Module 5:
Out-of-Home Care

Florida Department of Children and Families
June 2016

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Unit 5.1:
Placement Considerations
(Out-of-Home Care)

Learning Objectives:

1. Explain case management's role in removals and explain the difference between "emergency" and "planned" placement of children.
2. Discuss the principles to follow and the complex issues that may exist when considering placement.
3. Explain the requirements for a unified home study.
4. Identify the basic requirements of federal laws affecting placement and the Case Manager's responsibility for ensuring compliance.

References:

- Section 39.523, F.S., Placement in Residential Group Care
- 65C-43.003. F.A.C., Criteria for Certification of Safe Foster Homes and Safe Houses
- 65C-28.012, F.A.C., Home Studies
- Section 39.0138, F.S., Criminal History Checks
- 65C-28.011, F.A.C., Criminal History
- CFOP 170-7, Chapter 5, Other Parent Home Assessment
- CFOP 175-79 and 65C-28.008, F.A.C., Relative Caregiver Program
- CFOP 175-11, Non-Relative Caregiver Program
- 25 U.S.C. §1902, Indian Child Welfare Act
- CF-FSP 5323 and CFOP 175-36, Appendix A, Verification of ICWA Eligibility

Case Management's Role in Removals and Placement

When would a Case Manager be involved in a removal?

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When is Case Management Involved in Removal?
Case management- ongoing monitoring of the safety plan
Review 5 safety analysis questions
Any changes from "yes" to "no"
Consultation with Supervisor, CLS, CPI
Questions

Choosing the Best Placement

What are some of the things that you want to consider when choosing an appropriate out-of-home "placement" for a child?

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What are some of the things that you want to consider when choosing an appropriate out-of-home "placement" for a child?

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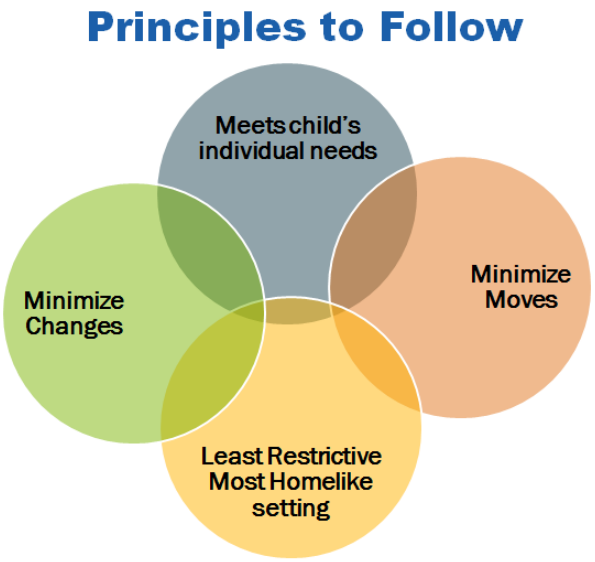
Principles to Follow



These principles are:

Meets the child's individual needs:

- Children's physical, medical, developmental, educational, behavioral, mental health and emotional needs should be carefully assessed prior to choosing the placement.
- Information needs to be provided to the caregivers prior to placement to ensure they are aware and have the capacity to provide for all of the child's needs.

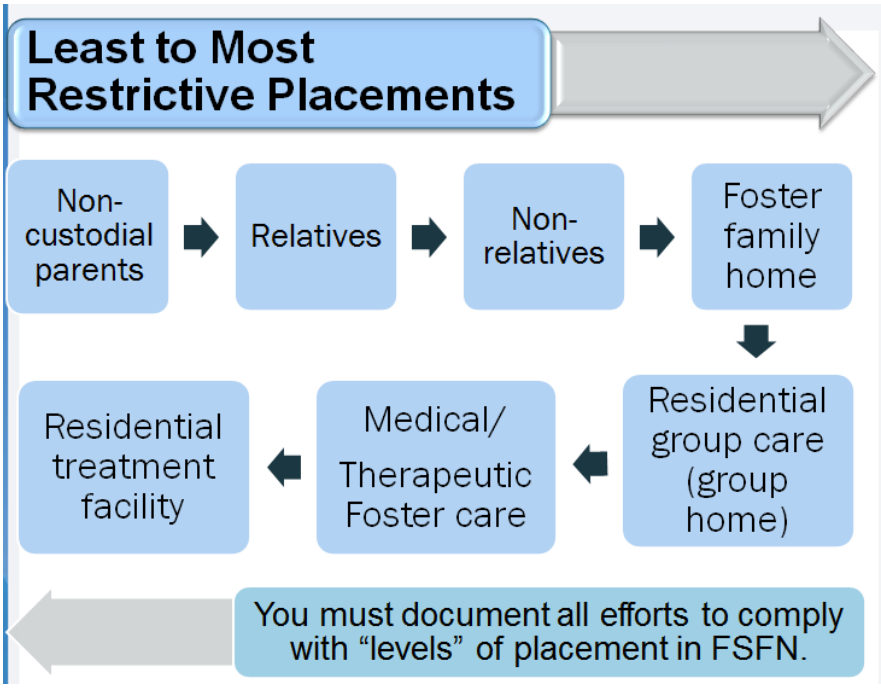
Placement must be in the least restrictive, most homelike setting.

- Children should be placed with caregivers they are familiar with, when available and appropriate. This could be relatives or non-relatives (close family friends, neighbors, church members, etc.). They should be as close to their home as possible.
- There should be efforts to place children in settings which match their cultural beliefs and religious practices, and within close proximity to their current school/daycare.
- If a setting is not available that matches the child's beliefs and culture, or is not in close proximity to their home and school, this should not impact the decision to place the child out of the home if an Out-of-Home Safety Plan is necessary.

Minimize Moves:

- Matching the child with the best possible placement option, who can meet all of the children's needs should minimize the number of moves a child may make while in Out-of-Home Care. This will reduce trauma to the child associated with having to change homes and caregivers.

Least to Most Restrictive Placements



Types of out-of-home placements, from least restrictive to most restrictive:

- Non-custodial parents.
- Relatives.
- Non relatives which include family friends, neighbors, close church members.
- Family foster home which is a licensed family like placement setting.
- Residential group care which is a placement in a licensed group home setting.
- Medical foster care.
- Therapeutic foster care/therapeutic group care.
- Residential treatment facility which may include residential substance abuse or mental health treatment centers and in most cases is a lock down facility.

Complex Placement Issues

What do you think are some considerations that can complicate finding an appropriate placement?

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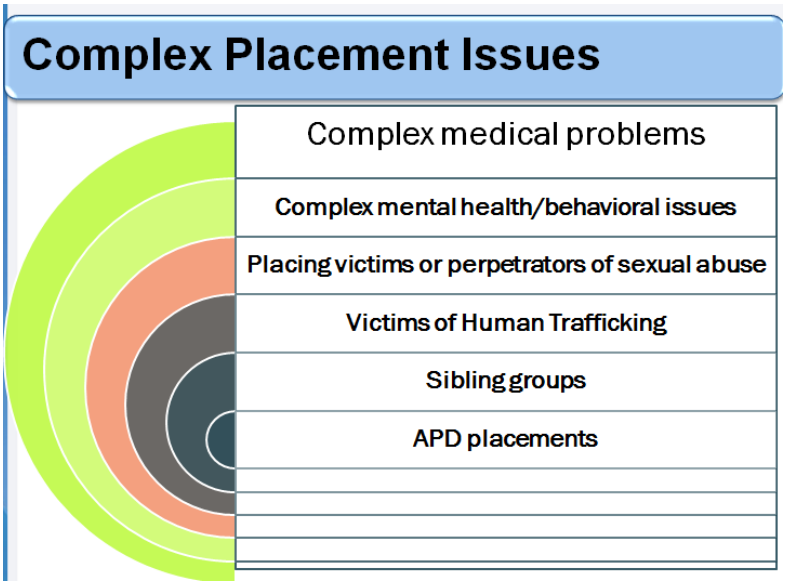

How can you determine ongoing if the placement is appropriate and the child is safe?

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Activity A: Assessing for an Appropriate Placement

Directions:

1. In small groups, read your assigned scenario.
2. Identify the significant information that you would utilize to find the most appropriate placement.
3. Write your list on flip-chart paper.
4. Be prepared to share with the class.

Child 1- Heather

Heather is a 15-year-old African-American female. She was removed from her mother when she was 4 and placed with her great grandmother due to physical and sexual abuse. Her mother was a severe substance abuse addict and a prostitute. She has been removed from her great grandmother due to her inability to care for the child anymore. Heather's behavior has gotten out of control. She is no longer attending school, using marijuana, does not come home during her curfew. She has gone through several foster homes and she runs away, sometimes for months at a time. She has been diagnosed with several STD's and she always seems to have money. A few times, she has been located at hotels. She is verbally aggressive, and does not trust anyone in the system. Most of her relatives have criminal histories that keep the Department from placing with them, and some of them have even helped her run away and allowed her to have sex with older men in their home.

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Child 2- Bryan

Bryan is a 2-day-old white male. He was born with methamphetamine in his system. His mother has lost custody of two other children due to her drinking and abusing drugs while pregnant. He is having withdrawal symptoms, and there are concerns that the substance abuse may affect his development. Bryan's mother was HIV positive. He will need to begin a complicated medication regimen and will need to go to see specialists on a regular basis for the first 6 months of his life.

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Child 3- Lynette

Lynette is a 7-year-old white female. She was removed from her parents due to domestic violence and substance abuse. The father has hit, choked and punched the mother in front of Lynette so severely that the mother had to go to the hospital. Both parents have used crack cocaine and ecstasy in Lynette's presence and have been so intoxicated that Lynette would have to go without meals because there would be no one to make her food. Lynette is physically aggressive with children at school and is in an ESE class due to her ADHD and a speech delay. She is reading below her grade level. She is on medication for her ADHD.

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Child 4- Darius

Darius is a 16-year-old African-American Male. The Department sheltered him when his parents refused to take custody of him after being released from the juvenile detention center. He has no relatives who are willing or able to cope with his behavioral issues because he is defiant and violent. He has gotten into physical altercations with his parents and siblings. When he was 13, he inappropriately touched his 7-year-old sister on her genitals and has been suspended from school three times for exposing himself to classmates. He is highly intelligent and does well in school academically and is involved in extracurricular activities. He is currently on probation for the recent altercation between himself and his parents that resulted in his detention.

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Unified Home Study

If your child or a child known to you was being placed with a relative or non-relative, what would you want to know about that person?

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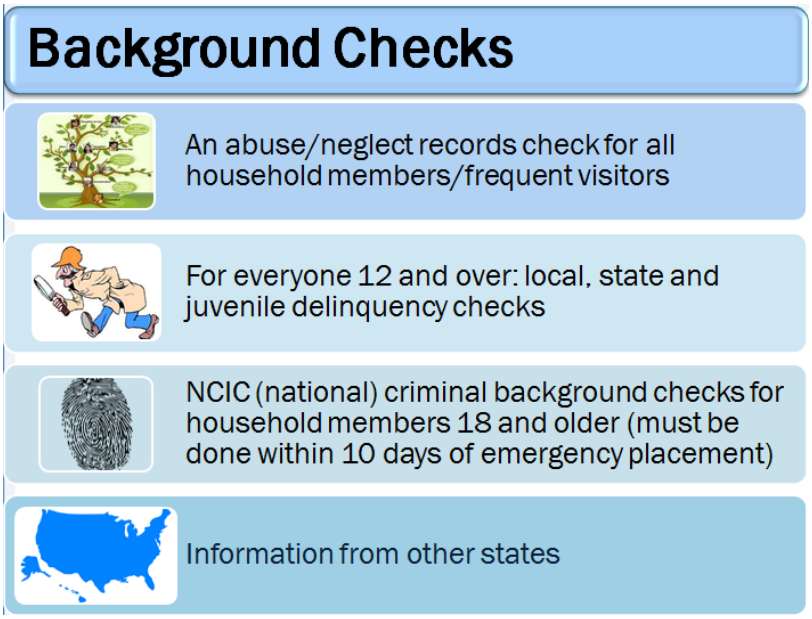
Key Requiements for Relative/Non-Relative Placment

- Home Study – 65C-28.012, F.A.C.
- Background Checks/Fingerprints – s. 39.0138, F.S., 65C-28.011, F.A.C.



What types of criminal history, or what kind of abuse or neglect history do you think are concerning? Do you think there is any acceptable criminal history?

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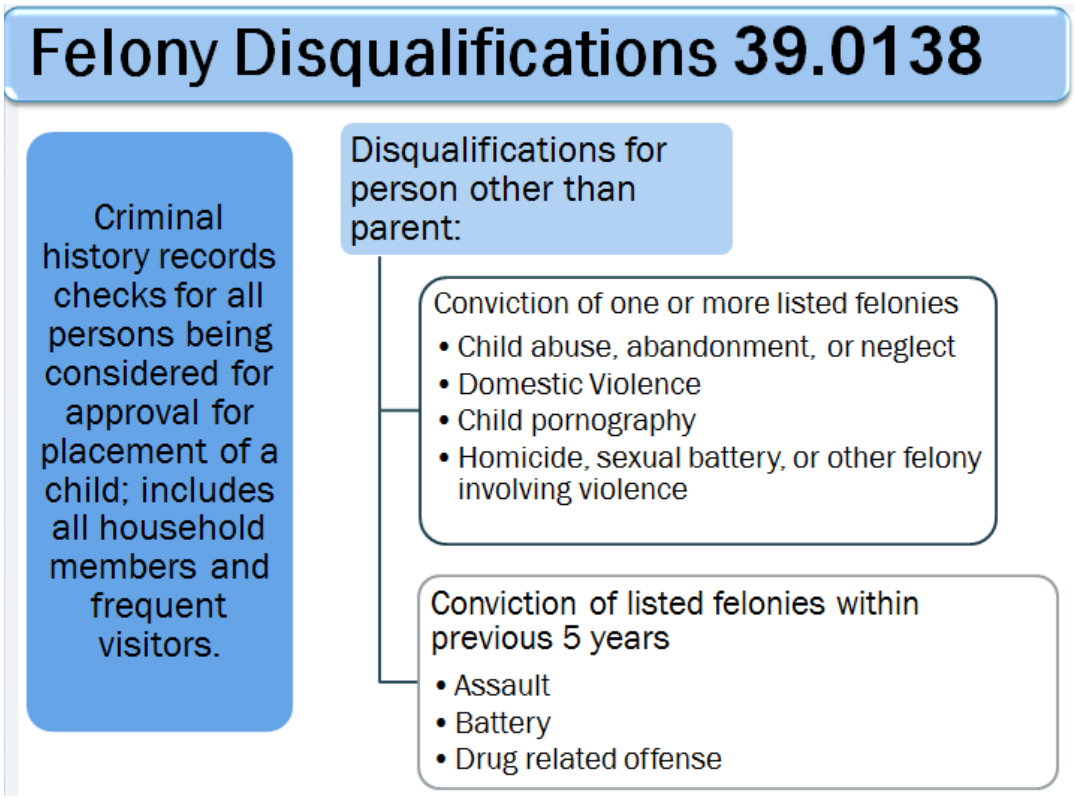

Why would it be important to assess the physical condition of the home?

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Examining the Physical Condition of the Home

- Appropriate sleeping arrangement.
- Physical hazards in the home.
- Physical hazards outside the home.
- Appropriate baby proofing.
- Fire alarms, security measures.

Is there anything else you think would be important in assessing the physical condition of the home and if it is safe and appropriate for the child?

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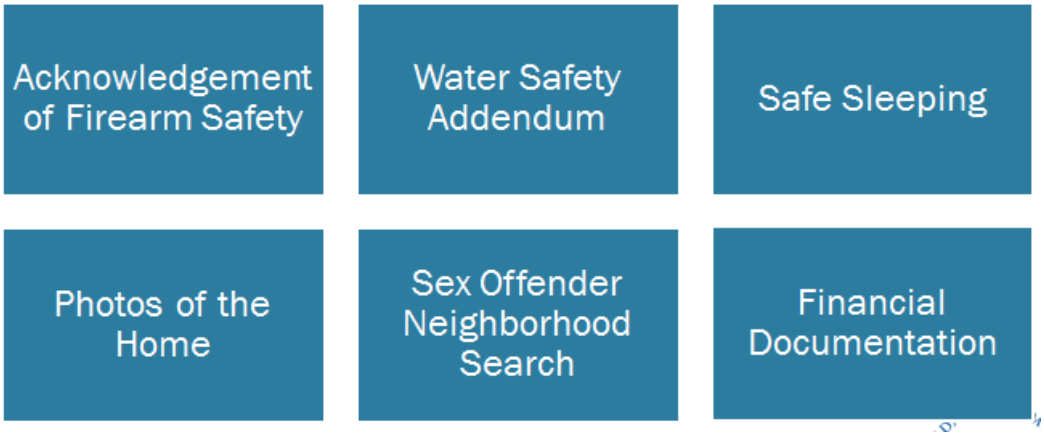
Assessing the Caregiver's Appropriateness and Protective Capacities

- Financially able to care for the child.
- Aligned with the child.
- Understand the child's specific needs.
- Willing to work cooperatively with the family and providers.
- Willing to attend court, school meetings, and other appointments.

Attachments for the Home Study



Activity B: Assessing During the Unified Home Study

Directions:

1. Review the blank Unified Home Study.
2. Identify ways to collect the information needed for each item.
3. Be prepared to share with the class.

Other Parent Home Assessment

CFOP 170-7
Prior to completing the OPHA, the Case Manager will have a supervisor case consultation. The discussion should include:

1. If the parent and child have an established relationship.
2. If age appropriate, the child's expressed wishes.
3. Input from the removal parent and other family members.
4. Removal parent's proximity to completing Conditions for Return.
5. Child's stability in current placement if applicable.
6. The Case Manager will then proceed with the OPHA.

There are four parts to the OPHA:

- The child abuse history-check to determine if there has been any past incident or pattern of maltreatment.
- An interview of the parent to assess the parent's protective capacities, their bond with the child, their understanding of the child's needs, and plan to keep the child safe.
- Criminal history checks. If the child is placed on an emergency basis, then fingerprints must be completed within 10 days. Fingerprints are required for the non-custodial parent.
- Walk through of the home to ensure the physical home is safe and has accommodations for the child.

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Relative and Non-Relative Caregiver Program

In order for the caregiver to be eligible for the Relative Caregiver Program, they must be a relative of the 5th degree, by blood or by marriage. This includes:

- Siblings, half-siblings, step-siblings.
- Aunts and uncles, nieces and nephews.
- Grandparents and great-grandparents.
- First cousins or first cousins once removed. Once removed means that there is a generation between. Your aunt's and uncle's children are your first cousins. Your mother's first cousin would be your first cousin, once removed.
- Non-relative caregivers are also eligible for funding through the Non-Relative Caregiver Program. There is no relation requirement.

Program Eligibility for Relative Caregiver Program

The other requirements for the Relative Caregiver Program are outlined in CFOP 175-79 and F.A.C. 65C-28.008.

- A home study must be completed and approved.
- Placement must be approved by the Court in a Court Order.
- The child must be adjudicated dependent.
- The child cannot be included in any other Temporary Cash Assistance case.
- Child must be a US Citizen or qualified non-citizen.
- Parent cannot reside in the home.
- Must be placed in Florida, by Florida. Children placed in Florida by the Interstate Compact on the Placement of Children (ICPC) process do not qualify for the Relative Caregiver Program from Florida. They may receive financial assistance from their state of jurisdiction.

The Case Manager's role in the Relative Caregiver Program process includes:

- Informing the caregiver at the time of the child's placement about the financial assistance available.
- Completing the home study.
- Completing the Relative Caregiver Communication Form.

The caregiver also has some responsibilities initially and ongoing to maintain the Relative Caregiver payment.

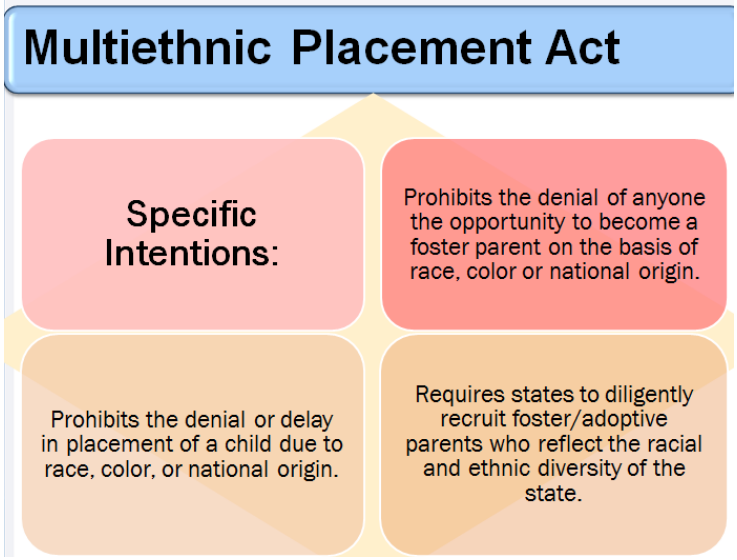
- Cooperate with Child Support Enforcement.
- Provide immunization documentation and other paperwork.
- Participate with the re-determination process every 6 months or as required.
- Notify the Case Manager and Economic Self-Sufficiency if there are any changes in household composition or address.

Non-Relative Caregiver Program
Requires:

- Approved Home Study, Court Order placing the child adjudicating the child dependent.
- Non-relative must provide signed statement by the caregiver that they would require financial assistance to care of the child.
- Participate in re-determinations of process every 6 months or as required.
- Eligibility is assessed annually.

Federal Laws Affecting Placement Decisions

Multiethnic Placement Act



MEPA drives Case Managers to:

- Make individual decisions based on sound child welfare practice and the best interest of the child.
- Address specific or distinctive needs related to race or ethnicity that requires consideration as soon as the child comes into the child protection system.
- Consider permanency from the first contact with the child.
- Review state laws and agency policies regarding placement.
- Document the reasons for placement decisions.
- Be honest with prospective foster/adoptive parents and treat them with respect.

Activity C: MEPA and Identity within Transracial Adoptions

Directions:

1. Watch the video, "Struggle for Identity".
2. Consider the following questions:
   - *How do you think children are affected being place outside their race/religion/ethnicity, etc.?*
   - *What can you do to help as a Case Manager?*
3. Be prepared to discuss.

How do you think children are affected being placed outside their race/religion/ethnicity, etc.?

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What can you do to help as a Case Manager?

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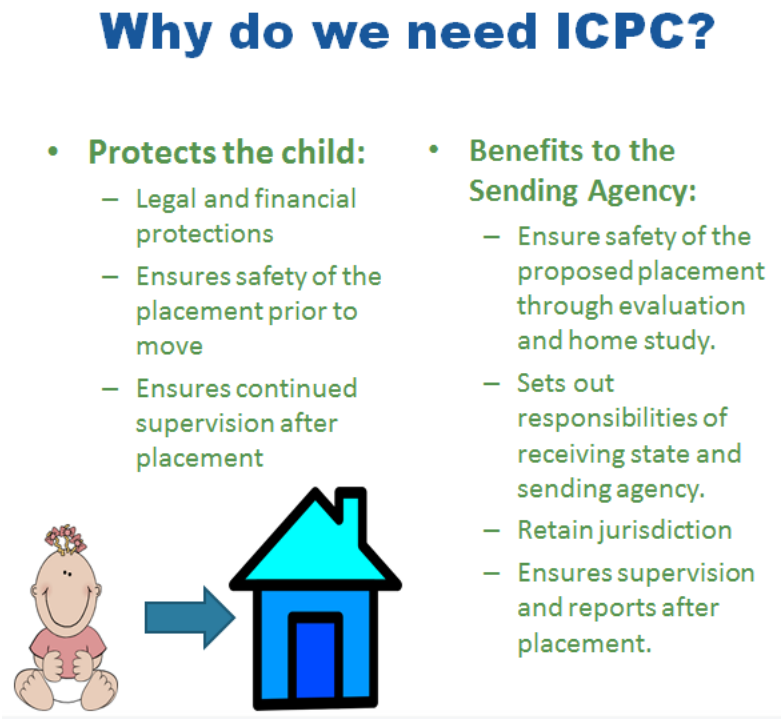
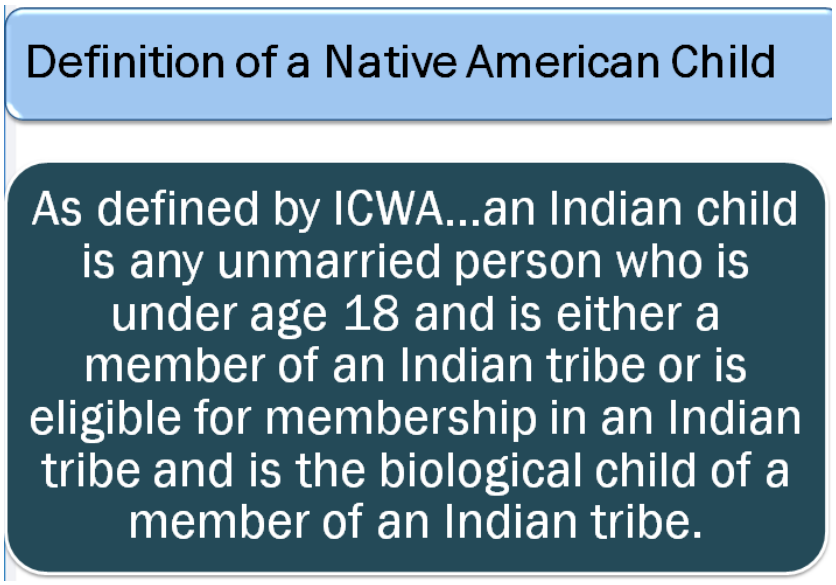
Interstate Compact Placement of Children (ICPC)



- The most common types of ICPC that Case Managers will use are Regulation 2: General Placement, and Regulation 7: Priority Placement.
- States must conduct, complete, and report the results of a home study within 60 days of the request (except Reg 7 Priority- 30 days).
- The 60 days time limit begins when the receiving state's ICPC Office receives a request.

The Indian Child Welfare Act (ICWA)



Activity D: The Indian Child Welfare Act

Directions:

1. Watch the video "Nightline".
2. Answer the questions below.
3. Be prepared to discuss.

How did ICWA affect this case?

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Why is it important to determine a child's Indian heritage as quickly as possible?

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What responsibilities do you think you have when determining if a child is of Indian heritage?

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Unit 5.2:
Meeting Children's Needs in Out-of-Home Care

Learning Objectives:

1. Explain what a Child Resource Record is and case management responsibilities associated with it.
2. Explain what a CBHA is and how it is utilized.
3. List the steps to follow when a child enters care on medication or needs medication while in care.
4. Explain informed consent and what reasonable efforts are to obtain it.
5. Evaluate a medical report to demonstrate knowledge of what needs to be included.
6. Specify information relating to psychotropic medication required to be entered in FSFN.
7. Explain case management's role in children's medical and dental care.
8. Describe Case Management responsibilities regarding education for children in Out-of-Home Care.
9. Explain what an IEP is.
10. Define a surrogate parent and who can be that surrogate.
11. List the steps of reporting a child missing and reporting when a child has returned.
12. Explain reasonable efforts to locate a child.

References:

- 65C-28.014, F.A.C., Behavioral Health Services
- 65C-35.001(18), F.A.C., Psychotropic Medications
- 65C-35.001(10), F.A.C., Informed Consent
- 65C-35.003, F.A.C., Efforts for Informed Consent
- CFOP 155-10/175-40, Chapter 3-5, Parent/Guardian Involvement
- Section 39.407, (1)-(3), F.S., Requirements for Administration of Psychotropic Medication
- CFOP 155-10/175-40, Chapter 3-4a, Medical Report
- H.R. 6893- Fostering Connections to Success and Increasing Adoptions Act of 2008
- 20 U.S.C. §1400, Individuals with Disabilities Education Act
- Section 38.0016, F.S., Education for Children in Out-of-Home Care
- Section 39.0016 (1) (c), F.S., Surrogate Parent
- 65C-30.001 (24), F.A.C., Child Resource Record
- 65C-30.011 (4), F.A.C., Child Resource Record
- CFOP 155-10/175-40, Chapter 1-6, Child Resource Record
- 65C-30.019, F.A.C., Missing Children
- Recovering and Locating Missing Children Form

When a child is removed from a parent due to abuse, abandonment or neglect, what do you think might be some of their needs that need to be addressed as soon as possible?

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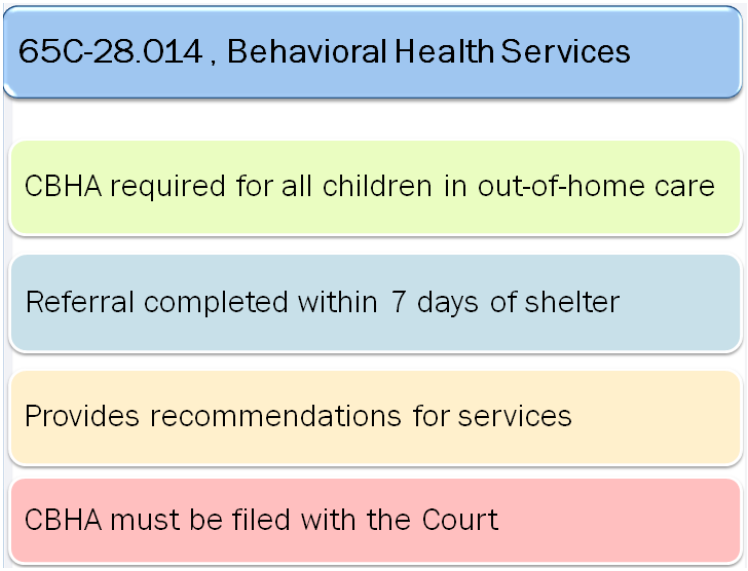
Comprehensive Behavioral Health Assessment



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General Medical Care

Schedule of Required Medical Care

- Infants- 2-4 days after birth, 1 month, 2, 4, 6, 9, 12, 15, 18 months
- Ages 2 years -20, annually
- Whenever child is sick or needs to be seen by a doctor
- Dental- initial at 3 years (or before if medically necessary), every 6 months after or more frequently as recommended
- Hearing test- as a newborn and at age 4, 5, 6, 8, 10, 12, 15, and 18
- Vision test- at age 3, 4, 5, 6, 8, 10, 12, 15, and 18

There are three types of medical treatment for a child: ordinary, extraordinary, and emergency. Each has different requirements for consent.

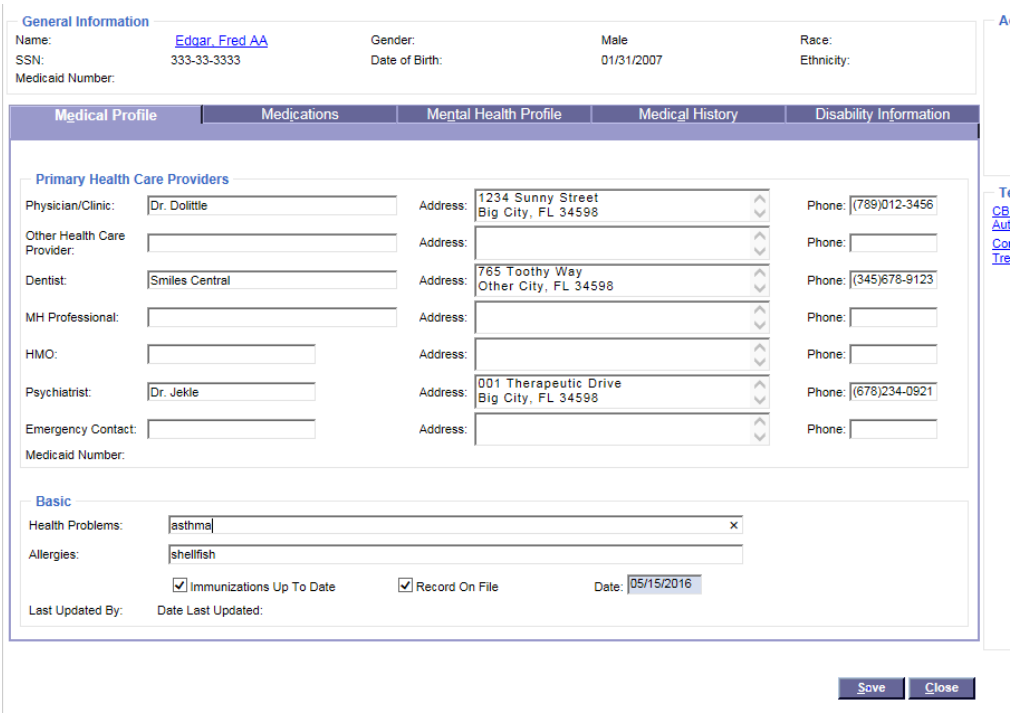
1. **Ordinary medical care and treatment:**
   - This is ongoing regular health care and treatment.
   - When a child is taken initially removed the CPI will ask the parents to provide written consent for ordinary medical treatment and medication. If the parents decline to authorize this Children Legal Services will ask at the Shelter hearing for a court authorizing consent for ordinary medical treatment and medication.
   - Once a child is adjudicated dependent a Court Order will be filed specifying who is authorized to consent to regular medical care and treatment for the child. The Out-of-Home Caregiver can be one of these authorized persons.

2. **Extraordinary Medical Care and Treatment:**
   - This is provided when the health care provider determines that an illness or injury requires non-emergency medical treatment beyond ordinary medical care and treatment (an example would be surgery, or sedation required for a procedure).
   - Must have expressed and informed consent of the child's parent.
   - If the parent refuses or is unable to consent to the treatment or the parents' rights are terminated and consultation with the medical provider results in a determination that the treatment is required the Case Manager will seek a Court Order to authorize the treatment.

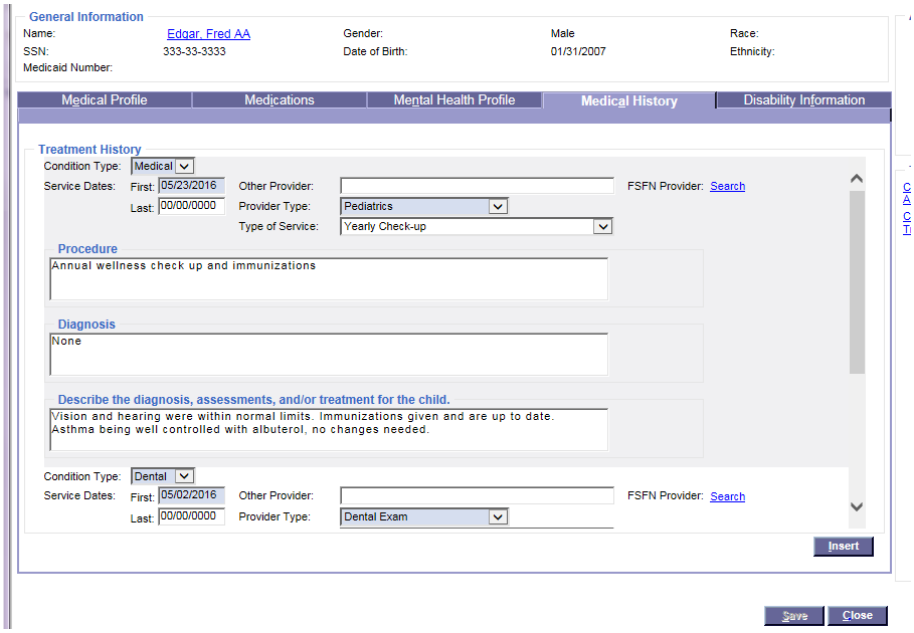
3. **Emergency Medical Care and Treatment:**
   - When the healthcare provider determines that the situation is an emergency and the care is needed to ensure the child's health or physical well-being.
   - Although parents shall be involved whenever possible, obtaining consent is not required for emergency care and treatment. If treatment is provided without parental consent, the Case Manager must notify the GAL and parent as soon as possible after the treatment is provided.

Documentation

Medical Tab in FSFN



Entering Medical Appointments



Psychotropic Medication

Based on the article, can you identify some of the mistakes that were made concerning Gabriel's case?

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Why would a judge and/or a child's parents need to be involved in prescribing medication?

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- 65C-35.001 (18), F.A.C., definition and included medications
- Court Order or informed consent is required
- Strict FSFN documentation guidelines

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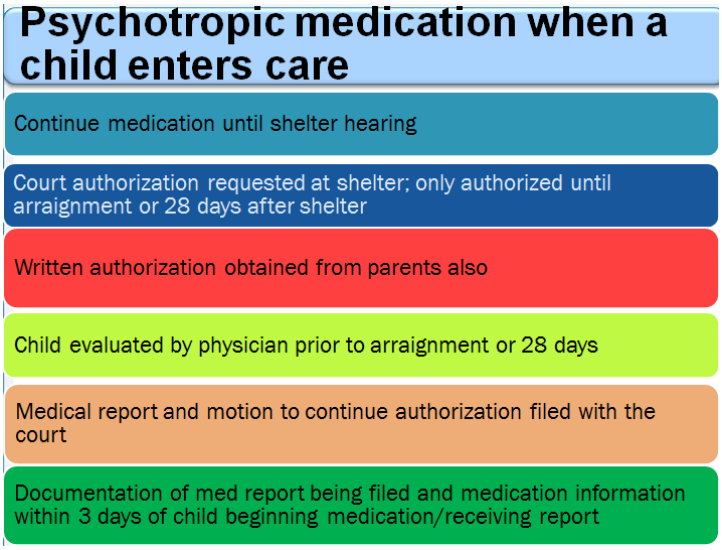
Informed Consent

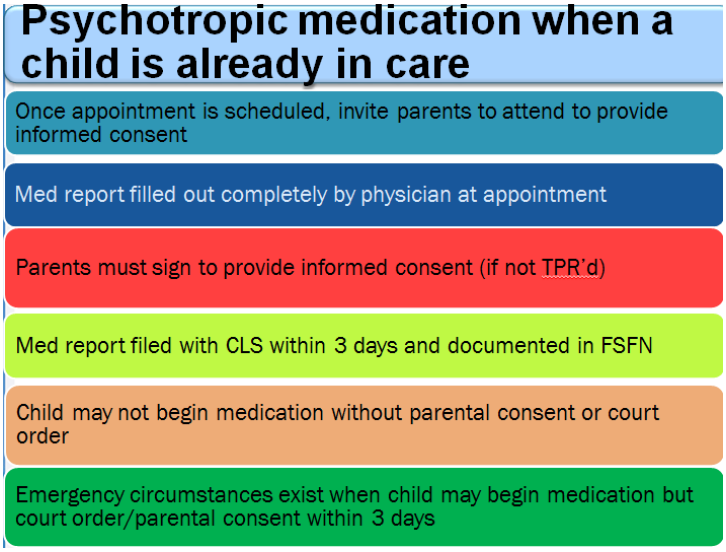
Informed consent is defined in F.A.C. 65C-35.001 (10). It is:

- Voluntary, written consent from a competent person who has received full, accurate and sufficient information and explanation about a child's medical condition, medication, and treatment to enable the person to make a knowledgeable decision without being subjected to any deceit or coercion.

Sufficient information includes, but is not limited to:

- The medication and reason for prescribing it
- Intended results of the medication
- Side effects, risks, and contraindications, including effects of stopping the medication
- Method for administering the medication, and dosage range
- Potential drug interactions
- Alternative treatments
- Behavioral health or other services used to complement the use of the medication.



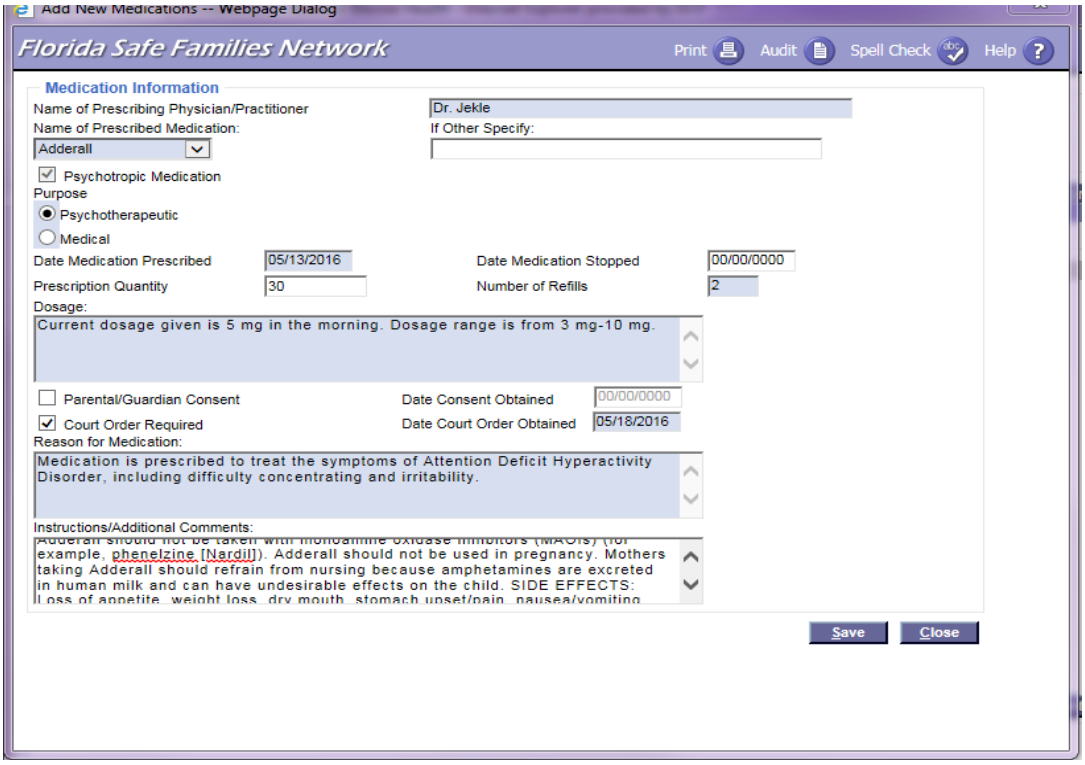


Pre-Consent

- http://dcf.psychiatry.ufl.edu/
- Must be obtained for children under 11 prescribed 2 or more meds
- Case Manager will complete pre-consent form within 1 day of meds prescribed
- Parent may waive pre-consent
- University of Florida - MedLine Consult

Documentation

Medication Screen



If a child is placed on psychotropic medication, it must be documented in the medication tab within 3 days of it being administered. Most of the information that needs to be input into the medical tab can be found on the medical report.

- Physician's name prescribing medication.
- Type of medication and indication it is psychotropic.
- Whether psychotherapeutic or medical.
- Date medication prescribed.
- Current dosage and dosage range.
- Date of Court Order or informed consent. If medication is prescribed on an emergency basis, the date of 1/1/1900 should be entered until actual Court Order is obtained. Reason should be documented in comments section.
- The reason for the medication- what is the medication addressing?
- Instructions/additional comments should have at a minimum the potential side effects.

Activity E: Understanding the Medical Report

Directions:

1. Review the example of a correct Medical Report.
2. Next, review the sample Medical Report and indicate the errors you find.
3. Be prepared to discuss.

Educational Needs

- More frequent school changes
- Miss more days of school (more unexcused absences)
- Are more often suspended or expelled from school
- Often score lower on academic tests
- Are more often held back a grade
- Drop out/ don't graduate
- More often in special education classes or have special education needs
- Are more likely to obtain a GED rather than a high school diploma

Why do you think that these issues disproportionately affect children in Out-of-Home Care?

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Laws Applying to Education for Dependent Children

Fostering Connections and Increasing Adoptions Act

- requires plan for educational stability
- placement takes into account current educational setting
- assurance that child will remain in educational setting or immediately be enrolled in a new school and that school be provided all education records

Individuals With Disabilities Education Act (IDEA)

- children with a disability are evaluated and provided individualized education services
- identifies who can act as a "parent" for purposes of education for a child
- Chapter 39.0016
- children should remain in their current school if possible
- determine if transportation is available by the school board to keep the child in school
- outlines appointment of surrogate parent

Why do you think that there can be difficulty keeping children in the same school they were in at removal?

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Case Manager's Responsibilities

Obtaining records, filing with court/CRR
Communication with school
Communication with parents, GAL, caregiver
Attending meetings
Ensuring child is receiving appropriate services
Advocating for child

Individualized Education Plans

- Developed by the student, their teachers, parents, caregivers, and others as appropriate.
- Indicates present levels of academic achievement and functional performance.
- Contains measurable annual goals.
- May contain benchmarks or short-term objectives.

Surrogate Parent

"Surrogate parent" means an individual appointed to act in the place of a parent in educational decision making and in safeguarding a child's rights under the Individuals with Disabilities Education Act F.S. 39.0016(1)(c).

Child Resource Record

Under Chapter 65C-30.001 (24), F.A.C., a Child Resource Record CRR) means a standardized record developed and maintained for every child entering Out-of-Home Care that contains copies of the basic legal, demographic, available and accessible educational, and available and accessible medical and psychological information pertaining to a specific child, as well as any documents necessary for a child to receive medical treatment and educational services.

Why is confidentiality of the CRR so important?

CPIs and Case Managers are responsible for:

- Ensuring all caregivers (licensed care, relative care, non-relative care, and adoptive placements) have a Child Resource Record (CRR) for each child.
- Reviewing the CRR with the caregiver including the purpose, requirements and who is responsible.
- Updating the documents when the child has new medical, mental health, educational, or court records.
- Ensuring the CRR follows the child to every placement.

The foster parent is responsible for:

- Ensuring they receive CRR for every child placed in their home.
- Ensuring information is present and organized in CRR.
- Bringing CRR to every staffing, visit and healthcare visit.
- Maintaining the CRR in a secure manner, which ensures confidentiality, is expected as the child's sensitive information should be stored in a safe place in the home (i.e., foster parents' room or a locked file cabinet) in the home.

Missing Children

What does a child being missing have to do with child well-being?

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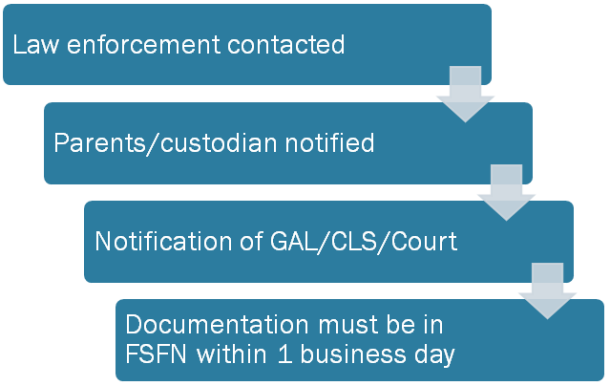

You will need to provide to Law Enforcement:

- Child's full name, date of birth and social security number,
- Current photo of child,
- Contact information for relatives and friends that child might reach out to,
- Current caregivers information,
- Circumstances of why child ran away.

What types of actions might you take to try to locate a missing child?

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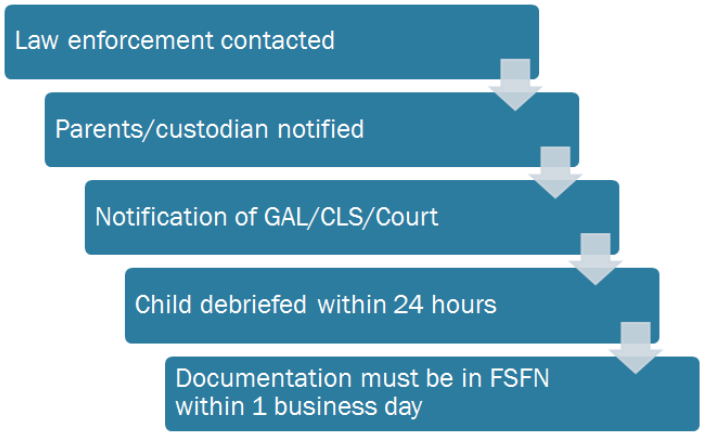
When a Child is Recovered



Unit 5.3:
Family Visitation and Maintaining Connections

Learning Objectives:

1. Identify and review the laws, rules and policies governing child welfare and case management.

References:

- Section 39.402 (9), F.S., Establishing Visitation at Shelter Hearing
- Section 39.4085 (16), F.S., Goals for Dependent Children
- Section 39.6012 (3)(b), F.S., Case Plan Tasks
- 65C-30.007 (6)(f)2, F.A.C., Documentation of Visitation During Face to Face Contacts
- 65C-28.002, F.A.C., Family Time
- CFOP 170-7, Chapter 10, Establishing Family Time/Visitation Plan
- CFOP 170-1, Chapter 2-11, Family Time/Family Visitation
- Section 39.0139, Keeping Children Safe Act
- H.R. 6893- Fostering Connections to Success and Increasing Adoptions Act of 2008
- Section 39.509, F.S., Grandparent Visitation

Family Time

What do you think are some other ways to support the child's connections with the family and other relationships, in addition to visitation?

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Family time is meaningful and regular contact intended to allow the parents the opportunity to gain confidence and practice the behaviors they are learning/gaining from service providers.

Chapter 39:

- Family time between the parent and child;
- Family time among siblings who are separated in various placements; and
- Grandparent visitation.

Law Governing Family Time

65C-30.007(6)(f)2.	65C-30.008(2)
39.402(9)	39.4085(16)
65C-28.002	39.6012(3)(b)

Why do you think it is important to have frequent visitation with very young children, such as newborns and infants?

_____

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Measuring Family Time/Visitation

Visitation Frequency—"Compliance" with Case Plan

a. Missed Visits: Visits that are appreciably shortened by late arrival/earn departure are considered missed.
b. Consistent: Caregiver regularly attends visits or calls in advance to reschedule (90-100% compliance).
c. Routine: Caregiver may miss visits occasionally and rarely requests to reschedule visits (65-89% compliance).
d. Sporadic: Caregiver misses or reschedules many scheduled visits (26-64% compliance).
e. Rarely or Never: Caregiver does not visit or visits 25% or fewer of the allowed visits (0- 25% compliance).

Quality of Face-to-Face Visits (include other family time opportunities offered).

a. Quality of visit is based on Case Manager's direct observation whenever possible, supplemented by observation of child, reports of foster parents, etc.
b. Excellent: Parent/Legal Guardian/Caregiver Consistently:

i. Demonstrates parental role.
ii. Demonstrates knowledge of child's development.
iii. Responds appropriately to child's verbal/non-verbal signals.
iv. Puts child's needs ahead of his/her own.
v. Shows empathy toward child.

c. Adequate: Parent/Legal Guardian/Caregiver Occasionally:
i. Demonstrates parental role.
ii. Demonstrates knowledge of child's development.
iii. Responds appropriately to child's verbal/non-verbal signals.
iv. Puts child's needs ahead of his/her own.
v. Shows empathy toward child.

d. Not Adequate: Parent/Legal Guardian/ Caregiver Rarely:
i. Demonstrates parental role.
ii. Demonstrates knowledge of child's development.
iii. Responds appropriately to child's verbal/non-verbal signals.
iv. Puts child's needs ahead of his/her own.
v. Shows empathy toward child.

e. Adverse: Parent/Legal Guardian/Caregiver Never:
i. Demonstrates parental role.
ii. Demonstrates knowledge of child's development.
iii. Responds appropriately to child's verbal/non-verbal signals.
iv. Puts child's needs ahead of his/her own.
v. Shows empathy toward child.

Activity F: Family Time

Instructions:

1. Each group has been assigned a rating for Quality.
2. Using your Quality Rating Category, write down 3 action/behavioral indicators of how parents would demonstrate the quality rating.
3. Write your response on flip chart paper and be prepared to share.

Family Time/Visitation Quality Ratings

An assessment of the "frequency" and "quality" of visitation is a required component of Judicial Reviews. In order to standardize the criteria used for frequency and quality, the following ratings have been developed.

Visitation Frequency ("Compliance" with Case Plan)

Note: Visits that are appreciably shortened by late arrival/early departure are considered missed.

Consistent: Caregiver regularly attends visits or calls in advance to reschedule (90- 100% compliance).

Routine: Caregiver may miss visits occasionally and rarely requests to reschedule visits (65-89% compliance).

Sporadic: Caregiver misses or reschedules many scheduled visits (26-64% compliance).

Rarely or Never: Caregiver does not visit or visits 25% or fewer of the allowed visits (0-25% compliance).

Quality of Face-to-Face Visits

Quality of visit and other family time opportunities is based on Case Manager's direct observation whenever possible, supplemented by observation of child, reports of foster parents, etc.

Excellent

Parent/Legal Guardian/Caregiver **Consistently**

- Demonstrates parental role.
- Demonstrates knowledge of child's development.
- Responds appropriately to child's verbal/non-verbal signals.
- Puts child's needs ahead of his/her own.
- Shows empathy toward child.

Adequate

Parent/Legal Guardian/Caregiver **Occasionally**:

- Demonstrates parental role.
- Demonstrates knowledge of child's development.
- Responds appropriately to child's verbal/non-verbal signals.
- Puts child's needs ahead of his/her own.
- Shows empathy toward child.

Not Adequate
Parent/Legal Guardian/Caregiver **Rarely**:

- Demonstrates parental role.
- Demonstrates knowledge of child's development.
- Responds appropriately to child's verbal/non-verbal signals.
- Puts child's needs ahead of his/her own.
- Shows empathy toward child.

Adverse
Parent/Legal Guardian/Caregiver **Never**:

- Demonstrates parental role.
- Demonstrates knowledge of child's development.
- Responds appropriately to child's verbal/non-verbal signals.
- Puts child's needs ahead of his/her own.
- Shows empathy toward child.

What are some reasons that contact between a child and parent might need to be therapeutic?

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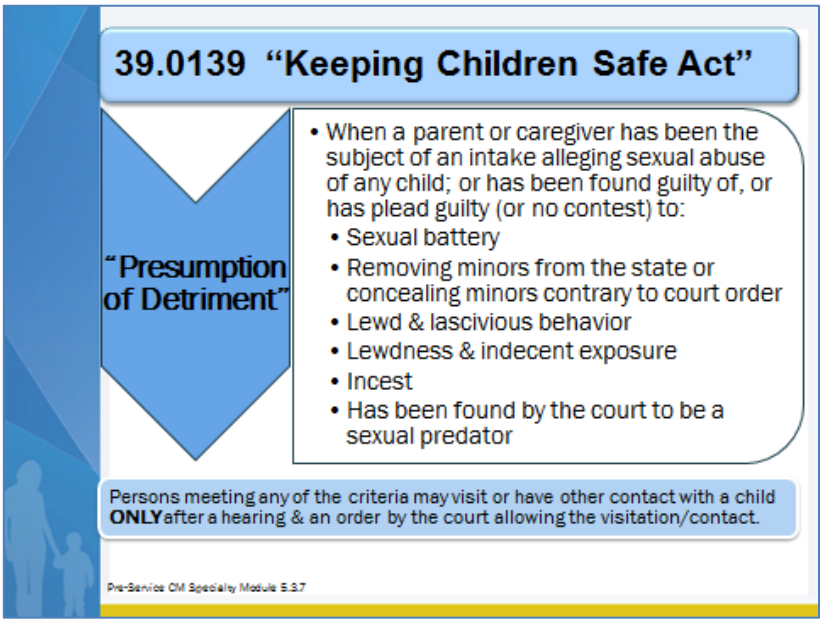
Keeping Children Safe Act



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Display Slide 5.3.8

- The court may receive and rely upon relevant oral and/or written reports, even if these reports may not be competent in an adjudicatory hearing.
- If the court finds the person proves by clear and convincing evidence that the safety, and well-being of the child is not endangered by visitation/contact, the court may allow visitation, and will issue an order specifying any conditions it finds necessary to protect the child.
- If the court finds that the parent did not rebut the "presumption of detriment," and the safety/well-being of the child may be endangered by visitation/other contact with the parent, the court will issue an order restricting parental visitation/contact.
- If the child is in therapy as a result of the allegations and the child's therapist reports that the visitation/other contact is impeding the child's therapeutic progress, a hearing must be held within 7 business days to review the case.

Sibling Visitation

How do you think it feels to have a sibling taken away from you suddenly, to go live somewhere else and you dodn't know where they were or how they were doing? Even if you do not have siblings, try to think of someone close to you.

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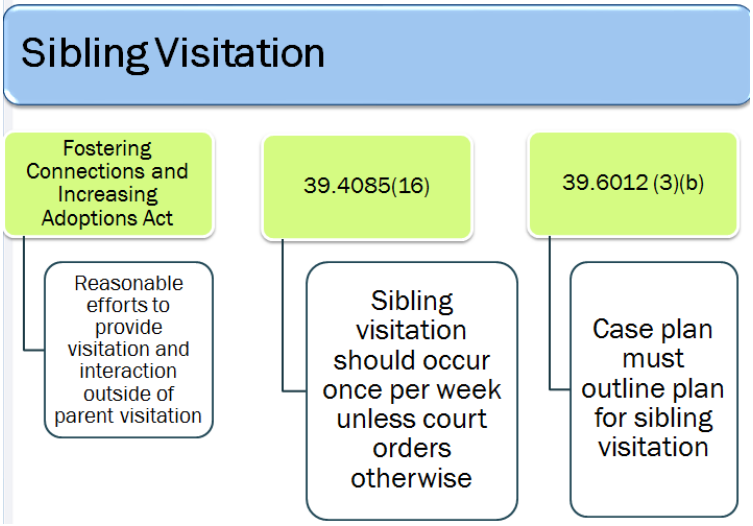

Activity G: Sibling Separation and its Effects

Directions:

1. Watch the video about siblings being place apart.
2. Record your answer to the following question:
   How do you think not seeing their siblings affected the children?
3. Be prepared to discuss.

Visitation with other Family Members

Chapter 39.509 outlines visitation rights for grandparents. Unless found detrimental to the child, or the Court Orders otherwise, grandparents have the right to visitation with a child who has been adjudicated dependent and removed from the parent. Visitation with other family members, such as aunts, uncles,etc. is not specifically outlined in statute. However, in order to maintain connections with family members and to provide a sense of normalcy to the child, visitation and contact with other relatives is encouraged.

How else could you encourage a child to maintain connections with extended family?

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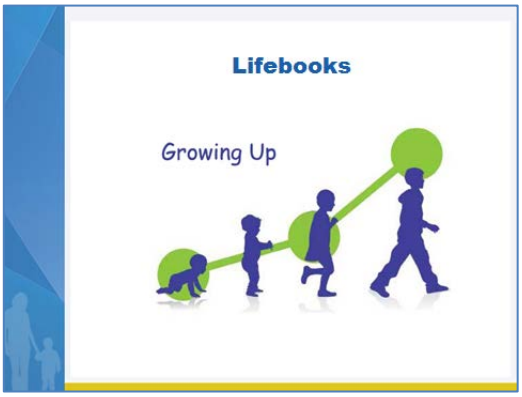
Lifebooks to Help Maintain Connection to Birth Family and Identity



A Lifebook is a tool and process to help children understand their life experiences. Information for a Lifebook may be collected from such sources as:

- Case records
- Case records from other agencies that have had contact with child/and or family
- Birth parents
- Foster parents
- Grandparents or other relatives
- Previous social workers
- Hospital where born
- Well-baby clinics

- Other medical personnel
- Previous neighbors
- Teachers and schools
- Court records
- Newspapers – birth announcements, marriage announcements, obituaries
- School pictures (from school records)
- Policemen who have had previous contact with the birth family
- Church and Sunday school records

Contents of Lifebooks

The information to be included in the Lifebook could be:

Birth Information

- Birth certificate
- Weight, height, special medical information
- Picture of the hospital

Birth Family Information

- Pictures of birth family
- Names, birthdates of parents
- Genogram
- Names, birth dates of siblings, and where they are
- Physical description of parents, especially pictures of parents and siblings
- Occupational/educational information about birth parents
- Any information about extended family members

Placement Information

- Pictures of all families
- List of all homes and places of residence (name, area)
- Names of children they were close to
- Names of social workers
- Pictures of social workers to whom child was especially close to

Medical Information

- List of clinics, hospitals etc., where child received care; and care given (surgery, etc.)
- Immunization record
- Any medical information that might be needed by the child as they grow up, or as an adult
- Height/weight changes
- Loss of teeth
- When walked, talked, etc.

School Information

- Names of schools

- Pictures of schools, friends and teachers
- Report cards, school activities

Religious Information

- Places of worship child attended
- Confirmation, baptism and other similar records
- Papers and other materials from Sunday School

Other Information

- Any pictures of child at different ages of development
- Stories about the child from parents, foster parents, and social workers
- Accomplishments, awards, special skills, likes and dislikes

Beginning and Share a Lifebook

It is never too late to start a Lifebook. Foster and Adoptive parents have an important role in collecting information and working with the social worker to help the child develop the Lifebook. Foster and Adoptive parents can share the Lifebook with the child's birth parents when the child is leaving foster care, to help the birth parents share in their child's past. Or, they can share the Lifebook with new adoptive parents to help with the child's move from one family to another.

Adoptive parents can begin helping with the Lifebook at the time of placement. Again, foster parents will want to share the Lifebook with the adoptive parents. Adoptive parents may want to share their own Lifebook with the child as a way of getting to know each other.

Benefits

The process of constructing a Lifebook can:

- Help the child welfare worker, foster parents, adoptive parent, birth parent and child to form an alliance;
- Help a child understand events in the past;
- Help a child feel good about self and record memories;
- Provide a way for the child to share his or her past with others;
- Increase a child's self-esteem by providing a record of the child's growth and development;
- Help the birth family share in that part of the child's past when they were living apart; and
- Contribute to the adoptive family's understanding of the child's past, to better help the child develop a positive identify and self-concept.

This information is adapted from Adoption of Children with Special Needs: A Curriculum for the training of Adoption Workers. Prepared by the Office of Continuing Social Work Education, School of Social Work, and University of Georgia. Athens, GA, 1982, published by the U.S. DHHD, ACYF, Children's Bureau.

Unit 5.4:
Transitions and
Achieving Permanency

Learning Objectives:

1. Name the different transitions for children in Out-of-Home Care.
2. Describe how transitions affect the child and caregiver and what a Case Manager's role is in helping them through transitions.
3. Explain what an exit interview is and how it is utilized.
4. Identify Case Management's responsibilities when a child is reunified.
5. Explain what a transition plan is.
6. Identify what life skills are and how Case Managers ensure life skills are being provided.
7. List the services available after a child turns 18 and the requirements to qualify.

References:

- 65C-28.017, F.A.C., Exit Interviews
- 65C-30.001 (84), F.A.C., Definition of Permanency
- Section 39. 6221, F.S., Permanent Guardianship
- Section 39.6231, F.S., Placement With A Fit and Willing Relative
- Section 39.6241, F.S., Another Planned Permanent Living Arrangement
- 65C-30.004, F.A.C., Post-Placement Supervision and Services
- CFOP 170-7, Chapter 12, Implement Reunification and Post-Placement Supervision
- 65C-16.009, F.A.C., Adoption Placement
- Section 39.6035, F.S., Transition Plan
- 65C-41.004, F.A.C., Transition and Case Plans
- 65C-42.002, F.A.C., Postsecondary Education Services and Support

Transitions in the Dependency System

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Activity H: The Process of Transitioning

Instructions:

1. Think of a transition you experience in childhood.
2. Draw the feelings you remember and the memories you have in terms of senses, smell, sounds, sight, etc.
3. Answer the questions and be prepared to share.

Summarize the activity?

_____

_____

_____

How comfortable were you in this activity? Why?

_____

_____

_____

What stands out to you about this activity?

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What part of the training helped you most in completing this activity?

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How did others around you in your memory handle the situation and what would you do the same or differently as an adult?

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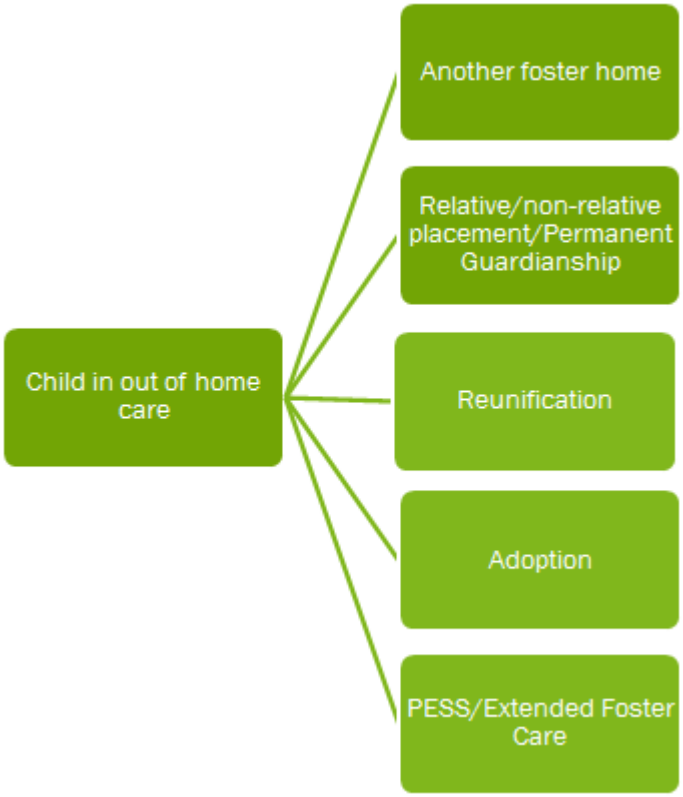
Types of Transitions



Transitions out of the child's placement can include:

- Movement to a new foster home or licensed placement, due to disruption or change in family that requires the child to move
- Reunification, which can be planned or unplanned (Court Order).
- Relative placement/guardianship, which can also be planned or unplanned (Court Order).
- Adoption with another family.
- Aging out or entering into extended foster care.

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What are some of the things a child might lose or feel like they are losing when leaving a home?

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Stages of Grief

Every child handles the stages of grieving differently. There are 5 stages:

Stage 1 = Shock and Denial
Stage 2 = Anger
Stage 3 = Bargaining
Stage 4 = Despair/Depression
Stage 5 = Understanding

Creating a Good Transition

A good transition is characterized by the following:

- Talking with children about the changes that occur with transition.
- Helping children understand their own history.
- Helping children adjust to losses.

Talking with Children about the Changes

Address questions.
Tell the truth.
Repeat conversations.
Talk during activities.
Plan the discussion.
Make it safe to talk.
Provide analogies.

Activity I: Transitions

Directions:

1. You have been assigned one of the individuals in the video.
2. Watch the video and takes notes on your assigned role.
3. Write down what you think could have been done differently.
4. Be prepared to discuss with the class.

How can the Case Manager help foster parents talk with children about transition?

_____

_____

_____

How can you help foster parents prepare for the separation in advance?

_____

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The Exit Interview FAC 65C-28.017

The exit interview is outlined in FAC 65C-28.017.

- Exit interviews are completed for any child 5-years-old until their 18th birthday that leaves a licensed Out-of-Home Care placement and resided in that placement for 30 days or more.
- Exit interviews are completed within 5 days of leaving placement regardless of why the placement ended (i.e., child was arrested, reunification, aging out, etc.).
- The interview should be conducted based on the child's level of comprehension and age level.
- The interviewer's observations and any information to explain the child's responses must be recorded on the interview tool.
- Exit interviews should be done in a private setting to allow the child to be comfortable in being interviewed.
- Follow-up must occur based on the responses by the child.

How does the Case Manager use interviewing techniques as well as practice the principals of mutual respect, positive practice and solving problems rather than assigning blame?

_____

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Exit Interview Follow-Up

- Report to Hotline, if needed
- Corrective Action Plan, if needed
- Documentation
- Meet with Foster Parents
- Re-Licensing Summary

What do you think the follow-up should be based on the video we watched of the exit interview?

_____

_____

Permanency

F.A.C. 65C-30.001(84)
The permanency goals available under this chapter, listed in order of preference, are:

- Reunification;
- Adoption, if a petition for termination of parental rights has been or will be filed;
- Permanent guardianship of a dependent child under s. 39.6221;
- Permanent placement with a fit and willing relative under s. 39.6231; or
- Placement in another planned permanent living arrangement under s. 39.6241.

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Reunification

- 65C-30.014 and CFOP 170-7
- Weekly or bi-weekly visitation
- Post Placement case plan
- Monitoring of the safety plan
- Assessing child well-being

_____

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Adoption

They are:

- Talk with the youth about changes that occur with an adoption
- Validate the child's memories, experiences, and feelings
- Tell the truth to the child when they ask a question
- Help children grieve their past so they can move on to a feeling of permanency
- Inform adoptive parents of the issues the Case Manager and child are discussing so they can be engaged in supporting the child.

_____

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Help the child:

- talk about their feelings in their own words.
- understand legal differences by explaining the adoption court hearing and what will happen.
- understand parenting differences.
- adjust to losses by creating a life book, eco-map, etc., so the child can see and know their history.
- by being mindful of the child's needs in the context of age, mental and physical health, personality and ethnic or racial experiences.

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Permanent Guardianship

Reunification or adoption are the preferred permanency goals for children. However, if a relative is located, and the relative is unable or unwilling to adopt, the child may achieve permanency through Permanent Guardianship.

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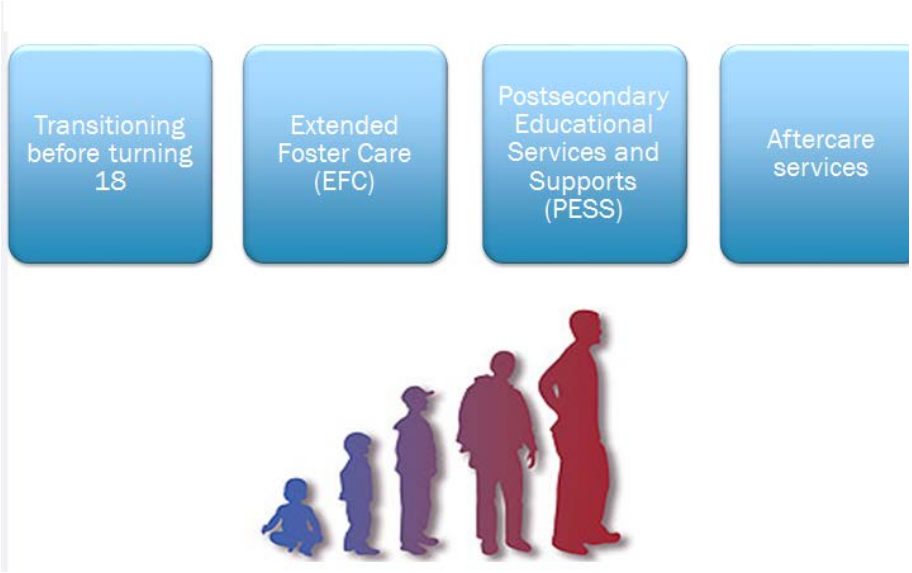
Independent Living



Life Skills and Transition Planning

What are some life skills that you would need as you approach adulthood?

_____

_____

_____

Life skills are skills that are necessary or desirable for full participation in everyday life.
• Scheduling doctor's appointments • Washing clothes • Cleaning a house • Using public transportation • Grocery shopping • Budgeting • Managing a bank account • Renting a home • Applying for jobs • Resume writing

Transition Planning

- F.S. 39.6035 and F.A.C. 65C-41.004
- Must be completed within 90 days of 18th birthday
- Must include
    - participation in qualifying activity
    - approved living arrangement
    - allowance
    - parenting goals and needs if a parent
    - short term/long term goals
    - young adult and caregiver obligations and responsibilities.

Extended Foster Care Requirements

Licensed Foster Care when turning 18
Must be enrolled in qualifying program
Requires face to face contact with Case Manager
Resides in approved supervised living arrangement
Eligibility ends when young adult turns 21 (22 if documented disability)
Can reapply until age of 21 if terminated from program

Postsecondary Education Services and Support (PESS)

- Must be in foster care at age 18 or adopted 16 or older (for at least 6 months).
- 18 years old but not yet 23 (can apply anytime between).
- Must have high school diploma or equivalent.
- Must be enrolled in a Postsecondary education program.
- Provide ongoing documentation of satisfactory academic progress.

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Aftercare Services

- Does not qualify for PESS or EFC.
- Plan must be reviewed every 3 months.
- Referrals for services should be completed within 10 days.
- Document all requests in FSFN.

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