

Training Binder

Learning Objectives

Social Worker Quality Visits

Knowledge

Participants will be able to:

1. Identify the link between the frequency and quality of visits to youth safety, placement stability, well-being and permanency
2. Discuss three strategies to address the three areas of assessment: safety, permanency, and well-being
3. Identify the key elements of essential topics to address during a quality caseworker visits with children/youth, caregiver and parents
4. Identify two important areas when documenting visitation requirements
5. Recognize how quality caseworker visits is valuable in supporting engagement, building trust, and is critical in creating relational competency

Skills

1. Plan, structure and conduct quality caseworker/child, caseworker/caregivers and caseworker/parent visits to promote the outcomes safety, placement stability, well-being and permanency
2. Document the results of the caseworker/child visits so that these efforts are reflected in case records of CWS/CMS and comply with state regulations and federal reporting requirements
3. Identify the process to provide timely and accurate documentation of caseworker visits

Values

1. Appreciate the significance of conducting well-planned monthly caseworker visits in the home where the child resides to the child/youth, family and caregivers
2. Value the importance of case planning as a key element to engagement of families in case planning and case management

Probation Officer Quality Visits

Knowledge

1. Identify a minimum of three purposes for face-to-face visits with youth, family and caregivers
2. Understand critical components of face-to-face visits with youth, family and caregivers

3. Understand legal, regulatory and documentation requirements for face-to-face visits

Skills

1. Demonstrate engagement skills with youth, family and caregivers
2. Gather information, analyze progress in case plan objectives, determine appropriateness of services
3. Motivate youth, family and caregivers
4. Prepare for visits including contact with youth, family and caregivers

Attitudes

1. Believe that youth and family deserve dignity, respect and quality service
2. Be committed to the safety, permanence and well-being of the youth
3. Acknowledge that youth and family have strengths

Federal and State Regulations

Federal Child and Family Services Act of 2006 (PL 109-288) federal mandate regarding caseworker visits (also SB703, statutes of 2007). It extended the funding authorization of the Promoting Safe and Stable Families (PSSF) program for two purposes: support monthly caseworker visits and improve outcomes for children affected by their parent/caretaker's abuse of methamphetamines or other substances.

California Manual of Policies and Procedures Division 31 Regulations revised to reflect these new laws (July 2, 2011). Division 31-320 SOCIAL WORKER/PROBATION OFFICER CONTACTS

2 August 2011, H.R. 2790 Child and Family Services Extension and Enhancement Act.

Introduced to reauthorize mandates through 2016. The bill modifies the monthly caseworker visit requirement. Prior authorization required caseworkers to attain the goal of 90 percent of children in foster care to be visited monthly. While HR 2790 maintains the 90 percent goal, it also creates a tiered reduction in federal financial participation for non-compliance. The new legislation requires that the total visits in a year equal to a monthly visit. A penalty will also be accrued when a caseworker fails to complete a minimum of 50 percent of the visits in the child's home. Funding for HR 2790 continues the funding level at \$325 million and adds requirements to identify emotional trauma needs associated with maltreatment and removal, oversight of prescription medication monitoring protocols, strategies to reduce time in foster care and addresses the development needs for children younger than five.

PL 112-34, Child and Family Services Improvement Innovation Act of 2011. Revised mandates for visitation and standards for compliance. The PL 112-34 changes the requirement regarding the number of monthly visits that must occur in the residence of the child from a "majority" to "at least 50 percent." It also institutes yearly, fiscal penalties for failing to meet this standard.

For FFYs 2012-2014, the minimum standard for monthly visits remains at 90 percent; however, for FFY 2015 and each year thereafter, under the new methodology, the caseworker visit performance standard for monthly visits will increase to 95 percent.

The performance percentage for monthly visits is now based on the total number of visits that would occur during the fiscal year if each foster child were visited once every month while in care. This contrasts with the previous methodology which counted each month, therefore one monthly visit missed resulted in 12 months missed. The PL 112-34 specifies that state agencies must use monthly caseworker visit funding to improve the quality of caseworker visits with an emphasis on caseworker decision making and caseworker recruitment and retention.

California SB 342, Statutes of 2013 enacted to amend WIC 16516.5 and 16516.6 to comply with federal requirements of USC Title 42 section 624(f)(2)(A), effective January 1, 2014 (ACL 14-50). With the enactment of SB 342, WIC sections 16516.5 and 16516.6 were amended to:

1. Require that no more than two consecutive monthly visits be held outside the residence of the foster child.
2. Require the caseworker (social worker or probation officer) to advise the foster child that he/she has the right to request that the private discussion, currently required by state law, occur outside the group home or foster home.
3. If the visit does not occur in the place of the child's residence, the caseworker must document in the case file, CWS/CMS and court report the location of the visit and the reason for the visit occurring outside the place of residence.

Minimum: Once per month. There are no longer any exceptions.

Majority of visits (at least 50 percent) to occur in residence
Specific objectives are to be addressed during visits and documented, (e.g., monitoring safety of child/youth, assessing child/youth's well-being, monitoring education, health, and services and progress towards meeting case plan goals, assisting youth preserving and maintaining connections/religious and ethnic identity).

The visit shall include a private discussion between the foster child/youth and the caseworker. The private discussion shall not be held in the presence or immediate vicinity of the resource parent/caregiver.

The caseworker shall advise the foster child/youth that he/she has the right to request the private discussion occur outside the residence (if so, this does not replace the visit in the residence).

The contents of the private discussion shall not be disclosed to the foster parent/caregiver, except under any of the following circumstances:

- (1) The caseworker believes the foster child/youth may be in danger of harming himself or herself, or others

(2) The caseworker believes that disclosure is necessary to meet the needs of the child/youth

(3) The child/youth consents to disclosure of the information

California Child and Family Services Review

The California Child Welfare Indicators Project (CCWIP) is a collaborative venture between the University of California at Berkeley and the California Department of Social Services (CDSS). CCWIP provides a comprehensive source of child welfare administrative data (including probation placements) and serves as a model for open-data and information dissemination. CCWIP receives quarterly extracts from California's child welfare administrative data system (CWS/CMS), configures the information longitudinally and produces performance outcomes reports that are publicly available.

CCWIP provides policymakers, child welfare workers, probation officers, researchers and the public with access to customizable information on California's entire child welfare system. Users can examine child welfare performance measures over time and across counties and demographic groups. In addition to stratifications by year and county, data can also be filtered by age, ethnicity, gender, placement type, and other subcategories to craft customized tabulations on topics of interest. The CWS performance measures are:

- Child Maltreatment Allegation & Substantiation Rates
- Entry Rates
- In Care Rates
- 3-S1 Maltreatment in foster care
- 3-S2 Recurrence of maltreatment
- 3-P1 Permanency in 12 months for children entering foster care **Modified**
- 3-P2 Permanency in 12 months for children in foster care 12-23 months
- 3-P3 Permanency in 12 months for children in foster care 24 months or more
- 3-P4 Re-entry to foster care
- 3-P5 Placement stability

Safety

S-1: Children are, first and foremost, protected from abuse and neglect

S-2: Children are safely maintained in their homes whenever possible and appropriate

Permanency

P-1: Children have permanency and stability in their living situations

Stable placement; appropriate permanency goals in a timely manner; efforts to achieve reunification, guardianship, adoption or other planned permanent living arrangement

P-2: The continuity of family relationships and connections is preserved for children

Efforts to ensure sibling placement; sufficient frequency and quality visitation between children/youth/family to promote continuity in relationships; preserve youth's connections; relative placements

Well-Being

WB-1: Families have enhanced capacity to provide for their children's needs

Efforts to assess the needs and provide services to children/youth, parents, and resource families

WB-2: Youth receive appropriate services to meet their educational needs

Efforts to involve parents and youth in case planning process

WB-3: Children/Youth receive adequate services to meet their physical and mental

health needs and the frequency and quality of visits between caseworkers and children/youth are sufficient to ensure the safety, permanency, and well-being of the children/youth and promote achievement of case goals

(CHAPTER 560, STATUTES OF 2010) PUBLIC LAW (PL) 110-351, SECTION 206 OF (FOSTERING CONNECTIONS TO SUCCESS AND INCREASING ADOPTIONS ACT OF 2008); AB 743, CHAPTER 560, STATUTES OF 2010; WELFARE AND INSTITUTIONS CODE (W&IC) SECTIONS 362.1–366.3, 16002, AND 16010.6

Every child/youth deserves permanency. It may not be with their parents, but caseworkers are required to seek forever families for children/youth if they are not able to return home. Permanency mean a child/youth will return home, adoption, legal guardianship, tribal customary adoption, and for a youth 16 and older this can also mean a fit and willing relative, or Another Permanent Planned Living Arrangement (APPLA) for youth 16 and older at the time of the hearing. Only youth ages 16 and older can have a plan of APPLA and caseworkers must continue to try to locate a permanent home for these youths. Caseworkers must document in the court reports and contact notes their process for addressing barriers to permanency for the youth. ACL 16-28 from SB 794, PL 113-183 – Note for P-1

Why are Quality Home Visits So Important?

A crucial duty in casework practice with children/youth in foster care is quality caseworker visits. Both the frequency and the quality of these visits are key fundamentals of effective practice to achieve goals of safety, permanency, and well-being. Quality home visits not only includes the caseworker's visit with youth, but also with the legal parents and caregivers. Division 31-320 is clear that these visits are mandatory.

Building rapport with youth and family is critical. Establishing trust with youth and family is imperative to create partnerships/relationships and key to obtaining information, completing comprehensive assessments and providing the most appropriate services. When caseworkers build those relationships, they are part of the intervention and not just case managing.

There are four main reasons for quality home visits:

- Assess risk and safety
- Assess needs and services
- Engage and build rapport with children/youth and families

- Supervision and monitoring

Completing a balanced assessment of the youth and family is crucial and essential to completing a thorough risk and safety assessment. The caseworker must assess the household for safety threats using behavioral specific facts and the impact of these behaviors on the children. It is important to determine the degree to which the child/youth is likely to be impacted by the behaviors. Are there protective factors? Protective factors are conditions or characteristics in families, that when present, mitigate or eliminate risk in families, when present, increase the health and well-being of children and families. Parents with protective factors can find resources, supports, or coping strategies that allow them to parent effectively, even under stress. Research shows that protective factors are associated with a lower incidence of child abuse and neglect. The five protective factors are:

Knowledge of parenting and of child and youth development

Parental resilience

Social connections

Concrete supports for parents

Social and emotional competence of children

It is also essential to include the child/family in the process and obtain their feedback. The caseworker should be asking the child/family what they believe their needs are because they are the experts of their lives. When a well-rounded assessment is completed with the child/family, the family is more likely to have a better understanding of the needs.

The purpose of the foster/resource home visits is to provide caseworkers with a consistent and recurring opportunity to spend time with resource families, including the child/youth, and to build relationships with the resource family that support permanency and help the resource family in meeting their needs and the needs of the child/youth. The in-home caseworker visits, which include opportunities to interact with the larger family and to observe the home dynamic, are critical for monitoring the child/youth's emotional and physical well-being. Improved and balanced assessments will provide for specific services for needs.

Quality visits should have a positive impact on improved safety assessments. The caseworker has an obligation to ensure the safety of child/youth placed in out-of-home care. There are safety assessment tools to help workers assess the situation. One of the tools that is quite effective is solution focused questions and motivational interviewing. Both tools will also help the caseworker build relationships with the child and family. The engagement piece of quality visits is important. As you build rapport with children/youth, it is more likely that the child/youth will feel comfortable disclosing sensitive information to you and the caseworker may be the only stable person in the child/youth's life.

Building relationships with child/families is also critical to assess for permanency.

Is the caregiver open to providing guardianship or adoption?

Does the child/youth have questions and feel comfortable sharing their feelings (especially fears) about adoption or the caregiver in particular?

Does the child/youth understand legal guardianship and adoption?

Sometimes children/youth have specific values that they don't want to change. There are youth that want to keep their last name, so they don't want to be adopted because they believe they will have to change their name. Having a conversation with the youth about their fears, worries and concerns can bring this information to light and gives the caseworker the opportunity to provide the youth with accurate information.

Supervision and monitoring the child/youth in the foster care setting is another responsibility of the caseworker. The caseworker should have a good understanding or have the knowledge to what is normal for that household. If there is a change in household composition or routine, the caseworker should be addressing these changes. Quality visits within the home will give the caseworker this important information to ensure that the child/youth is safe, healthy and needs are being addressed in a trauma-informed manner.

We must also provide guidance and support on problem solving, skill development, and ways caregivers and youth can deal with crises. How do we create partnerships with the youth and their caregivers? It is important to build those relationships and create the support network for the youth and caregivers. This support network would also become members of the Child and Family Team. Providing support for the caregivers can also help placement stability.

Who can legally visit the child/youth? It is best practice that the case-carrying social worker/probation officer visit the child/youth each month, but there are constraints due to heavy caseloads. Some counties try to assign cases (children/youth) by area. What are the benefits and challenges to this practice? Since the children/youth are placed in one area, the caseworker does not have to drive all over the state to see their children/youths. However, when children/youths move to placements out of that area, they are assigned a new caseworker. This practice is very difficult for kids.

Having a consistent caseworker is more trauma-informed. Each contact with a child/youth builds a connection, which is so important for the child/youth's well-being. Follow-up with child/youth is also important to building rapport. When the caseworker comes back month after month, it provides the child/youth with stability. The child/youth can count on that person and they know that they matter. We all want to connect with someone, and our foster children/youth may not have that in their life. There are challenges to visiting all the children/youth on their caseload every month. How do you see each child/youth every month and get everything else done?

The visit must be documented in CWS/CMS monthly and entered by the end of the month. There are NO exceptions to visiting children/youth monthly. We must see each child/youth each month.

Who Else Can Visit for the Caseworker?

If anyone other than the assigned caseworker visits the child/youth, the case record and plan must document an agreement between the primary caseworker and visiting professional. In addition, the county social workers and county probation officers are not authorized to cross visit youth, except for Dual-Status youth in which both a PO/SW can visit. Example: A county social worker and a county probation officer who have youth in the same facilities may not conduct visits with cross department youth. County agencies may want to do so to save funds in visits which are long distance, but that is not permissible.

Where can the visit occur?

The majority of visits (over 50 percent) must be in the child/youth's residence. If a visit takes place outside the residence, it must be documented in the case file, CWS/CMS and court report describing the location and the reason the visit was not in the child/youth's residence.

No more than two consecutive monthly visits may take place outside the child/youth's residence. Why should caseworkers visit the children/youth in the foster placement? One of the most important tasks for the caseworker is to ensure that the child/youth is safe. Children may be abused or neglected in foster care, and it is the caseworker's job to make certain that children aren't abused and neglected in their foster homes.

During the visit in the foster home, the caseworker should investigate:

Where does the child/youth sleep?

Is it clean?

Do they have a bed and clean sheets, blankets and pillows, clothes, etc.?

Does the youth have space for their clothes and personal belongings?

Does the home have food?

Are there any building safety issues?

Who is in the home?

The caseworker should know who lives in the home and who has access to the child/youth. During the visit, the caseworker should meet with the caregiver to provide information and to provide support. Building that relationship with the caregiver is ideal. They live with the child/youth and can provide important information about the child/youth's health, behavior, education, emotional/mental health, etc. It is also best practice to ensure the visit is scheduled for a time convenient for both the caregiver and child/youth.

Private time with the child/youth

The child/youth must be seen alone every time for several reasons.

1. Facilitate a safety assessment
2. Interview the child/youth alone and to discuss sensitive and personal issues
3. Advise the child/youth that they have the right to request that the private discussion, currently required by state law, occur outside the foster or group home
4. Build rapport with the child/youth

When the child/youth is not seen alone, the caseworker must document the reason in the case file, court report and CWS/CMS. The caseworker must advise the child/youth of their right to request a private discussion outside the residence. Specific objectives are to be addressed during visits and documented (e.g., monitoring safety of child/youth; assessing child/youth's well-being; monitoring education, health, and services and progress towards meeting case plan goals; assisting child/youth preserving and maintaining connections/religious and ethnic identity). The private discussion shall not be held in the presence or immediate vicinity of the resource parent/caregiver. The caseworker shall advise the foster child/youth that he/she has the right to request the private discussion occur outside the residence (if so, this does not replace the visit in the residence).

The contents of the private discussion shall not be disclosed to the foster parent/caregiver, except under any of the following circumstances:

- (1) The caseworker believes the foster youth may be in danger of harming himself or herself, or others;
- (2) The caseworker believes that disclosure is necessary to meet the needs of the child/youth;
- (3) The child/youth consents to disclosure of the information

Interstate Compact on the Placement of Children (ICPC)

The CWS caseworker must go through the Interstate Compact on the Placement of Children (ICPC) when they are placing a child/youth in another state. Most states have a centralized state ICPC office. California, Colorado, and Ohio are decentralized and county-run. Except for group home placement, the caseworker sends the ICPC packet directly to the receiving state's ICPC office. In this case, California would be the sending state and the state that we send the packet to is the receiving state. According to the compact, the receiving state must approve the placement before we place the child/youth. If the placement is denied, CWS cannot place in this home or it would be a violation of the ICPC. If the placement is approved and the caseworker places the child/youth in the home, the receiving state will complete face-to-face visits with the child/youth and supervise and monitor the child/youth. For out-of-state Short-Term Residential Therapeutic Program (STRTP) placements, CWS and Probation sends the ICPC Packet to the California Department of Social Services-Out of State Policy unit for approval. They will review the packet and ensure that all the documentation is enclosed and then send it to the receiving

state for review. If the receiving state denies the placement, the caseworker may not place the child in that program.

When the child/youth is residing out of state with a relative, guardian or foster home under ICPC, the receiving state sends quarterly reports to the case-carrying worker containing monthly visit information. This information must, in turn, be documented in the case file, CWS/CMS and court reports. It is recommended that the caseworker keep in contact with the receiving state's local caseworker. The caseworker can request that the receiving state's caseworker email them their contact note as they contact the child/youth, so that the caseworker doesn't have to wait for the quarterly report to enter the contact information in CWS/CMS. **The sending state's caseworker is responsible for visiting the child/youth each month when placed out of state in STRTPs.**

The Interstate Compact for Juveniles (ICJ) is the only legal means to transfer a juvenile's supervision from one state to another and to return runaways. A Commissioner in each member state administers the Compact and collectively forms the Interstate Commission for Juveniles. A juvenile parolee or sex offender may not relocate to another state before the receiving state accepts the supervision case. The only exception to this rule is when no legal guardian remains in the sending state but a legal guardian is in the receiving state.

Placement of delinquent children in institutional care (Fam. Code, §§ 7901, art. 6, and 7908; ICPC Reg. No. 4, § 2)

A child declared a ward of the court under Welfare and Institutions Code section 602 may be placed in an institution in another jurisdiction under the compact only when:

- (1) Before the placement, the court has held a properly noticed hearing at which the child, parent and guardian have had an opportunity to be heard;
- (2) The court has found that equivalent facilities for the child are not available in the sending jurisdiction; and
- (3) Institutional care in the other jurisdiction is in the best interest of the child and will not produce undue hardship for the child or his or her family.

Trauma-Informed Practice

Most children/youth involved with child welfare have been traumatized. Trauma can disrupt the development of children/youth and there is usually a lasting impact of early stress and trauma. According to the National Child Traumatic Stress Network, complex trauma describes both children's exposure to multiple traumatic events, often of an invasive, interpersonal nature; and the wide-ranging, long-term impact of this exposure. These events are severe and pervasive, such as abuse or profound neglect. They usually begin early in life and can disrupt many aspects of the child's development, including the formation of a self. Since these adversities frequently occur in the context of the child's relationship with a caregiver, they can

interfere with the child's ability to form a secure attachment bond. Many aspects of a child's healthy physical and mental development rely on this primary source of safety and stability.

Responses to trauma vary and are different for each child/youth. According to the Chadwick Center for Children and Families, the impact of a traumatic event(s) depends on several factors, including:

- The child's genetic makeup
- The child's age and developmental stage
- The child's perception of the danger faced
- Whether the child was the victim or witness
- The child's relationship to the victim or perpetrator
- The child's past experience with trauma
- The adversities the child faces following the trauma
- The response to the events from the child's caregivers
- The presence/availability of adults who can offer help and protection

Some children/youth have intrusive thoughts. Intrusive thoughts lead to: significant disruption, fear and anxiety, denial, hypervigilance, irritability, outbursts of anger or rage, emotional swings, worrying, nightmares, flashbacks, feelings of helplessness, panic, increased need to control everything, minimizing the experience, sense of injustice, isolation, emotional numbing or restricted range of feelings, difficulty trusting others and/or feelings of betrayal, difficulty focusing, self-blame, shame, depression, suicidal thoughts or desire for revenge. The development in childhood of these self-regulation capacities is severely undermined by complex trauma. Youth may also struggle with substance abuse, mental health, promiscuity, criminal activity, etc.

Of the youth that encounter the Juvenile Justice system, approximately two-thirds have been abused or neglected. This is why there is so much crossover between Juvenile Justice and CWS. The Crossover Youth Practice Model developed by Georgetown University found that 82 percent of the identified youth had some level of involvement with the child welfare system at the time of arrest. This doesn't excuse the behavior, but it can explain it. More than two-thirds of youth involved with law enforcement or juvenile justice have complex histories of interpersonal trauma, including exposure to neglect, emotional, physical, and sexual abuse, family and community violence, traumatic losses and disrupted relationships with primary caregivers (Ford, et al., 2013). Many also come from families in which caregivers and siblings are coping with other adversities such as substance abuse, mental health problems, unemployment or discrimination based on race, ethnicity, sexual identity, or disability, legal problems, or incarceration. Youth from ethnic and racial minorities and those from low-income backgrounds are disproportionately involved in the juvenile justice system and subject to these additional adversities.

Trauma-Informed Approach

Caseworkers must realize the widespread impact of trauma and understand potential paths for recovery and should be mindful to avoid re-traumatizing the child/youth. Child welfare and probation should be able to recognize the signs and symptoms of trauma in their children/youth and families. According to the National Child Traumatic Stress Network, there are ways to avoid re-traumatizing children and families:

1. Psychological safety is important. We must be safe to move on. If the child/youth is still in the trauma situation, they will not be able to process because they aren't safe.
2. Understand trauma triggers and the potential or perceived threats of safety that a child/youth or parent may experience and provide them with tools to manage the triggers and help the child/youth/parent feel safe.
3. Transitions can be difficult. Provide information and help to process change with the child/youth or family.
4. Trauma equals a lack of control, so give child/youth or family choices. Providing youth and families with a voice in their care helps them reclaim the power that was taken away from them and assists them towards building their own resilience.
5. Be consistent and suspend judgement.
6. For children/youth, do not label their behaviors as "bad" or "good," because it is easy to forget that their behavior reflects their experience. These challenging behaviors are strategies that have helped them survive in the past.
7. Minimize disruptions in relationships and placements, as these are crucial to help the child/youth build and maintain positive attachments.
8. Be strength-based
9. Strengthen resilience and protective factors
10. Use trauma screenings to determine the need for appropriate trauma-specific mental health care and a comprehensive trauma assessment.
11. Help children/youth and families create new meaning of their trauma history and experiences.
12. Understand that many of the child/youth's parents are also trauma victims (recent and childhood trauma). Providing trauma-informed services to parents enhances their protective capacities, thereby increasing the resiliency, safety, permanency and well-being of the child.

"The research is clear that the experience of abuse or neglect leaves a particular traumatic fingerprint on the development of children that cannot be ignored if the child welfare system and probation are to meaningfully improve the life trajectories of maltreated children, not merely keep them safe from harm." –Bryan Samuels, Commissioner for the Administration on Children, Youth and Families Testimony to House Ways and Means Subcommittee on Human Resources, Congress on 6/16/2011

Engagement

The critical role of genuine and authentic engagement is fundamental to success. Rapport is defined as a relation marked by harmony conformity and accord. Seeking to really understand

and empathize with the situation of others is the key to good rapport. It works best when people know you have their best interest at heart.

Rapport is characterized by

- Actively listening
- Putting yourself in another's place
- Common goal
- Genuineness
- Responding with body language that shows interest
- Matching words and phrases
- Giving child/youth/parents hope within any given situation
- Culturally appropriate eye contact — mirroring
- Paraphrasing
- Asking open ended questions

Techniques for Building Rapport

The following are some suggested techniques caseworkers can use to build rapport with children/youth and family. Caseworkers can:

- Demonstrate empathy, warmth, respect and genuineness
- Maintain frequent contact
- Be consistent and persistent and follow through
- Meet a concrete need(s) of the family
- Highlight strengths, no matter how small
- Reach out to the child/youth/family
- Be flexible
- Use interpersonal skills effectively (e.g., nonverbal skills, strategic use of questions, summarizations)
- Give the child/youth/family a sense of control (e.g., involve them in scheduling appointments, ask the parents how they would like to be addressed)
- Acknowledge difficult feelings and encourage open and honest discussion of feelings
- Ask for the child/youth/family's perspective of a problem
- Give the child/youth/family information (e.g., explain the role of a caseworker, describe the agency, explain what will happen next)

*Source: Child Protective Services: A Guide for Caseworkers by Diane DePanfilis and Marsha K. Salus
PA Child Welfare Competency-Based Training and Certificate Program*

Practical Techniques to Engage Families

Review information on the family and identify the family's strengths. The caseworker will be better prepared to talk about those strengths and let the family see that they are trying to help

- Have there been previous efforts to work with the family?
- Are there companion cases?
- What is their communication style? Are they loud all the time? Is mom passive?
- What do they do or like?

The caseworker should make their first impression count. Schedule the first appointment as soon as possible. Here are some suggestions:

- Be positive
- Arrive on time
- Start out non-directive
- Let the child/youth/family talk or yell if they need to
- Show that you are listening to them by nodding, smiling, making eye contact, etc.
- When making a follow-up or encouraging statement, use the same key words. It reinforces that you are listening.

If possible, transition to more direct conversations — after you have established a relationship. Sometimes this strategy isn't possible, and the caseworker must have difficult discussions prior to building that relation. In this case, remain respectful.

- When asking questions, be careful not to sound commanding. There is a fine line between assertively asking what you need to know and sounding judgmental and authoritative.

Remember to use rapport-building strategies

- Reflection — crucial to building trust. With angry clients, it lets them know that the caseworker is hearing their frustration
- Summarize
- Ask open-ended questions
- Refrain from asking “why?”

Motivational interviewing (MI) is a great way to build upon the relationship. MI is an evidence-based practice that focuses on increasing an individual's motivation to make specific, needed behavior changes (Miller & Rollnick, 2013). MI is a strength-based, family-centered approach for resolving ambivalence and eliciting behavior change across a broad range of behaviors. MI is a great way to express empathy through reflective listening. It also helps the caseworker modify the child/youth's resistance rather than directly opposing it. Caseworkers can also use MI to interview parents.

Most solution-focused conversations entail asking effective questions, rather than making statements or giving advice. The use of appreciative, respectful curiosity creates opportunities for the other person (or group) to think creatively about how to progress towards their goals. Solution-Focused Questions' emphasis on listening, empathetic responses and incorporating child/youth/family's words/perceptions in responses limits on advice-giving and is strength-based.

Motivational Interviewing

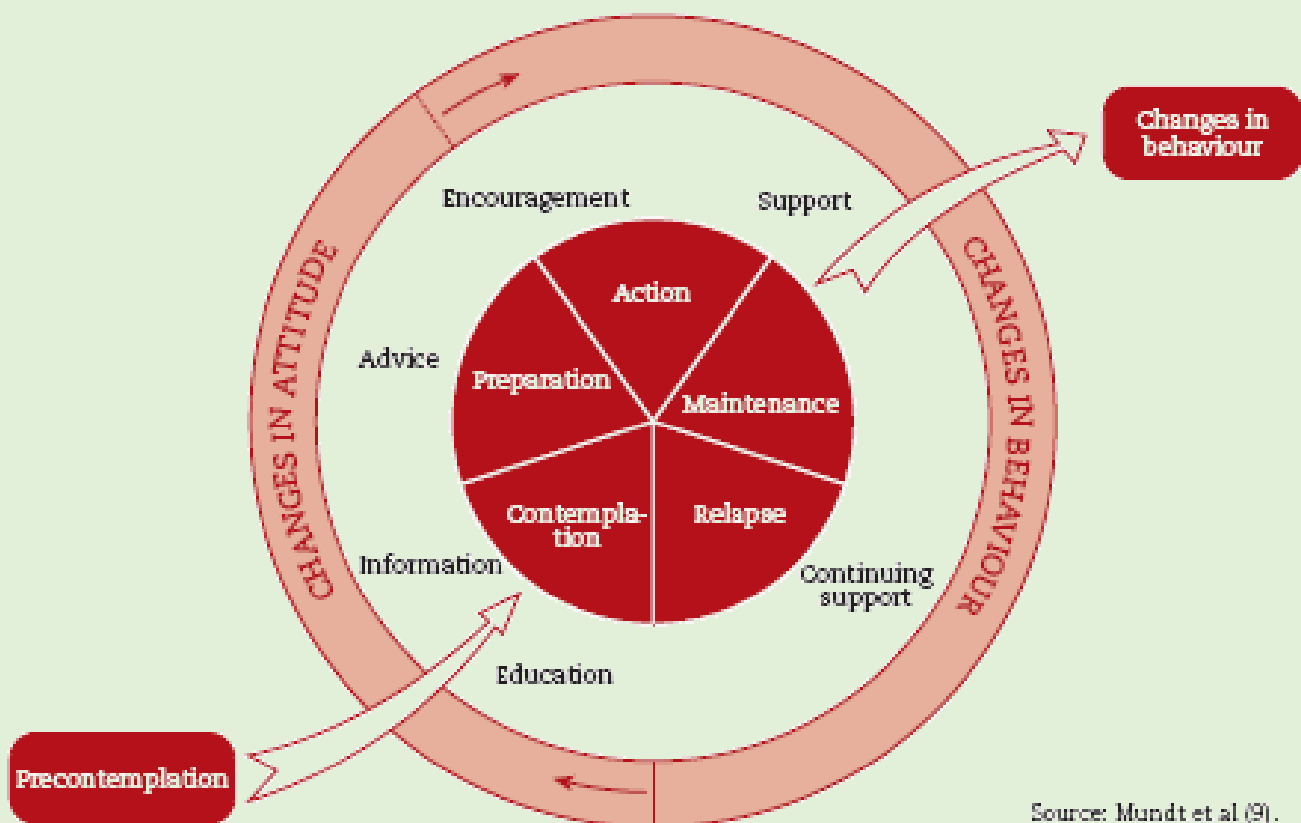


YOU HAVE **WITHIN YOU**
MORE RESOURCES OF ENERGY
THAN HAVE EVER BEEN TAPPED
MORE TALENT THAN HAS EVER
BEEN EXPLOITED
MORE STRENGTH THAN HAS
EVER BEEN TESTED
AND MORE TO GIVE THAN
YOU HAVE EVER GIVEN

John Gardner

Definition of Motivational Interviewing (MI):

- MI is a collaborative conversation style to strengthen a person's own motivation and commitment to change
- The overall style of MI is one of guiding style that is the middle of the continuum of styles:
- Directing \leftrightarrow Guiding \leftrightarrow Following
- A skillful guide is a good listener and offers expertise where needed. MI lives in this middle ground of styles between directing and following, often incorporating elements of both without doing too much of either



Source: Mundt et al (3).

MOTIVATIONAL INTERVIEWING

R

RESIST telling them what to do:
Avoid telling, directing, or convincing your friend about the right path to good health.

U

UNDERSTAND their motivation:
Seek to understand their values, needs, abilities, motivations and potential barriers to changing behaviors.

L

LISTEN with empathy:
Seek to understand their values, needs, abilities, motivations and potential barriers to changing behaviors.

E

EMPOWER them:
Work with your friends to set achievable goals and to identify techniques to overcome barriers.

Table 1: OARS Components and Examples

Open Questions (Open-Ended Questions): A question that invites a person to think a bit before responding.	<ol style="list-style-type: none"> 1. "How do you hope your life might be different 5 years from now?" 2. "Where did that happen?"
Affirming: To recognize and acknowledge that which is good; to support and encourage.	<ol style="list-style-type: none"> 1. "Look at this; you did a good job of keeping records this week." 2. "I noticed your great effort this week."
Reflective Listening: Designed to clarify your understanding and convey this understanding.	<ol style="list-style-type: none"> 1. "It sounds like you've lost a lot." 2. "It sounds like it doesn't seem right to you."
Summarizing: Reflections that pull together several things that a person has told you.	<ol style="list-style-type: none"> 1. "So one thing you hope will be different a year from now is that you will have a good job." 2. "So here is what you've told me so far...."

The Four Strategies of Motivational Interviewing are Called the OARS:

- Open ended questions
- Affirmation
- Reflections (Reflective Listening)
- Summaries

Open-ended questions: Encourage a dialogue

Open-ended questions are not easily answered by yes or no; they encourage elaboration. By asking open-ended questions, you can encourage a people to tell their story.

How do you ask open-ended questions?

- Begin the question with "What, Who or How"⁴:
 - "What are your ideas..."
 - "Who has helped you..."
- Probe for more information:
 - Please elaborate
 - Tell me more about...
- Ask general open-ended questions:
 - "How does this make you feel?"
 - "How do you feel about that?"
- Avoid asking "why" (everydayleaners.org)
 - "Why" can sound judgmental or threatening

Affirmations: Give an accurate description of his or her strengths

You can empower a person by helping them recognize their strengths and see themselves more positively.

How do you give "affirmations?"

- You can use affirmative and positive language¹:
 - "I appreciate that you are willing to talk about this."
 - "That's a good idea."
- Emphasizing past successes may help you demonstrate the patient's strengths²
 - "You have struggled, but you have had some real successes."
 - "You are clearly a very resourceful person."
- Reframe behaviors or concerns as evidence of strengths. For example³:
 - "You've had a setback, but you are really trying. Look at the progress you are making."

Reflections: Help the patient listen to themselves

Reflective listening can also help people listen to themselves, provoking thought and consideration of inconsistencies.

How do you listen reflectively?

- Repeat or rephrase
 - By repeating the same words (or similar) people may be able to hear themselves and clarify, or dive deeper into a subject. For example:
 - *Jane:* “I feel like it’s so difficult to avoid eating snacks at work.”
You: “It sounds like it’s difficult for you to avoid snacks at work.”
Jane: “Yes, I think it’s because...”
 - How do you start the reflective-phrase and not sound like a robot?
 - *So, you feel...*
 - *It sounds like you...*
 - *You’re wondering if...*
 - *What I hear you saying is...*
- Paraphrase
 - Make a statement that reflects what the patient is staying. For example:
 - *Jane:* “I know I should exercise, it’s just that I can’t seem to start.”
You: “You are aware of all the reasons you should be exercising, so sounds like it has been hard to find the motivation to start.”
- Reflect the feelings
 - You may be able to tell what a patient is feeling (from verbal or non-verbal cues) and give him or her words for those feelings
 - *Jane:* *Appears despondent*
Your Response: “How have you been feeling? Do you feel like you have lost hope?”
You can express empathy for the patient’s feelings and emotions

- Ask questions to prompt the patient to give themselves affirmations, for example¹:
 - “What have you noticed about yourself in the past few months since you started coming here?”
- But, be realistic and sincere³
 - Your relationship with the patient should be based on mutual respect and trust

Summarize: Looking at the bigger picture

Summarizing storylines can help people get motivated to make a change by helping them see the bigger picture.

A summary may:

- Help you encourage a cue to action or an “Aha moment”
- Give an alternative view of options
- Prepare someone to move on²
- Help someone see both sides of his or her ambivalence for change³

How do you summarize your conversation?

- Pull together the information
- Create the storyline – identify the:
 - Problems/concerns/challenges
 - Potential solutions
 - Patient’s strengths
 - Feelings and emotions expressed
- How do you start the summary?
 - “If we add up the puzzle pieces and put them together...”
 - “The picture that I see is...”
- How do you encourage the patient with a summary?
 - Demonstrate misalignment in thoughts, feelings, and actions – can help see the reasons for ambivalence
 - Don’t include everything you’ve learned in the summary – be strategic and use the information that will encourage the patient

SOLUTION-FOCUSED QUESTIONS

1. Use Open-Ended Questions
 - “Can you tell me who your support people are and how they help you?”
 - “Can you tell me more about how that made you angry?”
2. Allow for Silence: Allow 15 to 20 seconds to allow the individual to respond. Resist the temptation to fill in the silence.
3. Summarize: Periodically relay back to the individual his/her feeling or thoughts.

Types of Questions

Coping Questions

Shift the focus from the problem to how that individual is coping.

“What have you found to be helpful in this situation?”

“You say you’ve been very depressed these past few weeks, how have you managed to get to school?”

Exception Questions

Focus on who, what, when and where the condition that helped the exception to occur.

“Have there been times in the past few weeks that you were able to do your homework?”

“What was different about that day?”

Scaling Questions

In these questions, the individual rates their answer on a scale of 0 to 10.

“On a scale of 0 to 10, with 0 being not serious at all and 10 being most serious, how worried are you about going home right now?”

“What would it take to increase, by just one point, being less worried about going home?”

“On a scale of 0 to 10, with 0 being no chance at all to 10 being for sure, how likely is it that you will be able to say ‘No’ to using drugs?”

Indirect Questions

These questions provide the individual with the opportunity to consider how others feel about their life, actions, etc.

“Has anyone ever told you that they think you are not safe with your boyfriend?”

“How do you think your mother will react when you tell her that you haven’t attended school all week?”

Miracle Question

This question can help develop goals. It gives the individual permission to think about infinite possibilities.

"I want you to think about the future where your current problems no longer exists. What has happened to make things are different and working well in your life?"

Follow-Up Questions

Through follow-up questions, you gain more information.

"Tell me more about that...?"

"What else happened...?"

Missing or AWOL Youth

For monthly visitation requirements when the child/youth's whereabouts are unknown, the caseworker must notify the Court. The caseworker must make attempts to locate the child/youth and the caseworker's efforts must be documented in CWS/CMS. Due diligence must be completed in locating the child/youth every 30 days from the initial date of discovery. Attempts to locate the child/youth should be made with family, friends, social media and school.

Protocol for Minor Dependents

When a dependent child/youth under the age of 18 is missing or has run away from placement (or the home of their parent, in a Family Maintenance Case), the responsibilities of the case-carrying SW/PO are as follows:

1. Direct the caregiver to immediately make a Missing Persons Report to the law enforcement agency that has jurisdiction. Under no circumstance should contact with law enforcement be delayed more than 24 hours. Confirm with the law enforcement agency that the information will be entered into the Federal Bureau of Investigation's National Crime Information Center (NCIC).
2. Direct the caregiver to inquire among neighbors, peers, school, etc. Ask the caregiver to immediately report any information about the missing child/youth.
3. Notify the minor's attorney that the youth is AWOL/missing.
4. For CWS, file a request for runaway warrant with the Court as soon as possible, no later than 24 hours from the time CWS learns the child/youth is missing. For Probation, a 777 petition is submitted to the DA for violation of probation within 12-24 hours when Probation learns that the youth is missing.
5. Contact the caregiver by the next business day and confirm the Missing Persons Report was filed with law enforcement. Obtain the report number and document the information in CWS/CMS Contact Notebook. If the caregiver has not filed the Missing Persons Report, immediately contact law enforcement and file the report.
6. Immediately tell the child/youth's parent or legal guardian that the child/youth has run away and inquire if they know his or her whereabouts. Ask the parent to contact CWS/Probation immediately if they get any information about the child/youth's whereabouts.
 - a. If there is a no contact order with the parents or parental rights have been terminated, consult with your supervisor to determine if it is appropriate to contact the parents.
 - b. If the parent's whereabouts are known and the parent has no phone, and the parent lives close, make a home visit as soon as possible, no later than the next business day from the date of learning the child/youth went missing or has run away.

7. Make inquiries with people or systems suitable to the situation, for example:
 - ☐ Parents
 - ☐ Non-relative extended family members
 - ☐ Siblings
 - ☐ Former out-of-home caregivers
 - ☐ Relatives
 - ☐ Child/youth's friends
 - ☐ Child/youth's attorney
 - ☐ Former SW/POs
 - ☐ Law enforcement
 - ☐ Child/youth's former and/or current school
 - ☐ Any other person who might have any knowledge about the child/youth's whereabouts
 - ☐ Jail clearance
 - ☐ CWS/CMS or other systems
 - ☐ Check the youth's Facebook and other social media accounts to see if there are leads on the youth's whereabouts.
8. Continue to make inquiries with noted parties weekly until the child/youth is found. Follow all leads as new information is received about the location of the child/youth.
9. Document all contacts and efforts made to find the child/youth in CWS/CMS Contact Notebook and in the next court report.
10. If the child/youth is missing from a foster care placement for seven or more days, end placement payment after seven days.
11. Confirm and document in the child's/youth's case record that the child's/youth's whereabouts are unknown once every 30 days from the date of the initial discovery that the child/youth went missing or was abducted.

Protocol for Non-Minor Dependents

If a non-minor dependent leaves placement or is missing, the SW/PO shall:

1. Notify the NMD's attorney.
2. Contact individuals or systems involved in the youth's life to determine if they know where the youth is, as outlined above for minors. Ask that contact be made with CWS/Probation immediately if any information about the youth's whereabouts is obtained.
3. Check the youth's Facebook and other social media accounts to see if there are leads on the youth's whereabouts.

4. Continue to make efforts to contact the youth and make inquiries with noted parties weekly until the youth is found. Follow all leads as new information is received about the location of the youth.
5. Continue efforts to find the NMD until the court is told the youth's whereabouts are unknown and the court terminates jurisdiction.

NOTE: If a non-minor dependent (NMD) leaves placement or is missing and the circumstances of their disappearance are concerning, the SW/PO is to file a Missing Persons Report within 24 hours to the law enforcement agency that has jurisdiction, get the report number and document the information in the Contact Notebook, in addition to completing the above steps to try to locate the youth.

Protocol for Commercially Sexually Exploited Children (CSEC) or at Risk Missing/Runaways

Senate Bill 794 amends PC 11166(j)(3) to state: "When a child/youth is receiving child welfare services and who is reasonably believed to be the victim of commercial sexual exploitation, as defined in Section 11165.1, is missing or has been abducted, the county probation or welfare department shall immediately, or in no case later than 24 hours from receipt of the information, report the incident to law enforcement for entry into the National Crime Information Center database or the FBI and to the National Center for Missing and Exploited Children (NCMEC)." This includes all placement youth! Monthly due diligence (Division 31-320) for all missing youth is a mandate. The caseworker should document their efforts!

Upon receipt of information that any child/youth under the age of 18 in an open Child Welfare/Probation case is reasonably believed to be a victim, or is at risk of becoming a victim, of Commercial Sexual Exploitation (CSE), AND is missing or abducted, the caseworker shall:

1. Attempt to locate the child/youth and document those attempts in the case record. The social worker/probation officer must confirm and document in the child's/youth's case record that the child's/youth's whereabouts are unknown once every 30 days from the date of the initial discovery that the child/youth went missing or was abducted.
2. Report the missing/abducted child/youth immediately (no later than within 24 hours) to law enforcement. Confirm with the law enforcement agency that the information will be entered into the Federal Bureau of Investigation's National Crime Information Center (NCIC) database. Document in the child's/youth's case record which law enforcement agency was contacted, the corresponding missing person report number and whether information will be entered into the NCIC database.

Note: No law enforcement agency can establish or maintain any policy that requires the observance of any waiting period before accepting a missing child/youth or unidentified person report.

3. Report the missing/abducted child/youth immediately or within 24 hours to the National Center for Missing and Exploited Children (NCMEC).
 - a. Social workers shall make this report either via the web-based reporting system, which can be found at <https://cmfc.missingkids.org/reportit>, or by calling the call center at 1-800-843-5678.
 - b. Probation officers shall make this report by calling the call center at 1-800-843-5678.
 - c. When making a report to NCMEC, it is important to have the following information readily available to expedite the reporting process:
 - Child/youth's full name
 - Child/youth's date of birth and their physical description.
 - Date and location the child/youth went missing (to the best of your knowledge)
 - Name and contact of the investigating law enforcement agency
 - Law enforcement report/case number
 - Guardian information (for dependent children/youth and NMDs, this will be the child welfare or probation for all other children/youth, this will most likely be the parent/guardian).

Ensure the reporting person is authorized to release photographs and all appropriate information relevant to locating the missing child/youth. If the person making the report to NCMEC does not have authorization to release photographs and information, it is important that the reporting caseworker provide NCMEC with contact information for the person who is authorized to release photographs and information

Harm Reduction Strategies

The Harm Reduction model has been a respected public and sexual health strategic approach since the 1980's. The model serves to reduce the impact of negative behaviors over time, as opposed to eliminating a set of behaviors altogether.

With relation to CSEC, California Department of Social Services will provide a series of information that is designed to work within the Stages of Change framework. Leaving an exploitive relationship can be extremely challenging and it may take several cycles through the stages of change before a youth has completely disconnected from an exploiter. This series will provide guidance with intervention recommendations to help reduce a negative behavior in a practical and realistic way. These strategies will be strength-based and recognize even the smallest of positive changes while fostering self-empowerment, an element critical to the recovery process.

The series of CSEC Harm Reduction documents will provide information on engagement, teaming with the child, family and their network, youth well-being, and safety planning. Each component of the series will assist caseworkers with practical intervention strategies at every stage of change.

Protocol for Interstate Compact for Juveniles

For youth on juvenile probation, the compacting states to the Interstate Compact for Juveniles recognize that each state is responsible for the proper supervision or return of juveniles and status offenders who are on probation or parole and who have absconded, escaped or run away from supervision and control and in doing so have endangered their own safety or the safety of others. Each state is responsible for the safe return of juveniles who have run away from home and in doing so have left their state of residence. Congress, via the Crime Control Act, has authorized and encouraged compacts for cooperative efforts and mutual assistance in the prevention of crime.

The purposes of this compact, in part, are as follows:

1. Ensure that compacting states provide adequate supervision and services in the receiving state as ordered by the adjudicating judge or probation authority in the sending state
2. Ensure that public safety of citizens in both receiving and sending states are adequately protected
3. Return juveniles to the state requesting their return
4. Work cooperatively to provide specialty services needed by youth
5. Provide for effective tracking and supervision of juveniles

REFERENCES

ACL 16-08, 15-48, 15-49

ACIN I-23-15

CFL 15/16-22, 15/16-41

SB 855 (2014), 794 (2015)

WIC § 16501.1, 16501.35, 16501.45

Quality Visits with Who?

Federal guidelines are clear:

Visits must be planned in advance and focused on monitoring the safety, well-being and permanence of youth in out-of-home care. There must be visits between the caseworker and:

1. Legal parent
2. Child/youth/non-minor dependent
3. Substitute care provider

Visits with Legal Parents/Guardians

Quality caseworker visits should be grounded in the legal and best practice foundations. Caseworkers must make reasonable and active (under the Indian Child Welfare Act) efforts as a caseworker on behalf of the court and agency to support successful reunification. For ICWA families, caseworkers must provide active efforts. There is a huge difference between reasonable efforts and active efforts. “Active efforts” have been carefully defined by the California Legislature and more recently by the Bureau of Indian Affairs’ Guidelines. These definitions demonstrate a higher and more sophisticated degree of services than the definition of “reasonable efforts.” Active efforts can be viewed as holding the client’s hand throughout the life of the case. The caseworker would help the parent schedule the mental health appointment and then drive them to the appointment.

Some things to consider when working with families:

1. Consistently encourage child, youth, parent and caregiver participation in planning and services delivery
2. Assure fair and consistent assessment and access to trauma-informed services for all families
3. Consider individual cultural, religious and social factors that support goals and well-being
4. Ensure that each family member understands their rights, responsibilities and obligations as well as processes, protections and consequences related to agency and Juvenile Court intervention
5. Engage parents, children and youth and caregivers in planned, progressive and purposeful visitation between family members that is focused on maintaining connections, meeting a child’s developmental needs and supporting parental skill development
6. Make reasonable and active efforts to progress toward concurrent or permanency planning goals

The caseworker must meet with the parent each month. In some cases, to help facilitate a working relationship and provide support to the parent, it may benefit the parent and the caseworker to communicate more often than once per month. Communication can be conducted through emails, phone calls, text messages or the CFT meetings. When working with a parent, it is important to engage in a collaborative dialogue that supports the parental role and balances power and authority by creating goals. The goal is to provide clear information about roles and processes, explore strengths, consider and respect cultural and family norms, elicit the parent's perspectives on progress, interests and needs. They can also map changes in safety threats and risk issues and provide an opportunity for a client-centered evaluation of progress, use of active listening and solution-focused questions to elicit parent perspective, interests and needs, prepare the parent for visiting, support parenting skill development and assure that both the parent and caseworker engage in needed follow-up and case plan strategies. Case plan review must be completed with the parent monthly.

The caseworker should use the time with the parent to track progress towards goals, adjust and adapt services and strategies as needed over time. Behaviorally oriented changes should be the goal. Making use of engagement tools for the dialogues can help the parent and caseworker by providing concrete records of what is discussed during these visits and help to link subsequent discussions with future interactions.

Concurrent planning is to begin at the onset of the case, having the parent understand that if returning home is not possible, a permanent plan may be made for the child/youth. The child/youth may also be placed with someone who is a fit and willing relative. It is important at the very beginning of the case to find relatives, to ask the child who they are close to, including family members that the parent(s) may not know.

Visits with Caregivers

Frequent, proactive and productive caseworker contact with caregivers and resource parents has been associated with increased placement stability and positive outcomes in the ability of the caregiver to meet the needs of a child/youth in their care, including assessing the safety of the child/youth in the home. The caseworker should monitor and assess the quality of care in the foster home on an ongoing basis. Too often, focus by caseworkers on contact with the child/youth or parents alone results in the loss of valuable and important information regarding the needs, responses and adjustment of the child/youth and opportunities to further reunification and permanency goals. Caregivers offer critical information about developmental course, behavioral and mental health needs, education and health that are difficult to obtain from any other part of the caregiver triad. Collaboration with the caregiver is an essential part of the child/youth's professional team. The caseworker should encourage their input on case planning, visiting and permanency planning.

ACIN 1-05-14 provides specifics on the information to be provided to the caregiver and the timeframe for disclosure. Consistent communication with the caregiver is essential to support

the needs of the youth and caregiver. A well-informed caregiver is better equipped to meet the needs of the child/youth and better prepared to handle challenges. Caregivers are entitled to the child/youth's information, including health, education information, notice of review hearings, summary of recommendations, etc. The following information should NOT be shared with the caregiver (absent a court order): substance abuse treatment records of the youth; HIV antibody test results; and prevention or treatment of pregnancy or other sexual and reproductive health issues. Also, the legal parents' information which includes the family reunification plan is confidential and should not be shared with the caregiver. This is to provide confidentiality for the parents.

Information to discuss with the caregiver:

1. Follow-up on areas from last visit
2. Changes in household and relationships within family
3. Social support/respite needs
4. Explanation of court process
5. Child/youth's behaviors and adjustment
6. Child/youth's well-being (health, education, mental health, and development)
7. Concurrent planning and permanency

Respite is currently being addressed in AB 404, an ACL is in process to establish a new policy.

Visits with the Child/Youth

The quality and frequency of caseworker visits with children/youth affects outcomes for the children. A couple of specific topics that need to be addressed with children/youth:

Reproductive and Sexual Health

Caseworkers shall inform foster youth of their reproductive and sexual health care rights appropriate to the age or developmental level of the youth of their rights, including upon entry into foster care and at least once every six months at the time of a regularly scheduled placement agency contact. This must be documented in CWS/CMS. If the caseworker is not comfortable having this conversation with the youth, they must find someone to have the conversation (caregiver, parent, CASA, etc.) with the child/youth. It is necessary to talk with them or find someone they feel comfortable with to explain to the child/youth their rights regarding their reproductive and sexual health.

Note: ACL 16-82 Reproductive and Sexual Health Care and Related Rights for Youth and Non-Minor Dependents (NMD) In Foster Care. Caseworkers shall provide youth and NMDs with access to age-appropriate, medically accurate information about sexual development, reproductive and sexual health care, the prevention of unplanned pregnancies, abstinence, use of birth control, abortion, and the prevention and treatment of sexually transmitted infections (STIs). Care providers, such as foster/resource parents and STRTP providers, in consultation with the county social worker or probation officer, shall be responsible for ensuring that adolescents, including NMDs, who remain in long-term foster care receive age-appropriate, medically accurate, culturally sensitive pregnancy prevention information.

Senate Bill 245

Senate Bill 245 requires a county social worker/probation officer to create a case plan for foster youth within a specified timeframe after the child is introduced into the foster care system. The case plan must include prescribed components, including, for youth in foster care 14 years of age and older and nonminor dependents, a document that describes the youth's rights with respect to education, health, visitation, and court participation, the right to be annually provided with copies of his or her credit reports at no cost, and the right to stay safe and avoid exploitation.

Senate Bill 89

Senate Bill 89 would additionally require, for a youth in foster care 10 years of age and older who is in junior high, middle, or high school, and for certain nonminor dependents, that the case plan be reviewed annually, and updated as needed, to verify that the youth or nonminor dependent has received comprehensive sexual health education, as specified, and to be updated annually to indicate that a youth or nonminor dependent has been informed, among other

things, that he or she may access age-appropriate, medically accurate information on reproductive and sexual health care, including, but not limited to, unplanned pregnancy prevention and abstinence. The bill would require the case plan to indicate that the youth or nonminor dependent has been informed how to consent to and access those services, including facilitating that access and assisting with any identified barriers to care, as specified. By imposing additional duties on county social workers and probation officers, the bill would impose a state-mandated local program.

Existing law requires foster care providers to ensure that adolescents who remain in long-term foster care receive age-appropriate pregnancy prevention information, provided that the department develops guidelines that describe the duties and responsibilities of foster care providers and county case managers in delivering pregnancy prevention services and information.

This bill would require the department to develop a curriculum for case management workers and foster care providers that addresses certain topics related to sexual and reproductive health care, including, among others, how to document sensitive health information, including sexual and reproductive health issues, in a case plan. The bill would also require these topics to be addressed in certain additional trainings, including, among others, training for administrator certification programs for group homes and short-term residential therapeutic programs.

These took effect July 1, 2017, and require CDSS to create curriculum to train social worker/caregivers, which must include, but is not limited to (WIC 16521.5):

- Sexual and reproductive health care rights of youth in foster care and the reasonable prudent parent standard
- How to document sensitive health information
- Duties and responsibilities of assigned workers and caregivers in ensuring that youth receive sexual and reproductive health services and information
- Guidance about how to engage and talk with youth about reproductive and sexual health
- Information about current contraception methods and how to select and provide appropriate referral resources
- Judicial Council must develop and implement similar training for judges (WIC 304.7)

New case plan requirements preventing unintended pregnancy for a youth 10 years of age or older or NMD, the case plan shall be reviewed, updated if needed, annually to indicate:

- That the minor/NMD received the required sexual health education compliant with the CA Healthy Youth Act in school at least once in junior high and once in high school
- If the minor/NMD has not received or will not receive this instruction through school, the case plan shall document how the county ensured the youth or NMD received education through an alternative source that meets the standards of the CA Healthy Youth Act

- That the youth was informed, in an age and developmentally appropriate manner, of their right to consent to sexual and reproductive health services and their confidentiality rights to those services
- That the youth was informed of how to access reproductive and sexual health care service
- That they have access to that care including removing any barriers to care

Note: Law specifies that these new requirements shall not be construed to affect any applicable confidentiality law.

Foster Youth Rights

Foster Youth Rights must be discussed and provided to the children/youth every 6 months in an age-appropriate manner. The review of foster youth rights needs to be done with children as soon as the child can understand them. Provide the child/youth with the PUB 396 and brochure and review the handout and brochure. These conversations with the youth must be documented in CWS/CMS.

Credit Reports

A credit report must be completed annually for all foster youth 14 and older. The caseworker must discuss the credit report with the youth. If the credit agency reports a record, the caseworker must explain the report to the youth and assist the youth with clearing the report.

Transitional Independent Living Plan (TILP)

The caseworker should review the Transitional Independent Living Plan (TILP) at each visit for youth 15 ½ and up. A new TILP must be developed with the youth every six months.

The Face-to-Face Visit with the Child/Youth

- Discuss with child/youth and caregiver any immediate needs, concerns and victories worth celebrating.
- Review the agenda to inform the purpose of the meeting; make changes or additions and set times for the items
- Review all progress and any challenges since last visit.
- Caseworker reviews the content of visit with the focus on assessing safety, well-being and permanency.

For all 15 ½ and older youth, the social worker or probation officer must complete a life skills assessment such as the Ansell-Casey Life Skills Assessment, and in collaboration with their caseworker, every 6 months, the youth must complete the Transitional Independent Living Plan and Agreement (TILP). It can be found in CWS/CMS. The TILP provides the “roadmap” for the youth and his/her support system. Reviewing the TILP regularly highlights successes and identifies new and continuing challenges/barriers and a focus for further work on overcoming challenges.

Use the time with the youth to track progress towards goals, adjust and adapt services and strategies as needed over time. Involve the child/youth regarding next steps for the plan, accessing resources to achieve case plan goals and facilitating partnerships to accomplish the service plan and evaluating ongoing progress and outcomes.

Safety in Foster Care

A March 27, 2013 article, “New OJJDP Report Shines Light on Demographic, Conditions for Youth in Placement,” reported that approximately a quarter of youth live in fear of being physically attacked by staff while in placement. Around 70 percent do not think that staff are “good role models” and 80 percent felt “something bad” would occur if they filed a grievance about facility conditions. Of the young people reporting, 7 percent said they had either been beaten up or threatened by staff.

In Alameda County, 67 percent of known sexually exploited youth come from juvenile justice placements (42 percent from CWS). Some national studies suggest that 85 percent are from care.

When meeting with the youth alone, questions regarding their safety should be asked. Some examples are:

- What happens when you do not follow the rules or you get into trouble?
- How do adults in the home settle arguments?
- Is there an adult you can talk to if you are worried or scared?

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

friends and family members. A central belief of SOP is that all families have strengths. SOP uses strategies and techniques that align with the belief that a child and his or her family are the central focus, and that the partnership exists in an effort to find solutions that ensure safety, permanency, and well-being for children. Safety Organized Practice is informed by an integration of practices and approaches: Three Houses, Three Questions, Safety House, building a safety network and safety planning. Using SOP tools can be very helpful to assess safety.

Things to remember during the visit:

- Comprehensive risk and safety assessment
- Thorough assessment of all family members
- Risks in placement
- Lack of safety planning
- Identification of underlying issues

Maltreatment in Foster Care – Rate of victimization of all children in foster care in FY14 was 10.71 victimizations per 100,000 days in care. This is higher than national performance (lower performance is desirable).

Permanency

Our first goal is family reunification.

Caseworkers must complete a comprehensive assessment of the parent's needs. What does the parent need to do to provide appropriate care and supervision and to ensure the well-being of their children? This includes:

- Mental and physical health needs that impact parenting capacity
- Needs related to developing parent's relationship with children/youth if established relationship did not exist prior to foster care entry
- Parent's role in the case plan and achievement of permanency goals
- Continuing efforts to locate and identify relatives over time including relatives the parent no longer communicates with.

Meeting with the parent monthly is required. By assessing, identifying and addressing the needs of the parents, this can assist with reunification. We need to work with the entire family to address the struggles of the whole family.

In the last federal review, it was proven that when caseworker visits did not occur or were not of high quality, permanency and well-being outcomes were negatively affected. It is important that the caseworker assess the child/youth's stability and permanency in their current living situation. Family relationships are known and preserved for the child/youth and encourage family visitation with these identified individuals. Caseworkers should encourage connections with at least one person, with the goal of permanency.

Well-Being

- Physical health
- Emotional health
- Development needs
- Educational needs
- Cultural identity
- Sexuality/orientation

Looking at a child/youth's strengths, capacity and protective factors is more beneficial and gives a more accurate picture.

A comprehensive assessment of children/youth's needs other than educational, physical and mental health needs includes social/emotional development needs, attachment and caregiver relationships, social skills, self-esteem, coping skills, and independent living skills for older youth.

Caseworkers must consider the impact of abuse/neglect, family dynamics, length of time in care, case circumstances, etc. when identifying needs. Underlying challenges should also be identified and addressed.

Bottom of the pyramid (foundation) are two key elements. A trained workforce and relationship/connections. They are key to social and emotional well-being as well as trauma recovery and permanency.

Child and Family Team (CFT)

CFT meetings do not take the place of the caseworker's monthly visit. The placing agency is responsible for engaging CFT members (probation officer or social worker). The CFT process reflects a belief that families have the capacity to address their problems and achieve success if given the opportunity and supports to do so. Engagement and Collaboration are key. The CFT process reflects the culture and preferences of children, youth, and families, builds on their unique values and capacities, and elicits the participation of everyone on the team. The child, youth, and family voice, choice, and preferences are an integral part of the CFT process. The team should include the child/youth, family members, current caregiver, placing agency representative, and anyone identified by the child/youth/family as important. Best practice dictates that meetings should be held as frequently as needed to address emerging issues, provide integrated and coordinated interventions and refine the plan as needed.

Section 832 of the Welfare and Institutions Code promotes sharing information between CFT members relevant to case planning and providing necessary services and supports to the child, youth and family. CFTs should consider whether disclosure would present "a reasonable risk of significant adverse or detrimental effect on a child's or youth's psychological or physical safety."

CWS/CMS Documentation

Discuss these areas in the contact narrative:

- Purpose for the visit
- Who is involved in the visit; specify private time and non-private time
- Location of visit and observations
- Reasonable efforts
- Results of safety, threat and risk assessments
- Concurrent or relative placement issues
- Education issues
- Placement issues
- Progress/barriers to case plan goals
- Visitation
- Health and education issues
- Child/youth's perspective on what is working well, worries and requests
- Caregiver's perspective on what is working well, worries, and requests

Well-written contact notes save time during deadlines for preparing court reports and case plan assessments. Writing in complete sentences and avoiding use of abbreviations allows the opportunity to copy and paste these contacts directly into reports or assessments when appropriate. Remember that caseworker contacts are discoverable and can be ordered by the Court to be provided to attorneys.

Never put the following information in contacts:

- Information that identifies child abuse and neglects referral Reporting Party (this includes selecting the name of the Reporting Party as a "participant")
- Confidential names, addresses or telephone numbers
- Social Security Numbers
- Information protected by HIPAA (e.g., HIV status)
- Substitute care providers' (SCPs') last names, addresses, phone numbers or email addresses.
- If the placement is known to the parents, the care provider's first name may be used.
- If the placement is confidential, only use "SCP."
- Never document any communication whatsoever with the department's attorney (for CWS – do not document conversations with County Counsel).
- Do not document internal staffings or conversations with a supervisor.

The caseworker should cover basic legal and regulatory issues when writing a contact note, including reason for the contact. Contact notes should be behaviorally and factually specific and effort should be made to distinguish between facts and observation and opinion and assessment. Use direct quotations from all participants whenever possible and paraphrase specifically.

Contact with the parent, caregivers and the child/youth must be documented in CWS/CMS. This is a written record of the work with a child/youth and family, ensuring compliance with Division 31 and other state and federal requirements, and documenting reasonable services or active efforts.

Monthly face-to-face case contacts with youth must be entered into CWS/CMS by the last day of the month to be in compliance. If a child/youth is seen on last day of the month, the contact should be entered that day.

To achieve the 95 percent compliance rate statewide for visits, every visit must be documented in CWS/CMS. This also includes visits by staff from foster family agency, child welfare/probation and out-of-state caseworkers. The caseworker with primary assignment for the child/youth must assure documentation is received and entered into CWS/CMS monthly so that visits and the resulting efforts can be credited in state reports. Two process and form changes have resulted from these new requirements and to support visitation documentation:

First, all signed placement agreements (SOC 154 A) with foster family agencies include a new requirement that the FFA social worker will provide visit information to the caseworker monthly.

Second, these FFA visits must be documented on a new form called the FFA CWS/CMS Contact/Service Delivery Log, otherwise known as the (SOC 160). At minimum, contacts documented on the SOC 160 must include the following key elements: Participants, purpose, type, location, date, and lastly a narrative that captures the details of the visit.

Continuous Quality Improvement (CQI)

CWS and Probation are responsible for ensuring that children are safe and their needs are met. There should be a continuing effort to do right by families. After each visit, caseworkers should ask these questions:

What worked well during this visit and how can I apply these lesson to other visits?

What challenges did I experience during the visit and how might I address these challenges more effectively?

What did I learn during the visits that needs to be addressed or followed up on?

Insert Example of well documented contact note