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**Revision Tracking Sheet (Classroom)**

| **Classroom Unit Reviewed** | **Unit 4** | **Date**  | **04/2025** |
| --- | --- | --- | --- |

| **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** | * **REMOVED** duplicated video links from the trainer guide and added to the MidSOUTH website and in the “Before you Train” section of the Trainer Guide
* **REMOVED**: On-call references and documents, as this information will be moved to Unit 5.
* **UPDATED**: Table of Contents (Page number not yet final)
 |
| **Trainer Guide** | **Day 1****Pages 12-13*** **ADDED:** Classroom agreements, training agenda information reference in PM, and housekeeping topics for a trainer to discuss.
* **REMOVED:** Section 2- On-Call strategies
* **REMOVED:** Section 3- Worker Safety
* **REMOVED:** Section 5- On-Call Essentials

**Page 16*** **Activity title update from introduction to “ACTIVITY: Policy, Procedures, & Protocol”**

**Section 3, Page 29*** **ADDED:** Safety and Risk Assessment Review

**Sections 4, page 35*** **ADDED:** Family Case Plan Tool Overview

**Section 5, page 39*** **ADDED:** Risk Reassessment Tool Overview

**Section 6, page 44*** **ADDED:** Reunification Tool Overview

**Pages 18-30*** UPDATED answers for the “Policies, Procedures, and Protocol” activity to align with DCFS Handbook updates.
* Reorganized “Policy, Procedures and Protocol” section

**Pages 24, 26*** ADDED**:** Supplemental TDM information and Handout reference

**Pages 33-35*** UPDATED Safety Threat Scenarios Activity and instructions
* ADDED: Trainer Note regarding CACD and DCFS Safety Threats

**Pages 36, 40*** UPDATED trainer note and removed DCS Practice Site Link
	+ **Trainer Note:** ~~If staff wants to log into the practice site to test their skills, they can log in by using the link provided, usernames, and passwords listed below~~. Participants will access the practice site in the lab by directly clicking on the app on their lab desktop computer. They will not need to type in the URL to access the practice site.

**Page 42*** REMOVED**:** Handout 6 References

**Pages 41-82****•** UPDATEDUnit 4 CANS/FAST Training PowerPoint Slides to Style Guide |
| **Trainer Resources** | * REMOVED: ON-CALL WORK AID
* REMOVED: ON-CALL QUESTIONS FOR MY SUPERVISOR
* REMOVED: WORKER SAFETY GUIDELINES
* REMOVED: Investigator’s survival kit
* REMOVED: ASSESSMENT/INVESTIGATION PROCESS
 |
| **Participant Guide** | * REMOVED: Worker Safety guidelines information (moved to a different unit)
* REMOVED: Investigator’s on-call grab bag survival kit handout.
* REMOVED: Assessment/Investigation process information, as this section was moved to Unit 5 with on-call information.
* UPDATED page numbers

**Pages 5-6*** UPDATED title prompts for the “Policies, Procedures, and Protocol” activity to narrow the search for participants during this activity.
* UPDATED**:** Instructions for the “Policies, Procedures, and Protocol” activity to explain the activity.
* UPDATEDthe example to the “DCFS/CACD Interagency agreement” instead of the “On-Call grab bag” information. The rest of this activity will be conducted as normal.

**Page 10-12*** ADDED**:** Harm, Worry, Goal, and Solution-Focused Questions Guide

**Pages 19-21*** ADDED**:** Minor details to practice scenario for Sarah Padgett to include clarifying information that matches the **Trainer Resources** for this activity, to better enhance the classroom flow.
 |
| **Handouts** | **Handout 2 Day 1*** ADDED**:** DCFS/CACD interagency agreement as a handout. (This information is not located in the DCFS Handbook. The handout is the full agreement. (9 Pages). A copy of this full agreement is also available on the MidSOUTH Staff Page for this unit.
* REMOVED**:** Handout 6- CANS-FAST PPT pdf
* ADDED**:** Internal Procedure 202 Handout (Handout #2)
 |
| **PowerPoint** | * UPDATED Unit 4 CANS/FAST Training PowerPoint.
* **ADDED: Slides 3-17** to PowerPoint to coincide with **section 3-8, Day 1**
 |

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 **AGENDA**

**Day 1**

1. **Section 1 – Introduction**
2. **Section 2 – Policy, Procedure, and Protocol**
3. Policy, Procedure, and Protocol Activity
4. **Section 3 – Safety and Risk Assessment Review and Practice**
5. Safety Threat Scenarios Activity
6. **Section 4 – SDM Family Case Plan Tool Overview**
7. **Section 5 – SDM Risk Reassessment Overview**
8. **Section 6 – SDM Reunification Assessment Overview**

1. **Section 7 – DCS Demonstration and Tool Orientation**

1. **Section 8 – SDM Framework and Decision Points**
2. Why Discuss Planning in Assessment Training?
3. Assessment – The (Potential) Missing Element
4. Steps in the Planning Process – Assessment as a Critical Element

**Day 2**

1. **Section 1- Cans/Fast Orientation**
	1. Orientation of the CANS/FAST Assessments
2. **Section 2- Cans/Fast Orientation (continued)**
3. **Section 3- Practice Opportunity**
4. **Section 4- Collaborative Family Case Planning & Connecting Training To Your Job**
5. CANS/FAST Informed Collaborative Family Case Planning
6. Connecting the Training to the Job – 5 in 5

**Day 3**

1. **Section 1- Division Information Management System Documentation**
	1. Clarification and Review
	2. CANS/FAST Overview
	3. Documenting CANS
	4. Homework
2. **Section 2- What Is Your Story?**
3. **Section 3- Cans/Fast Interactive Activities**
4. A Moment of Truth
5. Rapid Improvisation

**BEFORE YOU TRAIN**

* All PowerPoint Presentations are located on the online MidSOUTH Staff Portal, along with all other additional training resources:[**https://www.midsouth.ualr.edu/staff/?page\_id=449**](https://www.midsouth.ualr.edu/staff/?page_id=449)
* Unit 4 includes an online component that workers should have also completed before this trainer-led training.
	+ In the online training, workers were introduced to the on-call job responsibilities, policies, and protocols.
	+ Participants were also allowed to explore the benefits of concurrent planning and timely permanency.
* Many of the activities included are based on the books, *Using Brain Science to Make Training Stick*, *The Ten-Minute Trainer, and Training from the Back of the Room.*
	+ The book, Using Brain Science to Make Training Stick, uses a shorthand called “The Six Trumps©.”
* Trainer-led training consists of 3 ½ hours of instruction and 5-10-minute break periods at 1 ½ hour intervals or the trainer can determine where logical break periods can occur depending on the flow of the trainer-led instruction or activity.
* We include participant-led activities, physical movement, images, peer-to-peer discussions, and incorporating activities that tap into the participants’ emotions to help enrich the learning experience.
* Be sure to gather all materials, links, and supplies for this training.
* We also include a “Ticket Out” procedure whereby participants will be able to ask clarification questions about the information presented in class that they may not fully understand.
* Be sure to locate the CANS/FAST User Manuals and Forms.
	+ - This training also includes a knowledge check that needs to be completed on the last day of training.

|  |
| --- |
| **TRAINER MATERIALS LIST** |
| **STANDARD ROOM SET-UP (FOR EACH DAY FOR TRAINING)*** Class roster/Sign-in sheets (morning and afternoon)
* Name tents
* White board markers
* Flip chart set ups for small group work (easel, pad, markers)
* Index Cards
* Causes Cards
* Colored Construction Paper
* Participant Manuals
* Trainer Resources

**DAY 1*** Training 3-Ring Binder (3-inch binder for all training materials)
* Individual Welcome to Training sheets for participants with each person’s username and password (for portal access). Please note: the “Welcome Sheets” do not have a handout number.
* Handouts:1-4
* [DCFS Policy and Procedure Manual](https://humanservices.arkansas.gov/wp-content/uploads/Master_DCFS_Policy.pdf)
* SDM ® Ongoing Tools Procedure Manual
* Bowman, S.L. (2005). The ten-minute trainer: 150 Ways to teach it quick & make it stick
* Safety Threats Activity Table Copies – Safety Threats and 3 Scenarios Printed and Preppet

**DAY 2*** Handouts: 7-9
* CANS 5+ Manual
* CANS/FAST User Manual
* Dr Lyons on CANS (3:12)- https://www.youtube.com/watch?v=d3ByqJH0ENI
* A Conversation with Dr. John Lyons (8:02)- https://youtu.be/0jgFaSUaWlE
* WhoDunnit? Video (3:57) <https://youtu.be/8ctyBHr2HO0?si=NQXwPIxp_OOY_NoT>

**DAY 3*** Handouts: 8-10
* CHRIS lab
* CANS/FAST User Manual
* CANS/FAST Charades Kahoot Link: [**https://create.kahoot.it/share/cans-fast-charades/8298bf71-019e-4e4a-953c-7f78046e40ed**](https://create.kahoot.it/share/cans-fast-charades/8298bf71-019e-4e4a-953c-7f78046e40ed)
 |

|  |
| --- |
| **COMPETENCIES** **LIST** |
| **101-3** The worker understands the dual roles of the family service worker to protect children from maltreatment, empower families, and provide services that preserve safe and stable families. **101-4** The worker knows what data must be gathered from collaterals contacts, from the reporter, from case records and from other sources and can identify factors that must be evaluated when assessing immediate safety threats, the level of risk for maltreatment and family strengths and protective factors that mitigate or reduce risk.**101-6** The worker knows the broad range of responsibilities of the child welfare ~~agency~~ division and the range of interventions to assure child safety from least intrusive to most intrusive, including providing supportive services, differential response, in-home services, arranging temporary out-of-home 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 what data must be gathered from collateral contacts, case records, and other sources to thoroughly assess health, safety, abuse, or neglect, family strengths and risk to children, and knows how to use this data to plan and provide relevant protective and supportive services. **102-1** The worker understands knows the importance of effective assessment, family case planning and concurrent planning and understands the factors that must be 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 by ~~agency~~ division assessment tools and protocols.**102-2** The worker understands the importance of effective case assessment, planning, and concurrent planning as the foundation of casework intervention.**102-4** The worker understands the factors that must be addressed in the family strengths and needs assessment, including the contributing factors to abuse or neglect, the functioning of the family as a unit, the cognitive, behavioral, social, and emotional strengths and limitations of each family member, and resources available to the family. **102-6** The worker understands the dynamics of resistance and knows how casework methods can defuse family member’s hostility, fear, and anger. |
| **\*Division of Children and Family Services****FSW Competency List** |

**DAY 1**

**SECTION 1: Introduction**

**small.)**

|  |  |
| --- | --- |
| **Time Estimate:** | * 10 Minutes
 |
| **Learning Outcomes:** | * The worker knows the broad range of responsibilities of the child welfare ~~agency~~ division and the range of interventions to assure child safety.
 |
| **Competencies:** | * 101-6
 |
| **Participant Content:** | * Participant Manual
 |
| **Trainer Materials:** | * Sign-In Sheets
* Whiteboard or flipchart and markers
* Name tents
* Bowman, S.L. (2005). *The Ten-Minute Trainer: 150 Ways To Teach It Quick & Make It Stick*
 |

TEACHING NOTES

**TRAINER INTRODUCTION**

Hello and Welcome to Unit 4- Assessment Strategies in Child Welfare. Before this Unit, FSWs should have completed Unit 1- Foundations: Getting Started, Unit 2- Introduction to DCFS Practice Expectations & Trauma Informed Practice, and Unit 3- Introduction to Child Maltreatment. Unit 4 includes an online component that workers should have also completed before this trainer-led training. In the online training, workers were introduced to the on-call job responsibilities, policies, and protocols. Additionally, participants were allowed to explore the benefits of concurrent planning and timely permanency.

TEACHING NOTES

The trainer-led setting will provide opportunities for participants to apply the information learned on-line by participating in experiential activities, group activities and reciprocal dialogue with the trainer that will intentionally engage FSWs to become active participants. This approach is based on brain science. Cognitive neuroscience studies now understand how the human brain takes in, stores, retrieves, and uses information. Many of the activities included are based on the books, *Using Brain Science to Make Training Stick, The Ten-Minute Trainer and Training from the Back of the Room*. The book *Using Brain Science to Make Training Stick* uses a shorthand called “The Six Trumps©.” In terms of learning, those principles appear in the first column. We have developed some graphics with words and images to remind trainers to do the activity as written.

**CLASSROOM HOUSEKEEPING & AGREEMENTS**

The daily schedule of the training will be from 9 am until 4 pm and will consist of participant-led activities, physical movement, images, peer-to-peer discussions, and incorporating activities that tap into the participants’ emotions to help enrich the learning experience. There will also be 10–15-minute breaks around every half-hour. Refer participants to their agendas on pages 3-4 of their participant manuals to acquaint themselves with the cadence of this week’s training. The trainer can also set the classroom expectations for participants, by addressing some “housekeeping” topics. This information should include information about:

* **Sign-in Sheets:** Sign-in sheets must be completed in the morning and afternoon of each day. If a participant does not sign in, he or she may not be given credit for that training section and may have to schedule a make-up session.

TEACHING NOTES

* **Smoking Areas:** Training rooms are non-smoking environments. Direct smokers to the approved smoking locations.
* **Training Academy Facilities:** Direct participants to the location of bathrooms, phones, message boards, labs for email and other important facility sites.
* **Restaurants:** Provide participants with a list of restaurants near the training center. (Each center should develop this list.)
* **Cell Phone/Office Work:** Per DCFS request, all state ~~agency~~ division cell phones must be turned off and placed in the designated storage area during class time. Agency cell phones may be retrieved during breaks and returned to storage. Personal cell phones must be silent during class time and should only be used in an emergency.
* **Attendance:** Participants are expected to attend each day of a training module and must be on time for each session. Credit for completing the module will only be awarded if all days have been completed. Participants who miss one day or less are responsible for contacting the trainer to schedule a time to make up for the missed time. Supervisors will be informed of chronic absences, lateness, or frequent disruptive behaviors.

**TICKET OUT PROCEDURES**

“Ticket Out” procedures will also be included, whereby participants can ask clarification questions about the information presented in class that they may not fully understand.

The Ticket Out activity helps the trainer to:

* Check for understanding, that is, find out what material is most or least understood.
* Decide what material you may need to reteach.
* Answer questions that participants may not feel comfortable asking in front of the entire class.
* Know whether you are on track or not with both the information and the learning needs of the participants.

The Ticket Out activity gives the participants an opportunity to:

* Assess their own understanding of what they have learned.
* Ask questions or make comments about the material anonymously in case they are shy about doing it in front of the entire group.
* Become aware of any confusion that they may be feeling.



**Trainer Note:** Refer participants to Participant Manual page 3-4 for their agenda. Review with them what will be discussed during this training week.

**Reference:** Bowman, S.L. (2005). *The Ten-Minute Trainer: 150 Ways To Teach It Quick & Make It Stick.* San Francisco, CA: Pfeiffer.

**DAY 1, SECTION 2: On-call Strategies**

|  |  |
| --- | --- |
| **Time Estimate:** | * 45 Minutes
 |
| **Learning Outcomes:** | * Participants will examine DCFS policies, procedures, and protocol
* Participants will learn how to navigate the DCFS Policy Manual
 |
| **Competencies:** | * 102-2
 |
| **Participant Content:** | * Participant Manual page 5-6
 |
| **Trainer Materials:** | * Trainer Guide
* Trainer Resources
 |



TEACHING NOTES

**ACTIVITY: Policies, Procedures, & Protocol**

During the Unit 4 online training course, participants were introduced to the policies and procedures that guide their practice in certain instances. Instruct participants to turn to pages 5-6 in their Participant Manuals to write down what they remember from the online training and fill in the blanks with what they learned during this activity.

During this training session, participants will have the opportunity to explore the DCFS Policy and Procedures Manual. Inform participants that they can use their electronic devices during the next activity (e.g., cell phone, tablet, etc.) to look up the policy information in the [DCFS Policy and Procedure Manual](https://humanservices.arkansas.gov/wp-content/uploads/Master_DCFS_Policy.pdf). Allow 10-15 minutes for participants to write their answers. After 10-15 minutes, call time and have a group discussion about the participants’ answers. Some potential examples of what participants should say are listed below under each heading.

****

**DCFS/CACD INTERAGENCY AGREEMENT**

CACD will be primary on most cases of severe maltreatment. (DHS and Arkansas State Police renegotiate the Interagency Agreement every year; therefore, it is good practice to check the agreement in August to determine if any changes were made. Provide participants with Handout 1, Day 1.

* Depending on the location (head/torso, excluding buttocks), severity and multiplicity of the injuries, cuts, bruises, and welts may be a Priority I
* The investigation of bruises, cuts, or welts in or on any portion of the head, face, neck, or torso, excluding buttocks, that are the result of a direct act against the child by a parent or caretaker, when reported by medical personnel, a medical facility, or law enforcement, will be the responsibility of the CACD.
* CACD will investigate if a Failure to Protect allegation is linked to a Priority I CACD investigation. NOTE: As of 8/1/2023, ACT 364 adds the requirement of bodily injury to the definition of “failure to protect” as it pertains to physical abuse and neglect.
* CACD will investigate only those allegations of abandonment in which the alleged offenders are resource/adoptive parents.
* Just a note to remember: Severe maltreatment and Priority I response times are linked but they are not synonyms. For example, Garrett’s law is not defined as severe maltreatment but has a Priority 1 response time. All sexual abuse categories are defined as severe but reports that are over 1 year old and the alleged offender does not have access to the child have a Priority 2 response time.
	+ As of 8/1/2023, ACT 364 allows the hotline to accept a referral for sexual abuse with no disclosure if the child is 11 y/o or younger and presents with physical evidence of sexual activity.
	+ ACT 364 also adds ‘sexual grooming’ to the definition of ‘sexual abuse’.

**INITIATION TIMEFRAMES FOR AN INVESTIGATION**

Any report assigned as a Priority I must be initiated within 24 hours of the call to the hotline.

Reports coded as Priority II must be initiated no later than 72 hours from the call to the hotline. **PROCEDURE II-D3** (**Note:** This procedure is not located in the table of contents of the DCFS ~~Handbook~~ Policy and Procedures Manual)

* **As of 8/1/2023, ACT 727** prohibits the Child Abuse Hotline from accepting anonymous reports and any faxed reports.
* **As of 8/1/2023, ACT 364** removes the requirement for the hotline to accept a report involving bruising if the bruise is not visible at the time of the report. This change is specific to bruising only. It does not mean that the hotline can only accept reports of abuse if there is a visible injury. The Child Maltreatment Act still allows for several kinds of abuse to be accepted and, in some instances, even found true without an injury. Even for maltreatment types that require a physical injury to make a true determination, that does not necessarily mean the reporter has to know about or observe the injury for the hotline to accept the report. The reporter only has to have cause to suspect abuse or neglect and the responsibility to determine whether an injury does not fall on the hotline but on the investigative ~~agency~~ division.
* **Example 1 for ACT 364:** Aunt calls the hotline and states that last month, her eight-year-old niece had some bruises on her arm. She suspects abuse by the AV’s mother’s boyfriend because he’s “a deadbeat with a bad temper.” Aunt stated she tried asking her niece several times about how she got the bruises, but the child said he didn’t know or would ignore the question.

She states she is just now calling because she was afraid that if her sister (AV’s mom) found out, she would not allow her aunt to see her niece anymore. Aunt reports bruises are no longer visible.

There are no other allegations other than aunt complaining generally about mom’s poor choice in men, and she’s worried this will happen again. Result: Because there are no other allegations or information and the bruise is no longer visible, the hotline would screen out the report.

* **Example 2 for ACT 364:** On Monday morning, Mom calls in a report on her ex-husband for tying their eight-year-old son’s hands and feet together and leaving him in a dark bedroom for several hours on Friday night as punishment for the eight-year-old son beating up on his little brother when they were at their weekend visit with their dad. She says that the eight-year-old son reported that he was scared, the ropes hurt him, and that his wrists and ankles were still red and rough on Saturday morning. However, when she picked them up on Monday morning to take them to school, she did not see any marks. Result: Even though there were no injuries at the time of the report, the hotline would accept this report since tying an AV’s limbs together -- regardless of age -- can be accepted without an injury.

If there is a preponderance of the evidence that AO is the ~~parent~~ caregiver, AV is under 18, AV’s limbs were tied together, and AO intentionally or knowingly committed the act, this report would be determined true for “abuse with or without physical injury”.

"Sexual grooming" means to knowingly disseminate to a child thirteen (13) years of age or younger with or without consideration a visual or print medium depicting sexually explicit content with the purpose of enticing, inducing, or grooming the child to engage in the following with a person:

1. Sexual intercourse;
2. Sexually explicit conduct; or
3. Deviate from sexual activity.
* As used in subdivision (32)(A) of this section, "disseminate" means to allow to view, expose, furnish, present, sell, or otherwise distribute, including on an electronic device or virtual platform, and is not limited to an act that takes place in the physical presence of a child.

**DIFFERENTIAL RESPONSE**

(Participants need to check with their supervisors to determine if the on-call worker in their county is responsible for initiating a DR referral or if the DR workers are responsible for initiation).

A DR is considered “initiated” when one of the following has been met:



* The health and safety of the victim child (ren) in the family’s home has been assessed within 72 hours from the time the referral was received from the Child Abuse Hotline.The DRT (Differential Response Team) Specialist has also met with at least one ~~parent/~~caregiver in the home within 72 hours from the time the referral was received at the Child Abuse Hotline (based on the family's reported needs and/or safety issues, the DRT Supervisor may require that the initial contact with the family occur sooner than 72 hours).

**Trainer Note:** Additional information to be shared here is that once the hotline has determined the referral is appropriate for Differential Response, upon initiation, DRT may determine that a referral should be investigated and send a DR referral to investigation, but it cannot be sent to DR from Investigation after it has been initiated.)

A safety assessment of the victim child(ren) could not be made, but due diligence has been exercised and documented within 72 hours of receipt of the hotline referral.

* Due diligence must include making an unannounced (or announced, if needed) visit to the child’s home at least three times at different times of the day or on different days (provided the three visits are within the appropriate DR initiation timeframes) in an attempt to assess the health and safety of the victim child(ren).

**PLEASE NOTE:** There are several activities that are required as part of meeting due diligence criteria. Those activities are not listed here, but the participants can access the requirements on-line. **PROCEDURE II-B**



**Trainer Note:** Here is a good place to mention PUB-85- Differential Response: A Family-Centered Response to Strengthen and Support Families. This publication explains Differential Response.

**INTERFACE AND INTERACTION WITH LOCAL LAW ENFORCEMENT**

When a caregiver is arrested and can no longer care for his/her children, law enforcement often contacts DCFS. The DCFS response depends upon whether the arrest of the ~~parent~~ caregiver is related to a child maltreatment or non-child maltreatment offense as well as other factors that must be assessed by DCFS. If DCFS is contacted, the worker will conduct a safety assessment to determine whether the child is safe or unsafe. **PROCEDURE II-D16**

**TEAM DECISION MAKING**

*~~(The policy and procedures related to TDM only apply to those counties in which TDM has been implemented).~~ (TDM has now been implemented Statewide)*

TDM provides a facilitated forum for families, community members, and DCFS to collaboratively solve problems and make decisions regarding children’s safety and placement using the most information possible. SOP emphasizes the importance of a support network for the successful implementation of a~~n~~ ~~Immediate~~ safety plan—without a network, there can be no safety plan. The TDM meeting is a step in the collaborative process of involving the family and their network to ensure the safety of the children.



* A Team Decision Making (TDM) meeting is held within three (3) business days of establishing a~~n immediate~~ safety plan due to a safety threat being identified in the home and always before the case is brought to court. However, a dependency-neglect petition related to a~~n immediate~~ safety plan may be filed with the court when necessary.
* The ~~immediate~~ safety plan will be filed with the court within 30 days of the implementation of the initial ~~immediate~~ safety plan if a dependency-neglect petition was not previously filed in association with the ~~immediate~~ safety plan, and it is assessed that a substantial risk of harm to the health and safety of the child remains and that the ~~immediate~~ safety plan must stay in place to ensure the health and safety of the child.
* TDM meeting referrals are made by the DCFS FSW who put the ~~immediate~~ safety plan in place. All referrals are sent to the area DCFS Facilitator. If the area DCFS Facilitator is unavailable, the DCFS FSW who put the ~~immediate~~ safety plan in place will contact the DCFS Facilitator Supervisor.

The DCFS Facilitator Supervisor will then make a referral to a backup facilitator who can facilitate the TDM meeting within three (3) business days of the implementation of an ~~immediate~~ safety plan. **POLICY II-G**

A TDM meeting is also held within three (3) business days of receipt of a Garrett’s law allegation – regardless of whether the child is left in the home or removed - to the hotline and always before the case is brought to the court. However, if an ~~immediate~~ safety plan is put into place at the initiation of an investigation involving a Garrett’s Law report, a dependency-neglect petition may be filed with the court in association with the ~~immediate~~ safety plan as necessary.

* The ~~immediate~~ safety plan will be filed with the court within **30 days** of an initial ~~immediate~~ safety plan. If a dependency-neglect petition was not previously filed in association with the ~~immediate~~ safety plan, and it is assessed that a substantial risk of harm to the health and safety of the child remains and that the ~~immediate~~ safety plan must stay in place to ensure the health and safety of the child.
* TDM meeting referrals related to Garrett’s Law allegations are made by the primary DCFS FSW investigator to the area DCFS Facilitator. If the area DCFS Facilitator is unavailable, the primary DCFS FSW investigator will contact the DCFS Facilitator Supervisor. The DCFS Facilitator Supervisor will then make a referral to a back- up facilitator who can facilitate the TDM meeting within three business days of an accepted report of a Garrett’s Law allegation to the hotline.
* The TDM Supervisor may waive the TDM Meeting requirement for extenuating circumstances that render a TDM Meeting unnecessary (e.g., a foster care case is already opened, a hotline referral involving a child death with no siblings or other children under the care of the alleged offender, a Garrett’s Law referral in which the biological mother is already working with the Office of Chief Counsel to put the infant up for adoption, etc.) **POLICY II-G**

There are many different aspects of TDM, but participants can take a closer look at TDM with the DCFS internal Procedure 202: Team Decision Making (8/29/24). Provide participants with Handout 2 day 1 and ask them to familiarize themselves with the information included. Internal Procedure 202 provides FSWs with a full scope of the TDM Meeting Process and its requirements.

The topics addressed include:

* **202.1-** TDM Focus and Prompts
* **202.2-** Participants and their roles in the process of the TDM Meeting, including:
	+ The caregiver
	+ The children (aged 10 or over)
	+ Extended family and non-related support networks (including representatives from the family’s community)
	+ Professionals involved with the case
	+ DCFS Staff
* **202.3-** Timeframes for TDM Meetings
* **202.4-** The initiation of a TDM Meeting Referral
* **202.5-** Preparation for a TDM Meeting
* **202.6-** The Safety Check-In prior to the TDM Meeting
* **202.7-** Conducting the TDM Meeting
* **202.8-** Responsibilities Following the TDM Meeting
* **202.9-** Review of a TDM Meeting Decision

**PROTECTIVE CUSTODY OF CHILDREN IN IMMEDIATE DANGER**The FSW investigator will take the child into protective custody for up to 72 hours if:

a) The circumstances present an immediate danger to the child’s health or physical well-being; or,

 b) The child is neglected as defined under Garrett’s Law 12-18-103



The FSW investigator determines whether the child and any other children, including siblings, are at substantial risk of serious harm that the children need to be removed from the custody or care of the ~~parent/legal guardian~~/caregiver; or, c) Any child who is dependent as defined by the Arkansas Juvenile Code of 1989, 9-27-301. **PROCEDURE II-D11**

**MEDICAL EVALUATIONS**

Arrange for a physician to examine the child thoroughly within 24 hours of removal for allegations of severe maltreatment under A.C.A. 12-18-602 or if the allegation is that a child has been subjected to neglect as defined in A.C.A.

12-18-305 (14) (B) (Garrett’s Law) and arrange for a physician to examine the child thoroughly within 72 hours of removal for all other children who enter the custody of DHS.

1. The FSW or Health Services Specialist (HSS) must sign the consent for treatment prior to the child receiving medical and dental services during protective custody. The FSW or HSS may:
2. Go to the medical or dental office where treatment is to be provided and sign the consent for treatment forms;
3. Have the form faxed, sign the form, and fax it back to the service provider; or,
4. If the provider allows phone consent, they may provide consent via the telephone.

This should be completed prior to the ~~foster~~ resource parent accompanying the child for treatment. In emergency situations, the on-call FSW will be available to sign for medical or dental treatment. **PROCEDURE II-D6**



**OUT OF HOME PLACEMENT CRITERIA**

Place the child in an appropriate licensed or approved placement. If a provisional placement will be pursued: 1) Notify the area Resource Worker Supervisor by email within 24 hours of removal that children have been removed and a potential provisional placement has been identified. **PROCEDURE VI-A**

**REMINDER**

* **NOTE:** When considering placement for a child, remember ACT 363 adds “by marriage” to the definition of relative and adds “adoption” as a way in which a person may not be related under the definition of fictive kin.
* When possible, DCFS believes that placement with safe and appropriate relative or fictive kin should be considered first. DCFS will strive to ensure that a child’s first placement is with kin if possible. **POLICY VI-B**.
* If placement with a safe and appropriate kin is not possible, DCFS seeks to place children in the least restrictive, most family-like setting that meets each child’s individual needs. Here is a good place to begin the conversation about the importance of resource home retention. **PROCEDURE VII-B2** A key component to successful resource home retention is a good working relationship. Encourage participants to build a good rapport with all resource parents by making a list of those that accept teenagers along with any other specialties such as speaking another language.



* As of 8/1/2023, Executive Order 23-18 requires the establishment of the “Arkansas Strategic Plan for Foster Care Placement.” This plan requires that the ~~agency~~ division streamline placement with relatives, streamline the process for adoption from foster care and enhance efforts to support children aging out of care.

**DAY 1, SECTION 3:** **Safety and Risk Assessment Review and Practice**

|  |  |
| --- | --- |
| **Time Estimate:** | * 120 Minutes
 |
| **Learning Outcomes:** | * Participants will be able to explain the importance of adequately assessing safety threats that interfere with child safety.
* Participants will be able to articulate how a safety threat is negatively affecting child safety and family stability.
 |
| **Competencies:** | * 101-6
* 101-7
 |
| **Participant Content:** | * Participant Manual pages 7-9
* Handouts 3-5
* SDM ® Safety And Risk Assessment Manual pages 14-22
 |
| **Trainer Materials:** | * Trainer Guide
* Trainer Resources
* SDM ® Safety And Risk Assessment Manual
 |

**SAFETY AND RISK ASSESSMENT REVIEW**

TEACHING NOTES

During Unit 3, participants were introduced to the SDM Safety and Risk Assessment. Take a moment to get the participant(s) up and moving, by briefly going over the key points of the SDM Safety and Risk Assessments in a class brainstorming activity. Direct the participants to the table copies of the Safety and Risk Assessment Manual. Ask students to consider some of the major takeaways they learned about the assessments. Ask each table of participants to take 5 minutes to use the whiteboards near their table to list the sections and significant points about the Safety and Risk Assessments. These Assessments must be completed by a CACD or DCFS worker (including on-call workers) responsible for the investigation or DR assessment. Utilize the PowerPoint to review the key points of the assessments before proceeding with the next activity.



**SDM SAFETY ASSESSMENT**

**Slide 3-** The SDM Safety Assessment provides structured information concerning the danger of imminent harm to a child. Reintroduce the main components of the SDM Safety Assessment tool:

* **Section 1: Factors Influencing Child Vulnerability (page 14)**
* **Section 2: Current Safety Threats (pages 7-8)**
* **Section 3: Safety- Planning Capacities and Safety Interventions**
* **Section 4: Placement Intervention - Safety Decision**
	+ Immediate Safety Plan
	+ Safety Decision

**Slide 4-** This information guides the decision about whether:

* The child may remain in the placement with no intervention (Safe)
* May remain in placement with safety interventions in place (Safe with immediate safety plan)
* If a change in placement must occur (Unsafe).

DCFS will always be the ~~agency~~ division to complete Section 3 and beyond in this tool, regardless of which ~~agency~~ division is holding the investigation. If Arkansas State Police Crimes Against Children Division (CACD) is holding the investigation, the CACD worker will contact DCFS to complete Section 3 and beyond.

****

**Trainer Note**: DCFS does not always have to agree with potential Safety Threats Identified by the CACD during their investigation. Remind participants that when DCFS and CACD disagree, they must refer to their supervisor for proper DCFS protocol. Instructions and answers for each scenario are located in the Trainer Resources.

**SDM RISK ASSESSMENT**

**Slide 5-** The SDM Risk Assessment informs staff about how worried they should be and identifies families with a ~~very high, moderate, or low level~~ Very high, high, moderate, or low. High-risk families have significantly higher rates of subsequent reports, true findings, and future child protection system involvement within the household than low-risk families.

The Risk Assessment should be completed as soon as enough information has been gathered but no later than the conclusion of the investigation period. Risk Assessments must be completed before any decision to open or not open any new investigation cases and DR referrals (including new investigations of families with an open case).

The **Risk Level** determines the likelihood that the children will face further maltreatment within the next 6 months to a year while living in a household.

**Slide 6-** The **Risk Assessment** determines whether a case should be opened or whether the family should be referred to other prevention services.

The risk assessment consists of the following components:

Section 1: Risk Items

* Current Investigation
* Prior Investigations
* Family Characteristics

Section 2: Scoring

* Scored Risk Level

Overrides

* Final Risk Level
* Recommended Decision
* Action

**ACTIVITY: Safety Threat Scenarios**

**Slide** **7- Connecting the online activity with this classroom activity:** During the online training, participants were introduced to the scenarios that would be used for this activity. They were tasked with reviewing the scenario that corresponded with the first letter of their last name, such as Scenario 1 (last name starts with the letters A-H), Scenario 2 (last name starts with the letters I-Q), and Scenario 3 (last name starts with the letters R-Z). Participants were also asked to take note of the feedback provided to prepare for the discussion.

**INSTRUCTIONS**

The trainer should number each participant off 1-3 to divide the class into 3 groups and create concept center tables for each scenario, Handouts 3-5. If one group is out of proportion with the others, the trainer can adjust as needed. Prepared safety threats (14) and a copy of one scenario should be on each concept table. Safety threats identified by CACD, the correct answers, justifications, and step-by-step instructions for this activity are located in the Trainer Resources. Students will be divided into the following groups and report to the corresponding concept table:

* Group 1 - Scenario 1 (Handout 3)
* Group 2 - Scenario 2 (Handout 4)
* Group 3 - Scenario 3 (Handout 5)

Direct the participants to their Safety and Risk Assessment Manual, pages 14-22.



During this activity, participants will use the SDM Safety Assessment Definitions, sections 1 – 3 in the SDM Safety and Risk Assessment Manual, to complete the 3 parts of this activity:

**Part 1:**

**Determine what safety threat is occurring in the family that makes the child unsafe.** (adapted from *Oregon Safety Model Training*; Sections 1-2 of the *Safety and Risk Assessment Manual*).

Emphasize the importance of utilizing the definitions included with the safety threats to choose the threat that best encapsulates the danger to the child(ren). Ask participants to discuss the reason behind it.

**Part 2:**

Ask the groups to generate 2-3 solution-focused questions to discuss with the class. Instructions on creating Solution-Focused Questions are located in the Participant Manual on pages 7-8. Once the participants are finished, initiate a group discussion. Each group will then take turns leading the class discussion at their concept tables.

**Part 3:**

**Create Harm, Worry, and Goal statements** to illustrate the ~~agency's~~ division’sobjectives for each investigation. Refer participants to Participant Manual page 9 for instructions on creating Harm, Worry, and Goal Statements.

* + **Identify any strengths within the family.** Remember to discuss the family’s strengths in terms of what works well within the family.
* **Discuss whether an Immediate Safety plan could be implemented**. If so, what would need to be in place?



Remind participants that it is important to assess how a safety threat occurs in the family adequately. Assessments can be boiled down to the three questions- *“What are we worried about?” “What is working well?” and “What needs to happen?”*.

These questions were introduced in early sections of the training and should be addressed at every stage in the life of a case (hotline, investigations, etc.).

**CONCLUSION**

 In addition, it is very important to articulate how the threat affects a child’s safety, as this skill will be vital to their success in court. If participants do not get the correct answers to the scenario, provide them with the correct answers and briefly walk them through each rationale (located in the Trainer Resources).

When creating Harm, Worry, and Goal statements, a simple formula to remember is Caregiver + Behavior + Impact= Harm/Danger Or Safety. When interviewing collaterals or family members, encourage them to identify the caretakers, their behaviors, and the impact of those behaviors on the child.

**DAY 1, SECTION 4:** **SDM Family Tool Overview**

|  |  |
| --- | --- |
| **Time Estimate:** | * 30 Minutes
 |
| **Learning Outcomes:** | * Participants will take a closer look at the Family Case Plan
* Participants will examine the Child and Caregiver Items.
 |
| **Competencies:** | * 102-2
 |
| **Participant Content:** | * SDM ® Ongoing Tools Procedure Manual pages 1-10
 |
| **Trainer Materials:** | * Trainer Guide
* SDM ® Ongoing Tools Trainer Guide
 |

**SDM FAMILY CASE PLAN TOOL INTRODUCITON**

**Slide 8-** The Family Case Plan Tool is used to evaluate caregivers' presenting strengths and needs when trying to provide safety, permanency, and well-being for their children. Participants should have a table copy of SDM ® Ongoing Tools Procedure Manual; ask them to turn to pages 1-10 to get a closer look at the family case plan tool. Family Services Workers (FSWs) must conduct this assessment for every referral that is promoted to a case. This tool must be conducted within 30 days of the case opening, **prior to the initial Family Case Plan,** and reviewed every **90 days** to inform the family case plan update.

TEACHING NOTES

**Slide 9- The Family Case Plan Tool is used with caregivers to:**

* Identify critical family **needs** that should be addressed in the Family Case Plan.



* Identifying family **strengths**
* Identify critical family needs that prevent safety in the family and conditions related to worries about possible future harm.
* Helps with planning effective interventions with the family.

**Slide 10-** The family case plan tool identifies **priority *areas***to address in the family case plan. Once those areas are identified, the worker may benefit from additional assessment within those areas to identify specific objectives, services, and activities most appropriate for this family.

**FAMILY CASE PLAN TOOL AREAS**

Each area in the assessment represents a significant area of family functioning that may support or impede a family’s ability to maintain children’s safety, permanency, and well-being. FSWs must determine the appropriate response for each area and select that answer. The items/areas of the Family case plan tool include Caregiver areas and Child areas:

**CAREGIVER AREAS**

1. **SN1. Resource Management/Basic Needs**
2. **SN2. Physical Health**
3. **SN3. Parenting Practices**
4. **SN4. Social Support System**
5. **SN5. Household and Family Relationships**
6. **SN6. Intimate Partner Violence**
7. **SN7. Substance Use**
8. **SN8. Mental Health**
9. **SN9. Prior Adverse Experiences/Trauma**
10. **SN10. Coping Skills**
11. **SN11. Cognitive/Developmental Abilities**



1. **SN12. Other Identified Caregiver Strength or Need (not covered in SN1 – SN11)**

**CHILD AREAS**

1. **CSN1. Emotional/Behavioral Health**
2. **CSN2. Trauma**
3. **CSN3. Child Development**
4. **CSN4. Education**
5. **CSN5. Social Relationships**
6. **CSN6. Physical Health**
7. **CSN7. Alcohol/Drugs**
8. **CSN8. Delinquent Behavior**
9. **CSN9. Family of Origin Relationships**
10. **CSN10. Relationship With Substitute Care Provider (if child is ~~in care~~ experiencing foster care)**
11. **CSN11. Transitional Youth Services (if age 14 or older)**
12. **CSN12. Other Identified Child Strength or Need (not covered in CSN1 – CSN11)**

**TOOL COMPLETION**

Completing the Family Case Plan Tool requires gathering information from all family members and collaterals and reviewing records. The assessment may be completed or modified during family team meetings. When scoring, FSWs should consider the entire scope of available information, including the family’s perspective, information from collateral sources, existing records, documents, and worker observations.



**FAMILY CASE PLAN**

**Slide 11-** The ultimate goal for the FSW is to use the information gathered with the Family Case Plan tool to create a family Case Plan with the family.

The Family Case plan should be written with measurable, behaviorally specific goals and objectives that consider and incorporate the caregiver’s priority strengths and address the caregiver’s priority needs. If an immediate safety plan was in place, ***continuing safety*** ***intervention*** requirements should now be incorporated into the family case plan.

.

**DAY 1, SECTION 5:** **SDM Risk Reassessment Overview**

|  |  |
| --- | --- |
| **Time Estimate:** | * 30 Minutes
 |
| **Learning Outcomes:** | * Participants will take a closer look at the SDM Risk Reassessment
 |
| **Competencies:** | * 102-2
 |
| **Participant Content:** | * SDM ® Ongoing Tools Procedure Manual pages 41-45
 |
| **Trainer Materials:** | * Trainer Guide
* SDM ® Ongoing Tools Trainer Guide
 |

**SDM RISK REASSESSMENT**

**Slide 12-** Each open case in which all children remain in the home, or if a child has been returned home and family maintenance services are provided, must undergo a Risk Reassessment every **90 Days**. Ask participants to turn to pages 41-45 in their SDM ® Ongoing Tools Procedure Manual to get a closer look at the Risk Reassessment.

TEACHING NOTES

**The purpose of the risk reassessment is to help assess:**

* Whether the risk has been reduced sufficiently to allow a case to be closed.
* Whether the risk level remains high, and services should continue.

Research has demonstrated that for risk reassessments, a single index best categorizes risk for future involvement in the child protective system.



This is accomplished by evaluating whether the caregiver's ***behaviors and actions*** have changed due to the Family Case Plan.

**SDM RISK REASSESSMENT ITEMS**

**Slide 13-** Reassessment combines items from the initial risk assessment with additional items that evaluate a family’s progress toward Family Case Plan goals. 10 items are included in the risk reassessment, and definitions for the items accompany them. These items are listed as the following:

* **R1.** Prior investigations
* **R2.** Household previously received ongoing child protection services
* **R3.** Primary caregiver has a history of abuse or neglect as a child
* **R4.** Current or historical characteristics of children in the household

**The following case observations pertain to the period since the last assessment or reassessment.**

* **R5.** New investigation of abuse or neglect since the initial risk assessment or the last reassessment
* **R6.** Primary or secondary caregiver alcohol and/or drug misuse since the last assessment or reassessment
* **R7.** Adult relationships in the home
* **R8.** Primary caregiver mental health since the last assessment or reassessment
* **R9.** Primary caregiver provides physical care of the child that:
* **R10.** Caregiver’s progress with family case plan goals (as indicated by behavioral change)



The first 4 items on the risk reassessment are scored the same way as the first four items on the initial risk assessment unless new information has become available regarding the conditions that existed at the time of the initial risk assessment.

The last 5 items in the reassessment are scored based ***ONLY***on observations, since the most recent risk assessment/reassessment. After all items are scored, the scores are totaled to determine the risk level of the case. All FSWs need to familiarize themselves with the items; as each item’s score is derived from the FSW's observations of the characteristics described during interviews with household members (child, caregivers, and others) and collaterals, referrals, case records, or other reliable sources concerning progress in demonstrating behavioral change and meeting family case plan goals. Some characteristics are objective, such as prior child abuse/neglect history or the child’s age. Others require you to use judgment based on your visits and assessments of the family.

**OVERRIDES**

After determining the scored risk level, an FSW must assess whether any override conditions are present, based on the most recent review period. If this is the first **Risk Reassessment**, the period since the initial **Risk Assessment** should be considered. If this is not the initial **Risk Reassessment**, FSWs must consider the period since the last **Risk Reassessment**. There are two types of Risk Assessment Overrides:



**Policy overrides**

* Similar to the initial risk assessment, DCFS has determined that there are certain conditions that are so serious that a risk level of **“very high”** should be assigned regardless of the risk reassessment score. The policy overrides refer to incidents or conditions that have occurred since the initial risk assessment or the last reassessment. If one or more policy override conditions exist, select **“yes”** for each reason for the override and select **“very high”** for the final risk level. Policy overrides require supervisory review. There are 4 defined mandatory override conditions:
	1. ***Sexual abuse case AND the offender is likely to have access to the child*:** One or more of the children in this household are or have been victims of sexual abuse, AND the offender is likely to have unmanaged access
	2. ***Non-accidental injury to a child under age 3*:** Any child under age 3 in the household has any kind of physical injury resulting from a caregiver’s actions or inactions.
	3. ***Severe non-accidental injury*:** Any child in the household has a serious physical injury resulting from a caregiver’s action or inaction. The caregiver caused serious injury, defined as brain damage, skull or bone fracture, subdural hemorrhage or hematoma, dislocation, sprain, internal injury, poisoning, burn, scald, or severe cut; AND the child requires medical treatment.
	4. ***Caregiver action or inaction resulted in death of a child due to abuse or neglect*:** Any child in the household has died as a result of the caregiver’s actions or inactions. This child fatality may have occurred prior to the current case.



**Discretionary Overrides**

* **Discretionary overrides will only be used 5% of the time.** After about 6 months of working with a case, FSWs should have acquired significant information about the family they’re working with. This allows the worker to decrease the level of risk associated with the family based on behavioral changes made throughout the investigation. A discretionary override is used whenever facts indicate that the risk score does not accurately portray the family’s actual risk level. Unlike the initial risk assessment, in which a worker could only *increase* the risk level, the risk reassessment permits you to increase or *decrease* the risk level by one. If a discretionary override applies, select **“yes,”** indicate the reason, and select the override risk level. Discretionary overrides require supervisory approval. You then indicate the final risk level.

If any apply, total the score of the risk items and determine the final risk level. If none apply, the score and final risk level are the same.



**DAY 1, SECTION 6:** **SDM Reunification Assessment Overview**

|  |  |
| --- | --- |
| **Time Estimate:** | * 30 Minutes
 |
| **Learning Outcomes:** | * Participants will take a closer look at the SDM Reunification Assessment
 |
| **Competencies:** | * 101-6
 |
| **Participant Content:** | * SDM ® Ongoing Tools Procedure Manual pages 56-63
 |
| **Trainer Materials:** | * Trainer Guide
* SDM ® Ongoing Tools Trainer Guide
 |

**SDM REUNIFICATION ASSESSMENT**

TEACHING NOTES

**Slide 14-** After establishing a Family Case plan, DCFS requires a family case plan review at least every **90 days**. Each review should begin with an SDM reunification assessment to inform DCFS of the recommendations made, that review is called a reunification assessment. Have participants to turn to pages 56-63 of their SDM ® Ongoing Tools Procedure Manual.

**Slide 15-** The reunification assessment helps assess whether children ~~in care~~ experiencing foster carewho have a reunification goal should:

* Be reunified with the removal household or another household with a legal right to care.
* Remain in foster care ~~in care~~ while reunification services continue.
* Transition to concurrent goal for permanency.



The components of the reunification assessment evaluate **safety, caregiver engagement with the child, and risk; describe family case plan guidelines; and record the family case plan goal.**

The results are used to recommend a family case plan goal and guide decisions about whether or not to reunify a family.

**SDM REUNIFICATION ASSESSMENT**

**COMPLETION**

The reunification assessment can be completed no more than **30** **calendar days** before completing each family case plan, recommending reunification, or if a change occurs in the permanency planning goal. A reunification assessment should always be conducted when reinstatement of parental rights is being considered. The assessment may be conducted sooner if there are new circumstances or new information that would affect the safety status

This assessment/reassessment will be used **ONLY** with out-of-home households being considered for reunification. This assessment will NOT be used to assess potential kinship or other permanent placements. If the court orders a child home against the recommendation of DCFS, instead of completing the reunification assessment, FSWs will complete the SDM safety assessment, and if a safety threat is identified, FSWs will complete an immediate safety plan with the family.

**The reunification assessment no longer applies once:**

* Termination of parental rights has been granted.



* The child has an official legal goal change to APPLA (Another Planned Permanent Living Arrangement) with no other concurrent goal.
* The child has reached the age of 18.

A reunification assessment must be completed for families in which at least one child is placed in out-of-home care with the goal of reunification. When caregivers live separately, and each has family case plan objectives to achieve for reunification, separate reunification assessments are required. If the caregiver that is considered for reunification was not involved and did not live in the home where the abuse/neglect occurred, FSWs would not complete the reunification assessment on that caregiver.

Through these assessments, DCFS seeks to verify not only service compliance, but also behavior changes that increase child safety. Caregivers must demonstrate that the safety threat that led to removal has either been resolved or can be controlled by an immediate safety plan involving their network and the available supports. Results from the reunification assessment and the assessment of ~~parent~~-caregiver child interaction provide a presumptive recommendation for each child:

* Reunification.
* Maintaining the current plan (in pursuit of reunification).
* Transitioning to the current goal for permanent placement.

The family reunification risk reassessment classification guides the level of service intensity that will most benefit the family.



**ASSESSMENT SUPPORT**

Completion of the assessment is meant to be a team effort. The worker assigned to the case will observe and document the information necessary to complete the assessment. Input from other DCFS workers, individuals who supervise family time, service providers, DCFS supervisors, the children and caregivers, members of the family’s network, and other stakeholders in the case. FSWs must provide information on the reunification safety reassessment at the initial team meeting.

It is important to inform the family of their original risk level and to let them know that the child may return home as soon as safety threats can be mitigated, and caregivers demonstrate protective actions.

**DAY 1, SECTION 7: Data Collection System (DCS) Demonstration**

|  |  |
| --- | --- |
| **Time Estimate:** | * 45 Minutes
 |
| **Learning Outcomes:** | * Participants will be able to observe the screen path for entering the Safety and Risk Assessment into the Data Collection System (DCS).
 |
| **Competencies:** | * 101-4
 |
| **Participant Content:** | * CHRIS Lab
 |
| **Trainer Materials:** | * Trainer Guide
* [DCS Site Link](https://cpsint.sdmdata.org/arkansas/)
* [DCS Practice Site Link](https://cpsint.sdmdata.org/arkansas_dcs/)
 |



**Trainer Note:** This is a demonstration of the DCS system. If there any issues with pulling this site up, be sure to refer to the MidSOUTH Foundations training page for the DCS site links.

TEACHING NOTES

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**DATA COLLECTION SYSTEM DEMO**

**Slide 16-** Introduce the DCS Immediate safety Plan Practice site:

* Direct participants to access the [practice site](https://cpsint.sdmdata.org/arkansas_dcs/) in the lab by directly clicking on the app on their lab desktop computer.
* Enter the Username: training4
* Enter the Password: trainingSDM
* Main Menu
* Features of the Main Menu – top panel



My caseload- select My caseload then you will see the New Assessment Menu. The New Assessment Menu lists four types of assessments.

Select **Safety Assessment**- walk through the screens. This screen is used to enter the information collected during the assessment. The database mirrors the form located in the Safety and Risk assessment manual.

Identifying Information

Names of Children Assessed (Input the child’s name then add, until all children are being assessed.)

**Section 1:** Factors Influencing Child Vulnerability (select all that apply)

**Section 2:** Current Safety Threats (1-14) – select yes for each that applies. The definition will populate if you select the question mark next to the word “yes”. All of the safety threats must be addressed. If the threat does not apply, the response is NO.

**Safety Decision:**

Safe: No safety threats were identified at the time.

Safety Assessment Discussion: In the narrative box, describe caregiver behaviors, their impact on the child, and what details informed the safety decision. If no safety threats are selected, the child is safe, and the assessment is complete.

Save and close the assessment.

If a safety threat is selected, move to section 3.

**Section 3:** Safety Planning Capabilities and Safety Interventions Document the caregiver capabilities along with the safety interventions.



**Safety Decision**

Safe with an immediate safety plan

Safety Assessment Discussion - In the narrative box, describe caregiver behaviors, their impact on the child, and what details informed the safety decision.

Save and close the assessment.

Go back to **Main Menu - My caseload - New Assessment Menu**:

* Select Risk Assessment: walk through the screens. This screen is used to enter the information collected during the assessment. The database mirrors the form located in the Safety and Risk Assessment manual.
1. Identifying Information
2. Section 1: Risk Items – 1-16 select all that apply.

Current Investigation 1-3

Prior Investigation 4-6

Family Characteristics 7 – 16

**Total Risk Score**

1. Section 2: Scoring – the scores will be tabulated based upon the responses to questions 1-16. The definitions will populate if you select the question mark next to each item.

Scored Risk Level – ~~Very High, High, Moderate, low~~

Very high, high, moderate, or low.

**Overrides Final**

**Risk Level**

Recommended Decision

Final Safety Assessment Decision

* Safe
* Safe with Immediate Safety Plan
* Unsafe
1. Action: Enter the action taken refer to service or close case. If the recommended action differs from the action taken, provide an explanation.

**Recommended Action:**

* Refer to services
* Close case

**Action Taken:**

* Save document and close the assessment.

**Return to Main Menu and walk through the other options:**

* **Filter Assessments**
* **Tips**

**Return to Main Menu**

**Next tab – Search –** this gives you the option to search for an existing assessment.

* **Reports:** All saved reports
* **Change Password**
* **Main Menu top**
* **Policy and Procedures Manual** (Select the link to display the manual)
* **Log out**
* **Main Menu bottom**
* **View –** view closed assessments
* **Edit:** Edit existing assessment
* **Delete:**

Conclude the demonstration and advise staff that the DCS database is a temporary database that will be used until the new AR focus computer database is designed. There will be a user guide and screenshots to accompany the database. After the review of the practice site, advise staff that safety planning and risk assessments will be discussed in greater detail during the concentrations.

**Trainer Note:** Participants will access the practice site in the lab by directly clicking on the app on their lab desktop computer. They will not need to type in the URL to access the practice site.

 The usernames are:

* training1
* training2
* training3
* training4

The password for all four accounts is **“trainingSDM”**

****

**DAY 1, SECTION 8: CANS/FAST Assessment Tools**

|  |  |
| --- | --- |
| **Time Estimate:** | * 60 Minutes
 |
| **Learning Outcomes:** | * Participants review information on conducting a thorough assessment as a critical step in planning for the change process.
 |
| **Competencies:** | * 102-1
* 102-2
* 102-4
 |
| **Participant Content:** | * Participant Manual page 10 (Day 1)
 |
| **Trainer Materials:** | * Trainer Guide
* Arkansas CANS/FAST Training PowerPoint
 |

 **WHY DISCUSS PLANNING IN ASSESSMENT TRAINING?**

**Trainer note:** Before starting the trainer-led instruction for the day, make sure to address any “Ticket Out” questions from the previous day. If there are no questions, conduct a brief review of the content from yesterday.

**Slides 18-20**- This portion of the training is specifically designed to orient participants to the CANS and the FAST assessment instruments currently in use by DCFS. However, before delving too deeply into the CANS and the FAST, we need to take a step back and look at ASSESSMENT within the framework of the work of DCFS.

TEACHING NOTES

Ask the participants to define planning. Record a few of the responses on the whiteboard.

****

Many contributions will involve some aspects of planning but may not get at the whole concept adequately. Suggest that participants jot down the definitions from the slides.

**\*Planning is a thoughtful process of determining a method to achieve a goal or solve a problem.** It involves gathering information, evaluating the information, defining outcomes, planning for obstacles, prioritizing, and assigning activities, timeframes, and methods. Planning also includes creating primary and secondary goals. The goals should be worked concurrently to ensure a timely resolution. Additionally, planning includes a provision for monitoring and follow-up of the plan that is developed.

Now ask the group to define **reacting**. Record their answers on another whiteboard or on a flipchart. If no one provides an adequate definition, provide the following:

**\*Reacting is responding without fully evaluating or thinking before acting.** Reacting often involves emotion. Reactions are often determined by the demands of others. It may be necessary to take quick actions to prevent or eliminate harm.

* Emphasize that planning does not always take a long time and that reacting is not necessarily a bad thing. For example, if your child runs out into the street, do you need to plan or do you need to react? You react!
* However, reacting to families experiencing abuse or neglect may not result in actions that decrease the risk of harm or help them move toward solutions.

****

* Planning is gathering adequate information and thinking about the desired outcomes based on the *information available at the time*. Plans change as more information is gathered. The more information, the better the chance of making a plan that will work.

**Trainer Note:** A variation of this activity would be tosplit the class into two groups. Have one group to come up with an extravagant definition for planning and the other group to come up with an exaggerated definition for reacting. This activity will help participants to come up with the logic and emotional parts of the definition, which were often overlooked.



**ACTIVITY: Assessment- The (Potential) Missing Element**

**Slide 21-** Look back at the definition of planning. Focus on gathering and evaluating information. This is the essence of assessment. Accurate assessment can be the part that is left out or minimized when participants are asked about planning – especially when they think about collaborative case planning. Do a quick exercise to highlight the need for accurate assessment. The following exercise is an example. Trainers may want to substitute another “scenario”.

**PURPOSE**

The purpose of the exercise is to illustrate that inaccurate or incomplete information may lead to an ineffective plan.

****

**MATERIALS**

This exercise, as written requires the “Causes Cards” found in the Trainer Resource. **NOTE: You do not have to use all the cards.**

**INSTRUCTIONS**

Place the “Causes Cards” face down on the table. Tell participants to wait until you signal to turn them over.

**Note: Use “Causes Cards” that seem most appropriate for your audience.**

Be sure to include Card 1 because it is the “jump to conclusions” card. Show the scenario on **Slide 21.**

DCFS has been working with a mother who has two children ~~in foster~~ experiencing foster care. She has a history of drug and alcohol use. The children came into care after she left them for three weeks with a friend who could not take care of them and who did not know if or when she would return. DCFS and community providers are at the second family team meeting (approximately 6 months into the case). DCFS sent mother a written reminder of the family team meeting. It is 10 minutes after the scheduled start time and mother is not there.

Tell the table with Card 1 to turn it over and read it aloud. Ask another table: What should happen? Proceed through several other cards. As one table reads a card, ask another table to respond. After you have heard from several tables (depending on time) ask the group to quickly reflect on how different information might lead to different actions or reactions.

****

**PROCESSING**

The teaching point is that if DCFS does not have the “cause” right, the intervention plan may not work. In addition, you may not accurately reflect the issues in the CANS/FAST rankings without information from others who have knowledge of the family. The assessment is all about figuring out the causes of the behavior and the needs that drive the behavior.

**STEPS IN THE PLANNING PROCESS – ASSESSMENT AS A CRITICAL ELEMENT**

**Slide 22-** Use the Steps in the Planning Process poster to help illustrate the steps in planning. The information on the planning steps is also on page 10 in the Participant Manual. Review the following steps:

* Identify the problem or issue.
* Assess the cause or causes of the problem.
* Assess strengths or resources that might be building blocks for change.
* Identify goal and intervention tasks for accomplishing change and who is responsible for completing each step.
* Reassess to make sure the desired change is happening.

After the initial step of identifying the problem (if there is maltreatment) and the immediate response to ensure the safety of the child/children, DCFS moves into an in-depth assessment to gather more information.

****

This assessment will use either the CANS or the FAST or in some cases both, which are tools used by the Division.

By now, participants have heard of the three questions that are addressed throughout the life of the case (What happened? What is working well? And, what needs to happen next?). They have heard and been introduced to Caregiver + Behavior + Impact on Child= Harm/Danger or Safety. Maintaining a laser focus on the caregiver’s behavior that impacts the child requires practice. Although it seems on the surface to be relatively simple, the formula keeps us grounded in safety. It can also keep us from shifting our focus to a service-driven plan.

Ask participants to identify additional tools that were recently introduced as part of Safety Organized Practice that can be used to assist with gathering additional information and ensuring that the voices of children/youth and the family’s support network are included: Three Column Mapping, Safety House, Circle or Safety and Support, and CAP Framework

During assessment, there is examination and identification of

* The underlying causes of behavior that led to maltreatment,
* Current safety threats
* Risk factors that increase the likelihood that maltreatment will happen again, and
* Strengths and protective factors that mitigate the risk factors.

In the CANS/FAST, DCFS will identify both the needs and strengths of the family and the children. For each family in the CANS/FAST, DCFS will identify a Need or set of Needs related to the Reasons the Case Was Opened.

****The Reasons the Case Was Opened and the Needs identified in the CANS/FAST guide the development of the Collaborative Family Case Plan. After completing the assessment, the next step involves building a collaborative family case plan with the family by identifying goals and behaviors that need to change. Note, when identifying goals for children in out-of-home care, the participant will select a primary goal and a secondary goal, this is called concurrent planning. Let us make a quick connection with an activity from your online assignment.



**ACTIVITY: Practice**

**PURPOSE**

The purpose of the activity is to provide the participants with an opportunity to utilize the materials introduced during the online training sessions.

**MATERIAL**

Participants will need their assignment from unit 4.2 of the online session which asked them to create a list of the benefits of concurrent planning.

List of benefits provided in participant feedback for the online course:

1. Quicker resolution and permanency for the child.
2. Reduced long-term court involvement.
3. Full disclosure/direct communication and clarity between the ~~agency~~ division, birth ~~parents~~ caregivers, resource parents, the child, and kin regarding the plan for permanency, collaborative family case plan time limits and related consequences.
4. Fewer placements for a child in the event reunification fails.
5. Involvement of family members in identifying potential kinship placement options.
6. Ongoing relationships between birth ~~parents~~ caregivers and child’s resource caregivers seem to support child well- well-being.

**PROCESS**

This can be done as a small group exercise or a general discussion. If done as a small group exercise, have a flip chart or whiteboard set up for each small group.

****Begin the activity by asking the participant to recall the definition of concurrent planning. (Place the definition on a flip chart or allow participants to go to the policy and retrieve the definition.) Remind participants of the exercise, which asked them to write down the benefits of concurrent planning. Generate a discussion about the benefits based on their list. Go around the room and go table-by- table asking participants to state a benefit. Summarize the section by reminding participants that planning is a thoughtful process of determining a method to achieve a goal or solve a problem. That is why it is important to establish primary and secondary goals. The goals should be worked concurrently just in case the initial goal fails. When you have children ~~in care~~ experiencing foster care, timely permanence is crucial.

After identifying the goals, participants must figure out what needs to change. DCFS, the family, and other persons with knowledge will identify intervention tasks.

* Who will do what?
* When will they do it?
* What will look different when it is done?

****

Finally, DCFS should reassess at designated intervals. (There it is – you are back to ASSESSING again). The plan is revised as needed. Summary: (**Slides 23)**

* Assessment is a critical step in the planning process.
* If the assessment is faulty, the information used to make the plan is faulty or inadequate.
* If the information is faulty, the plan may look beautiful on paper, but it probably won’t work in the real world.
* If assessment does not continue the process of involving the family in the problem-solving process, then the plan may not work.
* DCFS needs information from providers to inform the assessment.
* Assessment goes on from the time the report is made to the Hotline until the day the case is closed.

DCFS has made a commitment to the federal government and to the families of Arkansas to improve the quality of assessments and collaborative case plans. DCFS has made a commitment to share assessment information with families and providers.



**DAY 2**

**DAY 2, SECTION 1: CANS/FAST Orientation**

|  |  |
| --- | --- |
| **Time Estimate:** | * 105 Minutes
 |
| **Learning Outcomes:** | * Participants will examine and understand the Six Key Characteristics and elements of the CANS/FAST tool.
* Participants will understand the CANS Action Levels (Ratings).
* Participants will learn how to score a CANS/FAST.
* Participants will examine how the CANS tool can guide collaborative case planning.
 |
| **Competencies:** | * 102-6
 |
| **Participant Content:** | * Participant Manual pages 11-15 (Day 1)
* Handouts 6-8
* CANS/FAST User Manuals
 |
| **Trainer Materials:** | * Trainer Guide
* Dr Lyons on CANS (3:12)- https://www.youtube.com/watch?v=d3ByqJH0ENI
* A Conversation with Dr. John Lyons (8:02)- https://youtu.be/0jgFaSUaWlE
* Arkansas CANS/FAST Training PowerPoint
 |



**Trainer Note:** Prior to starting the trainer-led instruction for the day, make sure to address any “Ticket Out” questions from the previous day. If there are no questions, conduct a brief review of the content from yesterday.

**ORIENTATION OF THE CANS/FAST ASSESSMENTS**

Refer to the CANS/FAST Assessment PowerPoint in detail. **Slides 24-26** provide a summary of the CANS and FAST assessment information covered within the PowerPoint presentation. These pages provide information on why DCFS is using the CANS and the FAST, and how the tools tie into the collaborative case plan and describe in detail when to use each tool and when certain modules are triggered.

TEACHING NOTES

**Slides 27-29** – These slides discuss the anticipated outcomes from using the CANS/FAST assessment tools.

At this point, pass out Handout 6, Dissection of a Domain and Handout 7, the CANS/FAST User Manuals, and forms. **Slide 30** corresponds to Handout 8. Instruct the class to take a quick look at Handout 6, Dissection of a Domain. Tell the class that the CANS/FAST tools are organized around major domains. A **DOMAIN** is an area or dimension of characteristics or features being assessed. Each domain has at least one **ITEM**. Each item has at least one **ANCHOR DEFINITION**. Each item will receive a score. We are getting ready to cover that information in depth, but it may be easier to follow the discussion if you have the Handout 6 as a reference.

**Slide 31-** A brief discussion by the CANS Developer, Dr. John Lyons. Please show any of the CANS videos listed below featuring Dr. John Lyons as an introduction to CANS. (Links can be found on the MidSOUTH website).

* [Dr. Lyons CANS](https://www.youtube.com/watch?v=d3ByqJH0ENI) **(3:25)**
* [Dr. Lyons on CANS](https://youtu.be/0jgFaSUaWlE) **(8:02)**

If you have another video you have found, feel free to use that link.

**Slide 32 – Brain Boost** (move around after sitting and remember content of the video)

**Slide 33-34** From Dr. Lyons’ introduction:

Two factors needed to ensure the child serving system is actually serving children.

1. There is a Shared Vision to the work.
2. Those doing the work are communicating the shared vision.

TEACHING NOTES

**USE THE CANS:**

* To create more collaboration with families and with other people involved, i.e., therapists, school, court teams, etc.
* At every family time meeting,
* To “build transparency”
* To share the full picture of what is going on,
* To share child/youth strengths.

Repeat, “We can’t manage what we don’t measure”.

**Slide 35** – Overview of the three (3) Assessment Tools and when to use each of them.

* **Circumstances for using CANS:** If the goal of the case is reunification, whether the child is actually ~~in foster~~ experiencing foster care or not. If the goal of the case is placement with a fit parent.
* **Circumstances for using FAST:** If the child has NEVER been removed from his/her home or any child whose goal is to maintain child in own home.

**Trainer Note:** Cans/Fast Important Information appears on pages 11-12 of the Participant Manual.

TEACHING NOTES

**CANS**

Any child in an out-of-home placement. This will often be foster care but could also be a child that the Division placed in the temporary custody of a family member after a home study; this is any case where the child is ~~in foster~~ experiencing foster care OR they are not ~~in~~ experiencing foster care, but we are still working a reunification or placement with a fit parent goal.

**FAST**

This is for any in-home Protective Services case. This can be both court involved, and non-court involved; if the children remain in the home, you would complete a FAST.

There may be some cases where you do both CANS and FAST; if we remove one child but leave another child in the home you would complete a FAST for the “family” that is still in the home (child that stayed and caregiver) and a CANS for the child that was removed.

**Slides 36-39-** What’s In It for Me?

* Best Reason #1: Decrease number of foster care cases.
* Best Reason #2: Decrease the time children spend in foster care.
* Prevent children from coming into care by assuring they can safely remain at home.

**Slide 40** – Pages 13-15 in the Participant Manual. This slide contains the Six Key Characteristics of a CANS/FAST. These Six Key Characteristics are considered by DCFS to be critical to the Assessments.

TEACHING NOTES

Use the following talking points which come directly from Dr. Lyons’ introduction. Be sure to cover each characteristic in detail. The ~~agency~~ division firmly expects that these Six KEY Characteristics be covered in depth. This information appears on pages 13-15 in the Participant Manual, Six Key Characteristics. Suggest that participants turn to those pages to follow along as this section of training progresses. There is a graphic on page 13, Six Key Characteristics, that explains the numbers for the Needs Scale and the Strengths Scale. CANS/FAST are in-depth assessment tools designed to look at the “big picture” and to guide a thorough assessment of what is going on with the child/children/family.

1. Click **slide 40** to bring up KEY Characteristic #1: Items are included because they impact collaborative case planning.
* CANS-FAST are item level tools.
* Each individual item has potential impact on collaborative case planning.
* Because items influence interventions and activities, then they also influence your practice or what you do in relation to your work with this child, family.
* Items guide you in thinking about what you are going to do next.
* Using Handout 6, point out the Item under the Domain.
1. Click **slide 40** again to bring up KEY Characteristic #2: Level of items translate immediately into action levels.

TEACHING NOTES

Cover the first three bullet points below. (Page 13 – Participant Manual)

* Every number has an immediate meaning.
* This is important in communication because everyone needs to understand the meaning of what is being discussed and addressed.
* Action levels describe what you know at the time.
* Using Handout 6, show the action levels.

Now, click the Stop Sign. This should bring up the stop light (**slide 41**). Use this graphic to expand on the scores and action levels.

* Just as with a stop light, the green (click green) or zero score means we are good to go. There is either no evidence of a need or there is a cornerstone strength (something around which a plan can be built).
* As with a stop light, yellow or 1 indicates caution or watchful waiting (click yellow). There may be concern about a problem but based on what we know right now, it is not something we can say for sure is a need. The “1” ranking tells us to keep it on our radar. A “1” on the strengths scale indicates that a child or youth has a useful strength; it just does not rise to the level of being something on which you can hang a collaborative case plan.
* Our stop light is a little unique because it has the orange or the “2” ranking. (Click orange). In the CANS/FAST this score indicates that the need is there, and that action is required. You better be putting on the brake and stop.
* And last there is the red light or the “3” ranking (click red). This ranking says that not only is there a problem, but that it is something that requires immediate and/or intense action. Don’t just put on the brakes, slam on the brakes.

TEACHING NOTES

When scoring or determining action levels, keep the following in mind. **Need Items should be scored based on these guidelines:**

* 0- No evidence, there is no reason to believe it is a need
* 1- There is a suspicion on an emerging need, there is history of this need or behavior; there is contention about the item (people cannot agree about what is going on)
	+ - Example: a mother is falling asleep during meetings. Participant thinks she has a substance abuse problem. She adamantly and consistently denies and says she is taking too much cold medicine. She cannot successfully advocate for her children if she is sleeping during the meetings. This needs to be watched to see what happens with the behavior.
	+ 2- Action needed. A need has risen to the level of needing to be addressed. A behavior is interfering with functioning in some way.
	+ 3- Action is required immediately. Need is dangerous or disabling.

Use CANS-FAST as a tool. Share output with families so they can be working on 2’s and 3’s.

**Click to bring Up STRENGTHS then click for each color on the light.**

**Strengths are different from needs. Strengths should be scored based on these guidelines:**

* **0**- Centerpiece Strength, make it focus of a strength-based plan
* **1**- Can use this strength in planning
* **2**- An identified strength that needs to be built, developed
* **3**- No strength identified; it is not known

TEACHING NOTES

It is harmful to pretend that people have strengths when they don’t. You can achieve the same outcomes when you build strengths as when you work with a strength that is present.

A STRENGTH item that receives a score of “0” would be interpreted as a centerpiece strength.

The child has exhibited a strength and is currently using it or displaying it. For example, a score of a “0” on Family- Nuclear would mean that the immediate, nuclear family is a Centerpiece Strength to build on. A score of

“3” on Family-Nuclear would indicate that there is NO evidence that this child’s immediate family is a strength to build on.

**Trainer Note:** For STRENGTH items only - A “3” is not always bad. For example, an infant with a score of “3” on Talents/Interests may not have developed any talents or any sense of Spiritual/Religious identity.

A NEED that receives a “0” score means that there is no evidence that the particular item is a need. For example, a NEED item is Anger Control. A score of “0” would indicate the child has no issues concerning anger control. A score of “3” on Anger Control would indicate a severe problem that needs immediate action.

Also note, that it is possible to plan a service around a score of a “1.” It will be a preventive measure. Provide an example for the group.

For DCFS, in most domains, a “3” means that immediate action is required, such as removing the child from a caregiver or implementing a ~~protection/Immediate~~ Safety plan.

TEACHING NOTES

The final point under Key Characteristic #2 is a statement that is frequently difficult for people to grasp. This statement is: Strengths and needs are not on opposite ends of the spectrum **Click to the next slide (slide 42- Change in Thinking)**

It is possible to have the absence of a need that ≠ a strength. Dr. Lyons’ example is a suicidal youth. Obviously an actively suicidal youth would be a 3 – **need** for immediate action. But the absence of suicidal ideation isn’t a strength. We are not going to build a plan around the fact that this youth is not suicidal. So, the relationship between strengths and needs in the CANS/FAST is not linear.

On the flip side, good job skills might be a centerpiece strength in an older youth. But the absence of good job skills in a two-year-old is not a need. Again, the relationship is not linear.

There is one further area of note before moving on to Characteristic #3. DCFS does not consider it to be a thorough assessment if only items rated are those linked to the true finding.

**Click slide 40 to return to the rest of the Key Characteristics**

**KEY Characteristic #3: It is about the child, not about the service.**

* The shared vision of the child-serving system is that children are safe and healthy. It is not the vision for children and families to be “in a service”. The child welfare system is the route or mechanism to the solution, not the solution.
* An example might be that the shared vision is a safe and permanent home/family for a child. Foster care may be the service provided for the child toward that goal, but it is not ultimately the ideal goal or vision for children to reside in foster care.

TEACHING NOTES

* Dr. Lyons’ example is a child with severe ADHD who has “3” on school behavior, “3” on school achievement, and a “3” on Impulsive/Hyperactive item.
	+ He is placed on meds and participates in cognitive-behavioral treatment to learn self- management skills and begins to do much better.
	+ His school behavior score goes down to a “0”.
	+ His school achievement score goes down to “0”.
	+ His score on Impulsive/Hyperactive will go down to a “2”, possibly a “1”, but can never be a “0”.

**KEY Characteristic #4: Consider culture and development.**

* Consider these factors before determining action level.
* Culture influences practice in 3 ways.
	+ Cultural humility – adjusting what you do based on someone’s culture.
	+ Identifying and addressing cultural needs
	+ ~~Eliminating disparities and learning how to~~ treating people ~~the same~~ with dignity, understanding, and respect.
	+ Lyons’ example is a Pentecostal who speaks in tongues would not be rated psychotic just based on speaking in tongues or a Native American who talks to her dead grandfather would not be rated psychotic just on the basis of talking to an ancestor who has passed over.
	+ Development must be considered when scoring items.
	+ Generally, use the child’s chronological age as your anchor when considering action level.
	+ The exception to using chronological age is school achievement. Use developmental age

TEACHING NOTES

1. Ask, how is the child doing with his learning, consistent with his learning style and capability?
2. Is the child achieving consistent with her current level of development?

Lyons’ example, every 3-year-old has anger management issues, but when a 13-year-old acts like a 3-year-old and has similar methods of dealing with his anger, it requires a different assessment and plan.

**KEY Characteristic #5: It is about the ‘what’ not about the ‘why’. (It is agnostic as to etiology. It is not based on the cause.)** There are 2 exceptions to this rule: Trauma and Child Behavior

* Professionals have broad expertise when it comes to people. They know a lot about people in general. Individuals have deep expertise about themselves. In other words, we do not know someone as they know themselves.
* Professionals may determine that someone isn’t doing what she should be doing and label her non-compliant. She responds that we haven’t walked in her shoes, we don’t know what it is like to “be her.”
* CANS-FAST is designed to make a consensus judgment, not an expert judgment. It is meant to be done as a team, with other professionals, and with the families as full partners.
* Assessing the WHAT, not the WHY, helps because it is easier to reach consensus about the WHAT of behavior rather than WHY.
* There is stigma, shame, and blame associated with why people behave in a certain way. The why of behavior is contentious, touchy, prickly, and antagonistic

TEACHING NOTES

* + Treatment (intervention) is about testing hypotheses about the why of behavior.
	+ Assessment is about the “what’ of behavior.
	+ Lyons’ example is a middle school boy having behavior problems in school. There may be a variety of reasons he is having problems. The action level on the assessment may be the same for all, regardless of the reason for the behavior.
		- He has ADHD that isn’t being treated or managed and can’t sit still.
		- He doesn’t want to be in school and is trying to get kicked out.
		- He is being bullied and the teacher only sees his responses to bullying.
		- He reminds the teacher of someone she hates.
		- The problem behavior is present, regardless of the cause. When talking about the ‘what’, stick to the facts.

**KEY Characteristic #6: The 30-day window is to remind us to keep assessments relevant and ‘fresh’.**

* The work is about children and families. It is okay to override the 30-day window with action levels if it is in the best interests of the child.
* It is to remind us to keep it fresh, keep it about NOW.
* Don’t get too rigid about the timeframe.
* This timeframe builds an opportunity for success. It is based on the expectation that people can and do get better and change.

TEACHING NOTES

* Lyons’ example is a young man with a drinking problem who drinks and drives, crashes his car, and ends up in the hospital in a coma for 90 days. When you are planning to transition him home, you should not ignore or disregard the substance use problem even though he hasn’t had anything to drink in the past 30 days. You do what is needed to address the problem.

The 30-day window is not a magic number; if the event is significant and has bearing, include it.

End today’s training by asking the following questions:

* What do you want from an Assessment?
* What do we need to address?
* What assets can we tap into to address the needs?

Remind participants to submit their Tickets Out



**Trainer Note:** “Ticket-Out”- the 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 about the information presented today. Instruct participants to hand the card to the trainer before they leave for the day.



|  |  |
| --- | --- |
| **Time Estimate:** | * 105 Minutes
 |
| **Learning Outcomes:** | * Participants will examine and understand the Six Key Characteristics and elements of the CANS/ FAST tool.
* Participants will understand the CANS Action Levels (Ratings).
* Participants will learn how to score a CANS/FAST.
* Participants will examine how the CANS tool can guide collaborative family case planning.
 |
| **Competencies:** | * 102-6
 |
| **Participant Content:** | * Participant Manuals page 16-18 (Day 2)
* Handouts 6-8
 |
| **Trainer Materials:** | * Trainer Guide
* Whodunnit? Video https://youtu.be/8ctyBHr2HO0?si=NQXwPIxp\_OOY\_NoT
* CANS 5+ Manual
 |

**DAY 2, SECTION 2: CANS/FAST Orientation (continued)**

**small.)**

**ORIENTATION OF THE CANS/FAST ASSESSMENT**

**Slide 43**—Direct participants back to Handout 6, Dissection, and Handout 7, CANS/FAST User Manuals and Forms. We will use this guide this afternoon during our practice exercise.

We are going to use the CANS 5+ Manual now and go over certain items. The trainer may suggest that participants follow along in the Guides as we cover specific items and JOT DOWN notes within the GUIDE.

TEACHING NOTES

**CHILD STRENGTHS DOMAIN**

**Slide 44** – Go through some of the items within the **Child Strengths Domain**.

* **Family –** **Nuclear:** This item is based on the child’s point of view. Are there positives within the family? What is the overall, big picture of family life? If rate this item a “0” or “1”, use comments to explain.
* **Family:** Extended – This item is based on the child’s point of view. Are there positives within the family? What is the overall, big picture of family life? If rate this item a “0” or “1”, use comments to explain.
* **Educational:** Is the school a source of support for the child/family? This is not about school performance. That is captured in the School Domain.
* **Talents/Interests:** A talent or interest is a centerpiece “0” if the child is using the talent or exploring the interest.
* **Community Life**: Does the child have a sense of “community” (not strictly about whether the child is involved with ‘events’ within the community). Does it “feel” like home?
* **Relationship Permanency:** Relationship permanency is over a lifetime and not just within the time window.
* **Child involvement with care:** Can the child recognize the need for going to therapy or having the ~~agency~~ division involved? Is child invested?
* **Adaptability:** Do not assume a child has the ability to adapt. Is there evidence to support that a child can adjust to changes and transitions.

TEACHING NOTES

* **Building Relationships:** Same as previously, do not assume the child has the capacity to build relationships. Seek information that supports that the child can build relationships with others.
* **Resilience & Resourcefulness:** Is there evidence that the child can see strength in himself or in others? Can child identify positives in his/her life, both within self (resilience) and in others (resourcefulness)?

**LIFE DOMAIN FUNCTIONING**

**Slide 45-** Go through some of the items within the **Life Domain Functioning.**

* **Family- Nuclear:** This item is also from the child’s point of view and is based on what is taking place **within the nuclear family currently.**
* **Family - Extended:** This item is also from the child’s point of view and is based on what is taking place **within the extended family currently.**
* **Living Situation:** This item is about the child’s current living arrangement (placement), where the child’s head hits the pillow. This DOES apply to emergency shelters (or hospital) IF the child is going to be there for more than a few days.
* **Developmental:** Rating may trigger module.
* **Cultural:** Rating may trigger module.
* **Legal:** Refers to legal issues outside of involvement with the child welfare system. Do not worry about 30-day timeframe on this item.
* **Medical:** The medical item should be considered over a lifetime and not just within the time window.

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TEACHING NOTES

**Trainer Note:** Before starting the trainer-led instruction for the day, make sure to address any “Ticket Out” questions from the previous day. If there are no questions, conduct a brief review of the content from yesterday.

**SCHOOL DOMAIN**

**Slide 46-** DCFS is instructed not to rely solely on self- or parent-reporting on this item. Talk to school personnel, use collateral. Comments are VERY important in this domain. Provide a picture of what is going on with the child in his/her daily life. For example, if a child is homeschooled and it appears that the caregiver is having the child(ren) work as recommended and there appears to be no problems, this wouldn’t need to have an action rating, but it would need to be noted in the comments.

**Slide 47-** Spend some time on Child Behavioral/Emotional Needs CANS is NOT a diagnostic tool. This category is NOT based on documented diagnoses alone. Here, DCFS is rating items based on observable behaviors. What evidence or outward signs are reported? Use the comments sections on these items to support ratings. An Action for an item can be a referral for an assessment or for treatment to an appropriate service provider. This is also an area where providers have extremely important information as CANS/FAST instruments are reviewed and revised. Adjustment to Trauma – if removed from home, DCFS is instructed to rate at least a “1” to indicate the need to watch and see how the child does.

**CHILD RISK BEHAVIORS**

**Slide 48-** Information that is relevant to keeping the child safe, regardless of time frame, should be rated and noted within this section.

TEACHING NOTES

Pay close attention to the information contained in the Manual. For example, as noted in the Manual, a history of suicidal ideation or gesture is a predictor of future suicide, any child or adolescent with a history should be rated at least a “1”

**TRAUMA**

**Slide 49-** Items in this domain are rated over **LIFETIME and are not expected to change**. Indicate if Trauma has or has not happened over the course of the child’s lifetime. Indicate N (No); Y (Yes) – Evidence of Trauma; S (Suspected) – Suspicion of Trauma.

****The items on Witnessing Domestic Violence, Community Violence, and Criminal Activity are to be rated based on the child’s perspective. How does witnessing these activities affect the child directly?

**Trainer Note:** Remember that the CANS-FAST are communication tools. Workers are encouraged to have a conversation with caregivers and providers about the Trauma item ratings. Providers are encouraged to remember to ask for the CANS/FAST when families are referred for services or have been receiving services. Explain that the trauma ratings are not going to change. FOR THIS DOMAIN, this lack of change in scores is not going to keep a child from going home or being reunified.

**PERMANENCY PLANNING CAREGIVER STRENGTHS AND NEEDS**

**Slides 50-51-** For this domain, rate the person identified for the permanency plan. From whom was the child removed and is the plan to reunify the child with that caregiver?

**NEVER rate the temporary placement caregiver in this section.**

TEACHING NOTES

If the child’s parents have had parental rights terminated (TPR), DCFS does not rate anyone in this section until the child enters a pre-adoption placement.

**Supervision:** The item is not just about whether the caregiver can “watch” the child, but does the caregiver have the skills to oversee all the child’s needs (developmentally).

**Financial:** The item should be rated based on the caregiver’s ability to meet the child’s needs.

**Employment:** If the parent is not employed and receives some form of support (Social Security, child support, etc.) and can meet the child’s needs, the parent does not have to have a job.

**Safety** items should be rated a “3” if child is currently removed from caregiver.

Remember to rate items as a “3” when immediate action needs to be taken. For example, if the caregiver does not have transportation but is getting to appointments and taking care of business, this would not be rated a “3”.

Arkansas does NOT have a Not Applicable (NA) rating. If rating an item that doesn’t apply, rate as a “0”.

**MODULES FOR CANS**

**Slide 52-53-** The following information appears onPage 16 of the Participant Manual.The “modules” are triggered (required) based on responses to certain items.

TEACHING NOTES

The modules are:

**CANS 0-4**

* Developmental Needs (DD) Module (triggered by Life Domain-Developmental
* Acculturation (triggered by Life Domain-Cultural item)
* Substance Use Disorder (SUD) Module-Caregiver (triggered by Caregiver Substance Use item)

**CANS 5+:**

* Transition Age Module-Triggered by DOB-MUST BE FILLED OUT FOR 14+
* Developmental Needs (DD) Module (triggered by Life Domain-Developmental item)
* Substance Use Needs (SUN) Module (triggered by Child-Substance Use item) – This module is about the CHILD.
* Acculturation (triggered by Life Domain-Cultural item)
* Substance User Disorder (SUD) Module-Caregiver (triggered by Caregiver Substance Use item)- This module is about the CAREGIVER.
* Runaway Module (triggered by Child Risk-Runaway item)

DCFS WILL NOT FILL OUT A MODULE UNLESS THEY SCORED A 1, 2, OR 3 ON THE CORRESPONDING ITEM; THE ONLY EXCEPTION TO THIS IS THE TRANSITION MODULE WHICH **MUST BE FILLED OUT FOR ANY CHILD 14 OR OLDER.**

**The FAST has no additional modules.**

TEACHING NOTES

**ARKANSAS FAST**

**Slide 54-** Assessment for children and families with an In Home (Protective) Services case.

**THE FAMILY TOGETHER**

**Slide 55- Parent/Caregiver Collaboration:** If there is no collaboration because there is no one to collaborate with, it is not an issue (“0” rating). An absent father does not automatically receive a “3” rating. If the mother says the father is not in the picture, not going to be in the picture, and she is good with that, then it is rated as “0”.

**Family Safety:** This item is about the family’s general safety within the environment/neighborhood. The safety of the child regarding child abuse/neglect is rated under the Safety item in the Caregiver Domain.

**Home Maintenance:** This item looks at environmental neglect issues.

**CAREGIVER STATUS**

**Slide 56- Boundaries:** Boundaries are not the same as roles. This item, captures how parents and children interact with each other and with the outside world. Examples are a mother who acts like a friend to her children, talks with the children about adult things; a father who watches pornography with an adolescent boy.

**Partner Relationships:** This item is a “0” if the caregiver is not in a relationship.

TEACHING NOTES

**Vocational Functioning:** This is how the caregiver’s work (or not working) affects the family’s functioning. Everyone does not have to have a job.

**Alcohol and/or Drug Use:** If the case is opened due to parent’s drug use, is a Garrett’s Law case, this item should be rated a “2”.

**Posttraumatic Reactions:** Is there any history of caregiver’s own trauma affecting his/her functioning? Is the caregiver able to manage reaction to the child’s trauma?

**Organization:** This item is not about Home Maintenance, that item is rated under Family Together. This item is about the ability to budget, get things done, and manage appointments.

**Accessibility to Childcare:** Not everyone needs childcare. If there is no need, this is rated a “0”.

**Family Stress:** How do the child’s needs affect parent? Is the parent able to manage the stressors of parenting and meeting the child’s needs?

**Educational Attainment:** Do not automatically rate this as a “3” if the parent hasn’t finished high school or obtained a GED. Everyone doesn’t have to finish high school or go to college/technical school. Item should be scored based on caregiver’s needs.

**Safety:** This is where you rate child abuse and neglect. Is caregiver providing a safe home for the child?

**CAREGIVER ADVOCACY**

**Slide 57- All items under Caregiver Advocacy are about the caregivers’ abilities to advocate (support, promote) the child.**

TEACHING NOTES

**Knowledge of Rights & Responsibilities:** Does the caregiver have a technical understanding of his/her legal responsibilities for child?

**Natural support:** These are unpaid people in a family’s life who provide support and assistance. An example is a coach or close family friend. If a support is there who is paid and he/she goes above and beyond the typical duties within the relationship, he/she can be counted here.

**YOUTH STATUS**

**Slide 58- Relationship with bio mother/father:** If the biological mother or father is not in the picture and the caregiver in charge and child/youth are okay with that status and has no plans to change it, it can be rated a “0” rather than a “3”. However, if the caregiver and/or youth yearn for involvement with the absent parent, then that should be captured here.

**Relationship with Primary Caregiver:** This is to rate someone who is providing care other than biological mother or father.



**Slide 59- When the group returns from break:** Take a few minutes to ask participants to review/reflect back on the previous content. Consider using the “Make It Stick” exercise and have participants write down one or two things that they remember from the morning.

TEACHING NOTES

**WHODUNNIT?**

**Slide 60-** Click the video link for “WhoDunnit? “(3:57)

After the narrator in the video talks about the 21 changes, ask the participants for a show of hands as to how many noticed the changes. Did anyone get any more than 10? Why do you think you didn’t notice these?

Teaching point: It’s easy to miss something you are not looking for.

How does this pertain: Assessment is about accurate information about problems and needs. DCFS will talk to family members and share information with you. You may be uniquely positioned to see the situation with new eyes.

**COLLABORATION AND TEAMWORK**

**Slide 61-** Emphasize how much we miss in each interaction. Sometimes DCFS is paying attention to one thing and miss what is going on in another area. The more sources they can include, the more often they have interactions, the more information DCFS can gather. By the same token, if there is sharing, DCFS will likely bring forth information you missed in your assessment.

As we practice with a CANS situation, keep in mind the need for the shared vision of what’s going on and what the child(ren) and family needs.

TEACHING NOTES

**EFFECTIVE COMMUNICATION WITH FAMILIES**

**Slide 62-** Direct participants to read the information on Pages 17-18 of the Participant Manual, “Effective Communication with Families using the CANS”. This information was taken from the CANS training website and was developed by Mary Beth Rautkis, PhD. Participants may want to use the highlighters provided at each table to highlight important concepts.

Instruct each table of participants (or small groups as dictated by the training group size) to quickly identify THREE (3) MAIN IDEAS from pages 17-18 and to write these on the nearest flipchart or whiteboard. Have each table share their main ideas, asking subsequent groups to avoid repeating ideas previously mentioned by another group. If time is short, ask each table to share one idea.

Remind participants that the CANS and FAST are TOOLS available to them to accomplish their work with children and families. As with any TOOL, we have to get comfortable with it and learn to use it through practice. Pass out Handout 9- CANS/FAST Information Gathering and Engagement Tools. These are job aids designed to help workers and supervisors use the CANS/FAST assessments as communication tools.



**DAY 2, SECTION 3: Practice Opportunity**

TEACHING NOTES

|  |  |
| --- | --- |
| **Time Estimate:** | * 90 Minutes
 |
| **Learning Outcomes:** | * Participants will demonstrate the ability score a CANS Assessment based on a scenario provided.
* Participants will be able to demonstrate understanding of the CANS assessment tool by articulating their rationale for chosen scores.
 |
| **Competencies:** | * 102-1
 |
| **Participant Content:** | * Participant Manual pages 19-21 (Day 2)
* Handout 7
 |
| **Trainer Materials:** | * Trainer Guide
* CANS 5+ form
* CANS/FAST User Manual
* Trainer Resources
 |

**Trainer Note:** Before starting the trainer-led instruction for the day, make sure to address any “Ticket Out” questions from the previous day. If there are no questions, conduct a brief review of the content from yesterday.

****

**ACTIVITY: CANS Assessment**

**PURPOSE**

The purpose of this activity is to learn how to score an assessment using the CANS tool.

TEACHING NOTES

**MATERIALS**

Participants will need page 19-21 from the Participant Manual (Practice Scenario – Sarah Padgett.), Handout 7, CANS/FAST User Manual, and a blank CANS 5+ form for scoring to complete this activity. The trainer will need the Scoring and Comments for the Practice Scenario found in the Trainer Resource.

**INSTRUCTIONS**

Before the class starts reading the scenario, show **slide 63**. Explain that they will read a scenario and then score it using the CANS tools provided. It can be helpful to focus on the need for action and the immediacy/severity of the need for action.

S**lide 64**- Do not get bogged down in the anchor definitions. Use them as a guide but understand that they are necessarily limited in scope. In other words, they do not replace good sense. After participants have had a chance to read the scenario, divide the larger groups into small groups of 3-5 and assign each group two or more domains to score. Using the blank CANS 5+ form with Handout 7—User Manual, complete their sections of the CANS 5+ form. In the interest of time for training purposes, any modules triggered will not be scored. Participants should be sure to include their reasoning for scores, especially those that are actionable. For example, a needs score of “2” or “3” requires mandatory comments when completing the CANS. Although, a needs score of “0” or “1” does not require a comment, it is recommended. The same is true for strengths. A strength item that is rated with a score of “0” or “1” will require comments, while items receiving a score of a “2” or “3” will not require comments (but they are recommended).

TEACHING NOTES

Remind participants that they should use family-centered, non-judgmental language, as this document will be discussed and shared with the family.

Allow adequate time for groups to read and score the assessment. Plan on 30-45 minutes depending on the size of the class/group.



**PROCESSING**

Go over the scoring for each item. Explain that discussion will be limited to those items where the participants’ scored differed “2” or more points from the recommended score. Refer to the scoring and comments for the CANS 5+ in the Trainer Resource.

1. It’s important that major concerns and/or reason(s) DCFS is involved are addressed somewhere on the CANS in both the scoring and in the comments. For example, if a child is put in an out-of- home placement because his father broke his arm, it must be addressed. Although there is not a specific item to rate for this problem (a broken arm), it must be documented in other appropriate items such as physical health, medical, living situation, etc. Depending on the situation, evidence of the abuse might also show up in other categories such as school, child behavior, etc.
2. It is important to point out that if DCFS has taken a child into care, there should be a “2” or “3” score somewhere in the CANS. Otherwise, the scores do not reflect the reality of the situation, which is that a child has been removed from the home.

TEACHING NOTES

1. Although participants’ scores might not match up exactly, remind them that we are not concerned about small differences in scoring (a ‘0’ versus a ‘1’). Instead, we are focused on major differences in scoring. Be sure to discuss any major differences in scoring. For example, a score of “0” versus a “3” should be discussed. The discussion should focus on how the participant might resolve the difference. Who does he or she need to talk to to get more information?
2. The scores the class decides upon do not necessarily have to match exactly the scores in the Trainer Resource. However, there should be a discussion if they are not somewhat similar. The teaching standard that must remain consistent is that the reason or reasons DCFS is involved with a family and/or a child came into care must receive at least a “2” or “3”. In the case of severe maltreatment, the score must be a “3”.

**Trainer Note:** Feb 2022 – DCFS has asked us to train FSWs to gather information about delinquent judgments on youth age 10+ in initial and ongoing assessments.

We added a sentence to the first paragraph of the scenario noting that Sarah has no legal involvement or delinquency status.

Sentences have also been added to the Trainer Resource and can be asked within both the above Legal item (Life Domain Functioning) and the Delinquent Behaviors item (Child Risk Behaviors) mentioned addressed in Slide 33.

**DAY 2, SECTION 4: Family Case Planning & Connecting Training To Your Job Time**

|  |  |
| --- | --- |
| **Time Estimate:** | * 30 Minutes
 |
| **Learning Outcomes:** | * Participants will recognize factors for assessing the levels of risk and protection for children.
* Participants will be able to identify physical, emotional, and behavioral indicators of abuse and neglect in child victims and their families.
 |
| **Competencies:** | * 101-4
* 101-5
 |
| **Participant Content:** | * Participant Manual
 |
| **Trainer Materials:** | * Trainer Guide
* CANS/FAST User Manual
* AR CANS/FAST Training PowerPoint
 |

TEACHING NOTES

**CANS/FAST INFORMED COLLABORATIVE FAMILY CASE PLANNING**

**Suggestion:** Part of prioritizing and addressing first things first may involve the skill of being able to group clusters of “2” and “3” rankings.

**Slide 65-** The example provided earlier of substance abuse ranked as a “3” and needs to improve parenting ranked as 2’s might be a good example. In other words, you may identify that the other needs are symptoms or results of the substance use disorder. If the plan targets the substance abuse issues the others may well resolve or improve on their own without a specific objective or service for them, at least initially. Consider letting the groups see if they can identify needs that should be grouped.

TEACHING NOTES

**CANS/FAST INFORMED COLLABORATIVE FAMILY CASE PLANNING**

**Slide 66-** Arkansas is the first state to directly link the CANS assessment to the computerized family case plan. Participants must be able to link the information from the CANS/FAST Assessments to the collaborative family case plan. Collaborative family case planning is a process that arises out of the assessment. As mentioned in the preceding sections, if the assessment is inaccurate or incomplete, the plan may not work. When the collaborative family case plan is developed, the caseworker must specify the permanency goals. Goals are the broad statements of desired outcome. The plan must consist of a primary goal along with an alternative goal in case the initial case goal cannot be achieved. The alternative case goal should be worked concurrently. Plans consist of several parts – CANS/FAST items, history, to address this identified need or strength and services. Also important for FSWs to know the contrasting protective factors that can help prevent abuse/neglect, even if some risks or complicating factors are still present.

**CANS/FAST IDENTIFIED NEED OR STRENGTH**

**This section is where the participants will need to consider the grouping of related items.**

* Need items with actions levels of “2” or “3” will be addressed first.
* Need items with action levels of “1” that need preventive services need to be included.
* Identify the ASSETS or Strength items with a “0” or “1” that can be used within strengths-based planning.

TEACHING NOTES

* Strengths with an action level of “2” or “3” are skills, attributes that can be built or developed.
* Identify action steps that support the short- and long-term goals.

**OBJECTIVE**

History: This is where the worker makes the link from the investigation. Write out the piece(s) of the history that the intervention will address.

To address this identified Strength/Need: Stress here the need to write the behavioral change expected. What will the family/family member be doing differently and better because of any intervention and how will you know it has happened? Who will do what, by when.

Prioritize needs with child and family to develop short- and long-term goals.

If needed, refer to the Steps in the Planning Process and the critical element of ASSESSMENT in planning for change.

There is a section of the new collaborative family case plan for “additional or court-ordered services,” that we can use for any service that is requested by the court or a party of the case but cannot be directly linked to a CANS-identified need (such as a paternity/DNA test).

Remember, it is easy to pick services, but what is the desired end result of receiving the service?

**Slide 67-** Remind participants to collaborate and partner with the child and family as much as possible in the development and finalization of the collaborative family case plan.

TEACHING NOTES

**Slide 68-** The CANS/FAST Assessments require that users be trained and certified in their use. Explain that workers must pass the test at a 70% to certify and supervisors must pass with an 80%

score. There is a coach available should they need.

****

**ACTIVITY: Connecting The Training To The Job – 5 In 5**

**PURPOSE**

The purpose of this exercise is to assist in the transfer of learning.

**MATERIALS**

Flipcharts/markers OR whiteboards with markers

**INSTRUCTIONS**

1. Ask the participants to help “crystallize” their own learning.
2. Direct pairs of participants to flip charts and whiteboards.
3. Have them generate a list of FIVE items or concepts or points from today’s training that they will use within the next FIVE days.
4. When everyone is finished, have groups rotate around to other flipcharts/whiteboards and make a check mark by those items that others have identified that they believe will also apply to them.

TEACHING NOTES

Summarize this section by referring the participants back to online section 4.3. In that section, participants were asked to list two ways they can begin to gather information for the concurrent plan and to help facilitate timely permanence.

**PROCESS**

Divide the class into small groups based upon job titles and roles. Give the groups ten minutes to discuss concurrent planning and to think about their roles. Small groups will identify two ways they can start gathering information for the concurrent plan and help facilitate timely permanence.

Divide the class by job duties.

* Differential Response Specialist
* Investigator
* Caseworker
* Resource worker
* Adoption Specialist

Call time and process the exercise. Give each table an opportunity to summarize their findings. After you complete the activity, generate a discussion about how each role supports the other. Ask the participants to take a moment to reflect on the ways they will engage in concurrent planning. What can they do in their role to support their team members to ensure timely permanence?

Remind participants to complete their Ticket Outs before dismissing for the day.

**Trainer Note:** “Ticket-Out” – the 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 about the information presented today. Instruct participants to hand the card to the trainer before they leave for the day.

TEACHING NOTES

**DAY 3**

**SECTION 1 : Division Information Management System Documentation**

**small.)**

|  |  |
| --- | --- |
| **Time Estimate:** | * 60 Minutes
 |
| **Learning Outcomes:** | * Participants will enter a CANS assessment into the Division Information Management System, including the numeric score and the comments that tell the family’s story.
* Discuss the language shift from using the term "CHRIS" to using the term "Division Information Management System''. The current Division Information Management System is CHRIS.~~but this will transition to AR Focus in the near future.~~
 |
| **Competencies:** | * 105-1
* 105-2
 |
| **Participant Content:** | * Participant Manuals
* Handout 9-10
 |
| **Trainer Materials:** | * CHRIS Lab
* Trainer Guide
 |

**CLARIFICATION AND REVIEW**

Begin the third day in the lab. Use the “Ticket Out” exercise for both clarification and for review.

This exercise will work best if ALL Trainers for the class are in the lab. In addition, since participants completed the work on comments and scoring in the trainer-led yesterday, the trainer who led that discussion could guide discussion around that work.

**Trainer Note:** There is a word of caution with this training scenario. The CHRIS Case is just a shell that has enough information to do the work on the CANS. Do not use this case to demonstrate tasks such as how to conduct a case review or how to evaluate the quality of contacts. The sole use for this case is for the following CANS exercise.



**DOCUMENTING CANS LAB**

TEACHING NOTES

1. Before this exercise, assign each participant to a specific Padgett case. Students 1-25 have a Padgett case. These are unique except that each student’s case has unique SSNs (pseudo). The MidSOUTH Training CHRIS Login walk-through is Handout 9.
2. Complete the CHRIS Login Handout 9 for each student before class. The computer login information can be found by logging onto the participant side of the MidSOUTH website. Click on the Class Information link. Then click on Roster. Next, write the username and password (for example: username = student1, PW= tstudent1; username= student2, PW= tstudent2, etc) on each login sheet and give a sheet to each student. (The trainer will use one of the cases to demonstrate.)
3. Ensure that students have logged into the computer with their individual login.
4. Click on the CHRIS participant Icon
5. Ensure students log into their respective cases.
6. Show them how to navigate to the CANS screens

**Screen Path: Workload> Search> Padgett> Show> Assess> CANS**

* On the Home screen click on the Workload button.
* Click the OK button on the popup window.
* Click on the Padgett case (it will highlight in blue) and click the Show button.
* On the Case toolbar (second line) click on the Assess/Pl. button.
* On the Case toolbar (second line) click on the CANS button.
* On the Select Family CANS Form window click on the New CANS (5+) button.
1. Ensure that there is equal attention to the quality of the contacts as there is to the numbers.
2. Discuss how large discrepancies in scores might be resolved, unless this was covered the day before.
3. Consider using the poster of the stoplight from yesterday to highlight speaking points.
4. Much of the work on reconciling differences in scores was completed yesterday. Lead a discussion of how some of the items on the CANS might relate (such as one need that might be the cause of several other needs).

Conclude by asking participants to rank their comfort level on entering CANS information. Consider an Up/Down (either physically standing up or putting thumbs up) “poll” with questions such as:

* I feel REALLY comfortable entering CANS scores.I feel PRETTY Confident scoring CANS

TEACHING NOTES

* I understand why comments are so important.
* I will make a commitment to try to add detail to my CANS on my caseload.
* Trainers make up others depending on the content of the previous day and issues identified during the earlier parts of the training.

Before dismissing for the day, assign participants their homework assignments for tomorrow.

TEACHING NOTES

**HOMEWORK**

Participants should draft two separate scenarios from one of their cases on their caseloads (i.e. foster care and protective services). Instruct participants to refrain from using actual identifying family information due to confidentiality purposes. Pass out Handout 10, Case Scenario Guide that will provide participants with specific details that they should remember to include in their scenarios.

**DAY 3, SECTION 2: What is Your Story?**

|  |  |
| --- | --- |
| **Time Estimate:** | * 90 Minutes
 |
| **Learning Outcomes:** | * Participants will demonstrate understanding of the CANS/FAST tools by applying the Six Key Characteristics to their developed case scenarios.
* Participants will be able to identify pertinent data that must be collected and considered when assessing for child safety.
 |
| **Competencies:** | * 101-3
* 101-4
 |
| **Participant Content:** | * Participant Manual
* Handout 8
 |
| **Trainer Materials:** | * Trainer Guide
 |



**ACTIVITY: Brain-Based Review**

TEACHING NOTES

**PURPOSE**

The purpose of this activity is to provide the participants with an opportunity to score, review and discuss a real-life case scenario from their individual worker caseloads to assist in the transfer of learning. Remind participants that they should refrain from using the actual families when discussing their scenario.

TEACHING NOTES

**MATERIALS**

Participants will need their homework, Handout 7, CANS/FAST User Manual and a blank CANS/FAST form – the correct form to use depends on the case type and age of the child(ren) in their scenario.

**INSTRUCTIONS**

Provide participants with some time at their tables to discuss their individual scenarios. They should choose one scenario to score as a group. If possible, make sure that at least two groups have a foster care case scenario to score and two groups have a protective services case to score.

Allow adequate time for groups to read and score the assessment. Plan for 30-45 minutes depending on size of class/groups.

After the initial group/table has completed reviewing and scoring their CANS/FAST document they should give their scored document to another table to review and score. Allow adequate time for groups to read and score the assessment. Call time after 40 minutes to allow adequate time for processing. Instruct participants to return to their original tables.

**PROCESSING**

Go over the scoring for each item. Explain that discussion will be limited to those items where the participants’ scored differed “2” or more points. How close were the scores from each group? Were there vast differences in the scores?

TEACHING NOTES

Tie the discussion back to the Six Key Characteristics:

1. Did the participants include items that might impact service (collaborative case) planning?
2. Were the issues that brought the family to the attention of the ~~agency~~ divsion addressed (i.e. action levels)?
3. Were the participants “person-centered” or were they quick to consider services as a “quick fix” to address the identified needs?
4. Did participants address culture and development? Did they consider how cultural differences might impact collaborative family case planning? People tend to act differently based on their cultural backgrounds. Did they consider chronological age?
5. Did participants address what is currently going on with the family (‘what’ not about ‘why’)?
6. Did participants consider the 30-day window? This helps to keep information relevant and ‘fresh’.



**DAY 3, SECTION 3: CANS/FAST Interactive Activities**

|  |  |
| --- | --- |
| **Time Estimate:** | * 120 Minutes
 |
| **Learning Outcomes:** | * Participants will examine appropriate intervention techniques to engage family members in a collaborative casework process.
* Participants identify strategies to assist them with organizing and prioritizing pertinent family information that has been collected.
 |
| **Competencies:** | * 102-2
* 102-6
 |
| **Participant Content:** | * Participant Manual
* Unit 4 Knowledge Check
 |
| **Trainer Materials:** | * Trainer Guide
* Trainer Resources.
* CANS/FAST Charades Kahoot Link: <https://create.kahoot.it/share/cans-fast-charades/8298bf71-019e-4e4a-953c-7f78046e40ed>
 |

**MOMENT OF TRUTH**

TEACHING NOTES

As you begin this section of training, ask participants to reflect on the following questions:

* What led them to choose a job in child welfare?
* What were they hoping to accomplish?

Likely, they will provide answers such as:

* They want to work with children and families.
* They want to make things better for children.
* They want to make a difference.

To help and make a difference, participants will have to understand all the things going on with a family.

In Unit 3, we talked a lot about how a family’s past trauma history may interfere with their abilities to adhere to ~~agency~~ division expectations. Learning how to connect and engage families to successfully create a positive working relationship is oftentimes dependent on the communication abilities of the worker.

The CANS can help workers to get to the “heart of the matter” (i.e. past traumas). It is not “just a form.” Instead, it is a framework – a practice model – that helps you focus on understanding the family or child’s circumstances; it helps you and the family organize and prioritize needs and helps you and the family convert understanding into action (i.e., a plan for change). This is possible because it focuses on items that are known to be relevant to collaborative family case planning; it increases the likelihood that the plan will work.

****

**ACTIVITY: CANS/FAST Charades**

**INSTRUCTIONS**

Identify a volunteer and take them out of the room. Give them a domain and item and be sure to make a note of the tool (i.e. CANS or FAST). The volunteer will act out a behavior they may see in that domain and item. The participants will guess the item, domain, and tool based on the behavior. There are suggestions for the behavior, tool, domain, and item in the Trainer Resources.

TEACHING NOTES

**PROCESS**

One of the most important aspects of the CANS is that it focuses on identifying and building strengths. It gives you a framework to start with a family by identifying areas where things are right (or have gone right in the recent past). In that respect, it may help you to engage and join with a family to create a shared vision of the places where the family is strong and the places where there is work to be done.

**Trainer Note:** As an activity variation, participants can play a round of CANS/FAST Charades in Kahoot! An account is not required. They can access it in their browser and play online without downloading an app.

As the trainer, log into Kahoot at Kahoot.com. Once you are logged in click Discover, which should be the second tab on the left side of the top toolbar. Enter CANS/FAST Charades in the search area. Select the Kahoot created by Sfsmith151. Click play, then Teach, and then Classic. You will be provided a Game Pin to share with participants.

Participants will type the Kahoot Link into their browsers and enter the code. After finishing the Kahoot, process this section by sharing the information below.

**RAPID IMPROVISATION**

At this point participants have had a couple of different opportunities to utilize the CANS/FAST tools to score two different scenarios. We will spend the rest of the afternoon engaging in some experiential activities to increase the participant’s understanding of the CANS/FAST tools.

TEACHING NOTES

**PURPOSE**

This activity will provide participants with an opportunity to practice explaining the “what”, “how” and “why” of an assessment and the use of the CANS/FAST tools. This will also allow participants to give and receive feedback from their peers. This can help to build confidence and camaraderie.

**INSTRUCTIONS**

Instruct participants to move into groups of three. You can have them count off 1-3. Each triad should assume the following roles based on their number:

* **1 =** Assessor

TEACHING NOTES

* **2=** Service Recipient (i.e., adult, family, youth family or family member)
* **3=** Observer

Participants should stay in their roles for Round 1. Provide participants with the instructions below for their particular roles.

**ASSESSOR**

Describe what the CANS/FAST is to the service recipient, and how you will be proceeding.

* **Service Recipient:** Imagine yourself as a real family and ask questions about the assessment process and the use of the CANS/FAST tool.
* **Observer:** Quietly watch the interaction between the two individuals and be prepared to share two things that were positive about the interaction and two helpful suggestions about areas for improvement.
* **Round 2:** Participants should switch roles and repeat the steps above for each role.
	+ Assessors become Service Recipients
	+ Service Recipients become Observers.
	+ Observers become Assessors.
* **Round 3.** Participants should switch roles for the final time and repeat the steps above for each role.

**PROCESSING**

Open discussion by asking participants the following: How did they feel in their roles as the “Service Recipients”?

* Did they feel like the Assessors were receptive to their questions?
* Did they receive clarity in a way that was easy for them to understand?

TEACHING NOTES

* Were they seen as the “experts” regarding their situations?
* What did the “Observers” observe? What suggestions did they offer?
* How did the “Assessors” do with explaining their roles, the assessment process, and the CANS/FAST instruments?

TEACHING NOTES

**Trainer Note:** As an activity variation, have the groups practice with a different age group for each round. The service provider is an adult for the first round. For the second round, the service provider is a toddler and an angry teenager for the third round. This activity will help participates to think about talking to the different ages.

*The activity above was adapted from a workshop Handout received at the 2015 CANS conference.*

**TICKET OUT**

Conduct a review activity of the content for the 3-day training.

Complete the Foundations Unit 4 Knowledge Check