

Handouts for the Webinar

Strengthening Family Service Agreements in CPS In-Home Services

June 15, 2017

Presenters

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Produced by

Family and Children’s Resource Program, part of the
Jordan Institute for Families
UNC-Chapel Hill School of Social Work

Sponsored by

NC Division of Social Services

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CASE STUDY: TINA AND HER SONS

Tina (Mother) left Andre (age 2) and George (age 4) home alone while she went to the store.

The children were sleeping and Tina only meant to be gone for 10 minutes, but her car broke down and it took her over an hour to get home.

In the meantime, George woke and was found wandering the neighborhood looking for his mother. Someone called CPS.

Since the incident, Tina has downplayed her actions saying that nothing bad happened to the kids and that she did not mean to leave them for that long.

The safety agreement is that Tina will either take the children with her while she runs errands or ask her mother or a neighbor to babysit.

CPS has been making unannounced visits to the home to make sure that there is an adult with the children at all times.

However, the social worker is concerned that, since Tina does not seem to understand how dangerous her actions were, she will eventually leave the kids home alone again.

Directions

Using behaviorally-specific language, how would you write an initial FSA to address this situation?

Lenoir County Department of Social Services
In Home Services
INITIAL CONTACT (Within 7 Days)

Case Name:

Case Number:

Assigned In Home Services Social Worker:

Absent effective preventive services, this/these child (ren) is/ are candidates for foster care.

The Social Worker discussed the following information with me:

1. The reason for Child Protective Services In-Home Services involvement (Be specific about what child welfare issues places the child(ren) at risk of harm):

2. The Department of Social Services has the authority to file Juvenile Petitions and to ask for non-secure custody orders to remove the child(ren) from the home if the risk cannot be reduced and if the services described in the case plan are not effective; however, the agency's goal is to keep the children safe in the home.

3. The agency is required to have at least two (2) face-to-face contacts per month with all of the family members involved in the substantiated or in need of services case including the perpetrator(s) and caretaker(s). The agency will have at least two (2) contacts per month with collateral. (i.e.: school, daycare, family not living in the home, friends and etc.). On cases that are assessed as high risk the agency is required to have weekly contact with family members.

4. The procedure for contacting a Social Worker in an emergency after hours, weekends, and holidays: Lenoir County Communications (252) 559-6118 and ask for the on-call social worker.

5. An In Home Family Services Agreement will be developed jointly with the family during a Child and Family Team (CFT) Meeting that will be held within 30 days of the substantiation or in need of services case decision date to address the identified child welfare issues that placed the child(ren) at risk of harm and how the family will ensure their child(ren)'s safety and well-being as well as what outcomes are needed for case closure.

Purpose of Child and Family Team Meeting discussed with parent/caretaker.

CFT is scheduled by the In Home Services Social Worker, CFT Facilitator and the family.

The purpose of a Child and Family Team is to:

- Reach agreement on which identified child welfare issues will be addressed and how they will be addressed throughout the life of the case;
- Develop a service agreement that is created using the best ideas of the family, informal, and formal supports that the family believes in, the agency approves of, and also lessens risk and heightens safety for the child/youth and family;
- Plan for how all participants will take part in, support, and implement the Service Agreement developed by the team.

A CFT meeting is a way to engage and partner with all the people who surround a family and to support the family in building a support network that will eventually sustain them after the case is closed. A CFT meeting is more than a way to simply show respect or "be nice" to the family; it is a way for DSS to share responsibility for protecting children/youth with their families and the community. CFT's will be conducted as there are changes in the family's situation to address the safety and well being of the child(ren) and within 30 days of case closure.

Mailing Address for Family:

Telephone Number:

Parent/Caretaker

Date

Parent/Caretaker

Date

Social Worker

Date

Supervisor

Date



About this webinar

This webinar was developed through funding from the North Carolina Division of Social Services by the Family and Children’s Resource Program, part of the Jordan Institute for Families at the UNC-Chapel Hill School of Social Work.

In the future a recording of this webinar will be available on ncswLearn.org.


Goals for this Webinar


By the end of this webinar, we hope you will be able to:

- Explain what’s expected of FSAs
- Avoid common errors in their development
- Describe strategies for building a solid foundation through comprehensive assessments
- Understand the importance of communicating as you transition between CPS assessors and in-home staff


A Special Note About Questions

- We will monitor questions via the chat box and answer them as possible throughout the webinar.
- There will also be a **follow-up document** that answers questions asked during this webinar; this document will be e-mailed to all registered participants and posted with the webinar recording.
- The webinar recording will be on ncswLearn.org and on the Family and Children's Resource Program webpage (<http://fcrp.unc.edu/webinars.asp>).




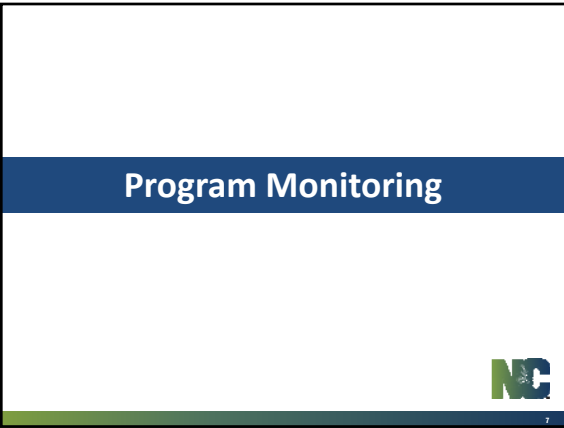
<p>Panelists</p> <p>Leslie Amyette Jessica Guice-Albritton Amanda Martin</p>	
<p>Moderator</p> <p>Rick Zechman</p>	<p>Tech Support</p> <p>Phillip Armfield John McMahon</p>

Agenda



- I. Program Monitoring data snapshot
- II. Comprehensive assessment builds the foundation for FSA
- III. County protocol: Transitioning from CPS Assessments to In-Home Services
- IV. FSA expectations
- V. Case review example
- VI. Q & A



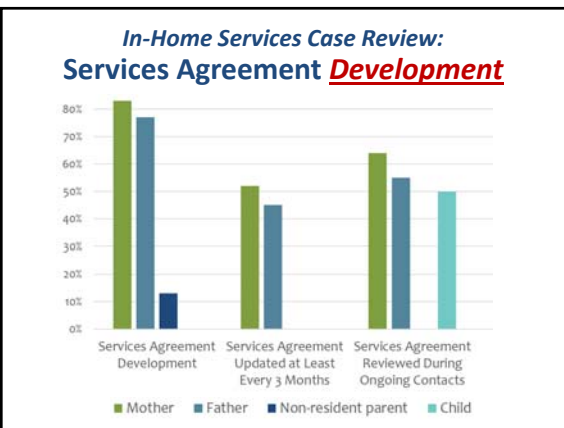


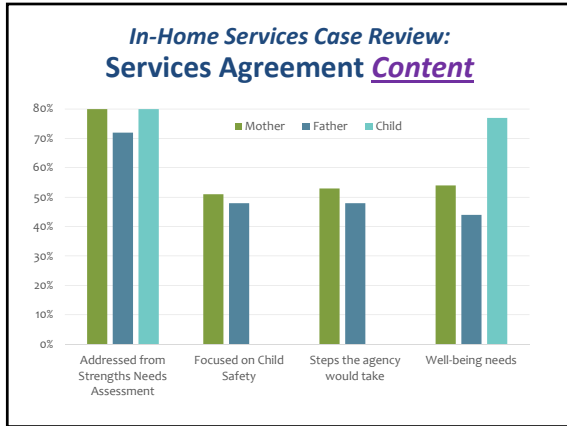
NC DSS Program Monitoring Team

- Visits every county twice a year
- Helps counties by:
 - Building understanding of requirements and best practice in child welfare
 - Giving them insight into their performance
 - Creating a Program Development Plan (PDP) to improve agency effectiveness and efficiency

In 2016-17 Monitors reviewed:


- 1,700 CPS intake reports
- 1,400 CPS assessment records
- 500 CPS in-home records
- 350 foster care records





Practice Implications

The "How To"



Comprehensive Assessment Builds the Foundation

- Seek first to understand: ASK QUESTIONS!
- Safety Agreement
- Strengths and Needs & Risk Assessment
- Initial Family Services Agreement



Helpful Solution-Focused Questions

Exception Question *What is the longest time you have gone without drinking? How did you get that to happen? How were things different then?*

Scaling Question *With 1 = no desire at all to stop using and 10 = you are ready to quit today, where would you put your motivation to quit using?*

Coping Question *It seems things have been really hard lately, but you still manage to get the kids up, fed, and out the door to school every day. How do you do that?*

Preferred Future Question *What would happen at school tomorrow if things were going well?*

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Safety Agreement

- What specific situation or action causes the child to be unsafe? What is safety threat?
- What actions must be taken right now to keep child safe?
- Who is responsible for ensuring these actions are taken?
- Timeframe for completing the actions

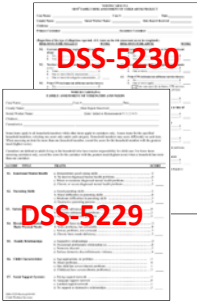
Simple, behaviorally-specific language describing:

- Exactly what happened and the impact on child
- What we are concerned will happen if there are not acts of protection
- What actions will be taken to show child is safe

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Risk Assessment and Strengths & Needs

- Findings help build the Family Services Agreement
- Items identified by tools must be reflected in case record
- Well-being needs are for the child AND family and should be specific



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Initial Family Services Agreement

Identify . . .

- Behaviors and needs that affect child’s present safety or put child at risk of future harm
- Goals / activities to be included in the In-Home or Out-of-Home Family Services Agreement
- Activities that ensure child safety until development of the In-Home Family or Out-of-Home Family Services Agreement

Mom attending parenting classes  child safety



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Case Scenario


If you haven’t printed the handouts, click on the case scenario in the handout, file share pod to open it.

Using behaviorally-specific language, how would you write an initial FSA to address this situation?

Write your suggestions in the chat box!





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— Lenoir County Protocol —

Communicating Transition


- Joint visit
- Discuss case decision and safety concerns
- Explanation of In-Home Services
- Continued discussion of CFT



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Child and Family Team Meetings

- Vehicle for developing FSA
- Within 30 days
- Ongoing: at least every 90 days
- When family requests one
- Any significant change in circumstances
- Prior to petition or removal
- To address "stuck cases"
- Prior to case closure



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Engaging All Appropriate Parties



- Mother/father/other caretakers in the home
- Children
- Non-resident parent
- Support persons
- Who wasn't there?



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Addressing Resistance

- Diligent efforts to engage
- What will it take?
- Are there other supports?
- Routinely check back in




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Tailor Services Agreement Content to Strengths & Needs Assessment

- Prioritize needs
- Behavior of concern
- Objective
- Be SMART
- Activities

Specific
Measurable
Achievable
Realistic
Time limited



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Child/Family Well-Being Needs



Educational



Mental health




Physical




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Services Agreement Reviews

- Family contacts: going beyond the surface
- How often?
- Completion of Strengths-Needs Assessment and Risk Reassessment



Using forms in the FSA review/update gives structure that can shorten time families need our services




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County Experience



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Lenoir County's Experience



- 2 CPS Assessment teams
- 1 In-Home Services team
- 1 Foster Care team

Issues with case decision summaries/ initial FSAs:

- Needs: not behaviorally specific; excess jargon; goals didn't always tie in to child safety
- SW activities: not specific enough; not focused on improving family situation

Strategies we applied:

- Team meetings
- 1-on-1 discussions b/w SWs and supervisors
- Supv.-to-supv. feedback
- Support from NC DSS
- Educating staff on connection b/w program areas

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— FROM A LENOIR COUNTY CASE RECORD —

Substance Abuse

Behavior of Concern: "Mother uses marijuana, but is unable to maintain stable housing. It is unclear if her substance use impacts her ability to pay bills."


Objective: "The mother wants to refrain from smoking marijuana in presence of or while caring for children."

Activities: "Obtain a substance abuse assessment/follow recommendations, SW will provide education about the impact of substance use on children, mother will receive education about the impact of substance use on children, SW will explore alternative coping methods with the mother, the mother will use alternative coping methods (instead of smoking marijuana)"

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Program Monitor Feedback on this Record

- Behavior of concern is redundant; already addressed stable housing in the housing section
- Did not identify how the mother's substance use is impacting the care of the children
- Concern is not clearly stated as it relates to the use of marijuana and the care of the children
- Goal does not tie back to the impact on children



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— FROM A LENOIR COUNTY CASE RECORD —


Emotional/Mental Health

Behavior of Concern: “The mother is aggressive and unpredictable at times. She has assaulted a person while the children are present.”

Objective: “Ms. Howard agrees to develop positive coping skills to control her anger while in front of her children so they are not inadvertently injured.”

Activities: “Obtain a mental health assessment/follow any recommendations, take medication as prescribed, SW will provide education on the effects of untreated mental health disorders, SW will provide education on aggression and the effects on children, family will refrain from physical altercations and aggressive outbursts in the presence of the children”

Questions




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Impact on you and your agency


Type into chat.....

One thing you will do in response to what you have learned today....




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Contact Information




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Final Steps for DSS Staff

1. Please take a brief survey
 - We will provide link for those logged on
 - Can also access thru ncswlearn.org
2. To receive training credit, you must "Complete Course" WITHIN ONE WEEK
 - ✓ Log in to www.ncswlearn.org
 - ✓ Select "PLP"
 - ✓ Select "Webinars"
 - ✓ Click "Enter"
 - ✓ Click "Complete Course" button



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Follow-Up Document for the Webinar

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Webinar handouts: https://ncswlearn.org/ncsts/webinar/handouts/49_webinar_handouts_6_15_17.pdf

Recording: if you missed the webinar or want to view it again, go to: <http://fcrp.unc.edu/webinars.asp>

Answers to Questions Asked During the Webinar

Responses in this document are from the NC Division of Social Services Child Welfare Services Section.

TOPICS ADDRESSED

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I. General FSA Questions

Can you speak about the "imminent risk language" that is required by October 1, 2012 administrative letter? The State had previously stated that would be added to the FSA, but to date it has not.

Social workers and agencies should add this language to the FSAs themselves. The imminent risk language can be included at the behavior of concern section of the FSA.

Responses from participants:

- We add the statement ourselves in Cabarrus.
- The imminent risk language can be included at the behavior of concern section of the FSA.

Would it be possible to receive a sample case and what NC reviewers consider to be an excellent FSA developed for the case - to show the entire FSA, language, behaviors, impact to children - that reviewers considered to be 100%?

Below you will find an example FSA from presenter Leslie Amyette from Lenoir County.

Lately I have been seeing a few cases coming to in-home doing QA with Employment as a need. Should it be listed as a need or not?

- If the parent/caretaker has sufficient income to meet household needs—regardless of source—Employment should NOT be listed as a need.
- If the parent/caretaker is not employed and cannot meet household needs, Employment may be listed as a need.
- If the parent/caretaker is underemployed and not able to meet household needs, Employment may be listed as a need.
- Employment may be documented in the voluntary section of the FSA if it does not impact safety but the family would like to work towards employment.

Does the parent have to have a mental health diagnosis in order for it to be put on the strengths/needs and addressed on the FSA?

No, a diagnosis is not required. Concerns are sufficient for it to be identified in option B under Emotional/Mental Health with a score of 0. This may require a referral for assessment. For options C or D to be identified with scores of 3 and 5, respectively, a diagnosis IS required.

It sounds like you would like for in-home to be more behaviorally specific, which sounds more clinical. Will you be providing training on how to write behaviorally specific goals and how it ties back to the impact on the child?

Because being behaviorally specific is an expectation, this skill is already taught in existing training courses for workers.

If the identified need on the initial FSA is substance abuse but there are no tangible effects to the kids, how do I capture that on the final service agreement?

Leslie Amyette responds: We have struggled with this in Lenoir--documenting whether/how child impact occurs. You just need to work with your assessment social worker to ensure there is a clear indication

that the parent's issue affects child safety. If there is no connection or impact to the child, substance abuse may not be identified as a need.

2. Agreement between Initial FSA and FSA CFT

Is it true that the initial family services agreement and the FSA CFT do not have to match? Please elaborate on this.

The FSA should be done WITH the family in the context of the CFT, whereas the Initial Family Services Agreement is completed by the worker. If the FSA is truly getting the family's input, there is a potential for them not matching.

3. Coordination between 210 and 215 Services

Lenoir County Presenter, how are cases assigned that allow the 210 and 215 worker the ability to complete the joint visit together?

Leslie Amyette responds: We have separate assessment teams and one 215 team. After case decision, the supervisor of the assessment team alerts the 215 supervisor who assigns it. We coordinate workers' schedules as much as possible. If they can't visit together, we document why.

Responses from participants:

- In Mecklenburg County, 215 worker and 210 worker coordinate with each other to schedule a joint HV
- Cabarrus -we have a designated day each week for transfer staffing

Is the “protocol” handout (letter) pg. 3 required for all counties?

No. It is an example of what is used in Lenoir County.

Is it possible to get a copy of that “protocol” form used in Lenoir County on their transfer visit?

Yes. Lenoir County is glad to share. This form was in the webinar handouts and is included below as well.

It's my understanding under the revised manual that the joint (CPS assessor and in-home worker) meeting (to discuss initial case planning) will not be optional, is this true?

I think this question is referring to the modified policy manual coming out of NC's Program Improvement Plan. Only the 10 participating pilot, onsite review instrument counties will be using this manual. While the modified manual is intended for use by pilot counties, other counties may also have access to it. The modified manual does not identify the joint visit as mandatory.

Is there a need to put on the actual FSA the change 215 FSA needs are and what is on the 210 initial case plan?

If this question is asking in situations where the initial FSA does not match the FSA, does there need to be documentation as to why not. Yes, there should be documentation of this as well as times when the Strengths and Needs does not match the FSA. Documentation may be done in the CFT documentation, on the FSA, or in the narrative with an explanation as to why they do not match.

4. CFTs

The social worker can facilitate CFTs for moderate cases...correct?

Yes. It is strongly recommended that they complete the training *Navigating Child and Family Teams: the Role of the Facilitator*.

Is a facilitator required for moderate cases?

No.

When it comes to updates/reviews of FSA, does that require a CFT?

Yes. FSAs should be reviewed at least every three (3) months and as changes occur, and those reviews should take place during a CFT.

How do you do a CFT at 2 A.M. when taking custody for on-call workers?

This is not an expectation. Child and Family Team meeting policy explains if holding a CFT is not feasible at the moment, one should be held as soon as possible.

How do you effectively have a CFT meeting and complete an in-home agreement in one setting? I find myself continuing to repeat the same conversation. Is there a CFT form that I should be completing at the same time?

There is a CFT documentation tool that should be completed. It could be completed by a CFT facilitator. Completing FSAs in a CFT setting isn't easy. It requires multitasking. It requires the social worker to already be familiar with the family and their needs and then come up with their needs/activities. But it can be done. It helps to have a facilitator on hand. But to be clear, plans need to be developed in conjunction with the family.

Assessments are now required to complete a CFT with the family. Clarification: are these full, complete CFTs if there is already an in-home case, or are these to be "mini" CFTs?

CFTs are not required in CPS assessments unless the agency is considering an out-of-home placement or petition. A CFT can be done at other times during the assessment to address concerns or needs. So, if there are no issues to address or a need for out-of-home placement, there is no requirement for a CFT during an open assessment. Currently there is no such thing as a "mini" CFT.

Do you have any recommendations regarding how to encourage parents to bring support people to CFTs?

Explore with the family who their supports are. Be sure they understand the CFT process and how this benefits the safety and well-being planning for their children. Discuss with them how the identified supports may be involved in the planning process. Ask them what they are comfortable with. Explore barriers and work towards alleviating them.

If we have reviewed the FSA and then are closing the case three weeks later, are we required to review the FSA again during the closing CFT?

If the family has repeatedly been served by IH services, a closing CFT should be held. For those families who are first timers to IH services, a closing CFT is optional. However, if they choose to have one, one should be held. Reviewing a FSA prior to closure is an opportunity to confirm that the objectives have

been achieved. It encourages families to get a sense of the progress they have made and how they can move forward without DSS involved. This conversation would be appropriate as part of the CFT when the CFT is required. Another formal review three weeks after may not be necessary unless there are areas that must be completed prior to closure.

The state auditing tool asks if kinship care providers are participating in the CFT/services agreement, and it's a "ding" if they do not. However, we give parents an option for participants and a lot of times, due to confidentiality and privacy, they do not want additional participants. What's a good medium?

It is important to document you have had that conversation with the parent. It can also be helpful to document why the parent doesn't want the placement provider at the CFT. It's important to explore the cause of this resistance. Encourage them to have those supports at the CFT. A comprehensive team approach to CFTs and case planning increases safety and well-being.

Can you repeat what you said about facilitator usage? I understand if [a case is] high risk, a facilitator is required. But is that state policy?

North Carolina policy states that a facilitator is required for high-risk cases but not for moderate cases.

5. Safety Assessments

I'm disappointed that the safety assessment removed the statement regarding discipline with a mark lasting more than 24 hours. Why was that removed from the assessment?

This statement was removed because a mark in and of itself does not constitute neglect or abuse. The social worker needs to assess the entire situation and use those findings to inform answers to the Safety Assessment.

Why doesn't the safety assessment include school absences and car seat safety?

School absences in and of themselves do not constitute neglect; there are steps the school must take prior to child welfare intervention.

Just for clarification, temporary safety plans can last longer than 30 days, correct?

Currently, there are no restrictions on temporary safety plans lasting longer than 30 days. Child welfare policy states a case decision must be made within 45 days or there shall be documentation to reflect the rationale to extend the assessment beyond the 45 days. If the case decision exceeds this time frame, a review of the Temporary Parental Safety Agreement must be completed with the parents. A review of this needs to determine if there is a continued need for the safety plan or use of temporary safety provider and, if so, what actions need to be taken to alleviate the safety issues.

Do temporary safety providers have to initial each page and each block like the parents do?

The initials at the bottom of each page are to indicate the plan was reviewed and completed WITH the parent. If there is a temporary safety provider, that individual should initial on pg. 8 under the Temporary Safety Provider section and then sign below under Signatures.

6. FSAs with Non-Resident Parents

Our agency has been told by the [NC DSS Monitoring Team] we should develop FSAs when the parent can't be located. So what is the correct practice?

The FSA should be developed with the family or every effort made to engage the family. If the parents are not engaging with the agency and the child is living with a temporary safety provider, then the recommendation of the Program Monitoring team has been to develop the FSA with the temporary safety provider on the voluntary section while continuing efforts to engage the parents.

What if we have an absent parent that has no identified needs and does not have contact with the child? How do you include absent or nonresident parents in the case plan when they do not have recommendations? What if that behavior is not a maltreatment need for the non-custodial parent? What if nonresident parent does not have any needs?

This depends on circumstances. It could be that they continue to be supportive of the other parent, report any concerns, pay child support... these are just some ideas. The child may be involved in services at school or elsewhere and have needs that the non-resident parent could be involved in and support. You may use the voluntary section of the page for any goals the non-resident parent may have.

When an absent parent identifies a behavior they want to work on, how do you include the imminent risk language on the FSA for that absent parent for that behavior?

Non-resident parents could be included in FSA that is developed with the offending parent /home that maltreatment occurred. This FSA would be able to include imminent risk language in the identified behaviors of concern.

What happens when the absent parent lives out of state and the child goes there to visit for the entire summer?

Consider contacting children's services in that state to see if they would make contact on your behalf. Some states will, others refuse. Document your efforts. Maintain telephone contact if face-to-face efforts are not successful.

Does a FSA need to be completed with a non-offending, non-custodial parent who is involved in the child's life?

Non-custodial parents should be provided the opportunity to participate in the plan with the other caretaker, or to have their own FSA.

If parents are unresponsive/unable to be located within 30 days such that a FSA cannot be drafted with their participation, do we still develop an FSA?

No, you must have parent's participation. Delay FSA development until the parent can be engaged and document your diligent efforts to locate the parent.

7. Miscellaneous

Regarding initial case planning, is it true CPS can use either the DSS-5010 or the DSS-5228, but not required to use both?

Yes, that is correct.

The FSA is to be completed in three months, which I personally find difficult for our families. Is there a timeframe for completion from the state, or does the agency timeframe supersede the state timeframes?

The policy timeframe for developing an FSA is within 30 days of the case decision (or date of custody for foster care). There is not a prescribed timeframe for completing FSAs by the parent. These agreements should be reviewed and updated at least every three months or as changes occur. As you approach or reach 180 days of IH services, the agency should be staffing to determine the progress of the family or the need to file a petition.

We have been told repeatedly that homelessness is not a CPS issue, that you would have to have some other safety concerns than just homelessness.

This is correct. This underscores the need to document clearly and fully the specific safety concerns.

Can in-home service workers place kids in kinship assessment?

If IH services are being provided to the family and the SW identifies the need for out-of-home placement, this will likely generate a new assessment as new safety issues have been identified. The agency has an obligation to determine whether a petition is needed to keep the children safe.

Can a case be transferred to in-home services while the kids are in kinship placement?

Yes. If the case is moving to IH services and the children remain in the care of a temporary safety provider, the SW would need to determine what safety issues remain that would prevent them from returning home. If these are not likely to be resolved, the agency should consider moving forward with filing a petition.

If you have a 215 case and it is transferred to 390 services since a family member obtains custody of a child, does a plan have to continue to be developed? 390 case remains open for one year until child is in that placement for one year?

If custody has been transferred and 215 services are closed, there is no need for a case plan.

Can you share with us the links to key forms mentioned during this webinar?

Of course! Here they are:

- DSS-5231: <https://www2.ncdhhs.gov/info/olm/forms/dss/dss-5231-ia.pdf>
- DSS-5231 instructions: <https://www2.ncdhhs.gov/info/olm/forms/dss/DSS-5231ins.pdf>
- DSS-5230: <https://www2.ncdhhs.gov/info/olm/forms/dss/DSS-5230-ia.pdf>
- DSS 5229: <https://www2.ncdhhs.gov/info/olm/forms/dss/DSS-5229-ia.pdf>
- DSS-5239: <https://www2.ncdhhs.gov/info/olm/forms/dss/dss-5239.pdf>
- DSS-5239instructions: <https://www2.ncdhhs.gov/info/olm/forms/dss/dss-5239ins.pdf>

Participant responses to the question:

Type into chat one thing you will do in response to what you have learned today:

- Share info with staff
- Focus on behavior-based language when writing out parent-specific goals
- Read the q and a that you guys respond to for more insight
- Be more specific about goal objectives
- Make efforts to get more family support members involved with the CFT process
- Ensure FSA matches the risk and strength and needs for my team
- Behavior based language
- We will be adopting the Lenoir County transition form.
- We will take the letter to our supervisor to use
- I will cooperate behavioral action steps for all my clients
- Ask behavior specific questions
- Assure that strengths and needs from assessors are behaviorally specific and address impact on child safety
- Create and Utilize the initial contact form much like the example provided from Lenoir County DSS
- Try to be more diligent involving nonresident parents
- Read the policy on In-Home Service again.
- I will rephrase my FSA with some of the examples you provided with mental health and anger
- Behavior focused activities
- Focus on behavioral centered goals and goals that address impact to the child
- Make sure the objectives address child safety
- Be more specific with goals
- Focus on specific behaviors and activities
- Document more in the well-being section of the service agreement and develop more service agreements with nonresident parents.
- State exactly what happened when writing the behavior
- Be more open with the family and ask more questions for family scaling
- Be more mindful of BEHAVIOR based language
- Behavior specific activities
- The identified need, goals, and objective language is pertinent to a effective family services agreement
- I like the various questioning styles
- Continue to be more specific with activities and realistic for parents to achieve
- Avoid "cookie-cutter" CPS language... Use specifics!
- ensure that my objectives are clean and concise
- Behavior specific language
- I learned that temporary safety plans can only last for 30 days. I thought that rule was delayed
- Involve non-resident parent
- Write more behavior specific goals
- We will be including parents in our Well-being goals
- Make sure the case plan is focused on the behaviors and make sure I am discussing the case plan at each visits
- Share the 210-215 transfer process in developing the CFT
- More specific behaviors and activities
- Make sure objectives are specific to child safety
- Ask behavior specific questions
- Goals will be more in detail and making sure everyone is on same page with language used.
- Encourage parents to find supports when it comes to having child and family team meetings
- I will try to clarify goals to parents and not use jargon not understood but those not on the inside
- Make every effort to document behavioral language on the family agreement
- Be mindful of listing behavior specific objectives and activities for families.
- Work more closely with engaging parents in developing FSA
- Ask more questions when completing the Child/Family Well Being Needs to get more information
- state what the concern is if the behavior continues
- We would like to adopt the form that Lenoir shared for case transition.
- More specific with behaviors & goals. Different ways to engaging absent parent
- clear specific goals
- Ensure that when working with the homeless you can identify other needs that may contribute to the cause instead of focusing on no housing
- Review SMART objectives at the next staff meeting
- More focus early in investigations on absent parents/ well being needs of all household members.
- Ensure the Agency's responsibilities are well documented so show true partnership with the family.
- More specific goals to address needs
- Include more behavioral specific language on the FSA.
- More details needed regarding well being needs for the parents and child
- I always include a goal for myself "SW will..."
- Ensure that I am continuing to discuss the FSA at each visit
- Make the FSA more individual than just a cookie cutter plan
- Have parents come up w plan to check behavioral change
- Keep parent goals specific and address their well-being needs (physical as well).

Lenoir County Department of Social Services
In Home Services
INITIAL CONTACT (Within 7 Days)

Case Name:

Case Number:

Assigned In Home Services Social Worker:

Absent effective preventive services, this/these child (ren) is/ are candidates for foster care.

The Social Worker discussed the following information with me:

1. The reason for Child Protective Services In-Home Services involvement (Be specific about what child welfare issues places the child(ren) at risk of harm):

2. The Department of Social Services has the authority to file Juvenile Petitions and to ask for non-secure custody orders to remove the child(ren) from the home if the risk cannot be reduced and if the services described in the case plan are not effective; however, the agency's goal is to keep the children safe in the home.

3. The agency is required to have at least two (2) face-to-face contacts per month with all of the family members involved in the substantiated or in need of services case including the perpetrator(s) and caretaker(s). The agency will have at least two (2) contacts per month with collateral. (i.e.: school, daycare, family not living in the home, friends and etc.). On cases that are assessed as high risk the agency is required to have weekly contact with family members.

4. The procedure for contacting a Social Worker in an emergency after hours, weekends, and holidays: Lenoir County Communications (252) 559-6118 and ask for the on-call social worker.

5. An In Home Family Services Agreement will be developed jointly with the family during a Child and Family Team (CFT) Meeting that will be held within 30 days of the substantiation or in need of services case decision date to address the identified child welfare issues that placed the child(ren) at risk of harm and how the family will ensure their child(ren)'s safety and well-being as well as what outcomes are needed for case closure.

Purpose of Child and Family Team Meeting discussed with parent/caretaker.

CFT is scheduled by the In Home Services Social Worker, CFT Facilitator and the family.

The purpose of a Child and Family Team is to:

- Reach agreement on which identified child welfare issues will be addressed and how they will be addressed throughout the life of the case;
- Develop a service agreement that is created using the best ideas of the family, informal, and formal supports that the family believes in, the agency approves of, and also lessens risk and heightens safety for the child/youth and family;
- Plan for how all participants will take part in, support, and implement the Service Agreement developed by the team.

A CFT meeting is a way to engage and partner with all the people who surround a family and to support the family in building a support network that will eventually sustain them after the case is closed. A CFT meeting is more than a way to simply show respect or "be nice" to the family; it is a way for DSS to share responsibility for protecting children/youth with their families and the community. CFT's will be conducted as there are changes in the family's situation to address the safety and well being of the child(ren) and within 30 days of case closure.

Mailing Address for Family:

Telephone Number:

Parent/Caretaker

Date

Parent/Caretaker

Date

Social Worker

Date

Supervisor

Date

In Home Family Services Agreement

Family Name:	[Redacted]	Social Worker Name:	[Redacted]
Address and Telephone:	[Redacted]	Telephone:	[Redacted]

Children/date of birth: [Redacted]

SAMPLE FSA

This document was reviewed by NC DSS Program Monitors as part of Lenoir County's 2017 Program Evaluation. Lenoir received numerous compliments on this plan.

Date of the next review of the Services Agreement: 04/11/17

Names of persons participating in the development of the Services Agreement:

Child/ren's Caregiver:	[Redacted]	Mother
Child/ren's Caregiver:	Does not wish to participate	Father
Other participants (including children)		
1.	[Redacted]	Maternal Aunt
2.	[Redacted]	MGM
3.	[Redacted]	Facilitator
4.	[Redacted]	In Home Services SW
5.	[Redacted]	
6.	[Redacted]	
7.	[Redacted]	

I. Family Strengths and Resources

██████████ - Believes her child is a great reader and is above his classmates Academically. States she has grown closer to her child since DSS involvement. Loves her child and refers to him as her buddy. Reports she has been doing well and is proud of herself.

██████████ Reports improvement in Ms. ██████████'s relationship with her son. States Ms. ██████████ handles her son well. States ██████████ very loving and loves his family. Grateful for the opportunity to see mom and her child interact since they have not lived together for a long time. Mother is in the home during the day and throughout the night. Ms. ██████████ assists with helping ██████████ with his homework.

██████████ Housing, both alive, income, have ██████████ in their care.

██████████ The grandmother is supportive of the mother and ██████████, there has been some improvements in the communication.

Update 01/11/17

- Strong family considering "everything."

- The family has come a long ways. IFPS a great help to the family. Did activities to assist with coping mechanisms and feels they helped.

██████████ The family has come a long ways. Eliminated 99% of the arguing. Made progress in therapy and requirements. Did what was required. In a much better place.

██████████ (In Home Services Worker)- Improved in communication, ██████████ has been following some of her recommendations from her mental health provider.

II-a. Plan to Address Identified Needs:

1. Need (from Strengths and Needs Assessment) for all involved parents Emotional/Mental Health

2. Describe behaviors that are of concern.

██████████ has not taken her medications consistently or received therapy for an extended period of time. When home with her child she sleeps all day and does not have the motivation to seek services.

3. Objective: The mother would like to engage in needed services, take medications as prescribed and be attentive to her child during the day.

4. Activities/Responsibilities/Target Dates

Activities	Who is Responsible	Target Date
<p>██████████ agrees to take her medications during the afternoon at mealtime. agrees to talk to the psychologist at Waynesboro about her sleep patterns agrees to obtain a full psychological assessment and follow all mental health recommendations, and take all medications as prescribed SW will provide the family with needed service referrals. SW will provide transportation when needed. Home visits, telephone contacts and supportive counseling</p>	<p>██████████ SW SW SW</p>	<p>01/05/17 01/05/17 01/05/2017 01/05/2017 01/05/2017</p>
<p>Follow up 1/11/2017 ██████████ agrees to take her medications during the afternoon at mealtime. agrees to talk to the psychologist and her therapist at Waynesboro about her sleep patterns Obtain a psychiatric evaluation and follow all recommendations of the psychiatric evaluation. SW will provide the family with needed service referrals. SW will provide education on mental health and identify additional coping mechanisms and triggers. SW will provide transportation when needed. SW will continue home visits and telephone contacts to ensure the safety of the child.</p>	<p>██████████ SW SW SW SW SW</p>	<p>Start by 01/11/17 Start by 01/11/17 Complete by 02/11/2017 Start by 01/11/17 Start by 01/11/17 Start by 01/11/17 Start by 01/11/17 Start by 01/11/17</p>

Review Status

Review Status: Date:	01/11/2017	Status: Date:	Status: Date:
<input type="checkbox"/> Achieved in full	<input type="checkbox"/> Achieved in full	<input type="checkbox"/> Achieved in full	<input type="checkbox"/> Achieved in full
<input type="checkbox"/> No longer appropriate	<input type="checkbox"/> No longer appropriate	<input type="checkbox"/> No longer appropriate	<input type="checkbox"/> No longer appropriate
<input checked="" type="checkbox"/> Partially achieved	<input type="checkbox"/> Partially achieved	<input type="checkbox"/> Partially achieved	<input type="checkbox"/> Partially achieved
<input type="checkbox"/> Not achieved	<input type="checkbox"/> Not achieved	<input type="checkbox"/> Not achieved	<input type="checkbox"/> Not achieved

Comments regarding the review status and/or areas of concern:

██████████ has obtained a mental health assessment and has been following the recommendations. She has continued to attend individual therapy and is attempting to get back on track with her medications. She reports she has a working therapeutic relationship with her therapist. She completed intensive family preservation services and was able to convey her knowledge of her mental health diagnosis and how it relates to her behaviors.

II-a. Plan to Address Identified Needs:

1. Need (from Strengths and Needs Assessment) for all involved parents Substance Use

2. Describe behaviors that are of concern.

█ has taken the child to the homes of known meth users. She was recently arrested for possession of Schedule II substances. Ms. █ is in and out of the home and in the event of an emergency cannot be contacted regarding █ care.

3. Objective: Ms. █ would like to stay away from known meth users. Ms. █ would like to refrain from being in possession of substances that are not prescribed to her. Ms. █ agrees to be available at all times in the event of an emergency

4. Activities/Responsibilities/Target Dates

Activities	Who is Responsible	Target Date
<p>█ agrees to call and check in on her child and answer all calls will ensure that her phone is in working condition and the ringer is on at all times agrees to follow the recommendations of her mental health and substance abuse assessments</p>	<p>█</p>	<p>01/05/17 01/05/17 01/05/2017</p>
<p>SW will provide the family with needed service referrals SW will provide transportation to appointments when needed</p>	<p>SW SW</p>	<p>01/05/2017 01/05/2017</p>
<p>Follow up 01/11/2017 █ agrees to call and check in on her child and answer all calls. will ensure that her phone is in working condition and the ringer is on at all times. agrees to follow the recommendations of her substance abuse assessment. agrees to participate in drug treatment court as ordered by the courts. will obtain a psychiatric evaluation and follow all recommendations to include taking all medications as prescribed.</p>	<p>█</p>	<p>Start by 01/11/2017 Start by 01/11/2017 Start by 01/11/2017 Start by 01/11/2017 Start by 01/11/2017</p>
<p>SW will provide the family with needed referrals and transportation when needed. SW will provide one on one education and role play to assist Ms. Carlisle with identifying triggers and coping mechanisms.</p>	<p>SW SW</p>	<p>Start by 01/11/2017 Start by 01/11/2017</p>

Review Status

Review Status: Date: 01/11/2017	Status: Date:	Status: Date:
<input type="checkbox"/> Achieved in full	<input type="checkbox"/> Achieved in full	<input type="checkbox"/> Achieved in full
<input type="checkbox"/> No longer appropriate	<input type="checkbox"/> No longer appropriate	<input type="checkbox"/> No longer appropriate
<input checked="" type="checkbox"/> Partially achieved	<input type="checkbox"/> Partially achieved	<input type="checkbox"/> Partially achieved
<input type="checkbox"/> Not achieved	<input type="checkbox"/> Not achieved	<input type="checkbox"/> Not achieved

Comments regarding the review status and/or areas of concern:

Ms. [REDACTED] has completed a substance abuse assessment. She has attended some appointments at Waynesboro Family Clinic to address substance use and verbalizes she is passionate about working towards sobriety. She has denied any substance use since late September. Ms. [REDACTED] completed services with intensive family preservation services and has demonstrated her knowledge of how her mental health and substance use can affect her parenting. Ms. [REDACTED] agrees to continue with treatment as recommended. She stated during the review she will seek out treatment at PORT Human Services and participate in drug court.

II-a. Plan to Address Identified Needs:

- 1. Need (from Strengths and Needs Assessment) for all involved parents** Family Relationships
- 2. Describe behaviors that are of concern.**

There is constant discord to include blaming, degrading and general disagreements. This occurs in the presence of [REDACTED] and he has voiced this bothers him.

- 3. Objective:** Ms. [REDACTED] would like to refrain from blaming, degrading and general disagreements in the presence of her child.

4. Activities/Responsibilities/Target Dates

Activities	Who is Responsible	Target Date
<p>[REDACTED] will think about her words prior to saying them [REDACTED] will think about her words prior to saying them and Ms. [REDACTED] will seek family counseling and Ms. [REDACTED] will take a timeout or cooling off period and then readdress the concerns [REDACTED] will not speak negatively in [REDACTED] presence that would cause him to act out negatively [REDACTED] will continue with individual counseling and follow recommendations SW will provide necessary service referrals Provide supportive counseling</p>	<p>[REDACTED] SW SW</p>	<p>01/05/2016 01/05/2016 01/05/2016 01/05/2016 01/05/2016 01/05/2016 01/05/2016 01/05/2016</p>

Review Status

Review Status: Date:	01/11/2017	Status: Date:		Status: Date:
<input checked="" type="checkbox"/> Achieved in full	<input type="checkbox"/>	Achieved in full	<input type="checkbox"/>	Achieved in full
<input type="checkbox"/> No longer appropriate	<input type="checkbox"/>	No longer appropriate	<input type="checkbox"/>	No longer appropriate
<input type="checkbox"/> Partially achieved	<input type="checkbox"/>	Partially achieved	<input type="checkbox"/>	Partially achieved
<input type="checkbox"/> Not achieved	<input type="checkbox"/>	Not achieved	<input type="checkbox"/>	Not achieved

Comments regarding the review status and/or areas of concern:

The family worked closely with Coastal Horizons (Intensive Family Preservation Services) and was able to identify coping mechanisms and demonstrate skills learned to address domestic discord in the home. The family has shared with SW that they engaged in activities to help them individually understand the family dynamics and how their individual independence play a role in their everyday life. [REDACTED] has not reported any significant disagreements between the family in his presence other than a disagreement over a game he received for Christmas, and how to connect it to the cell phones. The family agrees that there will be some disagreements but understands the importance of refraining from verbal conflict in the presence of [REDACTED], Ms. [REDACTED] voiced that she will seek out therapy for [REDACTED] to assist with his exposure to the domestic discord in the home and the anticipation of his father returning home from prison.

II-c. For each question below, be specific for each child. This information must be updated at least every six months for each child.

What are the effective services being provided to this child(ren) to keep the child(ren) from going into foster care?

DSS has weekly contact with the family to ensure the safety of [REDACTED]. Ms. [REDACTED] currently has supervised contact with [REDACTED] until safety concerns are addressed. [REDACTED] has agreed to seek services to address substance use and mental health concerns.

Follow up 01/11/2017

SW will continue to make weekly visits with the family, provide appropriate education as it relates to mental health and substance use concerns and provide coping skills education to include one-on-one role play when needed.

If there is an involved noncustodial parent, describe how they are assisting in the planning of the child(ren)'s safety:

The non custodial parent has stated due to his lack of involvement he does not wish to be involved in the planning of his child's safety. Joint custody was awarded to the mother and maternal grandmother, [REDACTED] on 01/10/17.

What will happen if the child's safety can no longer be assured?

In the event [REDACTED] safety cannot be assured, and the parents can not identify appropriate placement, [REDACTED] would be a candidate for foster care.

Follow up 1/11/2017

If safety concerns arise the agency will seek to identify relatives for placement. If no relatives are identified [REDACTED] will be a candidate for foster care.

If the child must be removed from the home, what are the parent's preferences for placement?

Follow up 01/11/17

Currently the child is placed in the custody of the mother and maternal grandmother, [REDACTED]. The mother and grandmother did not wish to discuss this at this time.

Ask the family to describe any knowledge of having American Indian Heritage.

The family reports that they have no American Indian heritage

Under what circumstances will the agency end services and close the case?

Section VIII of the policy manual states that services can be terminated when parents or caregivers are willing to provide a safe home and demonstrate their ability to do so; or the agency receives legal custody or placement responsibility.

III. Child well-being needs identified with family and from Family Assessment of Strengths and Needs Instrument, Page 2, and how they will be addressed.

A. Educational:

██████████ will continue to attend school regularly at Pink Hill Elementary. ██████████ will continue to take all medications at school as recommended. In the event he has to miss school the absence should be eligible for documentation as an excused absence (i.e. doctor's note)

B. Physical:

██████████ will attend all medical appointments at Lenoir Family Medicine as recommended, follow all recommendations and take all medications as prescribed. Ms. ██████████ will continue to seek routine medical care.

C. Mental Health:

██████████ may benefit from therapy due to his exposure of domestic discord between the adult members of the home. Ms. ██████████ has agreed that ██████████ should engage in individual therapy due to his exposure of domestic discord in the home. The mother stated ██████████ will also benefit from therapy to assist with his anticipation of his father potentially arriving home from prison within the next few months. Ms. ██████████ will continue following the recommendations of her mental health provider.

D. Other:

Progress toward meeting the child well-being identified needs:

IV. Comments:

██████████ has continued to take his medications as prescribed at home and school. Since the last CFT the family has decreased their verbal altercations and shared coping mechanisms they learned during IFPS involvement. Ms. ██████████ has not reported any recent suspicion of Ms. ██████████ engaging in substance use but has voiced that she feels it is important she submits to drug testing. Ms. ██████████ is currently receiving therapy. There are no known missed appointments for Matthew and his medications are currently filled.