culture and their experiences

Workers should make a conscious effort to compliment the caregiver(s):
Compliments are used to build relationships, but they need to be specific to the person who is on the receiving end of the compliment to have real meaning. Providing compliments is also a way to encourage and support families as they move towards changing the negative behaviors that brought them to the attention of DCFS.

Encourage Father Involvement:
"Potentially important relationships and permanency options are overlooked when fathers and paternal relatives are underrepresented."[1]

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Findings from a study in New York City (2001) found that fathers had to prove to case workers their connections to their child(ren), whereas a mother's connection to her child (ren) was not questioned.[2]

Barriers to engagement:
Ongoing relationship difficulties with the mother – mothers are often the gatekeepers to locating and involving the fathers. They may fail to intentionally identify the father of their child or downplay the importance of the father in the child's life.

- Substance use
- No phone or valid address for contact purposes
- Distrust of the agency
- Guilt of the agency not being more involved in the child's life
- Undocumented immigrant
- Lack of established paternity

Solution Focused Questions
The signs of Safety Approach: A Solution and Safety Oriented Approach to Child Protection Casework (Turnell & Edwards, 1999) is a strength-based collaborative inquiry approach that explores safety and risk by asking the crucial questions:

- What are we worried about? (past harm, future, and complicating factors)
- What is working well? (existing strength and safety)
- What needs to happen? (on a scale of 0-10, with 0 meaning that it is certain the child will be abused and 10 meaning there is enough safety to close the case)

Simply put, what are the circumstances surrounding the child(ren), both protective and harmful, and what needs to happen to ensure the children can remain safely in the home?

Solution Focused Questions:
Solution-Focused questions are a strengths-based technique to help workers explore worries, discover what is working well for the family, and determine what the next steps for the family can be. These questions are part of the assessment during every single interaction with the family.

Examples of the five most commonly used Solution Focused Questions:

1. Exception-Can you think of a time when the behavior of concern could have happened but did not?
2. Scaling- On a scale of 0-10, where 10 is your child was totally

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safe and 0 is a real danger, where were things when

3. Relationship-If the child were here right now, what do you think your child would say he/she is worried about?
4. Coping-What you are going through is not easy-how have your survived?
5. Preferred Future-In six months, if all the things we are working on have been taken care of, what will be different in your family?

Participants will have an opportunity to practice linking the three questions and solution-focused questions by generating questions a little later.

References:

1. Child Welfare Information Gateway-
https://www.childwelfare.gov/pubs/f-fam-engagement/

2. E.J. Franck, "Outreach to Birthfathers of Children in Out-of-Home Care," Child Welfare 80(3): 381-399 (2001).

3. Prochaske, J. O. & DiClemente, C. C. (1983). Stages and processes of Self-Change if Smoking: Toward an integrative model of change. Journal of Consulting & Clinical Psychology, 51(3), 390-395.
https://doi.org/10.1037/0022-006X.51.3.390

4. Turnell, A. & Edwards, S. (1999). Signs of Safety Approach: A Solution and Safety Oriented Approach to Child Protection Casework

Ask participants if they have any questions prior to dismissing for lunch.

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Solution-Focused Questions

Exception
While is it likely that this conversation was prompted by a problem, the following questions will help to focus on an individual's strength and abilities. In most situations, it is the best set of questions for starting interviews- just like the family team meetings start with strengths/exceptions/safety. The first question below is for a "near-miss" situation, and the last is more suited to conversations about values and accomplishments.

- ☐ When was a time that could have happened, but it didn't?
- ☐ When was a time that things were going well for you?
- ☐ What are some of the things you've done that you are most proud of?

Preferred Future
These questions will surface what an individual would like to see for themselves or their family. You could ask the miracle question for this information in order to get details about what would be different in the person's life.

- ☐ How would you like things to be?
- ☐ What would it look like if this problem went away?
- ☐ Who would be around helping you keep things on track, and what would they be doing?
- ☐ What do you see happening next?

Coping
These questions will bring up another set of strengths and resources, but they will be more closely related to the problem and how someone deals with it or to who else helps them in this situation.

- ☐ How have you dealt with this situation?
- ☐ How do you keep things from getting worse?
- ☐ Who supports you when things get tough?

Scaling
With these questions, we are trying to show that the situation is not as black and white as an individual might think or to help them notice the difference between their desire/importance score and their ability score.

On a scale of 0-10, with 10 being [*desirable condition, outcome, confidence, ability or importance*], where would you rate yourself?

How did you get to that number?

What makes it a __and not a 0? (ask only if not a 0)

What is a small thing that could happen to make it go up by just one number?

Position
This is an attempt to get people out of their own perspective and to consider the concerns and perspectives of others.

If__ were here, what would they say [*insert are worried about, think is working well, think about the situation, or would like to like see happen next*]?

If__ were here, [*insert any of the four previous types of questions*]?

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MONITORING IN-HOME CASES

"Slipping Through the Cracks"
Being able to maintain children in their homes with family members can be extremely beneficial and vital to the overall well-being of the child. We know, based on research, that out-of-home placement for children can be associated with an increased risk of behavioral problems and trauma to the child, and there is a percentage of children who experience child maltreatment in their out-of-home placement, thus causing more trauma to the child. When the decision is made to keep a victim child in the home where they experiences child maltreatment, it is the responsibility of DCFS to ensure the safety of the child.

Watch "Slipping through the Cracks"- this documentary takes a look at what could potentially happen as a result of not routinely monitoring the safety of a child that remains in the home despite child welfare involvement. The documentary can be accessed by going to the IMDB website http://www.imdb.com/ and typing "Slipping Through the Cracks" in the search field. This will bring up a title list. Click the first hyperlink – "Slipping Through the Cracks" (2010) (Short). The documentary is 29:18 minutes.

Processing: Inform participants that this documentary was not used as a tool to bash them as child welfare workers or the child welfare system as a whole , but instead to serve as a stark remindee that mointerinering the safety of children in their homes in a very important- a child's life can depend on it

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Trainer Note: Reference "The Trials of Gabriel Fernandez," which is a recent documentary about the murder of eight-year-old Gabriel Fernandez by his mother's boyfriend and his mother. The documentary aired on Netflix as a six-part miniseries in February 2020. This documentary is a more recent look at the continued problem of what happens when thorough monitoring of children while they remain in their homes does not occur.

ACTIVITY: Documentary Discussion

Instruct participants to discuss the documentary at their tables. Call time after 15-20 minutes and allow each group to share their responses with the larger group. Ask each group to answer the questions below:

- What are their impressions of the documentary?
- What are some of the barriers that may prevent workers from adequately monitoring an immediate safety plan?
- When communicating with a relative caregiver about the safety of a child that remains in the home with an In-Home case, what are some things that should be immediately addressed? (For example, in the documentary, Sarah's aunt took her to the hospital but left before she was able to be seen. As the worker, you would want to know as soon as possible that a child on your caseload had been taken to the hospital).
- What are some of the benefits and hazards of In-Home Cases?

IMMEDIATE SAFETY PLAN

Sufficient monitoring of an immediate safety plan is crucial. An immediate safety plan that is put in place but then never monitored does not keep a child safe or strengthen the family. When one or more of the SDM Safety Threats are identified, workers (with their supervisor's prior approval) can put an immediate safety plan in place that does not have to be immediately filed with the court **unless that immediate safety plan makes any changes to custody or visitation rights of a caregiver or legal guardian.**

For immediate safety plans that do not involve any changes to custody or visitation, 14 days from the date the immediate safety plan was implemented, the FSW must re-assess the health and safety of the child (though an informal re-assessment of the health and safety of a child will occur throughout the 14-day period as the immediate safety plan is monitored). If

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the immediate safety plan must remain in place longer than 30 days to ensure child safety, then a petition must be filed with the courts. There can also be several assessments done within the 30 days if a substantial risk of harm to the safety of the child remains, then at that point, a petition for dependency-neglect must be filed. At any point before the 30-day mark, DCFS may file a

petition for dependency-neglect due to health and/or safety concerns. This specialized reassessment is also completed when considering closing an in-home case and is required if the most recent safety finding was "Safe with immediate safety plan" or "Unsafe."

Instruct participants to turn to page 6 in their Participant Manual for some Home-visiting guidelines. Family Service Workers will be responsible for monitoring any Immediate Safety Plans that are implemented. Sufficient monitoring is a crucial step in managing the safety of a child who remains in the home following the identification of a safety threat. Continuous assessment of a caregiver's capacity to safely care for a child in the home is also a critical step. Some key activities for participants to incorporate into their home visits include, but are not limited to, the following:

During every home visit, workers should assess safety and risk.

Participants should have created an initial risk assessment in Unit 4 on the Andrews family. Participants will be completing a paper version of a risk reassessment on Day 4 Section 1 in this training.

- Assess family dynamics (i.e., caregiver-child interaction) and caregiver responsiveness to the child's basic needs.
- Observe the home environment for any potential hazards and provision of food.
- Identify and discuss with the family the safety threats that make the child unsafe.
- Identify and discuss with the family strengths and protective factors that mitigate safety threats and demonstrate sustainable safety.
- Engage the family in a discussion about the safety, stability, and well-being of the children in the home.
- Discuss accessibility and availability of services needed to promote sustainable safety for the children in the home.

Safety is not the mere absence of danger but the presence of protection. It is an action, something the caregiver does. Focusing on the impact of a caregiver's behavior on the child can be helpful in conducting a thorough assessment. The formula for this is **Caregiver + Behavior = Impact on the child (CBI).** The three questions should be covered in every interview, at every stage in the life of a case, and the answers obtained should help assess the CBI.

Workers should encourage and facilitate the family's active participation in identifying other family resources.

- Encourage identification of maternal/paternal relatives and kin/fictive kin who may support the children and the safety plan.
- Identify and acknowledge other kin who can assist in parenting and model a nurturing relationship.

The family support network is a key component in the family's success. A core principle of Safety Organized Practice is if there is no network, there can be no safety plan. Networks are not going to make the work easy, but they will open possibilities to create safety and prevent future maltreatment.

Workers shall encourage positive caregiving skills and healthy caregiver-child interaction:

- Observe caregiver-child interaction and provide feedback and positive reinforcement.
- Discuss the importance of bonding and attachment between caregiver and child.
- Model healthy interactions and communication between the adult and child.
- Provide examples of developmentally appropriate and non-physical options for discipline.
- Be alert to signs of stress in caregivers, normalize caregiver stress when appropriate, and provide a forum for expression of stress.
- Coach caregivers toward the development of structure and family routines (e.g., morning and bedtime schedules).
- Work jointly with the family to provide core meanings of strengthening families and increase protective factors to help reduce the risk of future maltreatment.

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ACTIVITY: FSW Word Scavenger Hunt

Family Service Worker Contacts
The classroom trainer will conduct a review of the policy material that was covered online regarding Family Service Worker contacts. The Review Game will provide an opportunity for participants to engage in an energetic activity that gets them up and moving. The questions for this policy review come from **Policy V-B** and **Procedure V-B1**.

- Depending on the size of the class, the classroom trainer should evenly divide the class into two teams. Each index card has a number on one side that corresponds to a specific question (available in the Trainer Resources pages 3-13).On the opposite side of the numbered card, there is a letter. Once all of the cards have been selected and turned over, the letters will spell out the statement- **FSW CONTACTS KEEP KIDS SAFE.** The classroom trainer should tape the cards on a flipchart or the board and allow teams to take turns selecting the cards from the flipchart. As the teams select numbered cards, the classroom trainer should cross that letter off the list and read the corresponding question.
- The first team to ring their bell should attempt to answer the question (if that answer is wrong, the other team should be given a shot at answering the question. When a question is answered correctly, the classroom trainer should keep score. The team with the most points at the end of the game will win prizes.

Processing: Following the game, ask participants if they have any questions related to the policies that were reviewed. Participants should also be reminded that it is important that they familiarize themselves with the policy and procedures on a regular basis as they have a tendency to change periodically, and it is their responsibility to stay abreast of this information.

Homework: Participants should be reminded to bring their CANS/FAST user Guides to class with them tomorrow. They were instructed to access these guides during Unit 4. It may be beneficial to have a few copies available ahead of time for class tomorrow in case participants are not able to locate their manuals. The manuals are available on the MidSOUTH staff page under the main training tab – CANS/FAST Assessment Guides. The Family Advocacy and Support Tool is available on the MidSOUTH website in the Supplementary Materials section.

Trainer Note: "Ticket-Out" – the classroom trainer should remind participants to write down on their index cards anything that they may need further clarification about, or a question that they may want to be answered. These should be given to the Trainer at the end of day.

DAY 2

Day 2 Section 1: Family Advocacy and Support Tool

Time Estimate:	• 6 Hours
Learning Outcomes:	• FSWs will demonstrate family-centered engagement strategies during experiential interview practice. • FSWs will demonstrate the proper usage of the FAST tool by rating applicable domains.
Competencies:	• 102-2 • 102-6
Participant Content:	• Participant Manual Pages 7- 28
Trainer Materials:	• Circles of Safety and Support tool and prompt sheet • Safety House tool and prompt sheet • Three Column Map • FAST User Guides • Scripts for Melissa, Mike, Greg, and Sarah Andrews • Scored FAST

CASE TAKE OVER

During this section of the training, participants will be introduced to a new family (The Andrews). The case is being transferred to participants from the investigation stage.

Purpose: Participants will participate in an exercise to briefly review the Andrews investigation and acquaint themselves with the family. This exercise will familiarize participants with the investigation summary screens and will demonstrate how a quick review can provide needed information. Since there are other scavenger hunts in New Worker Training, this review will be done using the Investigation Summary Screen.

ACTIVITY: The Andrews Family

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Inform participants that they are receiving a new family on their caseload. The Andrews family. First, have participants identify what they would like/need to know about the new family. Allow several participants identify what they are receiving a new family. Allow several participants to answer. (Possible responses: *Why was the case open? Who is in the home? Who called in the report? Who is the alleged victim?*)

This exercise can be completed in the classroom or the CHRIS lab. Instruct participants to turn to page 7 of their Participant Manual for a copy of the Andrews Investigation Summary Review Questions. (A copy of the questions with answers is available in Trainer Resources on page 14-15). Explain that they will review screens in the investigation summary screen that will provide them with an opportunity to answer the questions.

In the classroom: Login to CHRIS with the Username: student28 Password: tstudent28.

- Click on the workload icon.
- Click the OK button
- Click on the Andrews-Example from your workload and click the SHOW button; OR, double click on the click on the Andrews- Example (Make sure to select the case type and not investigation).
- Click on the Other icon
- Click on the Assoc R/I
- Select the investigation and click the SHOW button
- Click on Investigate
- Click on Summary

In the CHRIS Lab: Give each participant a CHRIS Login sheet (located in New Staff Training General Resources) filled out with their respective username/ password and CHRIS username/password. (They should have an Andrews case in their workload).

- Click on the Workload icon
- Click the OK button
- Click on the Andrews-Example from your workload and click the SHOW button; OR, double click on the Andrews-Example (Make sure to select the case type and not investigation).
- Click on the Other icon
- Click on the Assoc R/I
- Select the investigation and click the SHOW button
- Click on Investigate
- Click on Summary

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Now go through the summary tabs:
Referral Tab:

Clients Relationship- Be sure to note the following areas:

- Referral Date
- Clients
- Alleged Victims
- Offender
- PRFC

Narrative-This section provides a summary of what happened, when it happened, who did it, if they have access to the child, and any injuries/conditions

Investigation:
-Timeline-This section shows a timeline of when things were completed

-Abuse/ Neglect Findings-Be sure to point out the following information:

Alleged victims
Abuse/neglect type

Collateral- This section shows the collaterals and their relationship to the family

Interviews:
-Interview date
-What happened
-Worker observations

Processing: Allow participants to share their answers. Once all questions are answered, wrap up this section by reminding participants that it is important for staff to review the history of a case before determining their first course of engagement with the family. They can gather needed information by reviewing the investigation summary screen.

TEAM DECISION-MAKING (TDM) MEETING

As you begin this section of training, ask participants if an In-Home Case was open on the Andrews family. Why/ why not?

The answer should be yes, an In-Home case was open because there is an identified safety threat, and an immediate safety plan was implemented. Sarah was allowed to return home with her mother. Recall that In-home service cases are designed to strengthen and support the family unit in order to maintain the child (ren) in their home. This type of service helps to maintain consistency in the child's life and environment. Before the meeting workers

should disclose to their families that the meeting could be approximately 90 minutes (1 hour and 30 minutes) on average in duration, in case they have previous obligations.

Subsequently, an immediate safety plan was implemented, and a TDM meeting is required. This meeting must occur within three days of the initiation of an immediate safety plan or when a removal occurs.

Remind Participants that TDM was discussed in Unit 8.2 of their online training as well as briefly mentioned in Unit 4 of their classroom training. TDM is addressed in **POLICY II-G and PROCEDURE II-G1,** and DCFS Internal Procedure 202: Team Decision Making (8/29/24)**.**

TDM provides a facilitated forum for families, community members, and DCFS to collaboratively problem-solve and make decisions regarding children's safety and placement using the most information possible.

Remember, a core principle of SOP is if there is no network, there can be no immediate safety plan. We cannot plan for safety only with the people we are worried about. The TDM meeting is a step in the collaborative process of involving the family and their network to ensure the safety of the children.

Spend a few moments refreshing the class on the following aspects of TDM: Who is involved in a TDM meeting, their role, and preparation for the meeting.

Who's involved in the TDM meeting:

- Biological Parents (or other people responsible for the care, as applicable), and child(ren).The family is an important participant in the TDM meeting. Remember, they are recognized as the experts regarding their family's needs and strengths. Keep in mind that the caregivers can ask for unwanted attendees to be removed from the meeting. To avoid any mishaps, the worker should speak with the family prior to the meeting. The worker should also express to the family that if they do not want anyone to come to the meeting, it would be more difficult for them to collaborate on a plan if there is no safety network.

Preparing the family for the TDM meeting:

- Help caregivers understand the purpose of the TDM, which is to make a decision about how best to keep their children safe (preferably in home, but that could also include placement); when and where the meeting will be held that they should bring family and supports who can help them in keep their children safe.
- Ask the family to identify individuals or family members they would like to invite. This may include extended family, kin, friends,

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community partners/service providers, or individuals able to assist and/or serve as a resource to the family. Incarcerated parents can also be considered as resources and support if there are no current orders of protection, and the contact will not pose a risk to the safety of the child (see ACT 659)".

- It is important for caregivers to understand that the purpose of the TDM is to make a decision about how best to keep their children safely in the home. One of the ways to accomplish this is to build/strengthen a safety and support network.
- The safety and support network is made up of people (family, friends, and involved professionals) who will support the caregivers to develop and maintain a safety plan for the children and continue to be involved with the family after professional involvement has ended. A visual tool to assist caregivers with identifying possible safety and support networks is the "Circles of Safety & Support" tool. A copy of the tool is located in the Participant Manual on page 9.

Circles of Safety and Support Tool

- Center Circle (Yellow): The inner circle includes a drawing, photo, or written names of family members.
- Inner Circle (Green): The inner circle are the people who support the family the most, who the children feel most connected to, and who already know everything that has happened.
- Middle Circle (Orange): The middle circle are the people who have supported them very little, who the children feel some connection with, and who know a little about the hard things the family has been dealing with.
- Outer Circle (Blue): The outer circle are the people who they don't ask for help but possibly could in the future, the people who don't support the family and maybe make things harder for them, and who are the people in their life who don't know anything about the hard things they have been dealing with.

The prompt sheet for using the "Circle of Safety and Support" Tool is located in the Participant Manual on page 10.

Other parties involved in the TDM meeting:

- Children- There are benefits to having children participate in TDM meetings. It is much easier to address and assess youth's specific needs when they are involved in the discussion. Remind participants that it is not a question of whether a child will participate in the

process, but how they will participate.

Preparing the child/ youth for TDM meeting:

- Children aged 10 and up are required to be invited, encouraged, and supported to participate in the TDM unless there is a specific credible reason for them not to. However, children under 10 can also participate if it is in their best interest. If a child is in the department's custody, it is at the department's discretion if the child should attend the TDM meeting. However, if DCFS does not have custody of the child, it is at the discretion of the caregiver if they would like the child to attend. If a child does attend the TDM, it is recommended that they attend at the beginning of the initial meeting.
  Refer to DCFS Internal Procedure 202: Team Decision Making
- The involvement of older youth is of the utmost importance. Youth frequently express opposition to placement. This can jeopardize the stability of the placement and present additional worries about safety outside of those that brought them into care. Attending TDM meetings provides them with "voice and choice" which should be denied only under extenuating circumstances.

Consider the following when including younger children in a TDM:

- The child's level of emotional, cognitive, and social development
- The perspective shared by the adults that know the child best regarding the child's ability/readiness to participant in the meeting
- Level of conflict between important adult team members and their ability to regulate/modulate in the child's best interest
- Ability of adults to send a consistent and uniform message to the child

The Voice of the Child (ren):

- The Safety House and Three Houses are tools used to involve and prepare children for a TDM meeting. These tools allow the family service workers to understand the child's view of safety, significant relationships to the child, and what needs to happen from the child's viewpoint. A copy of the Safety House Tool is located in the Participant Manual on page 12. The Three Houses Tool will be discussed later.

The prompt sheet for using the "Safety House" Tool is located in the Participant Manual on page 13.

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Other parties involved in the TDM meeting cont.:

- FSW - who implemented the immediate safety plan, serves as the representative to speak to the details of the plan. If an immediate safety plan is implemented on an open case, the assigned FSW will address the family's strengths and needs. If a TDM is held for an Investigation that involves a parent's actions or inactions that poses a threat to a child's safety, possible court action sought, if a Judge orders a child into care on a 72-hour hold, and Adoption or Guardianship is disrupted; the assigned FSW will attend the meeting to present their initial assessment of the family's functioning.

Preparing yourself for TDM meeting

- Prepare your mind. Remain open to the possibility that additional info, ideas and discussion may bring a new perspective. You and the family are in charge of the content, the facilitator is in charge of the process.
- Be prepared to explain why the TDM was convened. Bring supporting documents.
- Be on time!

Preparing information for the TDM meeting

- Any known safety worries (domestic violence, restraining orders)
- Any special considerations (language or deaf interpreter, handicap accessibility, large group size, etc.)
- Who will be attending, is child/youth attending? (If no, why not? What is the expressed safety reason), are there ways to address resolvable fears and concerns about youth participation, and how else might child/youth voice be brought into the meeting?

Other parties involved in the TDM meeting cont.:

- FSW Supervisor who approved the immediate safety plan or Supervisor of the primary FSW Investigator involving a Garrett's Law allegation. (The FSW and FSW Supervisor are the voice of the Division.)
- DCFS Facilitator is a trained process expert with extensive knowledge of agency history, policies, procedures, and best practices. He or she works with everyone present at the TDM meeting to lead that group through solution-focused discussion that provides all participants with opportunities to voice their thoughts, concerns, and suggestions.
- Extended family and/or Kin/Fictive Kin are there to support, assist, and/or serve as a resource for the birth parents.

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- Current caregivers (if not biological parents) are present to assist in providing information regarding children's needs and in developing ideas and reaching decisions.
- Community partners are defined as such by the family or the Division, whether based on neighborhood, faith/religion, or other connection, to provide support, resources expertise, and external perspective in decision making.
- Service providers who are currently involved with the family and can provide insight regarding family functioning and assist in problem solving.
- Other public agency staff such as representatives from the Division of Behavioral Health Services, Division of Developmental Disabilities Services, Division of Youth Services, Department of Education, Department of Workforce Services, Public Housing Authority, etc. to provide expertise and information.

Trainer Note: DCFS is responsible for making the final decision to ensure the child's safety. If they are not comfortable with the plan will not be agreed upon. Even though DCFS has the final say, there are a lot of benefits to holding a TDM meeting.

Now that participants have been given information regarding who attends the TDM meeting, their role, and how to prepare for the meeting, next they will have an opportunity to make a connection to the information they just received.

In the event that there are increased safety concerns for the children and survivor caregiver(s), Family Service Workers and TDM Facilitators should be observant and have check-ins before every TDM meeting. Upon submitting the request for a TDM meeting, the Family Service Worker must disclose to the TDM scheduler if there are any known protection orders or additional safety issues when completing the referral form.

Before the TDM meeting (ideally the day before participants' arrival), if there are any known safety concerns, both the worker and facilitator should decide the following:

- Is the non-offending caregiver willing or able to participate in the planning process?
- Does the outcome of the meeting depend on the non-offending caregiver(s) DV safety plan?
- How can the meeting proceed safely?
- What can be discussed safely?
- What third-party information can be used?
- Is a DV advocate available to participate?
- Any court orders in place prohibiting contact between any parties? (Do not Violate court orders)

Trainer Note: If two separate meetings should be held, workers should explain that they are required to avoid potential family conflict and that it is department policy.

The Family Service Worker and TDM Facilitator are responsible for jointly engaging in conversations with each caregiver and all other participants in the home who will attend the meeting by having safety check-ins. Safety check-ins are essential to determine whether separate TDM meetings should occur. During a check-in, workers should explain to each parent separately that the check-ins are departmental policy to avoid potential family conflict.

Safety check-ins are meant to be brief. The worker should be asking each caregiver individually:

- Are there any no-contact orders in place?
- Are you concerned about your safety or the safety of anyone else in the room today?
- Is there anything else that you feel you need to have a safe meeting?

If a caregiver indicates a concern regarding safety, here are some suggested things to determine:

- The person(s) whom the caregiver(s) does not feel safe around
- How to best have the conversation about the child(ren) exposure to violence
- How participants will know if the offending caregiver(s) behavior is escalating.
- A mutually understood code word, statement, or signal to indicate the need to take a break or separate meeting participants

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When a separate TDM meeting occurs, the first meeting should be scheduled with the non-offending caregiver unless, for safety reasons, the offending caregiver's meeting should be first. This gives the non-offending caregiver an opportunity to discuss with the facilitator how in-depth they should go and further insight on how to engage the offending caregiver without increasing danger.

Occasionally, there will need to be a remote safety check-in. If this happens, workers should keep the following in mind:

- The non-offending caregiver might be in the home or the room with the offender
- The offending caregiver may monitor conversations
- The current environment may create an opportunity for increased control, isolation, or abuse
- Consider whether both caregiver(s) have access to technology and/or private space needed for safety check-ins and separate TDM meetings if needed

A separate TDM is an opportunity for the survivor caregiver to feel validated and heard. Other indications to host separate meetings are that the caregiver expresses fears that the meeting will be unsafe, has concerns regarding post-meeting retaliation, recants prior allegations of domestic violence, and begins aligning with the caregiver allegedly causing harm. The removal of the child is then dependent on the survivor caregiver's safety plan and willingness to be protective of the child(ren).

Additionally, workers should familiarize themselves with local Domestic Violence Resources such as:

- Strategies that local DV agencies use to contact non-offending caregiver(s) privately
- DV advocates are available to participate in the TDM meeting. What does the advocate need to know to prepare?
- Are there any battering intervention services or other treatment providers who offer remote or in-person services?
- Do any community resources offer a private space for a non-offending parent to participate more safely in a remote TDM meeting?

Trainer Note: If a DV advocate is set to attend a TDM meeting, the facilitator and the Family Service Worker should devise a plan to conceal the DV advocate's identity.

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Prior to beginning the next activity, instruct participants to take a short break. When they return, we will look at the Andrews family.

Engaging the Andrews family:
Now we're going to take a look at some tools that may be used to assist caregivers with preparing for the meeting.

Now that we are aware of how differences can impact our work, let's take a look at a tool from Evident Change called the Three Column Map as we engage caregiver in the TDM process.

This tool ask the three questions which should be considered throughout the case:

- What is working well?
- What are we worried about?
- What needs to happen next/ what missing information needs to be obtained?

Answers to these questions should uncover the caregiver's behavior and how it impacts the child. This is known as the CBI (**C**aregiver + **B**ehavior = **I**mpact on the child). This will be discussed later.

ACTIVITY: Andrews Three Column Map

Using the Three- Column Map located on page 15 of their Participant Manual, have participants complete the map from the perspective of the caregivers (Mike Andrews and Melissa Andrews). Assign a caregiver to each table and instruct them to answer the questions in each column.

> **Trainer Note:** Another option would be to assign each table a column to answer from the perspective of Melissa Andrews. If you have more than three tables, assign the perspective of Mike Andrews

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Andrews Three-Column Map Key Points:

1. What is working well?
   -The neighbor is willing to be involved
   -Paternal grandmother is willing to help out
2. What are we worried about?
   -Children being unsupervised
   -Greg going to see his father at the hospital and hitch-hiking home
   -Mothers excessive use of prescription drugs
3. What needs to happen next?
   -A supervision plan needs to be in place
   -Mother's prescription medication intake needs to be assessed and treatment administered.

Asking these questions to engage the family supports the idea that the family is an expert on their family and provides them with an opportunity to participate in the process. They know their strengths and with help, they can use those strengths to create a safer environment for their children.

After the conversation to identify the concerns, what is working, and what needs to happen next, it is time to assist the family with recognizing the safety and support networks within their environment.

ACTIVITY: Andrews Circles of Safety and Support

In small groups at their table, have participants complete the "Circle of Safety & Support" tool for the Andrews family. Pass out a blank color copy of the "Circles of Safety & Support" tool to each table. Instruct participants to identify the safety & support network for the Andrews family, write their answers on a Post It Note, and then place it in the appropriate circle. Allow approximately 10-15 minutes.

Call time and then discuss their answers as a group. As you prepare to end the activity, below are some questions for discussion.

Questions for discussion:

1. **How many people do we need in the safety and support network**?

   There is no set number of people required for the safety and support network. However, the number of members in the network should be determined by the seriousness and nature of the concerns, the age and vulnerability of the children, and the people in the networks to be able to meet the day-to-day arrangements required in the immediate safety plan. There should be a sufficient number of people to ensure the monitoring and maintaining of the immediate safety plan.

2. **How do we decide who can be a safety and/or support person**?
   Asking the following questions can assist the Division and the family in determining if the individual is appropriate as a safety and support person:
   - If you suddenly got sick and had to go into the hospital, which of the people in this inner circle would you be prepared to leave your kids with?
   - Who do you think your children would be willing/feel safe staying with?
   - If grandma (or one of the other people in the inner circle) was here looking at the people in the inner circle, who would she say she was happy for her grandkids to be left with?
   - I have not met any of these people yet but they are all people that you know, so who do you think I would be happy to have the kids staying with?

The information provided by caregivers, the children and by other people in the safety and support network is a vital part of that decision-making process.

3. **What do people need to know to be part of the safety and support network?**
   Participants of the safety and support network need to know the Division's views about what has happened to the children in the past and the worries that they have about what might happen to the children in the future if left in their caregivers' care.
4. **How do we ensure that everyone is informed about the concerns?**
   A couple of ways to ensure that everyone is informed about the concerns are for the caregivers to share the information prior to the meeting and the Division to review it during the meeting. A second way is for a copy of the CAP framework to be shared with potential participants prior to the meeting and discussed in further detail during the meeting.

Remind participants that it is important for caregivers to understand the role of the safety and support network. The safety and support network are an essential part of the planning process. Caregivers will more than likely be the ones inviting people to participate in the meetings so they need to understand the Division's expectations for them.

We have prepared the parents for the TDM meeting. Next, we will look at a couple of tools to determine if and how a child may participate in a TDM meeting.

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ACTIVITY: Are they ready?

Direct participants to page 16 of their Participant Manual (Child Inclusion Assessment for Family-Centered Meetings). Ask them to think about the Andrews children, Greg and Sarah as they answer the highlighted questions. Allow about ten minutes, and then briefly discuss their answers and reasoning.

Questions for discussion:

1. What are Greg's feelings toward his mother, father, and grandmother?
2. What did you take into consideration when determining if Greg should attend the TDM meeting?
3. What did you take into consideration when determining if Sarah should attend the TDM meeting?

Processing:
Ask the class if they can quickly identify some benefits. Be sure the following is discussed:

- The child is the focus of the meeting. Their actual presence or visual reminder of their presence can be powerful in moving team members from individual agendas and biases to the specific needs of the youth.
- The best information comes directly from both caregivers and youth. Discussions involving children and youth often leads to a much broader picture of the family's kinship network and a better understanding of their subjective experiences of the situation.
- Youth participation allows for consistent messaging from the adults in their lives.

As you prepare to transition to the next activity, ask participants if they think Greg and Sarah should physically attend the meeting.

ACTIVITY: Ideas of involvement

For the next activity, it was determined that Greg will attend the TDM meeting in person, but Sarah will not. When a child is not present for the meeting, there are a variety of ways to represent his/her presence in the meeting.

In small groups, have participants brainstorm ideas on how Sarah could be involved in the TDM meeting. Possible responses include a letter written by the child, a videotape of the child, a conference call with the child, or an audio recording of the child.

Processing:
While it may not be appropriate for some children to attend the entire meeting, some situations may lend an opportunity for children to participate at different stages of the team meeting (introductory and/or closing stages). It is the responsibility of the FSW to inform, prepare, and offer options for the youth's level of participation. Whatever the participation looks like, reminding participants of the presence of a child in the TDM meeting can help them maintain focus on the purpose of the meeting. The voice of the child should be reflected in all discussions, either directly through the child or through the caregivers/adults that have a relationship or connection with him/her and know him/her best.

In the Participant Manual, page 17, there is a list of additional ideas for youth who are unable to physically attend a TDM meeting so they can still be represented. Page 18 of the Participant Manual is an example of a letter that guides the conversation with a child regarding his/her feelings and ideas about his/her situation.

Our final exercise before we move to the next section is to practice The Three Houses. Take three sheets of paper and use the markers/colored pencils at your table. Draw one house on each sheet of paper. Think about the children, youth, or families with whom you are working. An alternative option would be to use one sheet of paper and draw three houses on the one sheet.

1. In your house of worries, reflect on any practice areas where you wish you could improve your skills with children, youth, or families. Draw or write them in and around the house.
2. In your house of good things, draw or write your strengths and skills in your work/practice. Add any extra supports/resources that you use.
3. In your house of dreams, think about your hopes and dreams for your work with children, and write down three action steps that will help you get there.

We have used the Three Houses Process a little differently to show its various uses. Specific instructions for using the tool with children in preparation for a

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TDM meeting is located in the Participant Manual on page 19.

Wrap up this section by reviewing the main points:

- Role of meeting participants
- Preparation of staff and families
- Ways to engage the family

"People support what they have had a hand in creating." –*Margaret Wheatley*

> **Trainer Note:** Inform participants that the policy and related procedures related to Team Decision-Making only apply to those counties in which Team Decision-Making has been implemented.

Solution Focused Questions Summary

Solution-Focused questions serve two purposes: gather information and plant seeds.

Quickly review the most commonly used Solution-Focused Questions from Day 1.

Exception- Can you think of a time when the behavior of concern could have happened but did not?
Scaling- On a scale of 0-10, where is your child was totally safe and 0 is a a real danger, where were things when…
Relationship- If the child were here right now, what do you think your child would say he/she is worried about?
Coping-What you are going through is not easy- how have you survived?
Preferred Future- In six months, if all the things we are working on have been taken care of, what will be different in your family?

As we begin to talk with the family, remember that every question asked should cover the 3 questions: What happened? What's working well? What needs to happen next? And they should uncover the caregiver's behavior and how it impacts the child.

> **Trainer Note:** This is a good time to refer back to an earlier unit of online training. In Unit 2 Section 1, participants were given a handout that elaborates further on the different types of Solution-Focused Questions, including additional examples of each type. A copy of this online training handout is included in your In- Home Trainer Resources.

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ACTIVITY: Interviewing families using Solution Focused Questions/ Role-Play

Ask every participant to think back to their first interview with a family. With Solution Focused Questions in mind, ask them to write down an example of a question for each type of solution-focused question they would have asked the family. Allow 2-3 minutes. Then, have them share their ideas with the others at their table/breakout room. As a group, select the best example to share with the larger group. Each group should nominate a spokesperson of their group. Allow 5-6 minutes.

Trainers available- the Classroom Training and the CHRIS Trainer to facilitate this exercise. You will also need someone to play the role of the clients. If a Field Trainer, staff member, or another Classroom Trainer is not available, you could use one of the participants. There is a script available in the Trainer Resources for Melissa, Mike, Greg and Sarah Andrews that should be provided to the participants acting as the clients.

In the Participant Manual on pages 20-21 is a summary of the Andrews investigation Summary. The summary contains the details of the report along with a copy of the current immediate safety plan on pages 22-24. The plan was developed by the investigator following the True Investigative Determination. After a TDM was held a CFS-355: TDM Action Plan will be completed to summarize the outcome. A copy of this blank form can be found on the MidSOUTH website in the DCFS Forms and Publications section for this unit.

Allow participants 10-15 minutes to review the pertinent case information. Inform participants that they will have an opportunity to role-play a meeting with the family to complete the FAST.

Remind participants about the differences between CANS and FAST. CANS is used for foster care cases.

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Trainer Note: Inform participants that there is an exception to the rule of a FAST being completed for In-Home Cases.

Provide the following situation: When a child has been removed from the caregiver and enters foster care, a relative or kin/fictive kin is identified who expresses interest in temporary custody (not provisional foster care). A home study is completed and submitted to the court. Once the court grants temporary custody to the relative or kin/fictive kin, a protective service case is opened.

Usually, in protective service cases, a FAST would be completed per DCFS policy VI-B3. However, per communication with DCFS Administrative Staff, this is an exception to the rule, and instead of a FAST, a CANS should be completed.

Once participants have had an opportunity to review the documents, instruct them to work with their table group/breakout room to come up with 5-6 solution-focused questions that they would like to ask the Andrews family during their initial meeting. Remind them to ask questions that reveal the caretaker's behavior that impacts the safety of the child. Allow 15-20 minutes.

In preparation for the role-play with the Andrews family, ask volunteers to list the Stages of Interviewing that was initially introduced in Unit 5. They are listed below for your reference:
Introduction, Engagement/Connection, Fact Finding or Information Gathering, Closure, and Documentation

Divide the large group into four smaller groups. Each group will come up with questions to ask Mr. and Ms. Andrews during the role-play. Group 1 will gather information for the "The Family Together" domain. Group 2 will gather information for "Caregiver A's Status" and "Caregiver B's Status" domain. Group 3 will gather information for the "Caregiver Advocacy Status" domain. Group 4 will gather information for "Youth A's Status" and "Youth B's Status."

Ideally, there will need to be at least two trainers available – the Classroom Trainer and the CHRIS Trainer to facilitate this exercise. You will also need someone to play the role of the clients. If a Field Trainer, staff member, or another Classroom Trainer is not available, you could use one of the participants. There is a script available in the Trainer Resources on pages 16- 21 for Melissa, Mike, Greg and Sarah Andrews that should be provided to the participants acting as the clients.

This exercise can also be facilitated in pairs, where one participant is the worker and one is the coach.

Ask for a volunteer to go first. Allow him or her to go for about 10 minutes. If he or she gets stuck, the coach or the group can help out. At the end of 10 minutes, let the coach and the interviewer switch places. After each pair, stop and ask the group

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members for feedback. The Trainer/client should also give feedback. Continue in this manner until everyone has had a chance to interview.

The Trainers will need to be attuned to the group members who are not actually interviewing. Be sure during the processing to ask for specific feedback from participants that did not interview.

ACTIVITY: FAST (Family Advocacy and Support Tool) Completion

A blank copy of the FAST form is located in the on the MidSOUTH website. Provide each table with a copy of the FAST User Guides (located on the MidSOUTH website) as needed. Remind participants that a score of "0" means no evidence and may be a strength. A score of "2" or "3" means these are actionable items. It is important to remind participants that the FAST is designed to be completed over several sessions with a family.
Each group will score whatever domain they used to interview Mr. and Ms. Andrews. Call time after 25 minutes.

Processing: After rating their assigned sections, ask participants to think of 1-2 reasons why they gave the ratings they did for their assigned items. Ask for a couple of volunteers from a couple of different groups to share with the class.

Point out that small differences in scoring is generally not a reason for concern. It's when there are big differences in scoring ("3" versus a "1") that should cause concern. Be sure to point out the importance of documentation in the FAST. There is no way of knowing why a certain item received a certain rating without some explanation

> **Trainer Note:** Inform participants of the Revised Rule –**Procedure IV-A1**: Family Assessments Using the FAST and the CANs. Per Federal Public Law 113-183, Division staff must report minor victims of sex trafficking to local law enforcement within 24 hours if the information gathered through the family assessment indicates a youth is or may be a victim of sex trafficking.)

Located in Trainer Resources on pages 22-30 is a scored FAST that can be used as a guide to facilitate the class discussion. However, if, during the role-play interview, more detailed information was revealed this could alter the score of the FAST. In this case, the participants will use the information from the interview to complete their FAST tool and subsequent documentation in the Division Information Management System.

After coming to an agreement on the FAST scores and comments to justify the scores, take a lunch break and instruct participants to reconvene in the lab following lunch.

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DAY 3

Day 3, Section 1: Andrews FAST Documentation in CHRIS

Time Estimate:	• 1 Hour
Learning Outcomes:	• FSWs will enter a FAST assessment into the Division Information Management System, including the numeric score, as well as corresponding comments to justify the related score.
Competencies:	• 105-1 • 105-2
Participant Content:	• Participant Manual • FAST score sheets
Trainer Materials:	• MidSOUTH CHRIS login Handout on the website

Completing the FAST

Prior to this exercise, assign each participant to a specific Andrews AA-ZZ case. Students 1-25 have an Andrews case. CHRIS Trainers use the Andrews-Training case. The database should be set to September 19, 2017. These are unique because each student's case will have a unique SSN (pseudo). The MidSOUTH CHRIS Login Handout is available in the Overall Trainer Resources on the website.

Write the user name and password (i.e., username = student1, PW = tstudent1; username = student2, PW = tstudent2, etc.) on each login sheet and give a sheet to each student.

Ensure students log into their respective cases.

Demonstrate to participants how to navigate to the FAST screen. Screen path: workload/search/ Andrews/show assess/FAST

Complete the FAST Screens

Participants should be familiar with the FAST tabs/ screens. Touch on each tab. While on the Caregiver Status and Youth Status tabs, have the participants to pick Melissa (mother), Mike (father) and the two children, Susan and Greg respectively.

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Step through the **Family Together** tab as a group. Have participants to enter in comments as needed. Notes taken in the classroom and their FAST score sheets can be used to help them with the comments. Participants should complete the **Caregiver Status, Caregiver Advocacy Status** and the **Youth Status** tabs at their own pace.

> **Trainer Note:** The information that follows below has been provided as a guide to help the trainer to walk participants through the Screens/Tabs/Domains/Items and to answer questions concerning the FAST.

Allow about 15 minutes. Remind participants to click the **Change button** to save their changes. One they have completed all of the tabs they should send the FAST for approval. The participants can print the completed FAST bubble sheet from the **Print button** on the screen.

The **Select FAST form** dialog box displays the initiated Date, Approval Date and Form Status from all FAST forms that are in progress, have been approved or denied.

Once you have talked about the buttons have the trainees click the New button to start a FAST.

- Show Button-Highlight the FAST that you would like to view and click **Show**

> **Trainer Note:** Take time to review the functions of the buttons on this window. At this time, we do not have a case with multiple FAST documents to show the actual functionality of the buttons.

- New Button- Click **New** to open a blank FAST
- Filter Button-Use the **Filter** button to find a FAST with specific elements
- Sort Button-Use the **Sort** button to arrange the FAST in order by specific elements
- Cancel Button- Exit off of the **Select FAST form** window

The FAST screen contains a header, 4 tabs (The Family Together, Caregiver Status, Caregiver Advocacy Status, and Youth Status), and Guide for Scoring selected items (will change to match the item selected in the individual tabs). Click the **Add button** to save the changes the first time. Click the **Change button** for all following tabs. Changes can be made to any item/comment on the FAST until approval has been requested. After the Initial FAST, workers will have the option of copying an approved FAST to update instead of starting with a blank form. There is a **Verified Data** checkbox on each tab. If a change is made to any item on the tab, the **Verified Data** checkbox will automatically populate a check. If no changes are needed to the

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tab, the worker must check the **Verified Data** checkbox to verify that the information does not need to be changed. The comments icon will turn blue. There is a 2000 character limit for every comment box. Make sure to write comments in complete sentences. Comments are mandatory for need items scored "2" or "3" and for strength; items scored "0" or "1".

Header

The FAST form will contain the following information in the header:

- Case Name- Populated from the Case Summary Screen
- Case Number
- Assessor-Name of the person completing the form (must be CANS/ FAST certified)
- Data of Assessment- System generated date, but this date can be edited until the worker requests approval.
- Form Status- Initial, Subsequent, and Discharge – Defaults to initial the first time thereafter the worker will have the ability to select the form status of Initial, Subsequent, or Discharge.

The Family Together Tab

The Family Together tab contains the following items from The Family Together section of the FAST. Each item should be scored by clicking the applicable radio button. A comment field has been provided for each item.

- Parental/Caregiver collaboration
- Relationships among siblings
- Extended family relationships
- Family Conflict
- Family Communication
- Family role appropriateness
- Financial Resources
- Residential Stability
- Family safety
- Home maintenance
- Overall family comments

Caregiver Status

The Caregiver Status tab contains the following items from Caregiver Status section of the FAST. A Caregiver must be added before scoring this section. Each item should be scored by clicking the applicable radio button. A comment field has been provided for each item.

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The worker will see the following items when the Caregiver Status tab is selected:

- Add Caregiver button – Opens the Select FAST Caregiver response window
  -A list of all active clients will appear
  -This will be the default list from the Client screen
  -Add Collateral button
  -All clients listed on the collateral screen will be listed under the Collateral button
- Delete Highlighted Caregiver button-Deletes the picks completed for the Caregiver.
- Caregiver Info- Client ID, Gender and Age of the selected client. This will help the worker ensure that they picked the appropriate client.

The tab also contains the following items from Caregiver State section of the FAST. Each item should be scored by clicking the applicable radio button. A comment field has been provided for each item.

- Empathy with Child
- Boundaries
- Involvement
- Supervision
- Discipline
- Partner Relationships
- Mental Health
- Alcohol and/ or Drug Use
- Posttraumatic Reactions
- Knowledge of Child
- Organization
- Medical
- Physical Health
- Developmental
- Accessibility to Child Care Services
- Family Stress
- Educational Attainment
- Legal
- Transportation
- Safety
- Overall Caregiver Status Comments

Caregiver Advocacy Status

This tab contains the following items from Caregiver Advocacy Status section of the FAST. Each item should be scored by clicking the applicable radio button. A comment field has been provided for each item.

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- Knowledge of Service Options
- Knowledge of Rights and Responsibilities
- Ability to Listen
- Ability to Communicate
- Natural Supports
- Satisfaction with Youth's Living Arrangement
- Satisfaction with Youth's Educational Arrangement
- Satisfaction with Arrangement of Services
- Overall Caregiver Advocacy Status Comments

Youth Status

The Youth Status contains the following items from the Youth Status section of the FAST. A youth should be added before scoring this section. Each item should be scored by clicking the applicable radio button. A comment field has been provided for each item.

The worker will see the following items when the Youth Status tab is selected:

- Add Youth button-Opens the Select FAST Client response window.
    - When the user selects the Add Youth button, a list of all active clients with 'participating as child' checked on the client general information screen that do not have an open removal episode will appear.
- Delete Highlighted Youth button-Deletes the picks completed for the youth.
- Youth Info- (Contains picture of the client) if available in CHRIS, Client ID, Gender, and Age of the selected client. This will help the worker ensure that they picked the appropriate client.

The tab also contains the following items from Youth Status section of the FAST. Each item should be scored by clicking the applicable radio button. A comment field has been provided for each item.

- Relationship with Biological Mother
- Relationship with Biological Father
- Relationship with Primary Caregiver
- Relationship with Other Adult Family Members
- Relationship with Siblings
- Health Status
- Mental Health Status
- Adjustment to Trauma
- Cognitive Skills

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- Self-Regulation Skills
- Interpersonal Skills
- Educational Skills
- Overall Youth Status comments

Printing a FAST

- Print Button-There is a Print Button on the FAST Screen
  - Print a bubble from of the domains
  - Caregiver(s) must be identified before the Caregiver Status domain will display.
  - Child(ren) (youth must be identified before the Youth Status domain will display.
  - Comments will NOT print on this form.
- Print Family Advocacy and Support Tool (FAST AR (CFS-6009)
  - Located Under the Reports icon (Workload/ Reports)
  - The Selected FAST form window appears for the worker to choose the FAST they would like to print
    - The report can be printed at any time during development
    - All domains will print after the FAST has been approved
    - If Unable to Locate Caregiver is selected the related domains will not print
  - Comment box will only print if text is entered

FAST Approval

Once the FAST is completed it must be sent for approval. A warning error message will appear if all needed items are not completed. The items will have to be completed before requesting approval. If there is not at least one youth and one caregiver added, a block message will appear. The Supervisor will have the opportunity to deny approval if they feel that something needs to be changed on any of the tabs. If they deny approval, the worker will go back into the FAST and make needed changes and resubmit it for approval (DO NOT start a new FAST if approval is denied).

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Trainer Note: A Prevention Plan must be completed before a Family Case Plan can be done (if it qualifies under Family First). Make sure to complete the Prevention Plan in training after the FAST is completed so that it may be approved to do the Family Case Plan tomorrow.

Instruct participants to reconvene in the classroom following the break.

Day 3, Section 2: Collaborative Family Case Planning

Time Estimate:	• 30 Minutes
Learning Outcomes:	• FSWs will understand the importance of effective assessment in family case planning and realistic goal setting to promote positive outcomes for families.
Competencies:	• 102-1
Participant Content:	• Participant Manual • FAST score sheets
Trainer Materials:	• Masking Tape

ACTIVITY: Incremental Step Activity

Use this exercise as a way to get participants up and moving following their time in the lab. This will also help to teach and emphasize the importance of being able to structure small, "doable" steps to help ensure that families will be successful.

Instructions:
Tell participants to line up on the wall (the same wall). Read the statement below to participants.

I have opened an In-Home Case on your family here is the way you can get me (DCFS) out of your life. When I say" start" go from the wall you are on to the wall across from you. When I say, "stop" you must stop where you are, even if you are not to the wall yet. Before we begin, there is just one more thing- you have to get from this wall to the other wall in no more than 3 steps. Ready? START!
Be sure to say STOP after a few seconds.

Processing:
See how far participants get. Some may try an innovative approach (such as rolling on the ground). Others may not move at all. Others may argue that it is not fair or impossible.

Draw the analogy between what was just done to them and what frequently happens to families. Highlight some of the similarities in the way participants reacted and the way clients react. Ask participants, "How did those rules feel?"

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Ask participants what the 12 lines represent. See if anyone equates them with the 12-month time frame for achieving a permanent, safe placement for children in foster care. Comment on who got the furthest and how they got there (innovative approach, long strides, etc.).

Now repeat the exercise. Have participants line up on the same wall. Modify the instructions in the following manner:

I have just put your children in foster care. Here is the way you can get them back and get me out of your life. When I say "start" go from the wall you are on to the 3rd piece of tape in front of you in 2 steps. Ready? START!

Be sure to remember to say STOP after a few seconds.

Then, the next set of instructions is to get to the next 2 strips in 2 steps. Continue until participants are across the room. It is permissible to include 1 really long stretch. If some participants cannot complete it in 2 steps, use that example to highlight how some families "fall back." Create a way for them to catch up. Ask whether this approach felt more doable.

Conclude with the following points:

- Acknowledge that this exercise leaves out a critical step – involving the participant in the plan to get from one wall to the other. If the participants had been asked on the front end to figure out a way to get from one wall to the other, likely everyone would have succeeded on the first try.
- Demonstrate this point with an example. Ask for three volunteers. Ask the volunteers to return to the start wall. Give them these instructions:

I have just put your children in foster care. Here is the way you can get them back and get me out of your life. Between the 3 of you, figure out a way for all of you to get to the wall. Negotiate with me to see if your solution is acceptable. The only thing that is not permitted is walking to the wall. When I say "Start" begin your negotiation. Allow any creative solution that meets the objective in a manner where no one gets hurt.

Families involved with DCFS are likely to have many problems. If the worker attempts to address all of them with the family, it may feel overwhelming.

Workers will need to develop skills in prioritizing and will need to help families develop similar skills. Together they can decide which problems or needs to address first. Keeping in mind, the needs addressed first must include the harm and worries that brought the family to the attention of DCFS.

This prioritization is where the CANS and FAST begin to become helpful. Point out that the CAP (Collaborative Assessment and Planning) Framework, which

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was mentioned during their foundation training is another tool coupled with the CANS and FAST that can assist with organizing the information gathered during their assessment. This tool will be reintroduced at a later date along with additional tools to help workers think critically as they establish good working relationships with the families they work with.

The plan to address a problem or need must be composed of small, "doable" steps to increase the likelihood of success. Workers need to help families structure the same types of successes as they experience when they were on the wall the second time.

Collaborative Family Case Planning Preparation

Now that the class has completed the FAST, they can begin the process of completing the family case plan. Instruct participants to use their notes from the morning that they used to complete the FAST. They should highlight or circle the items from their notes that should be included in the family case plan.

Remind participants that those strengths that received a "0" or "1" and needs that received a "2" or "3" should be addressed in the family case plan. In other words, those scores and comments that address why DCFS is involved with the family should be included in the family case plan and those strengths that were identified for the individuals in the family will be the cornerstones for work with the family.

Once items from the FAST are identified, begin to think about how these items might be grouped together so that they can be addressed in the family case plan.

Caveat: Although an item might not receive a score that requires action, it may still need to be included in the family case plan. Therefore, while it is necessary to look at the needs that scored a "2" or "3" and strengths that scored a "0" or "1", you cannot ignore all other scores and not address those items in the family case plan. For example, state law requires that the family case plan address education. Even though the child may not have a "2" or "3" in educational functioning, the plan must still address how the state will continue the child's educational needs.

Trainer Note: "Ticket-Out" – the classroom trainer should remind participants to write down on their index cards anything that they may need further clarification about, or a question that they may want to be answered. Instruct participants to hand the card to the classroom trainer before they leave for the day.

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Day 3, Section 3: Clustering the FAST & Collaborative Family Case Plan Completion

Time Estimate:	• 4 Hours and 30 Minutes
Learning Outcomes:	• FSWs will practice using the FAST to complete the family case-planning tool. • FSWs will demonstrate understanding of how the FAST tool is linked to the family case plan. • FSW's will learn and practice how to complete the family case plan.
Competencies:	• 102-3 • 102-4 • 105-1 • 105-2
Participant Content:	• Participant Manual Pages 25-34
Trainer Materials:	• Scored FAST • Family Case Planning Tool , Family Case Plan WS • Flipchart/ Markers • CHRIS login Handout

Clustering the FAST & Collaborative Family Case Plan Completion

Welcome the class back. After conducting a brief review of yesterday's content, pass out each worker's copy of his/her completed FAST that the CHRIS Trainer should have approved and printed out. Direct participants to the Family Case Planning Tool located on pages 25-26 in the Participant Manual. In small groups, ask participants to use their FAST score sheet to complete the Family Case Planning Tool or they can use the flipcharts to group the items together. They should list items together, for example, list Caregiver 1 items that are scored a "2" together, items that are scored a "3" together and so on. For example, Melissa Andrews would a "3" together and so on. For example, Melissa Andrews would have the following items grouped together:

Melissa Andrews
FAST (1): Caregiver Involvement

Knowledge of Child

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Physical Health

FAST (2) Supervision

Alcohol and/or Drug Abuse

Mike Andrews
FAST (1): Involvement

Physical Health

Alcohol and/or Drug Use

Greg Andrews

FAST (1): Relationship with Biological Mother

Relationship with Primary Caregiver

Sarah Andrews
FAST (1): Relationship with Biological Mother

Relationship with Primary Caregiver

Once the handout is complete, participants can begin to see how items might group together.

ACTIVITY: Anchors Away

Instructions:
Now that the needs have been highlighted on FAST and listed on the Family Case Planning sheet, let's think about how we can group them together. Explain that if we addressed each one separately it would be overwhelming for the family and the worker. However, by grouping needs and like things together we can addressed several things at one time. Let's begin by looking at a need or issue that needs to be addressed for the Andrews.

For Melissa Andrews, Supervision and Caregiver Involvement can be grouped together under Parenting Education (In-Home).

For Mike Andrews, Alcohol and/or Drug Use can be grouped together with Legal under Alcohol Assessments because as a condition of his criminal case he could be mandated to participate in a DUI evaluation and follow the recommendations made by the evaluator.

For Greg Andrews, Relationship with Biological Mother and Relationship with Primary Caregiver can be grouped together under Family Counseling. If it does not come up in the discussion, the classroom trainer should point out that it is okay

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if someone thinks a certain need might fit better in another grouping. The main idea is that the need is addressed somewhere in the family case plan.

Processing:
Explain that looking at all the 2s and 3s that must be addressed in the family case plan can seem overwhelming, but we have to keep in mind what all those things have in common. In other words, the reason or cause for the 2s and 3s are all related to why or the underlying reasons why the case was opened in the first place. Therefore, we can begin to group some of those items together and address them together in the family case plan.

Have participants look around the room at the various needs that have been grouped together. These groupings have now become the anchors or the main areas to address for the family case plan. Based on these groupings or global needs, we can write a family case plan to address the needs of the family.

Understanding & Developing the Collaborative Family Case Plan

Refer participants to pages 29-30 in the Participant Manual, "S.M.A.R.T. Family Case Plan Components." Conduct a brief lecture to define each term. Provide a hypothetical situation to illustrate the points.

Collaborative planning is a process that arises out of a rigorous and balanced assessment. If the assessment is inaccurate or incomplete, the plan may not work. Plans consist of several parts – including FAST items and family/child history – in order to address the assessed "needs" with services and other applicable interventions.

These needs and the family history can be further identified through the creation of **harm, worry, and goal statements;** they help ensure that all key stakeholders, especially the family, understand why the agency is involved, as well as what the agency is worried about, and what needs to happen next.

Harm and worry statements are short, simple, behavior-based statements workers can use to help family members, collaterals, and department staff clearly understand what happened in the past, why the agency is involved with the family, and what the concerns for the future are. These statements allow critical conversations to occur and help ensure that staff talk with families about the most important items to address.

Harm statements clearly and specifically detail the harm or maltreatment experienced by a child, including who reported the concern (when possible to share), what exactly happened, and the impact on the child. It is never a guarantee, but a clear understanding of the past (harm) is vital to understanding what we should be worried about in the future.

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Worry statements answer two things: 1) What are we worried will happen to the child(ren) if nothing else changes? And 2) In what situations or context are we worried this could happen? They include clear identification of the child (name and age), how the child may be impacted, and in what context that impact is likely to occur. Worry statements allow for sharper focus on key elements that need to change for the family's case to move forward.

Goal statements are clear, simple statements that are also behavior-based; they explicitly state what the caregivers will do that will convince everyone the child is safe now and will be safe in the future. Goals are developed from and should actively respond to the harm and worry statements, focusing on what will be done differently to address the safety threat(s) to the child and build sustainable child safety.

Trainer Note: "Remind staff to, whenever possible, involve children, family, extended family, and network members in the creation of harm, worry, and goal statements. These statements are meant as a bridge between professionals and family members. The most important use of these statements is to help family members, network members, and professionals reach an agreement about what everyone is worried about and what needs to happen to address the worries and the agency's bottom lines. Together, **harm, worry, and goal statements** help inform everyone on the circumstances of the family's case and offer a launch pad for more collaborative family case planning.

In order to address the concerns identified in the FAST and in the Harm, Worry, and Goal Statements, the worker will collaborate with the family to write a behavioral objective(s) that specifies what a person in the case will be doing differently and/or better and how it will be measured. These are concrete measurable and observable behaviors designed to reach a goal. Each objective then has a set of activities, which explain who will be doing what. Be sure to discuss writing S.M.A.R.T objectives.

Action Steps define the steps needed to reach an objective and should not include services but direct actions that keep the child safe from danger.

Services(s) are services selected from a pick list. Keep in mind this pick list is not a checklist. It is more than a "laundry list" of services the family has agreed to engage in. Safety and services are not the same, as services do not equal safety. Services are a means to an end, but that end is safety. All planning must include detailed actions that caregivers and extended family members have agreed to take in order to show everyone involved that children will be safe. What will the agency do to support this change? Remember services and safety are not the same; and service compliance and behavioral change are not the same.

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Organizing FAST Items

As we have been discussing, one of the most important concepts of preparing to enter the collaborative family case plan is grouping or clustering items from the FAST. The class has already highlighted and grouped needs and strengths items from the FAST that should be addressed in the collaborative family case plan. Let's begin by looking back at our completed FAST scores.

FAST Identified Need or Strength: Supervision

History/Need: History explains why DCFS is involved with the family, so we would need a statement about that. The classroom trainer should ask for input from the class.

Ms. Andrews left her 12-year-old son in charge of her 6-year-old daughter and she cut her finger trying to prepare herself something to eat.

In Order to Address the Identified Need/Strength/ Objective/ Tasks: This is where the worker will explain who will do what is specific and measurable in order to reach a goal, with the ultimate goal being the children to be safe and the case to be closed. Ask the class for some specific, concrete things that Ms. Andrews can do to show progress.

> **Example:** DCFS and Ms. Andrews agreed to the following Immediate
>
> Safety plan:
>
> 1. Ms. Jenkins (neighbor) will provide supervision for Greg and Sarah, Mondays-Fridays during the hours of 6:00pm-8:00am while. Ms. Andrews is scheduled to work through September 30th.
>
> 2. FSW will meet with the family in the home a minimum of once a week through September 30th.

Services: Services will come from the Services Pick List on pages 27-28 in the Participant Manual. Which picks might be most appropriate for this case? Triple P-Positive Parenting Program of Arkansas referral by FSW.

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ACTIVITY: Writing the Collaborative Case Plan

Do a quick summary of what we've covered so far. We have learned how to highlight actionable items on our FAST and looked at how we might start grouping those items together in order to write the collaborative family case plan.

We also looked at components of a collaborative family case plan and how the FAST will be used to build it. Now, it's time to begin writing the rest of the collaborative family case plan. Explain that we will spend the remainder of our time drafting out the collaborative family case plan this morning so that we can enter it in the lab this afternoon.

Instructions:

1. Divide the class up by tables and assign each table a global cluster (from the Anchors Away activity). For example, Group 1- Melissa Andrews (Parenting), Group 2- Melissa Andrews (Alcohol and/or Drug Use), Group 3-Sarah Andrews (Family Conflict), Group 4- Mike Andrews (Legal), Group 5- Mike Andrews (Wellness), Group 6- Greg Andrews (Counseling).

2. Have each group write the client name and need and the following sections on the top of their flip charts: History, Objectives, Tasks, and Services.

3. Ask each group to complete the section of the case plan on their flip charts for their particular client and need. Reminder, this is a draft and does not have to be perfect. Remind the class to keep it SMART!

4. Remind participants to use their pick list for services.

5. The classroom trainer should call time and ask the groups to report out.

6. After each group has had a chance to share and revise their sections, have one person (with legible handwriting) from each group rewrite the information on the Family Case Plan Worksheet pages 31-34 in the Participant Manual.

> **Trainer Note:** At lunch, the trainer should make the appropriate number of copies of the information from the Family Case Plan Worksheet, as well as the immediate safety plan, so that each person in the class will have the information for each client to take to the lab.

Processing:

As group's report out, the trainer should ask the following questions:

- Did you identify the harm, worry, and goal statements?
- Did you address each item selected from the FAST in your

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identified Needs/ Strengths section? How? How will you know if any improvements have been made? How will you measure for improvement?

- Did your services address each item you grouped from the FAST?
- Who will be doing what?
- What are the timeframes for completing tasks?
- How will you measure success?
- Is it S.M.A.R.T?

After lunch, the class will meet in the CHRIS lab to begin entering their information from the computer. Don't forget to get a clean copy from each group to make copies for the class.

DAY 4

Day 4, Section 1: Andrews Collaborative Family Case Plan and Prevention Services Documentation in CHRIS

Time Estimate:	• 2 Hours
Learning Outcomes:	• FSWs will review examples of services available to support families such as Triple P- Positive Parenting Program, SafeCare, Youth Advocate Programs Inc. (YAP), Saint Francis Ministries, and Youth Villages (Intercept) guidelines and processes, in addition to identifying the roles and responsibilities of the provider and the agency. • FSWs will demonstrate the proper use of the Risk Reassessment Tool by evaluating behaviors and actions in a single index.
Competencies:	• 101-7 • 102-2 • 102-3 • 102-5
Participant Content:	• Participant Manual pages 35-50 • Risk Assessment Key • Safety Assessment Key
Trainer Materials:	• Services Pick List • Contract Service Provider Flyers • Risk Reassessment Tool & Definitions • Risk Reassessment Key • Risk Assessment Key • Safety Assessment Key • Risk Reassessment Zoom Video 4:46 (Demo)

Collaborative Family Case Plan-Documentation in the Division Information Management System

By the time participants come into the lab, they should have a Family Case Plan worksheet that they can use to document the Family Case Plan. They should already understand how to group items from the FAST and write a narrative for the History and to address this identified Need/Strength fields for a grouping.

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Set up the Initial Family Team Meeting

> **Trainer Note:** There are no formal break written into this section. The classroom trainer should provide the participants with a break depending on the flow of the class discussion. Because the information learned/discussed in the classroom will be used to complete the documentation into the Division Information Management System, it is important that the trainer responsible for conducting the training should be in the classroom during the morning training session to gather

Send out notification (via CFS-590, 14 days prior to the scheduled family team meeting)

Doc Tracking. Learn Screens and Document a Collaborative Family Case Plan into the Division Information Management System. Make sure each participant has their CHRIS log in Handout.

Collaborative Family Case Plan Button

FAST list for FAST Initiated Collaborative Family Case Plan
All FAST documents approved within 90 days will appear in the list. Talk about picking all applicable – updated FAST for this Collaborative Family Case Plan. You can select the FAST for the Andrews family. Explain that an additional FAST can be added to add additional children if they started their collaborative planning after their first approved FAST.

Plan Goals Button

Plan creation Date and Revision Due Date:
Be aware that when participants click the down arrow to pull up the calendar on the date fields that they will come automatically default to the current date (with the latest updates the dates should auto populate). It will probably be quicker typing in the date for training purposes.

Permanency Plan Case Goals:
Lead the discussion about what the goal should be for children. These goals comply with the federally accepted permanency goals. The choices are listed below:

- Adoption
- APPLA (Another Planned Permanent Living Arrangement)
- Emancipation
- Maintain Child In Own Home
- Relative Placement
- Return to Caregiver

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Additional Information Grouping

All of the applicable text fields in this grouping should be completed Family Case Plan example for what should go into the fields.

Needs/Services Button

A. FAST Identified Need(s) or Strength(s) Tab

- You must identify a service for clients included in the FAST linked to this Family Case Plan.
- Select a client from the FAST Clients/Caregivers/Collaterals list. This list contains everyone that was included in the FAST that was linked to this Family Case Plan.
- The following planning-Identifying Needs/ Strengths should be specific for the highlighted client.
- Highlight Melissa Andrews – Start building a plan for Melissa.
- Answer – Melissa participated in Family Case Plan Development? **Yes**

B. Selecting/ Grouping Need(s) or Strength(s) and Ratings

- Participants should be using the Family Case Plan Worksheet from the classroom. They should already have at least one need/ strength grouping documented for Melissa Andrews.
- Trainer, take a couple of minutes to review with participants to make sure that they are all on the same page and understand what needs/strengths they are grouping (refer to the notes that you took during the morning training in the classroom. You can also use the completed Family Case Plan as a reference.
- Make sure they have Melissa Andrews highlighted, now click the **New** button on the FAST Identified Need(s) or Strength(s) tab.
- The FAST Needs/Strengths (Actionable Items) window will open. By default the items that have scores of 2's and 3's (Needs) and 0's and 1's (Strengths) from the areas of the FAST that are scored as a family or the areas where the individual client you have selected was scored will be displayed.
- To show all of the ratings click on the **Display All Ratings** check box. (**Trainer Note**: It is important that although it is necessary to address the needs rated as a "3" (Immediate Action needed) that there can be Needs scored as 2's and 1's that can be grouped with them and addressed at the same time.
- Select the Needs for Melissa from the group discussion in the

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classroom. Click OK button

C. Objective Grouping

- Complete the History text filed. The field should contain the background/ reasons why these needs/ strengths are related the way that they are.
- Have participants use the information from the discussion in the classroom.
- Complete the In order to address this identified Need/Strength text field. This field should contain who, what, when, where, and why (expected behavioral change). This should include all service details including who is doing what and expectations for timeframes if known.
- Have participants use the information from the discussion in the classroom.

D. Service(s) Grouping

- Pick up the appropriate Services Types that match (as close as possible) to the needed services etc. documented in **the In order to address this identified Need/Strength** text field above.
- Responsibility – this should be who will be responsible for completing these services. Even though the Agency will make the referrals for services, it will be up to the client to attend sessions/classes as scheduled; therefore, the **Responsibility** pick would be **Parent/Caregiver.**
- Due Date – unless there is a known due date, put the date as the next review date.
- Participants were given a list of the Services Pick List in the classroom. They should have used this list during the discussion in the classroom and selected the services. Talk about what services were picked. Have the participants add these services.

E. Additional or Court Ordered Services Tab

- Any court ordered services that are not FAST related should be entered on this screen.
- Any services that may have been requested/needed that is not tied to a FAST item can be entered on this screen.
- If the Caregiver on the FAST is marked as Unable to Locate

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(UTL) the FAST Identified Need(s) or Strength(s) tab will not be available. All services associated with this client will be documented on the Additional or Court Ordered Services Tab.

F. Service Status

- After the initial Family Case Plan, services included on the previous Family Case Plan must be updated. Go to the last approved Family Case Plan/Services Status Tab. Select each client and update all of the associated services. This must be done before the current Family Case Plan can be sent for approval.
- Service Status If known can be added to the current Family Case Plan. If the status is known and added it will not have to be updated in the old family case plan for that particular service (Trainer Note: Refer to the completed Family Case Plan to get an idea about when you might have the participants add a Service Status to the current Family Case Plan).

This completed the tabs that are available for Melissa. You would complete the same process for the father, Mike Andrews.

Complete Tabs / Screens for Greg and Sarah

The only tabs that will be available for Greg and Sarah will be the FAST Identified Need(s) or Strength(s) tab and the Additional or Court Ordered Services tab. The participants should have the information that they completed on Greg and Sarah this morning in the classroom. Instruct participants to enter the information on Greg and Sarah on their own. Wrap up by briefly recapping what was entered into the Family Case Plan and what else would have been entered in a real-life Family Case Plan (i.e., a lot more information/groupings on Greg and Sarah). Refer to the "Good Family Case Plan" located on the MidSOUTH website and review with the class.

Last Task (If you run out of time you can do this in the morning on Day 4)

Documenting the Initial Family Team Meeting

By this time, participants should be comfortable with navigation and completing the contact screen. Suggest that participants use the Contact Tip Sheets to document the initial family team meeting and after they are finished, demonstrate on the instructor machine. It is important to make sure that participants understand the need to indicate participation, which is required on the contact screen when any type of family team meeting is selected in the 'Purpose' field.

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Trainer Note: "Ticket-Out" – the classroom trainer should remind participants to write down on their index cards anything that they may need further clarification about, or a question that they may want to be answered. Instruct participants to hand the card to the classroom trainer before they leave for the day. After class dismisses for the day, approve the Family Case Plan for each student. Also, don't forget to approve the Family Case Plan in your own training case.

RISK REASSESSMENT INTRODUCTION

After the investigative portion of the case has been closed, participants will be reintroduced to the Andrews family from Unit 4. Participants should have created the initial risk and safety assessments for this family, which should be familiar to them. At this time, trainers should recap from the day prior by answering ticket-out questions, reviewing the previously completed risk and safety assessment tools, and introducing the participants to the risk reassessment tool they will utilize for this training section.

Purpose: Inform participants that the purpose of the risk reassessment is to help assess whether the initial risk has been reduced sufficiently to allow a case to be closed or to continue. In the event the risk level remains high after a risk reassessment and review (which occurs once every 90 days), the worker must then make a recommendation to keep the case open or close it.

Processing: If the recommendation is to close the case, a final safety assessment must be completed no more than 30 calendar days before the recommendation and no more than 30 calendar days before completing the family case plan. Participants should be reminded that if they recommend a case be considered for closure based on the recommended action, it is based on the final risk classification and Professional judgment as supported by policy and procedure. If the action differs from the recommendation, the worker must provide a brief rationale.

Trainer Note: Dates and order for all assessments are as follows:

1. Safety Assessment 09/14/2017
2. Risk Assessment 09/14/2017
3. Immediate Safety Plan 09/14/2017
4. Team Decision-Making Meeting 09/14/2017
5. Family Case Plan 10/4/2017

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ACTIVITY: Reassessing the Andrews Family

Trainer Note: If participants ask why the Andrews case should remain open after the low scores on the risk assessment and risk reassessment, trainers should inform them that this case will remain open and be monitored via PS Case even though the risk levels are low on both assessments. The plan has to be full proof to ensure that the children are being supervised to decrease the family's likelihood of coming back to the department's attention.

Located in the Trainer Resources on pages 31-42 are copies of the answer keys for the risk assessment and risk reassessment; these documents are also located on the MidSOUTH website under the Supplementary Materials section. Also located on the MidSOUTH website under Supplementary Materials is the completed initial safety assessment key (optional handout). Provide participants with only the risk assessment tool answer key. After the trainer has reviewed the risk assessment, participants should be instructed to turn to page 35 in their Participant Manuals for a blank copy of the risk reassessment tool. The Participant Manuals on pages 35-49 include definitions of accurately scoring the assessment. When reviewing the definitions with participants, trainers should instruct and encourage participants to read to the period when utilizing the assessment tool.

Trainer Note: Located in the Trainer Resources on pages 41-42 are additional details regarding ratings R1-R4.

Before beginning the assessment, participants should be aware that in some rare instances, the need for policy and discretionary overrides could occur when they are working with their families (not in this case) after totaling the scores of their risk reassessment. If or when an override is needed, a supervisor is allowed to make discretionary policy overrides when a unique circumstance warrants a higher risk level than assigned by the risk level

chart. Also, the ongoing worker could use a discretionary override if they believe the risk score does not accurately portray the household's actual risk level, unlike the initial risk assessment (typically created in the investigative stage), which could only be increased by one. However, the assigned caseworker can increase or decrease the risk level by one, but this comes only after a minimum of six months and when or if the worker has acquired significant knowledge about the household. If the worker applies a

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discretionary override, the reason should be specified, and the corresponding risk level should be selected. If no overrides are needed, the scored and final level are the same.

Trainer Note: According to **DCFS Policy II-D,** a supervisor must upgrade the risk level to intensive regardless of the risk scale score during a discretionary override. Risk level overrides must also be reassessed when the case plan is updated.

When discussing policy overrides, review the following Policy Override examples from the DCFS Policy and Procedures manual:
1. Sexual abuse cases where the perpetrator is likely to have access to the victim child

2. Cases with non-accidental physical injury to an infant

3. Serious non-accidental physical injury requiring hospital or medical treatment

4. Death (previous or current) of a sibling as a result of abuse or neglect

Because this case will remain open after the risk assessment for monitoring via In-Home Case, Instruct participants to turn to page # in their manuals for the contact frequency chart. The new risk level guides minimum contact standards that will be in effect until the next reassessment or case closure is completed.

Items R1-R4 rating should be based on conditions that were present at the time of the referral that resulted in the case opening unless there is new information available about the conditions that existed at the time of the initial Risk Assessment.

Participants will then need to ensure that they have the initial risk assessment key given to them by the trainer close by.

Trainer Note: Workers should note that in the event that other risk factors arise, that does not constitute a closed case. Even though the initial safety threat may have been mitigated, there could still be a likelihood of future involvement.

Allow participants approximately 25-30 minutes to complete the assessment. After all participants have completed their risk reassessments, use this time to discuss their scored risk levels, overrides, if any and whether or not they would consider closing the safety assessment or continued services for the family.

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RISK-BASED CASE OPEN/CLOSE GUIDE	
FINAL RISK LEVEL	**RECOMMENDATION**
Low	Close unless unresolved safety threats remain
Moderate	Close unless unresolved safety threats remain
High	Continue services
Very High	Continue services

Trainer Note: There will be a lab for participants to enter this assessment in the future. At this time the lab is still in development and trainers will need to play the 4:46 Risk Reassessment Zoom Video recorded by DCFS to demonstrate how to enter the assessment in the lab. This is located on the MidSOUTH website under the PowerPoint and other Media section.

ACTIVITY: Guest Speaker Invitation

Invite a pick list service provider to speak or review the flyers for additional information located on the MidSOUTH website in the Supplementary Materials section. Ensure that participants know these are just a few examples of the many referral programs available to provide services to families. Also, reference the Services Pick List on pages 27-28 in the Participant Manual for a more detailed list of resources available to utilize for families.

Below are examples of five of the contracted services providers. Flyers are available in the Supplementary Resources on the website to print and hand out to FSWs as resource. Trainers are encouraged to briefly review as many of the service providers as time allows and at a minimum to review a couple and provide a copy of the flyers.

Trainer Note: Trainers are encouraged to invite a speaker from the Pick List. If a speaker is invited allot approximately 60 minutes for this activity. If no speaker is available, the trainer may utilize the flyers on the MidSOUTH website as examples of services to discuss in further detail. Make sure to note that the examples provided below are to be used to identify the differences at a glance in eligibility for some programs.

1. Triple P
2. SafeCare
3. St. Francis Ministries
4. Intercept
5. Youth Advocacy Program

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Sample pick list provider overview:

What is Triple-P?

- Triple P is a 10- session evidence-based parenting program that assists caregivers with children who struggle with behavioral complications. Triple P collaborates with the family to encourage healthy development and strategies for managing misbehavior.
- **Triple P Goals:** Safely reduce the number of children entering foster care, prevent children's social, emotional, and behavioral problems, and prevent child maltreatment.

What is SafeCare?

- SafeCare is a 18–22-week evidence-based parenting program that supports and assists families with skills to reduce household and parenting risks. SafeCare also promotes parent and child interaction by educating parenting on various ways to engage with their child.
- **SafeCare Goals:** To reduce household and parenting risks, to increase safety, and to provide optimal and permanent home environments for children.

DCFS Responsibilities:

The FSW will explain the importance of active participation in this program and establish the clear expectation for weekly attendance.

In the event that caregivers are unresponsive, unable to locate, or unable to reach after reasonable efforts, the referral will be closed after 14 days. FSW will be encouraged to re-refer when caregivers are able to engage.

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Prevention Service Cases/ FINS

Trainer Note: The Triple P Referral Form is located on the DCFS CHRIS Net Website. Referrals for SafeCare are done through CHRIS. Both service providers will need the CFS-015 (encumbrance) to be completed with each referral.

Participants were introduced to Prevention Services and FINS Cases during their online courses. As a part of their online assignment, participants were asked to complete online FINS in my County located on page 50 in the Participant Manual. Take time to review and remind participants of the information below from

Policy II-I:
FINS (Family In Need of Services) is defined as any family whose juvenile evidences behavior, which includes, but is not limited to, the following:

A. Being habitually and without justification absent from school while subject to compulsory school attendance;

B. Being habitually disobedient to the reasonable and lawful commands of his caregivers, guardian, or custodian; or

C. Having absented himself from the juvenile's home without sufficient cause, permission, or justification.

In a FINS case, family services are provided in order to:

A. Prevent a juvenile from being removed from a parent, guardians, or custodian;

B. Reunite the juvenile with the parent, guardian, or custodian from whom the juvenile has been removed; or

C. Implement a permanent plan or adoption, guardianship, or rehabilitation of the juvenile.

Family Services provided to a Juvenile or the Family- Services should be designate to address the issues that resulted in the FINS case and may include, but are not limited to:

- Childcare
- Homemaker services
- Crisis counseling
- Cash assistance
- Transportation

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- Family therapy
- Physical, psychiatric, or psychological evaluation
- Counseling
- Treatment

ACTIVITY: Pair Share

Instructions:
Instruct participants to turn to page 50 titled, "FINS in my county" and group them together in 2-3 groups depending on the size of the class. Each table should discuss the questions from the worksheet and be prepared to report to the larger group. Allow time for the group discussions.

Processing:
Call time after 25 minutes. Allow time for each table to report what was discussed at their tables. Answer any questions that may have come up during the discussion and then dismiss for lunch. Instruct participants to reconvene in the CHRIS lab when they return from lunch.

Day 4, Section 2: Javon Parker Opening a FINS Case in CHRIS

Time Estimate:	• 2 Hours
Participant Content:	• Participant Manual Pages 51-53
Trainer Materials:	• Javon Scenario • CHRIS Login Handout

Javon Scenario/ FINS Case

Trainees will need to open a NEW case in CHRIS. Trainer will demonstrate by creating a new case along with the Trainees. Trainees will enter information using the Javon FINS scenario in the Participant Manual on page 51. Begin by passing out Handout– CHRIS Login. This handout is available in the Overall Trainer Resources on the website. Trainers print one per student and assign them a CHRIS username and password starting with Student 1. Be sure all students have logged in and are at the MidSOUTH desktop.

1. Click the CHRIS icon on the desktop

2. Log into CHRIS. CHRIS Trainers log in as usual. Classroom Trainers, use User ID = Student50 Password = tstudent50

3. Click the workload button. This will bring up the Workload dialog box.

4. This will open up a NEW Empty case. This is the screen where it's designated initially what type of CHRIS Case has been open so, choose your pick wisely.

5. Complete the Summary screen.

A. Case Name- Last Name of PRFC- PARKER

B. Case Type- Supportive Services

Information pop-up will appear, read and click "OK"

C. FINS- "yes"

Warning pop-up will appear; read and click "OK"

D. Family Location- St. Francis (Forrest City)

E. Address- Address of family: 5042 Stone Road, Forrest City, AR 72335

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F. Phone- Family phone #870-633-3700

Click the "ADD" command button on the right side of your screen to save information and open the case. NOTE: Case # populates once you save the information to CHRIS. Point out the case #.

1. Now, we are ready to move out to the next button on the focus tool bar. "Client"
2. Click "CLIENT" button in the focus tool bar and begin to demo the Client Screens.
3. A select Client box will appear. When you look at your list of clients, be sure that you are seeing everyone. We will have to add each client to the case unless the client is already in the CHRIS system. The clients we will add are Javon, Carmine and the absent parent Andra.
4. From the select client box, click the "NEW" command button.
5. We complete the Client General Information screen, Demo, and Relationship screen.
6. Please note: For training, students will select pseudo social security numbers so that we do not have to create 26 sets of unique SSNs.
7. Client/General Information-start with Javon and the information from the Javon Scenario

A. Enter everything we have on Javon Parker.

1. His DOB 06/03/2004, SS# Use Pseudo
2. County of Service is St. Francis
3. His race is White; ethnicity is Hispanic
4. Living Arrangement is Relative Home with grandmother
5. Click the tab "Birthplace/ Citizenship/ Lang" Primary Language is English
6. Click the "Characteristics" tab and identify at least one Strength for the client
7. Click the "Add" command button to save the information
8. Click on Address sub tab and enter address type (Residence if not permanent Home and start date (3/21/2017)
9. Click on the Education sub tab and enter education information on **Javon Parker**.

B. Repeat the process for **Carmien Parker**

1. Click Client button, from the select client box, click new
2. Her DOB 03/04/1966, SS# Use pseudo
3. County of Service is St. Francis
4. Her race is White; ethnicity is Hispanic
5. Living Arrangement is Own Home/ SELF/SELF
6. Click the tab "Birthplace/Citizenship/Lang" Primary Language is English.

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7. Click the "ADD" command button to save the information
8. Click on "Address" sub tab and enter address type (Permanent Home) and start date (06/01/2007).

C. Repeat the process for Absent Parent **Andra Parker**

1. Click Client button, from the select client box, click new
2. Her DOB 03/23/1987, SS# use pseudo
3. County of Service is St. Francis
4. Her race is White; ethnicity is Hispanic
5. Living Arrangement is Own Home/ SELF/SELF
6. Click the tab "Birthplace/Citizenship/Lang" Primary Language is English.
7. Click the "Characteristics" tab and identify at least one strength for the client
8. Click the "add" command button to save the information
9. Click on Address sub tab and enter the address type (Other) and start date (03/21/2017). Last known address: 1123 SW 13th street, Forrest City, Arkansas 72335 Comment: Last known address provided by Ms. Carmien Parker.

Now that all of the clients are entered into CHRIS, we need to set everyone's relationship.

You should still be on Andra's client screen. Click the "Relations" button on the focus toolbar.

- Go to the yellow pull down menu "Associated Client"
- Select client Javon, finish the sentence, is the Son (Biological) of Andra Parker
- Family Household Composition: Different
- The Associated Client is the PRFC: NO
- Refer to Child Support Enforcement: NO
- You have to add then clear to do the next biological
- Family Household Composition: Different
- The Associated Client is the PRFC: NO
- Refer to Child Support Enforcement: NO

Click on "Client" and go back into Javon's client screen to complete his relationship screens. Click the "Relations" button on the focus toolbar.

- Go the yellow pull down menu "Associated Client"
- Select client Carmien, is the Grandparent (maternal) of Javon Parker.

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- Family Household Composition: Same
- The Associated Client is the PRFC: This is a little tricky, mom is the PRFC until the court makes grandma the legal custodian but grandma is the one caring for the child: YES
- Refer to Child Support Enforcement: NO

You have to add then hit clear to do the next relationship.

- Now, select Andra, Mother (biological)
- Family Household Composition: DIFFERENT
- The Associated Client is the PRFC: YES
- Refer to Child Support Enforcement: NO

Click on "Client" and go back into Carmien's client screen to complete her relationship screens. Click the "Relations" button on the focus toolbar.

- Go to the yellow pull down menu "Associated Client"
- Select client Andra, is the Daughter (biological) of Carmien Parker.
- Family Household Composition: DIFFERENT
- The Associated Client Is the PRFC: NO
- Refer to Child Support Enforcement: NO

You have to add then hit clear to do the next step

- Now, select Javon, grandson (maternal)
- Family Household Composition: SAME
- The Associated Client is the PRFC: NO
- Refer to the Child Support Enforcement: NO

Now, let's complete the court screens. You have an order for the Division to provide services. You need to enter these orders into CHRIS.

- Click "Court" on the focus tool bar. You are ready to enter a new hearing into CHRIS.
- Click "New". You will see three buttons- Detail, Child, and Attorney. Begin with Detail.

Begin with "Detail"

- Click "Select" to pick your client (Javon Parker). Highlight his name and click" Add" and then "OK"
- The jurisdiction is St. Francis.
- Enter the Hearing/ Review date.
- Hearing/ Review Type: select FINS
- Orders of the Court Hearing: type in the orders you received
- Judge's Name: for training, type Antonin Scalia
- Click Add. This will open the other two tabs.

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- Click Child
- Check Adjudicated FINS
- Enter next hearing type-FINS
- Enter next hearing date.

Point out the button for Attorney. This is where they would add the attorney ad litem if one was appointed.

We have opened our case and added our clients. Now we can start our documentation of contacts and services. Time permitting; workers may enter the first contact on this case, which was a telephone call to the hotline (based on the scenario). If they do, tell them that they spoke with Hotline Operator Intake. Since workers have entered several contacts by this time, see if they can do it without step-by-step instruction from the trainer. An alternative to this suggestion is to ask for a volunteer to come to the instructor station and show the rest of the class how to get to and document the Hotline contact.

Trainer Note: A CHRIS Tip Sheet for Opening a New Case without an Investigation Prevention Services FINS is located on page 53 of the Participant Manual.

Day 4, Section 3: Differential Response

Time Estimate:	• 1 Hour and 45 Minutes
Learning Outcomes:	• FSWs will articulate the goals and purpose of Differential Response. • FSWs will develop a work aid that explains the difference between Differential Response and the Investigative Pathway, list the allegations (injury characteristics) and the criteria for diverting a referral to the Differential Response Pathway, Notes initiation prep work, and case critical time frames and documentation. • FSWs will define the process for reassigning Differential Response Referrals to the Instigative Pathway and Investigations to the Differential Response Pathway. • FSWs will conduct a mock initial telephone contact that demonstrates a family-centered approach. • FSWs will learn how to locate a DR referral in the Division Information Management System and learn how to document the initial contact in the Division Information Management System. • FSWs will familiarize themselves with the Division Information Management System DR Screens.
Competencies:	• 101-3 • 101-6
Participant Content:	• Participant Manual Pages 54-57 • What We Do and When We Do It • How Do We Do What We Do • DR Time Frames Activity • State Phones
Trainer Materials:	• What We Do and When We Do It Answer key • How Do We Do What We Do • Kahoot Review Game • DR Time Frames answer key • PUB-85 • Prizes • Policy II-B – Differential Response

INTRODUCTION

For the remainder of the day we will spend a significant portion of the day discussing the least intrusive intervention to assure child safety- Differential Response. (The concept of least intrusive to most intrusive was introduced in the online training). During the Federal Fiscal Year (FFY) 2023, Eighty-

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two percent of reports were assigned to DCFS while 18 percent were assigned to Crimes Against Children's Division (CACD). Of the 82 percent of the reports assigned to DCFS, 81 percent (22,461) were assigned for an Investigation and 19 percent (5,416) were assigned to the Differential Response pathway.

Conclude this section with a brief review of the Child Abuse Hotline. Introduce the You Roar-Arkansas mandated Reporter Portal. The portal gives mandated reporters the option of making a report via telephone or electronically. Use page 54 in the Participant Manual to facilitate the review.
Focus on:

- Criteria for Report
- Disposition
- Disagreement with disposition
- Faxing a report
- You Roar-Arkansas Mandated Reporter (https://mandatedreporter.arkansas.gov/)

Differential Response: Policy Review

Begin the section as a refresher and remind the staff that the online training on investigations introduced the DR Policy. Today we are going to do a quick review to see how much you remember and/or how quickly you can find the answer.

There is a copy of What We Do and When We Do It in the Participant Manual on pages 55. The answer key is located in Trainer Resources on page 44. In addition to the handout, have "collage-type" materials for participants to utilize for their work aids if they choose. Allocate time for participants to complete as much as they based off of what they can recollect from their on-the-job training and online training to complete What We Do and When We Do It.

> **Trainer Note:** Direct policies and procedures regarding DR are Procedures II-B, II-B1, II-B2, II-B3, II-B4, II-B5, and II-B6 located on the MidSOUTH Website under Forms & Publications as well as the PowerPoint.

Purpose, Goals, and Criteria
Explain to the group that the purpose of this exercise is to allow each participant an opportunity to create his or her work aid for Differential Response. The activity will start with a review using a Kahoot game to determine how much information the participants were able to retain from the online training. The DR Kahoot Review game is on the MidSOUTH website under the PowerPoint & other media section.

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Explain to the participants they will have the opportunity to complete their work aid and get the correct answers after the Kahoot game is finished if they had not done so.

- There will be prizes for the participants who have answered the most correct questions on the Kahoot game
- At the end of the game, give participants time to write the answers on their individual work aids. To conclude, summarize the responses.

> **Trainer Note:** During the break be sure to have copies of the PUB-85, as you will need them before the Preparing for the Phone Interview: Skill Practice Examples activity.

Poll the group to see if everyone has had time to update his or her DR work aid titled What We Do and When We Do It. Do a quick verbal recap: We have looked at the definition of Differential Response, the goals of Differential Response, and the acceptance criteria for Differential Response. Any questions?

ACTIVITY: Critical Time Frames

At this time if the participants are not currently in groups (they will need to bring their Participant Manuals and other belongings), the trainer needs to divide them into equal groups the way they see fit, the group members will also need to select one member from their group to scribe. Now we are going to look at time frames. You covered this in the online training, so we are going to go rather quickly. This just combines your online work together and puts it all in one place. Beginning with the DR Time Frames activity in the Participant Manual on page 57.

Show the first portion of the PowerPoint titled Initial DR In- Home Visit and focus on the timeframes for certain actions, through the slides delineating task to accomplish in the first 24 hours. This covers the beginning time frames. Remind the class to update their work aids, What We Do and When We Do It as they go along.

> **Trainer Note:** The critical time frames for workers are:
> - 24 hours (all prep work for call- searches for collateral contacts)
> - 24 hours- call to family; identify all family members
> - **STOP PRESNTATION FOR AN EXERCISE**

Now let's check your responses to DR Time Frames in the answer key is located in Trainer Resources on page 45, which picks up on tasks after the

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first 24 hours. Instruct the participants that there is an additional blank copy of the DR Time Frames activity in their Participant Manual on page 57, but they will only need one to work in groups (one per table) and the participants will collaborate on this worksheet. Students can record their work on this one copy of the handout while still keeping their copy to add to their work aid. Direct the participants to spend a few minutes at their table comparing answers or updating as needed. If there are differing opinions, the participants must come to a consensus. The person elected to scribe will then need to transfer the information from the group discussion onto the groups' blank work aid copy.

Post charts from the preceding exercise. Ask participants to go from chart to chart, comparing answers and making a list of questions if they think the answer should be different. Then take a few minutes to go over the responses.

Proceed with the remainder of the PowerPoint to review the answers. Remind the participants that they can also find the answers in **POLICY II-B: Differential Response.** Points to cover are:

- 72 hours- face to face contact with the parent(s)/ caregiver(s) and all victim child(ren) involved in the report to assess health and safety
- 5 days- interview all other household members
- Documentation of all tasks within 24 hours of task completion
- 14 days- Assessment complete (FSNA)
- 14 days- Family Plan
- Contacts 2 times per week minimum
- Complete the risk assessment when you have enough information and prior to case closure
- 30 days- complete the plan or get an extension (15 days)
- 45 days- complete or one more extension

Do this next ONLY if time allows: It was covered in online training. Finally, describe the DR team, which consists of a DR coordinator (explain the roll), a DR supervisor, and a DR specialist. Lastly, provide a quick overview of the DR screening and assignment process.

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Trainer Note: During the break write this statement on the whiteboard:

"Why is the first contact so important?" The exercise after the break provides learners with an opportunity to talk about the first impressions, first contact, and how it sets the tone for future involvement with the worker and the agency. Write these categories (First Impression, Setting the Tone for work, First Contact on the white board as participants discuss the topic and list their responses).

DAY 5

Day 5, Section 1: Phone Interviews and Differential Response

Time Estimate:	• 1 Hour and 45 Minutes
Learning Outcomes:	• FSWs will review context and examine closure criteria for In-Home cases.
Competencies:	• 101-3
Participant Content:	• Participant Manual Pages 58-62
Trainer Materials:	• Scenarios 1 and 2 (one scenario per group) • Sticky Notes • Flip Charts • Policy V-E • Procedure V-E2

ACTIVITY: Preparing for the Phone Interview: Skill Practice Examples

We have reviewed the criteria and time frames; now let's start putting the policy into action. HOW DO WE DO WHAT WE DO? Acknowledge that learners are likely ready to start practicing what they have learned. The first thing that we are going to do is talk about preparing for the initial telephone contact. Using the "Why the first contact is so important?" sheet in the Participant Manual located on page 58. Point to the statement on the board (regarding the importance of the first contact) and ask the groups to discuss and record their answers in the Participant Manual on page 58. (The instructions for this assignment are to write down three things to get the conversation started and meet the goals of explaining DR, getting an appointment for a face- to –face meeting, and verifying the names and dates of birth of all household members). After they have had a few minutes, ask for volunteers to tell the class why this first contact is such a big deal, a really big deal. (This does not have to be a report out by every small group).

Prior to making the telephone call, participants should have reviewed PUB-85, so they may or may not remember some of the statements that correspond with the Online Handout, "What Do I say after I say Hello?" but in case they do not the Handout is included in the Participant Manual on page 59 .At this time allow participants a little time to begin working on the "What Do I say After I Say after I Say Hello? Sheet if they had not done so prior to attending class.

Pass out PUB-85 located on the MidSOUTH website (one per table). Explain that MidSOUTH provides the PUB to staff to remind them of what is required when working with families involved in

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DR referrals. So, keep in mind that this telephone interview/ conversation is one of the most challenging types because you only have words and a tone of voice. You cannot communicate caring and concern through facial expressions or other non-verbal means. And you are setting the stage for all that comes next. So, refer to the previous training, which provided information and introducing participants to family-centered practices. These practices enhance and inhibit effective communication with families.

Using "What do I Say After I say Hello? Located on page 59 in the Participant Manual. Review and discuss the answers the participants came up with each other. Focus on the different ways that group members would approach defining the program and going about how to get an appointment for a face-to-face visit. Give the groups about ten minutes to discuss. Then, ask them to pick one or two of the statements from their table they like best. Now, ask them to look over the scenario in the Participant Manual, "Let's Call Ms. Henderson", on page 63. Located on page 64 of the Participant Manual is a DR Review page that participants can utilize to write down things regarding differential response policy that they may want to remember.

Trainer Note: How you practice the interview will depend in part on your group size. You can do a fishbowl (good for small groups) or pair one table with another table. You can also make groups of FSW Caller, Ms. Henderson, and a coach. If there is not enough time for participant to really practice this call before lunch, break early and do the practice piece after the class returns from lunch.

Set the stage for the participants playing Ms. Henderson. Ask them to be "real" but not to be overtly crazy or overly harsh or disrespectful. If they have had the opportunity to visit clients, think about how they (clients) acted. So, it is OK to be resistant and it is OK if it takes a while to engage you.

Remind participants that they should practice using some of the statements that their groups felt would work well from the "What Do I say After I Say Hello?" assignment. Position role players so that they do not have to face one another. If you have several groups spread them out due to having multiple callers. Have the DCFS worker pretend to call Ms. Henderson. As the participants are role playing circulate the room and observe.

Stop and process the exercise.

- Were you able to get an appointment for that 72-hour visit to assess health and safety?
- Ms. Henderson: Do you have suggestions about things the caller said that either encouraged you to work with him/her or increased your reluctance to work with DCFS?

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- Switch roles, pick up the interview where it left off, and keep trying to engage.

Stop again. How difficult (or easy) is it to do this kind of call?

Bring the groups back together and process the responses. Ask each group to identify at least two things that stood out to them during this process. It could be things that were easy to deliver or areas that caused concerns. Summarize this sections by noting that the first contact with the family is going to set the tone for your future involvement and contacts. Be prepared.

Before breaking for lunch, ask one participant from each group to tear out page 59 from their manual and put/tape their "What Do I Say After Hello?" worksheets they worked on as a group and tape them to the flipcharts. They will get them back eventually, but they will be using them later. On pages 60-62 are Examples of Calling the Family, as a resource.

Differential Response Values

Review and Other Plan Considerations

Gallery Walk: When the group returns from lunch, be sure to have sticky notes on each table and use the worksheets taped to the flipcharts for a gallery walk. Tell participants to jot down the ideas they get from other people they think would be helpful when making the initial phone call.

> **Trainer Note:** If you do not do interviews until after lunch, do an abbreviated version of this by asking staff to post their work and then walk around to look at others. Or send a person from each table to another table to talk about ways and suggestions their group had for making the initial phone call successful.

It may be helpful to explain to the group that the reason training focused on the 24-hour phone call was that this is the contact that staff who are not DR workers (such as FSWs on-call) are most likely to make. Now, consider a quick discussion. The last 3 questions go to establishing other parts of the plan for the initial response.

- What is the first contact with family? (Phone Call)
- When does this telephone call take place? (Within 24 hours)
- What do you do if you get a busy signal? (Call back)

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- What do you do if no one answers the telephone? (Many possible Actions)
- What do you do if the family does not have a telephone? (Go to the home)

This is the final classroom activity before going to the lab. Give students some time to use the page titled "DR Review" in the participant Manual on page 29 as time to reflect and write down things that they have learned about DR from their colleagues, during this time allow participants to use their phone to locate policy and procedure if needed.

Trainer Note: The next portion of this training will likely go over into Day 5 Section 3.

Day 5, Section 2: Henderson DR Case Documentation in CHRIS

Time Estimate:	• 2 Hours
Learning Outcomes:	• FSWs will review context and examine closure criteria for In-Home cases.
Competencies:	• 101-3
Participant Content:	• Participant Manual pages 63-67
Trainer Materials:	• Scenarios 1 and 2 (one scenario per group) • Sticky Notes • Flip Charts • Policy V-E • Procedure V-E2

Differential Response Lab

Ensure that the server date is set to **October 15, 2017**

MidSOUTH Instructors support one another and must be ready to jump in at a moment's notice if needed. With that in mind, developers wrote the sections in the Division Information Management System with screen paths and directions that enable Classroom Instructors to support Division Information Management System Instructors in the lab. While not expected to be experts, this level of specificity allows any trainer to teach and/or support this section of training Division Information Management System for one or two times to learn the flow and major Division Information Management System training points. Classroom instructors can also help with any discussion related to good practice, although Division Information Management System instructors are able to respond to those types of questions as well.

In the lab, student log into the computer, and log into the Division Information Management System here are the steps and trainer resources available to facilitate logging in

Log into the Lab Computer:

1. Be sure you have a copy of the class roster. See the directions for accessing the class roster at the front of the trainer guide. It has student usernames and passwords needed to log into the computers.

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2. Access a blank copy of the student roster from the General Trainer Resources on the Website. Use this to assign students their CHRIS User IDs and Passwords. The User IDs are student1 through student26. The password is student# (example tstudent1)

3. Print the log in if you filled it in on your computer.

4. Have students log into the lab computer.

Log into the Division Information Management System

1. Students click the Division Information Management System icon that is 'CHRIS' on the desktop.

2. Log in with their assigned student number and password. Each student has a corresponding referral in the Division Information Management System with the only difference being the addition of a different alpha character and the end of the referral name. For example, student 1 has CaseName-A; student 2 is CaseName-B, etc.

Here's the plan. Students review a DR case in the lab. The students start by reviewing the Referral Acceptance data. Then they enter the telephone contact they practiced in the classroom. All other screens already have data entered. The CHRIS Trainer reviews the screens with the students. There is an area for note taking in the Participant Manual at the bottom of page 65 titled (Exploring DR In CHRIS) with questions they answer on certain screens. The next paragraphs outline the screen paths and the Division Information Management System teaching points.

Pass out the CHRIS Login (from the general resources on the MidSOUTH website). Be sure all students have logged in and are on the MidSOUTH desktop.

Search for DR Case Using the Referral Number

1. Click the Division Information Management System Icon that says 'CHRIS' on the desktop.
2. Log into the Division Information Management System.
3. CHRIS Trainers use Student28. Assign Classroom Instructors who are working as students to one of the students between Student 1 and Student 26. Provide the Classroom Trainer with a login sheet.
4. Select the workload button. This will bring up the work dialog box.
5. Move your radio button from workload to Differential Response.
6. Key (type) the referral number in the white box be side Existing.

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7. The referral number for our example is **1226941** Click "OK" command button on the right side of your screen.
8. You should now see two focus toolbars on your screen. Select (click) the "Ref/ Acpt" button.

Review the Referral Acceptance Data

Explain to student we did this a little backwards to give them an opportunity to practice interviewing. Normally, the information they got in their Henderson scenario would be information they get from the Referral Acceptance. There is some information in this Referral Acceptance that was not in the brief classroom scenario.

Tell participants to review pages 65-66 Referral Acceptance Data/ Exploring in CHRIS to ensure that they have the correct answers. All trainers circulate to be sure students are in the right place and not struggling.

Date of Referral: 10-06-2017

Ask if there are any questions about the Referral Acceptance screen. If everyone is good, click Cancel.

Questions	Answers
• What is the family address?	4800 Teal, Conway, AR
• What is the contact phone?	501-269-1234
• What are the injury characteristics (concerns)?	Neglect: Inadequate Supervision Educational Neglect
• Besides the family members, who needs to be interviewed, preferably before you call the mom	Reporter: Kay Smith, School Counselor Collateral: Ms. Parker-Teacher Collateral: Ms. Alberton-Teacher

Ask for a volunteer to reiterate how this got into their inbox/assigned to them. (This was covered in the online training).

- Hotline assigns to DR
- DR Coordinators or designee reviews, approves and assign the referral to the country's DR Team.
- Supervisor assigns to you (should also have a conference with you)

Review Client Screens

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Now, let's move on to the Clients Screens.

1. Look in the toolbars, find Client, and click
2. Highlight clients and review the demographic information on each of them
3. Answer these questions about the client screens on page 66 in the Participant Manual

Questions	Answers
• What data is missing on **all** the clients?	SSN and DOB
• What is Gail's Role?	Alleged Offender, PRFC, DR Participant,
• What is TJ's Role?	Alleged Victim, DR Participant
• What is Rose's Role?	Alleged Victim, DR Participant
• Other information that you might need on Gail or the children?	Place of work; work hours. Name of the school

Any questions about the client screens? If no, click Cancel.

Entering a Contact

Now, we will enter the contact you have already had with the client-the telephone contact in that first 24 hours.

1.) Find the Contact Button and Click
2.) This opens a screen where you can see all contacts and can add new contacts. This is what we will do now.
3.) Select the "NEW" command button from the right side of the screen in order to enter a new contact
4.) Enter the Type/ Location; Contact date, and Time. Type = telephone; use 10-07-2017 @ 3:00 pm. (Note: Home Visit will occur on 10-08-2017 in training example, Student 28. Depending on the interviews done earlier in the classroom, the class may have the initial contact scheduled for a different time. It must occur before 10-09- 2017 @ 4:30pm to meet 72-hour contact criteria).
5.) Select the Purpose

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b. This is a situation where there is not a clear pick. The closest two are Assessment and Other.

c. Hint: Check with your supervisor and DR workers to see how they want it done.

d. If you select Other, be sure to explain in the comments section.

e. For purposed of this training, select Other. (Select>Add> OK)

6.) Now, in the comments section click whether you ensured the safety of the children. Then, document your telephone interview with Ms. Henderson. Remind participants to write this up as they would be in the field. Remind them the MidSOUTH will communicate their progress in training to their supervisors, so please; show us what you can do.

a. Allow sufficient time for students to enter the data.

b. Ask volunteers to read what they entered on the contact screen

c. Unless your class is very small, do not have everyone read.

d. After two or three have had the chance to share, consider taking a break.

Trainer Note: There is already a telephone contact in the sample. After staff input their contact, take some time to review the sample contact to give staff an opportunity to compare their contact and discuss additional information that should have been added. Note: If students did a good job, skip this step.

7. Let's take a minute to review the initial face-to-face contact. Highlight (Click) the contact from 10/08/2017. When it turns gray, click show, this Was face-to-face contact. Note that all family members participated. Discuss whether there is enough information in the comments to support checking that you ensured the Health and Safety of the Children. If you were the supervisor, would you approve it as is, or ask your worker some questions?

Possible Discussion points might include:

It would be helpful to note mom's place of primary employment, her place(s) of part-time employment, and the hours for each job. That would help determine if the referral to SCOPE was sufficient to meet the needs for supervision.

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- Likewise, it might be helpful to listen to the SCOPE operating hours, whether they operate on days when the school is closed or when classes are not in session (such as for parent-teacher conferences).

Trainer Note: Direct the participants to the contact entered date/time. Teaching point advise staff that the system will populate the date the contact was entered, so remember to input all contacts timely.

Reviewing the Safety Assessment Data Collection System

1. How long do you have to complete the Safety Assessment after your initial face-to-face meeting with the family? 24-hours. So, let's review the the Safety Assessment now. This will be quick because we will spend more time on this part of the investigation with another family.
Arkansas CACD/DCFS Data Collection System: https://cpsint.sdmdata.org/arkansas
2. Click the Safety Assessment link. Quickly review the 13 Safety threats. Bases on what you have seen so far in the Data Collection System, would any of these be a "Yes"?
Pose the question: What would happen if one of these was a "Yes" after you had a chance to meet with the family? **Contact the DR Supervisor who contacts the DR Coordinator or designee to reassign to investigations.** In our case example, no safety threats were identified.

Assessing Needs, Barriers, and Services then Planning

Depending on time, this might be a good place to have the discussion around Needs and Services. This discussion can be led by either instructor. There is a synopsis of needs, barriers, and services on page 67 of the Participant Manual. Since students have been sitting for a while consider having them pair up (or slightly more than two if your group is very large) and walk around while they discuss with one another what the needs, barriers, and services might be for Gail Henderson and her children. Give them 5-7 minutes and ask that they return to the lab at that time.

When the group returns, ask for volunteers again. As they report out, be sure that needs statements are not services in disguise. For example, Gail needs childcare really should be Gail needs to ensure that her children have responsible adult supervision at all times. The service might include childcare.

Then, move to demo the FSNA in the Family Plan.

1. Click the Family Plan Button

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2. Click Assess/ Needs. When the screen comes up, click “show”
3. Click Family Unit and review the information
4. Last click Need and review
5. Then, click the Assess/Needs button one more time. This time when the Family Assessment box opens, click New.
6. Click DR again to get the full toolbar back. Then Click Family Plan again, and this time select Plan. Click “show” when the screen for Plan comes up
7. Review the Family Plan Goals, Needs/Services, and Serv. Status

Finally, direct the staff to the Closure screen.

1. Click DR to get back to the full toolbar.
2. Click the Closure Button
3. Review the Closure Reason and comments
4. Review the Aftercare plan

This was very quick. Unless you are a DR worker, you will not do the Family Assessment or Family Plan. Any questions?

Here is a general reminder:
It is important to obtain the family’s input when determining the needs and services. Allowing the family’s input gives the family an opportunity to identify their strengths and their needs. The families will be able to talk about how they handled adversity in the past. They can talk about what worked and what didn’t work and explain why. This will help the, identify the barriers. Remember Differential Response involves a comprehensive and collaborative Family Assessment, The Family Plan. The Family Plan strengthens actions of protection within the family and mitigate risk factors. Remember, one of the goals of Differential Response is to help families become self-sufficient.

Day 5, Section 3: Review and Case Closure

Time Estimate:	• 1 Hour and 30 Minutes
Learning Outcomes:	• FSWs will review context and examine closure criteria for In-Home cases.
Competencies:	• 101-3
Participant Content:	• Participant Manual pages 68-72
Trainer Materials:	• Scenarios 1 and 2 (one scenario per group) • Sticky Notes • Flip Charts • Policy V-E • Procedure V-E2

ACTIVITY: Make It Stick Review

1. Prep: Hang several large sheets of paper around the room (or you can use flip charts) with various labels depending on your topic (i.e., FAST, Opening a PS case, Stages of Change, etc.). Also, have a generous supply of sticky notes on the tables.

2. Make It Stick: Invite participants to write a new learning from the last 4 days on a sticky note and adhere it to the appropriate piece of large paper posted on the walls.

3. After participants have posted their notes ask them to take a blank sticky note, circulate and read what others posted that may have jogged their memory.

4. Conclude by asking if anyone has any questions about the content reviewed.

Policy Review
Pull **Policy V-E:** Child Involved in Protective Services Case Who Is Missing and **Procedure V-E2:** When a Child Involved in a Protective Services Case Who has been missing is located on the screen to review with participants. The policy requires the agency to report any children involved in a Protective Services case who have run away or have gone missing. DCFS must collaborate with the child's family, law enforcement, and the National Center for Missing and Exploited Children (NCMEC) in an effort to locate the child.

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Case Closure Criteria
Typically, case closure is the final step in a continuum of services that have been provided to the family. Clients will display a wide range of emotions when discussing and planning for the closure of their case. Some may be ambivalent and fearful of the responsibilities that now fall on them. It is not uncommon during this stage for some clients to return to old behaviors that may have brought them to the attention of the agency. Remember our discussion regarding Stages of Change.

Being able to assess the readiness of the family and their ability to safely maintain children in the home post case closure is something that must be addressed throughout the life of the case. At this point participants should have a good understanding of protective factors that mitigate risk to children in the home. Participants will have an opportunity to assess and determine if a family is ready to have their case closed.

Instructions:
Refer participants to pages 68-71 for Case Closure Scenarios 1, and 2 in their manuals (only one scenario per group) and instruct participants to read and discuss their scenario. They should discuss within their groups whether or not their family is ready to have their case closed or if a petition for dependency-neglect needs to be filed. Call time after 30 minutes. Have each group to report out by summarizing their scenario and discussing their reasoning for deciding whether their case is ready for closure.

Processing:
When determining if a case should be closed, there are a number of things that should be considered. They are listed below:

- Is there a reasonable expectation that the child will be safe, and any remaining risk of harm can be managed solely by the family with additional resources when necessary?
- Is the family stable? Do they have an adequate means of providing for the basic needs of the children in the home?
- Have the issues that brought the family to the attention of the agency been resolved?

Remember, SDM Safety Reassessment should be done when considering closing an in-home services case. Some (if not all) of the above considerations will be addressed in that reassessment. In addition to the above-mentioned criteria, participants will have to have a case closure family team meeting, during which an After Care Plan is created and agreed upon by the family and their network. This requirement is covered in **Policy IV-C:** Case Staffing's (Family Team Meetings). The classroom trainer should pull the policy up on the screen and review it with the class.

TEACHING NOTES

Trainer Note: Take a moment to introduce the SOP Stage of In-Home Case tip sheet, located in the Trainer Resources. This tool is designed to provide guidance on when and where to use SOP tools during an In-home case. Use it here to reflect with participants on how each stage of In-home casework has been addressed in this training, and encourage them to use it as a resource as they work their own caseloads. Note that the tip sheet does not contain an exhaustive list; all tools are not used in all cases.

After the review, briefly discuss the importance of closure. As you prepare to end your time together, ask the class to think about their feelings about ending the process of training. Ask for a few responses. You may hear responses about being glad, relieved, or even sad. Some may feel thankful for the information and skills they have gained that will make them better Family Services Workers, while some may be annoyed that they had to attend a weeklong training.

Next, ask the class how they think their feelings might parallel the feelings of their families as they end their process/close their case with them. Facilitate a brief discussion. Some may be happy and glad the Division is out of their hair, some may be sad because they will miss the support, and some may be thankful because they desire to be good caregivers but did not previously have the skills necessary to do so. There may even be some who feel they did not need the involvement of the Division in their life because they were doing just fine but followed through because they had to do so.

As FSW's, never forget you are in the process of learning and will not know everything. Remember you will have the continued support of your Field Trainers as well as your co-workers and supervisors. As you end with your clients, be sure the family is linked to the necessary resources and support networks to maintain or improve the functioning of the family.

ACTIVITY: A note to your future self

Direct participants to page 72 of their Participant Manual, where they will write a quick note to their future self. Have the class think about the information they learned from the video they watched in the section of Monitoring In-Home. Instruct them to write at least one objective they want to achieve in the month to come in regard to monitoring cases.

Gather their notes and email them to the participants after one month to see if they have achieved their goals.

TEACHING NOTES

Wrap Up:
Following the activity, wrap up the weeklong training by asking participants if they have any questions related to any content shared over the course of the week. Once all questions are answered, conduct a quick review for the Post-Test and provide instructions for the evaluation.

Thank the class for their time and attention and dismiss!