

Conducting a Quality Caseworker Visit

1. Assessing Risk and Safety. What do you pay attention to know if a child is safe?		
Child Protection/Child Welfare	Children's Mental Health	Developmental Disabilities
<ul style="list-style-type: none"> • Child's environment (e.g. sleeping arrangements, general environment) • Child's interactions with caregivers • Child's interactions with others living in the residence • General appearance of the child • Developmental progress of the child • Conversation with the child • Balance individual time with child/observations with caretakers • Identifying people that the child can talk to if they don't feel safe • Safety-focused interview tools 	<ul style="list-style-type: none"> • Child's physical body (e.g. new SIB marks, weight gain/loss, medication reactions etc.) • Child's interactions with care givers (the caregiver has a workable crisis plan/behavior management plan on file and level efficacy is known) • Child's interactions with others living in the residence (what is the conflict management/crisis de-escalation and bully prevention plan) • Developmental progress of the child • Conversation with the child 	<ul style="list-style-type: none"> • All areas from the Child Protection/Child Welfare assessment of risk and safety should be completed • Review progress of short term and long-term goals related to the child's assessed needs documented in the ISP/CSP. • Assure Health and Safety Needs are met • Risk Management Plan • Emergency Back-up Plan

2. Assessing Needs. What do you pay attention to conduct ongoing assessment of a child's needs?

Child Protection/Child Welfare	Children's Mental Health	Developmental Disabilities
<ul style="list-style-type: none"> • Use the same strategies listed under "safety" – different focus • Prepare for the visit with the child <ul style="list-style-type: none"> ○ Identify the priorities for the visit • Re-evaluate whether the services the child is participating in continue to meet their needs <ul style="list-style-type: none"> ○ Ask the child where they see progress, where they see needs ○ Review of case plan • Observe/discuss well-being needs <ul style="list-style-type: none"> ○ Physical health ○ Education ○ Mental health • Review standardized assessment tools with the child <ul style="list-style-type: none"> ○ Family Strengths and Needs ○ Child Well-Being tool 	<ul style="list-style-type: none"> • Interview with the child about treatment progress and skill acquisition • Staff are intervening in an effective/teachable manner • Assessing for behavior, side effects and physical changes due to medications • Reviewing behavior plan and incident reports to assess for effective interventions and discuss frequency of report review and notification • Treatment plan is tailored to the child's needs and diagnosis and fits IFCSP/OHP and parent's expectations • Child is able to demonstrate new skills in facility and on home visits and a plan for gathering feedback data • Clear discharge criteria is set and measurable outcomes are known to child, family and case manager. • Review treatment plan and DA to assess if child's treatment is addressing individual cultural needs of the child • Review physical health and medical treatment needs are documented in facility treatment plan 	<ul style="list-style-type: none"> • DD Screening Document- Rule 185 Case Management/DD Waiver • LTCC Assessment- CAC/CADI Waivers • PDN Assessment • PCA Assessment • 2013 the MnChoices will be the assessment tool utilized for all of these programs • Assessments are required to be completed annually or sooner if the child has had a significant change in condition. • Evaluation of the services identified in the support plan

3. Engaging: How do you develop relationships/engage children and their caregivers so they have a voice in case planning?

Child Protection/Child Welfare	Children’s Mental Health	Developmental Disabilities
<ul style="list-style-type: none"> ● Schedule visits at times that are convenient for children and caretakers ● Prepare for the visit <ul style="list-style-type: none"> ○ What do you need to accomplish at the visit? ○ How will you prepare for questions the child might ask? ● Build relationships - doing things with the child that they like to do <ul style="list-style-type: none"> ○ E.g., playing, coloring, out for ice cream ● Consider use of specific tools for engaging children in conversations <ul style="list-style-type: none"> ○ E.g., Safety-focused interview tools ● Include child in processes specifically designed to support family engagement <ul style="list-style-type: none"> ○ Family Group Decision Making ○ Case Planning Conferences ○ Youth in Transition Conferences ● Listen, follow-through and be honest in conversations 	<ul style="list-style-type: none"> ● Parents attend meetings and actively participate in family therapy ● Are the parent and child’s concerns heard and then reflected in the treatment plan? ● There is evidence of participation from the family in the treatment plan and that it is signed by all parties ● Discussion of transition home next steps for caregiver and child occur at meetings ● Conversation with child about parental interaction ● Meetings are conducted WITH the child and family not just about them 	<ul style="list-style-type: none"> ● Coordinate a meeting with all team members (Parents/Guardian, Service Providers, School and child) every 6 months (twice annually) to review child’s progress and services ● Reviewing the Support Plan with the Family/Guardian & child to discuss their satisfaction with their current services. ● Have ongoing dialogue with family/guardian & child to assure that services are being provided in the least restrictive environment. ● Contacting the Family/Guardian after monthly face-to-face visit with the child to discuss the visit. In addition, provide them the opportunity to discuss their observations and experiences during visits, phone contacts, etc. they have had with the child during the past month.

4. Supervision. As a supervisor, what/how do you know whether caseworkers are having quality visits with children, and how do you support quality visits?

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<ul style="list-style-type: none"> ● Relay a clear expectation for monthly caseworker visits and hold people accountable <ul style="list-style-type: none"> ○ Utilize available data reports to monitor whether caseworkers are having at least monthly visits ● Create environment that supports monthly visits <ul style="list-style-type: none"> ○ E.g., ensure coverage/back-up for workers if needed ○ Establish group norms for conducting monthly visits ● Talk with the caseworker about <ul style="list-style-type: none"> ○ How they’re scheduling visits ○ How they’re planning for visits ○ Length of visits ○ Individual time with children ● Consider going with caseworkers on visits ● Develop a plan for how monthly caseworker visits will happen before selecting placement settings that area geographically far away ● Have conversations about potential barriers to caseworker visits ● Feedback surveys/reports from foster parents or others regarding their observations of caseworker visits 	<ul style="list-style-type: none"> ● Review case notes and process visit in supervision sessions ● Discuss visits and treatment process evaluation during staffing meetings ● Document that the paperwork from the facility are in the file ● Review and assess level of care instruments demonstrate continued need for placement and a “good fit” ● Require monthly visits while child is in placement 	<ul style="list-style-type: none"> ● Review case manager’s case notes in SSIS to assure that all components of a quality visit have been covered and documented. ● Review ISP or CSP for documentation of identified needs and goals related to those identified needs. ● Discuss with the Case Manager the progress the child has made on the long-term and short-term goals.