

## Custodial Quality Contacts Desk Reference Guide

### Documentation Directions

Each month the Caseworker will document the following case activity and contacts must be a separate case recording in TFACTS:

- Case Manager/Child Contact
- Case Manager/Parent Contact
- Parent/Child Visit
- Sibling Visits
- Home/Placement Visit (may be included in another type of case recording, but location must be "family home");
- Child and Family Team Meeting (CFTM);

Caseworkers will also provide additional documentation within the various other contact types due along with other documentation requirements each month. Staff can use these other contact types to "catchall" multiple notes for multiple dates since these types of notes do not need to be tracked for compliance like those listed above. Topics covered here include:

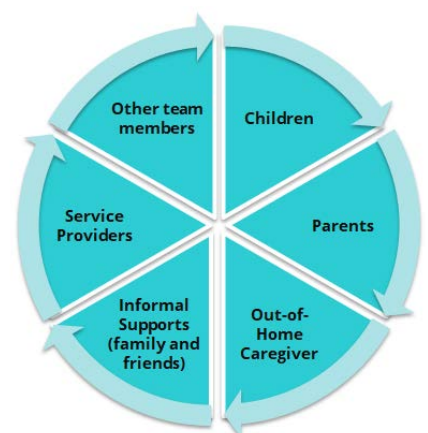
- Contacts with "other" case participants and service providers;
- Diligent Search efforts over the course of the month
- Service referral information and quality contacts with service providers;
- Notations;
- Emails, phone call, fax and text correspondence;
- Notifications such as to the Juvenile Court, District Attorney or etc.;
- Legal consultations –no details needed.
- Anything else pertinent

### Monthly Quality Practice and Documentation Expectations

#### Who?

Each month the caseworker needs to ensure a comprehensive quality contact with each case member including, but not limited to:

- Each child – including a private contact
- Each biological and legal parent or caregiver
- Relatives and kin- informal supports
- Out-of-home caregivers – safety placement caregivers, kinship caregivers and foster parents
- Service Providers including those arranged by DCS and those pre-existing



- Other team members – attorneys, CASA, church members, teachers, mentors, etc.

## How?

Each month the caseworker needs to ensure their efforts to implement all components of the practice wheel occur and are reflected in their documentation.

How the worker **ENGAGES** each case member (above) to:

- Share their story;
- Provide an update on how things are going;
- Participate in assessing what's working and what's not working;
- Developing ideas for solutions to problems;
- Contribute to decision making;



How the worker develops a **TEAM** to ensure case members will be:

- Invited and their schedule considered for attendance at CFTMs;
- Prepared by the worker for teaming touch points such as CFTMs, FCRBs, Court, etc.;
- Engaged in sharing their story, views and ideas for solutions in meetings during meetings;

How the worker **ASSESES** to ensure:

- Discussion at every contact with **each case participant** to gather global assessment;
- Use of Motivational Interviewing skills to elicit global assessment;
- Global Assessment is used to complete the CANS or FAST;
- Other formal assessments, such as psychological and parenting assessments are collected.

How the worker **PLANS** with the team to:

- Develop formal plans that address the depth of need identified in global assessment (this may not happen monthly).
- Information outlined in formal assessments such as CANS, FAST, psychological, parenting, etc. are addressed and recommendations are implemented.
- Develop informal plans to ensure case progress continues.

How the worker **IMPLEMENTS** to ensure:

- Services are put in place that will address areas of concern uncovered by global assessment.
- Communication with service providers ensure shared assessment and progress updates

The worker **TRACKS AND ADJUSTS** to ensure:

- The team works to address areas that are not improving, services that are not working to develop new plans
- Progress made, areas of stability, or areas of lack of progress on areas identified in assessments are updated monthly.

**What?**

**Safety:**

- Safety Concerns
- Home environment
- Domestic Violence
- Foster Family environment
- Group or Residential home environment
- Case Worker's informal assessment, (observations of signs of safety, risk, concerns)



**Permanency:**

- Assessments, gathering information both formal and informal (only if there has been update in the month)
  - CANS
  - Case Worker Observations, progress in assessments
  - New Mental Health Assessments/Recommendations for parents and children
  - Alcohol and Drug
  - Others assessments/evaluations as plan requires
- Parents, Child progress on Permanency Plan Goals
  - Efforts to engage the child and family in completing recommended assessments and services (this will include phone calls to parents to discuss assessments/follow up.
  - Ensuring that we assess the quality of the services and is the service meet the needs of the family
- Visitation Plan and Progress that occurred during the month
  - Efforts to engage the child and family in quality visitation,
    - preparing them for the visits
    - debriefing after the visits
    - observations by the worker, agency worker, foster family or kinship family
    - if visits didn't occur, explain why
- Sibling Visits –Sibling Separation and why
- Describe efforts to locate and engage parents for the month
- Appropriateness of placement, if placement changed why, is placement meeting child's needs
- CFTM's that occurred during the month
- On- going diligent search efforts
- Other contacts
- Legal Updates -TPR Status-THV status

**Well-being:**

- Child's Medical Health
- Dental
- Child's Education
- Counseling progress
- Independent Living/Self Esteem/Coping Skills
- Additional information, collateral contacts, records received etc.

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In addition to monthly documentation, the following open and closing summary documentation are needed at the beginning and the end of the case.

### **Opening Summary**

- Case Open Reason
- Prior History of the family
- Cultural diversity/identity of the family
- Efforts to engage the family
- Identify the needs of the family
- MSSW Consult Who/When
- Initial Diligent Search and KER completed
- Placement information

The opening summary should be submitted to the immediate supervisor for review and approval

### **Closing Summary:**

- Reason for opening
- Current status of child and family including safety status of child
- Justification for case closure which should include behaviorally specific description of how the family has stabilized and achieved the goals in the original or updated case plan
- Community referrals made by worker to support family after case closure
- Efforts preparing family for closure (counseling, insurance, medication management, education, etc.)
- *For all youth exiting care to independence, an identified plan for self-sufficiency which addresses the nine domains of independent living .Documentation of when the Exit Packet and the Exit Verification letter were provided to the youth is included in the narrative.*

The closing summary should be submitted to the immediate supervisor for review and approval

## **Supervision**

Each month, supervisors should select one case to coach and mentor their staff on for the month. The same case should be reviewed at least 2-3 consecutive months to review for improvements are made.

## Quick Documentation Desk Reference Guide Checklist

Activity	Child	Child	Child	Mother	Father	Relative/Foster/Other Caregiver	Other family and friend supports	Service Providers	Other professional team members
<b>PRACTICE (How?)</b>									
<b>Avoid buzzwords and use behaviorally descriptive language</b>									
<b>Engagement</b>									
Share their story;									
Provide an update on how things are going;									
Participate in assessing what's working and what's not working;									
Developing ideas for solutions to problems;									
Contribute to decision making;									
<b>Teaming</b>									
Invited and their schedule considered for attendance at CFTMs;									
Prepared by worker for teaming such as CFTMs, FCRBs, Court, etc.									
Engaged in sharing story, views and ideas for solutions									
<b>Assessment (Integrated)</b>									
Use of Motivational Interviewing skills to elicit global assessment;									
Global Assessment is used to complete the CANS or FAST;									
Other formal assessments, such as psychological and parenting assessments are collected.									
<b>Planning</b>									
Develop formal plans that address the depth of need identified in global assessment (this may not happen monthly).									
Information outlined in formal assessments such as CANS, FAST, psychological, parenting, etc. are addressed and recommendations are implemented.									
Develop informal plans to ensure case progress continues.									
<b>Implementation</b>									
Services are put in place that will address areas of concern uncovered by global assessment.									
Communication with service providers ensure shared assessment and progress updates									
<b>Tracking and Adjusting</b>									

