



Indiana Department of Child Services

Peer Coach Manual

*A brief overview of the Peer Coach role within the
Indiana DCS Practice Model.*

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Manual Overview

This manual is a brief overview for the Peer Coach (PC) position within the Indiana Child Welfare Practice Model. The manual thoroughly covers the expectations and development process for PCs.

All PCs will receive a copy of this manual. PCs will be required to follow the manual during their development process and refer to the manual as a resource.

Any questions regarding the expectations or development of a PC should be forwarded to one of the following staff:

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DCS Mission Statement

The Indiana Department of Child Services (DCS) protects children from abuse and neglect, and works to ensure their financial support.

Vision

Children thrive in safe, caring and supportive families and communities.

Values

We believe:

- Every child has the right to be free from abuse and neglect
- Every child has the right to appropriate care and a permanent home
- The best place for children to grow up is with their own families
- Children and older youth have the right to permanent and lifelong connections
- Parents have the primary responsibility for the care and safety of their children
- In personal accountability for outcomes, including one's own growth and development
- Every person has value, worth and dignity

Core Values

- Respect
- Genuineness
- Empathy
- Professionalism

Parallel Process

“The act of genuine collaboration on all levels through consistent modeling of respect and empathy to ensure professional communication and partnerships between DCS, children, families, providers, stakeholders, and communities.”



The Indiana DCS Practice Model

PRACTICE

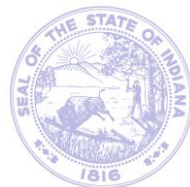
Our practice is based on our vision, mission and values. In addition, DCS builds trust-based relationships with families and partners by exhibiting *empathy, professionalism, genuineness and respect*. Importantly, Indiana identifies five essential practice skills necessary to effectively implement our vision, mission and values. These skills are:

- **Engaging.** The skill of effectively establishing a relationship with children, parents, and essential individuals for the purpose of sustaining the work that is to be accomplished together.
- **Teaming.** The skill of assembling a group to work with children and families, becoming a member of an established group, or leading a group may all be necessary for success in bringing needed resources to the critical issues of children and families. Child welfare is a community effort and requires a team.
- **Assessing.** The skill of obtaining information about the salient events that brought the children and families into our services and the underlying causes bringing about their situations. This discovery process looks for the issues to be addressed and the strengths within the children and families to address these issues. Here we are determining the capability, willingness, and availability of resources for achieving safety, permanence, and well-being for children.
- **Planning.** The skill necessary to tailor the planning process uniquely to each child and family is crucial. Assessment will overlap into this area. This includes the design of incremental steps that move children and families from where they are to a better level of functioning. Service planning requires the planning cycle of assessing circumstances and resources, making decisions on directions to take, evaluating the effectiveness of the plan, reworking the plan as needed, celebrating successes, and facing consequences in response to lack of improvement.
- **Intervening.** The skills to intercede with actions that will decrease risk, provide for safety, promote permanence, and establish well-being. These skills continue to be gathered throughout the life of the professional child welfare worker and may range from finding housing to changing a parent's pattern of thinking about their child.



Peer Coaches and the Practice

Peer Coaches assist with training and development of FCMs as CFTM Facilitators. Peer Coaches are considered to be subject matter experts, regarding practice, in that they have mastered the TEAPI skills. Peer Coaches also embody DCS' desired best practice which is transferred to FCMs through peer to peer training. Peer Coaches provide support to FCMs to ensure consistency and fidelity to the DCS Practice Model. This manual contains a brief overview of the Peer Coach role, training and expectations.



Practice Model Expectations: Peer Coaches Updated 2016

Peer Coaches are additional support to staff beyond classroom training. Peer Coaches have received training in the Practice Model, coaching strategies and facilitation skill building. **The purpose of this document is to identify the expectations for Peer Coaches as they continue to support the Indiana DCS Practice Model.**

Goals

1. Coach all assigned DCS staff on how to build and support the child and family team and facilitate child and family team meetings. Peer Coaches will do this by using best practice and modeling the DCS Core conditions of empathy, genuineness, professionalism, and respect.
2. Provide ongoing support and expertise to those who have been trained to facilitate CFTMs.
3. Support and assist in developing Continuous Quality Improvement (CQI), Quality Assurance, and Practice Fidelity monitoring throughout the state.
4. Collaborate with Practice Consultants and Regional Peer Coach Consultants on how to enhance, refine and maintain the Indiana Practice Model.

Expectations

1. Coach all newly hired FCMs to be conditionally released as CFTM Facilitators prior to graduation from cohort.
2. Coach all BSW interns, who did not attend cohort training, to be conditionally released as CFTM Facilitators prior to graduation.
3. Complete the Debrief/Feedback Form after coaching the new FCM, and conduct a Debrief Meeting, prior to Cohort Graduation, with the new FCM and Supervisor (when applicable, their LOD/DM). The meeting shall highlight strengths and needs of the new FCM to aid the Supervisor in professional development of the FCM, as documented in the Debrief/Feedback Form.
4. Attend and participate in all scheduled Peer Coach meetings for the region.
5. Apprise Regional Manager, Local Office Director (LOD) and other regional leaders of any strengths and/or needs of new FCMs so LODs can support and find solutions as needed prior to cohort graduation.
6. Participate in regular opportunities for guidance and coaching to aid in on-going skill development. Opportunities to include attending the Peer Coach Workshop annually and each regional in-service with the Practice Team.



7. Perform other responsibilities as deemed appropriate by the Regional Manager and Practice Consultant to assist the region with practice needs (i.e. monitoring practice from different perspectives, in-service resources, practice discussions, etc.).
8. According to Policy 5.7, Peer Coaches along with Supervisors and Peer Coach Consultants may be contacted for assistance with all families who agree to have a CFT Meeting but cannot identify informal or formal supports to form a team.

Supports

In order for Peer Coaches to achieve these expectations, they will need the following supports:

1. Clear expectations, as set in the working agreement, with new FCMs and their Supervisors regarding the coaching process.
2. Administrative support to help with the supplies and other logistical needs.
3. Ongoing support and feedback from a Peer Coach's Supervisor, LOD, Regional Manager, Peer Coach Consultant and Practice Consultant.
4. Local offices will determine any extra support needed so that the Peer Coach can participate in their duties while maintaining their own caseload.



Indiana DCS Practice Process for Developing a Peer Coach

Definitions:

CFTM Facilitator: Someone who has received training to be able to facilitate a CFTM.

Peer Coach: A person who has completed the peer coach development process and can coach others to become CFTM Facilitators.

- 1) Attend Practice Model Skills Training:** This includes Teaming, Engaging, Assessing, Planning and Intervening which should be completed in new cohort training.
- 2) Learn CFTM Facilitation:** A Peer Coach is assigned to individually coach people to become CFTM Facilitators. This step requires some full or partial days of each new FCMs' time. Thus, Facilitators should be developed after this training period. All Peer Coach candidates must be trained facilitators prior to beginning training with a Peer Coach Consultant.
- 3) Selecting Peer Coaches:** All Peer Coaches must receive support and/or recommendation to become a Peer Coach from their Regional Manager, Local Office Director, and/or Supervisor.
- 4) Beginning Peer Coach Training with a Peer Coach Consultant:** All Peer Coach candidates must complete the "Peer Coach Notice of One Year Commitment" after receiving Peer Coach working agreement information and Peer Coach Manual.
- 5) Complete Peer Coach Orientation:** Peer Coach candidates will participate in Peer Coach Orientation with a Peer Coach Consultant. Classroom training hours will be credited for the time spent in Peer Coach Orientation.
- 6) Coach a Peer in CFTM Facilitation:** Peer Coach candidates coach new FCMs on how to facilitate a CFTM. The Peer Coach Consultant observes this process and provides constructive feedback. A debriefing of the Peer Coaches should take place after each observation.

Note: The development of multiple new FCMs may occur simultaneously.



Peer Coaches: How-to Guidance for Facilitator Coaching

The purpose of this document is to provide Peer Coaches step by step guidance on how to coach a CFTM Facilitator Trainee, provide the Child and Family Team Meeting (CFTM) Potential Facilitator on-going support, and participate in the region's process of continuous improvement of practice.

1) Peer Coach prepares new FCM for Peer Coaching:

Peer Coach initiates contact with the new FCM and Supervisor to develop a working agreement in order to discuss each person's roles and responsibilities. The Supervisor may or maynot be present for the duration of working agreement between the Peer Coach and Potential Facilitator.

Review Peer Coach Role

Peer Coach Role includes providing written and verbal feedback to the new FCM and their Supervisor for on-going support and guidance.

Review Purpose, Principles, and Stages of CFTM Process

Provide the new FCM an opportunity to ask questions about CFTM purpose, principles, and process of CFTM. (Resource: *Teaming & Engaging Participant Manual*)

Develop a Working Agreement

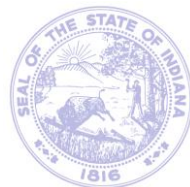
Develop a Working Agreement on how the Peer Coach will provide feedback to the new FCM. Gain agreement on how the Peer Coach will guide interactions with the family and its team as needed, and provide feedback to the new FCM. (Use the "Working Agreement Process" document included in the Peer Coach Manual.)

Provide Overview of Coaching Process

Peer Coaches will be assigned to new FCMs prior to week 4 of cohort training so that Peer Coaches have the opportunity to meet the FCMs prior to beginning facilitation training. If time permits, new FCMs may observe CFTM preps and CFTMs during week 2 of cohort on the transfer of learning days.

The Potential Facilitator will attend a 2 day Facilitator Orientation during week 4 of their cohort training. After the Facilitator Orientation, the Potential Facilitator will observe a CFTM Prep and/or CFTM during the 2.5 transfer of learning days and will participate in a webinar debriefing session on Friday afternoon on Week 4. The Peer Coach will work with the new FCM and supervisor to connect him or her with with a Peer Coach, Mentor or Practice Champion for the observations.

During Week 8 of Cohort, the new FCM will meet with the Peer Coach to identify a family to prep and team. During these steps, the Peer Coach will observe the new FCM



conduct a family preparation meeting, a CFTM, and prepare CFTM notes while providing feedback, guidance and support throughout the process. Peer Coaches should review with the new FCM dates available for scheduling meetings with families and debriefing with the supervisor when coaching concludes.

Review Facilitator Trainee's Initial Steps

Identify two families for CFTM coaching process. Provide guidance to the new FCM in identifying two families for the purpose of learning facilitation skills. One family will be for the new FCM to take the lead in facilitating. A second family should be identified, not necessarily contacted, to serve as a backup family if the first family is unavailable.

Provide family selection advice. In selecting cases, you can suggest new FCMs consider the following criteria:

For FCMs with Assessment cases, children:

- that need a safety plan that is likely to require external supports
- where risk of removal is high
- where a child has been removed
- where there is a transition

For FCMs with Permanency cases, children:

- from new cases
- from cases that have not teamed within a considerable amount of time.
- If the first two are not available, use cases which are at critical junctures.

Contact the family to get permission from them to be interviewed by the Peer Coach and new FCM, if necessary, and begin the CFTM preparation process. Arrange (date/time/place) for an interview based upon the coaching schedule. The preference would be to interview the family in the home. The Peer Coach may want to consider planning to prepare older children participating in the CFTM separately from parent/guardian.

Confirm family interview dates/place/time. Call the family to confirm the interview. Notify the Peer Coach the confirmed date/time/place. Document all preparation calls made to team members in MaGIK.

Provide the case records of the two families selected to the Peer Coach. It is especially important to provide to the Peer Coach the current case plan, court orders, psychological evaluations or other assessments, and any non-negotiables and requirements for the parents.



2) Read the Case Records

The Peer Coach will read the case records for the two families, including the second family which was identified as a back-up in the event of cancellation. The Peer Coach will want to note any non-negotiables such as restraining orders, other court orders, psychological evaluations, CANS, and other identified assessments, most recent events in the family life, and the current case plan goals.

3) Prepare with the new FCM

Primary Family

Identify and discuss with the new FCM the family story and what might be unique about them. Specifically identify:

- Any non-negotiable and requirements for the parents
- Any safety issues and general concerns
- What in the case needs to change?
- What will be hard for the family to talk about?
- Who should be on the team and what these members might bring to the case?

Review with the new FCM the purpose of family preparation:

- Help the family identify their desired outcomes
- Help the family identify their strengths and needs
- Help the family identify additional team members
- Prepare the family to tell their story at the team meeting
- Help the family identify what supports they need and what barriers they might have (transportation, day care, etc.)
- Identify the best date, time and location convenient to the family to hold the meeting
- Check with the family to determine their willingness to have other learners/trainees present during the CFTM for their development as Potential Facilitators

Remaining Team Members:

Review with the new FCM the purpose of Team Member preparation:

- Gain agreement with team members regarding their role and voice as team members
- Help the team members identify family/child strengths and needs
- Determine their availability for a team meeting at the family's preferred time/date/place



4) Observe/guide/provide feedback on family preparation

Releases of Information

Ensure DCS CFTM Release of Information is signed by parent, guardian or custodian. (Use the “Authorization to Contact CFTM Members” template located on SharePoint under CFTM Forms & Resources)

Schedule of Events

The new FCM is observed interviewing and facilitating family preparation

5) Observe/guide additional team member preparation

Confidentiality Agreements

Team members will sign a confidentiality agreement at the time of the CFTM, but it is important to discuss with them during the preparation process the reasons and importance of confidentiality.

Schedule of Events

Peer Coach observes the new FCM prepare team members. Peer Coach may model team member preparation for the new FCM as needed.

6) Provide feedback on the preparation

Items the Peer Coach should discuss

- What do you think went well?
- How do you think it went for the family?
- Do you think the family had a chance to tell their story?
- How was Potential Facilitator’s demeanor and presentation?

7) Prepare new FCMs for CFTMs

Review steps for facilitating CFTMs.

Confirmation Letters

Explain Potential Facilitator responsibility to send CFTM confirmation letters to invited Team Members and observers. Send CFTM confirmation letters to family and team members. Confirm CFTM dates/place/times and file confirmation letters in case record. (Use the “Confirmation Notice of a CFTM” template located on SharePoint under CFTM Forms & Resources; CFTM Prep Resources)

Plan for CFTM logistics



8) Observe Facilitation/ Co-Facilitate CFTM

Schedule of Events

The new FCM facilitates. The Peer Coach co-facilitates, guiding and supporting facilitation as needed. Discuss how guidance and coaching can be provided prior to the CFTM.

Debrief Form.

The Peer Coach completes the Facilitator Debrief/Feedback Form.

9) Facilitate individualized debrief with new FCM

Debriefing

Review with the new FCM and the supervisor feedback on CFTM facilitation skills.

- Provide completed Debrief/Feedback Form to the new FCM, Supervisor, Director, Regional Practice Consultant, and Peer Coach Consultant.

Review with the new FCM the follow-up to a CFTM.

- File CFTM notes in case record.
- Complete the case write-up & file in case record.
- Update case plan if needed.
- Follow-up on team's commitments made at the CFTM.
- Arrange and invite Team Members to the next CFTM.

Review with the new FCM next steps in the coaching process.

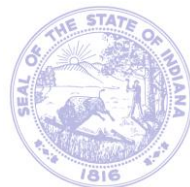
- The new FCM conducts one team meeting within 30 days of being released from the Peer Coach. The new FCM will submit the notes from the additional meeting to the Peer Coach Consultant for feedback.
- Peer Coach Consultant will officially release the new FCM as a trained Facilitator when CFTM notes are appraised as satisfactory.

10) Ongoing support to New Facilitator and continuous quality improvement

Apprise the Local Office Director/DM of strengths and needs of coaching process. Maintain regular communication with the Local Office Director/DM on coaching progress so that schedule can be updated as necessary.

Be available to advise Supervisors & new FCM as they begin to do CFTMs.

Seek out guidance from Practice Consultant and Peer Coach Consultants.

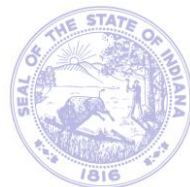


Practice Definitions and Positions

Child and Family Team Meetings (CFTM)	Meeting established with parent(s), caregivers, youth, and their formal/informal supports to assist with addressing achieving family's goals.
DCS Practice Model	Best Practice established by the Indiana Department of Child Services to better serve families that enter into the child welfare system.
Facilitator	Staff trained to facilitate Child and Family Team Meetings as well as holding a knowledge base of the the DCS Practice Model.
Peer Coach	Facilitator with enhanced skill set who develops new CFTM Facilitators; Assists the regions with maintaining practice fidelity; Locally based within county offices.
Peer Coach Consultants	Developeps new Peer Coaches; Assists regions with practice model fidelity; Facilitates Quarterly In-Services; Peer Coach Consultants hold an advanced knowledge and sill set of the DCS Practice Model.
Practice Consultants	Serves as liaison between Peer Coaches, Peer Coach Consultants, Region; Leads Quarterly Peer Coach Meetings; Oversees on-going practice trainings.
Practice Model Manager	Oversees and monitors practice fidelity, opportunities and development. In addition, leads the Practice Team (Peer Coach Consultants and Practice Model Supervisor) division in Staff Development.
Practice Model Supervisor	Supervises Peer Coach Consultants and assists the Practice Model Manager by monitoring practice fidelity, opportunities and development.
Practice SharePoint	Intranet site where all practice resources and information can be found.



Prep Meeting	Meeting with parent(s), caregivers, youth to prepare for the CFTM; Goals are set; Team members are selected; Location, date and time for the CFTM are established. A Prep Meeting also occurs with identified team members.
TEAPI (5 Practice Skills)	Abbreviation for five practice skills of Teaming, Engaging, Assessing, Planning and Intervening.



APPENDIX A

Peer Coach Checklist When Training a Facilitator

Facilitator: _____

Potential Facilitator will attend 2-Day Facilitator Orientation during Week 4 of Cohort. Potential Facilitator will observe CFTM Preps and CFTMs during the 2.5 transfer of learning days in their office during Week 4 of Cohort. Potential Facilitator will participate in a webinar debriefing session at the end of Week 4 of Cohort.

CFTM Preps

	Peer Coach and Potential Facilitator meet and review the case.
	Potential Facilitator conducts a family preparation meeting with the family, while Peer Coach observes.
	Peer Coach and Facilitator debrief and provide feedback on how the preparation meeting went.
	Potential Facilitator contacts the family members identified and invite them to participate in the CFTM & explain the process by phone.
	Potential Facilitator sends the family and team members Confirmation Notice of CFTM.
	Potential Facilitator & Peer Coach enter contacts from the Preps into MaGIK.

CFTM

	Potential Facilitator and Peer Coach meet before the CFTM to ensure they are prepared for the CFTM.
	Potential Facilitator facilitates CFTM for the family while the Peer Coach observes.
	Peer Coach and Potential Facilitator meet after the CFTM to debrief on the strengths and needs of the meeting.
	Peer Coach reviews next steps of the training including the Potential Facilitator typing the notes for the Peer Coach to review.

Finishing the Training

	Potential Facilitator sends the family's CFTM notes to Peer Coach for review and corrections.
	Potential Facilitator sends finalized notes to team members.
	Potential Facilitator enter the CFTM notes as a contact MaGIK.
	Peer Coach fill out Debrief Feedback Form.
	Peer Coach debrief with Potential Facilitator and their supervisor.
	Peer Coach sends signed debrief to Peer Coach Consultant, Practice Consultant, Facilitator, & Supervisor.
	Facilitator sends 1 set of notes to Peer Coach Consultant from a CFTM they facilitated on their own after being released by the Peer Coach.
	Peer Coach Consultant gives feedback to Facilitator on 1 set of notes and e-mails them regarding their full release. Copy is sent to their supervisor, Peer Coach, Practice Consultant.
	Peer Coach Consultant sends the certificate to present to the facilitator.



APPENDIX B

The Working Agreement

Step 1: Personal Expression

In this step you will express how you feel about being with the person(s). A personal disclosure will convey your genuine interest in resolving or addressing the issue at hand. It is effective modeling to take the risk to express emotions.

Step 2: Understanding the Problem

In this step you will express what you view as the immediate issues to be addressed. Your understanding of the problem can help you develop empathy if you and the family members view the problem in a similar way. If there is not full agreement about the problem, it opens the discussion so that reflections or other interpersonal helping skills can be used to gain clarity and mutual understanding.

Step 3: State What You Want and What You Can Provide

Step 4: Have Others State What They Want and What They Can Provide

This is the time when you will clarify what you want from family members and what you are willing to provide. You will also clarify what the family members want from you and are willing to offer you. Where you start will be based on previous work with family members. Sometimes you may want to start by asking, “What is it that you want from me?” Or you may want to be more directive and tell them what you can provide and what you want from them. So you need to decide which comes first, Step 3 or Step 4.

Step 5: Gain Agreement

In this step you will clarify with family members what steps and tasks will be done and by whom. If there are things you want from them that they cannot provide, this should be clear. Clarify those things that they would like from you, but that you cannot provide.

Step 6: Assess What Could Go Wrong With the Agreement

In this step, you will determine whether there is anything you foresee that could go wrong with this plan. Ask the family members whether they can think of anything that might go wrong. If they have any concerns, you can go back to Steps 3 and 4 and determine what you could provide to help the family members with this concern. As your work with them progresses, update what you want and can provide one another to accommodate new issues.

Step 7: Affirm the Value of the Work You Have Done Together

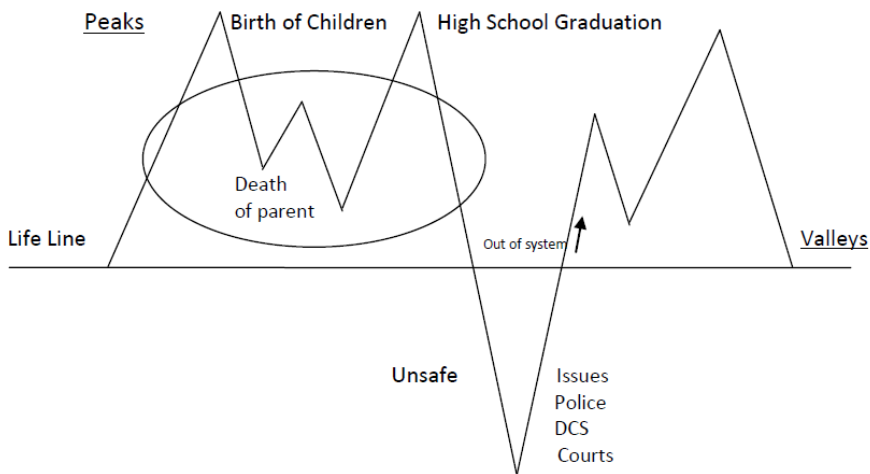
You will let the family members know what they have done well. Restate your agreement and be specific about who will do what and specify time frames.



APPENDIX C

Verbal Script for "Family Story" Chart

1. Do: Draw a line.
Say: This represents a life line from the beginning to now.
2. Do: Draw Peaks/Valleys.
Say: We all have ups/down or Peaks/Valleys in our lives. We all go through good and bad. No one is exempt from going through Peaks/Valleys.
3. Say: Tell me something that happened in your life that was special or made you happy.
Do: Record their response on the tip of the Peak.
4. Say: Tell me something that happened in your life that was not so special or made you sad.
Do: Record their response on the tip of the Valley.
(Continue this method until you at least two Peaks and two Valleys recorded).
5. Say: Every now and then, something happens that makes us or our family fall below what is considered unsafe. This is where we find people like DCS, Police and Courts. This is where we are today. However, you are more than just a case file to me. Your team and I need to know about the Peaks and Valleys that occurred in your life before you were involved with DCS. This is what I am asking you to help the team to understand "What was life like before becoming involved with DCS".
Do: Draw a circle around the Peaks/Valleys that they told you about.
Say: Where would you need to begin with your family story to assist the team with understanding your life? This is how the team begins to understand what is needed to assist you and your family to get back to the everyday up and down living that we all do.
6. Do: Stop writing at this time and listen.



APPENDIX D



CHILD AND FAMILY TEAM MEETING NOTES
 State Form 54601 (1-11)
 DEPARTMENT OF CHILD SERVICES

Name of family Homer Young	Date of child and family team meeting (<i>month, day, year</i>) 3/29/11
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Names and relationships of attendees of child and family team meeting:			
Name of Attendee	Relationship	Name of Attendee	Relationship
Homer Young	Father	Adonis Young	Child
Marcus Young	Paternal Uncle, Adopting Father	Angelina Young	Child
Trisha Young	Paternal Aunt, Adopting Mother	Al Wiley	Friend of Marcus and Trisha Young
Mike Smith	Friend and Co-Worker of Homer Young	Katie Morris	Friend of Marcus and Trisha Young
Billy Sanders	FCM/Facilitator	Bonnie Pierce	DCS Supervisor

Location of child and family team meeting Marcus and Trisha Young's home, 1213 Anytown Blvd. Anytown, Indiana 41234
Name(s) of Facilitator / Co-Facilitators Billy Sanders
Name(s) of parent(s) Homer Young – Father, Marcus and Trisha Young – Future Adoptive Parents
Confidentiality forms signed by all participants? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Outcomes identified by parent(s) Help prepare Angelina and Adonis for adoption by having contact with their father and maintaining essential family bonds and history. Develop a plan to support Homer and help him develop healthy coping skills to deal with the stress of losing his wife, and struggling with the overwhelming daily stress in his life.

SAFETY
Current level of safety for child(ren) The children are currently in placement with the paternal Uncle and Aunt and are having supervised contact with their father. They are attending school regularly with no concerns having been noted by school personnel. The children feel comfortable with their Aunt and Uncle and are able to talk to them about issues that are bothering or worrying them.
Safety plan The children will need continued supervision during visits with their father, as he continues to work towards maintaining a substance free lifestyle and developing appropriate coping skills.
Ground rules established Be respectful by allowing everyone on the team to have a chance to speak their concerns. One person talk at a time-Facilitator will jump in if someone is being interrupted to allow them to finish their statements. Be as positive as possible throughout the meeting and end the meeting on a positive note by having everyone state what they liked about the meeting. Keep an open mind about the issues by not passing judgment or criticizing.

STRENGTHS

Functional strengths of each child

Adonis is able to respond to emergencies quickly. He was taught the importance of dialing 911 for emergencies and demonstrated this, saving his father's life. He enjoys most of his classes in 6th grade and is currently on the honor roll. Adonis enjoys sports and working together as a team with his friends. He is well-groomed by wearing clean clothes and practices general grooming skills. Adonis communicates well with others by sharing his concerns.

Angelina is a good helper to her family. She likes helping her father, uncle, and aunt with their daily tasks. Angelina likes going to school and enjoys her 4th grade classes. She was able to raise her grades to B's and C's. She finishes her homework timely and turns in assignments when they are due. She has an open communication with her family where she can safely share her concerns. She is becoming more organized by following her daily routine chart to help her remember her grooming and chores each day.

Functional strengths of each caregiver

Homer enjoys his visits with his children. Homer was able to continue to parent his children and run his Insurance Company. He has a lot of family support when caring for his children. He has been relying on his faith to get him through difficult times. He has been consistently going to his appointments at New Hope. He has been open and honest regarding his substance abuse. He has identified that his brother and sister have great parenting skills and wants his children to remain in a stable environment. He wishes to continue to be a part of his children's lives by maintaining visits after the case is closed.

Marcus and Trisha are maintaining their relationship with Homer in order for the children to remain in contact with their father and family. Both have worked closely with DCS in order for the children to remain safe with family. They continue to follow the safety plan established with DCS. They continue to communicate with the school regarding the needs of Adonis and Angelina.

Changes needed in order to accomplish desired outcome
 The Team needs to develop a plan that will move forward with the Adoption of Adonis and Angelina, while still maintaining essential family bonds and history.

- Family needs / objectives
- Termination of Parental Rights will need to be completed and filed with the court, in order for the Adoption process to begin.
 - After Termination of Parental Rights is completed, the Aunt and Uncle will need to obtain an attorney and begin Adoption proceedings for Adonis and Angelina
 - The Family Case Manager, Father, Uncle, and Aunt will need to meet in order to develop the life book and assist the children in moving forward in the adoption process, while maintaining their family bonds and history.
 - A visitation plan will need to be developed for Homer, Adonis, and Angelina so that they will be able to continue to have supervised contact within the paternal Uncle's home, while maintaining safety and well-being for the children.
 - Team members feel contact needs to be made with the maternal relatives and explore the possibility of visitation options for them to be involved in the children's lives, in order to establish and build family relationships and bonds.
 - Homer will need to develop healthy coping skills in order to deal with the stress of losing his wife and the struggles of the overwhelming daily stressors in his life.
 - Homer will need to address the mental health and substance abuse issues that were present in his life at the time of removal of his children, in order to work through past issues and trauma and be able to rebuild his relationships with his children in an appropriate manner that is free of substance abuse.

Description of plan developed to address identified changes and needs / objectives
 Help prepare Angelina and Adonis for Adoption by having contact with their father and maintaining essential family bonds and history. Develop a plan to support Homer and help him develop healthy coping skills to deal with the stress of losing his wife, and struggling with the overwhelming daily stress in his life.

Identify the provider of each activity and when it will begin:

Name of Provider	Activity	Beginning Date (month, day, year)
Billy Sanders	Prepare the termination of parental rights paperwork, get appropriate signatures for approval, and file with the court in order to move the adoption process forward.	4/1/11
Billy and Bonnie	FCM will staff with his supervisor to ensure all documents are correctly utilized and policy is being followed.	4/2/11
Trisha and Marcus Young	Will obtain an attorney after termination of parental rights is approved by the court in order to move the adoption forward.	Upon court approval of termination of parental rights
Billy, Homer, Trisha, & Marcus	Will meet at Homer's house to begin putting together the life book for Adonis and Angelina so they will have the life book to help them move forward with the adoption process and still have a sense of their past with their father.	4/2/11 at 4:00 p.m.
Homer, Trisha and Marcus	Homer will visit Adonis and Angelina for 4 hours every day in the evening in Trisha and Marcus's home with either Trisha and/or Marcus present to supervise.	Begin 4/3/11
Mike, Al, and Katie	They will help Homer with transportation to the visits if needed.	Begin 4/3/11
Marcus, Mike, Al, and Katie	Marcus will call for help with transportation and coordinate this with Mike, Al, and Katie.	Begin 4/3/11 Ongoing
Billy Sanders and Homer	Meet at Homer's house to collaborate and develop a genogram of the children's maternal family to the best of their ability in order to attempt to identify the maternal family members and gather contact information.	4/6/11 at 4:00 p.m.
Billy Sanders	Will contact the maternal family members once information is identified by phone to see if they	Beginning 4/7/11

	would like to meet regarding being a part of Adonis and Angelina's lives.	
Homer	Will continue to attend individual counseling sessions at New Hope Counseling Center to work on dealing with past issues of loss and trauma in order to better himself mentally for himself and his children.	Currently/Ongoing
Homer	Will continue to attend NA meetings 3 to 4 times a week in order to talk about his substance use and bond with his sponsor on his path to recovery.	Currently/Ongoing
Homer	Will continue to attend drug counseling 4 times a week at New Hope Counseling Center in order continue on his path to recovery.	Currently/Ongoing

Additional child and family team meeting comments

During the CFTM, the Team took a look at the agreed upon plan, and assessed what could go wrong. The Team believes it could become overwhelming to Homer; daily visits with the children equaling 28 hrs, NA three or four times per week, drug counseling four times per week, and individual counseling. Homer is adamant that he can do it, and needs the time with the children; however, at least one Team member noted that keeping a full plate may enable Homer to avoid grieving. Homer could also continue to be stressed, and possibly get back to the point where he desires to use and in fact does relapse.

Homer was asked what it looks like when he becomes stressed, or overwhelmed. He noted the following signs;

- easily agitated
- misses appointments or shows up late
- does not answer the phone or respond to messages
- chain smokes; usually only smokes when drinking heavily – if drinking...usually also using
- embarrassed and will make excuses for not calling
- visits with the children do not go as well on rough days

Members of the Team reported seeing one or more of the above mentioned signs that were noted both recently and in the past. Homer and the Team came up with the following ideas should Homer become noticeably stressed or overwhelmed and there is concern re: the children.

Marcus and Trisha agreed that Homer will not be allowed to visit the children if he has been drinking, or appears to have been using drugs. They will call Billy, and inform him of the situation. Homer feels that this is a good idea. He stated that he does not want to give the children anything else to worry about. If Homer has to miss a visit, it is understandable due to the number of appointments he will have to keep re: his sobriety and counseling. The only request is that Homer call because the children look forward to seeing him, and worry when he is even a few minutes late. Homer takes pride in being on time, and the children know this.

Mike and Marcus will routinely check in with Homer. They have been hanging out together more than in the past, and it helps to take Homer's mind off things. They go bowling and have even attended a cooking class with Homer so he does not feel strange about going; wants to cook a family meal for the children...one day.

Homer gave permission for the Team to request a meeting if they see any of the signs that he is becoming overwhelmed so that they are able to regroup and determine next steps. The team requested opportunities to also meet to celebrate good things; i.e. case progress, grades, completing a class/service, etc...

The team discussed Alternate/Concurrent Planning:

The current plan for the family is reunification with Homer; however, Homer has noted that he believes that it would be best for the children to remain in the care of his brother and sister in-law (Marcus and Trisha). Homer reported that they have discussed the possibility of adoption, and all would like to move forward. Homer feels there is no one else he would trust to provide the same or better care than he would be able to provide for his children, while he tries to get himself back on track. Homer admits that it has been hard, and he knows he is willing and able, but not ready to have the children to himself, full time. Homer would like more time to begin making marked progress in dealing with his own underlying

issues, without neglecting the children's needs for loving care and ongoing support. Homer will still provide for the children, and assist with their needs. Homer plans to continue to be a big part of their lives.

Billy will staff the case with his supervisor, and then there will be a meeting with Billy, Homer, Marcus and Trisha, and Bonnie. They will look over DCS documentation, and discuss next steps. Upon court approval of the voluntary Termination of Parental Rights, the plan will change to Adoption.

Since we are beginning some key things this month regarding TPR and visitation, the team wanted to meet again in 1 month to discuss the progress and discuss other ideas regarding meeting some of the future needs.

Location of next child and family team meeting Marcus and Trisha Young's home, 1213 Anytown Blvd. Anytown, Indiana 41234	Date of next child and family team meeting (month, day, year) 5/3/11 at 4:30pm
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Notes submitted by: Billy Sanders	Name of note taker Billy Sanders
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APPENDIX E

CFTM Notes Appraisal Form

Region: Choose an item.

Facilitator Name:

Peer Coach Name:

Date of CFTM: [Click here to enter a date.](#)

DATA COLLECTION

Area of Meeting	Score	Comments
Outcomes Identified by parents	Select	➤
Current level of safety for child(ren)	Select	➤
Safety Plan	Select	➤
Ground Rules Established	Select	➤
Functional Strengths	Select	➤
Family Needs/ Objectives	Select	➤
Agreed upon plan Who/What/ When	Select	➤
What Can Go Wrong Plan B	Select	➤
Alternate Plan or Concurrent Plan	Select	➤
Was Follow up date established?	Select	➤
TOTAL SCORE		

Possible Result:	Examples:
Exceptional (23-26)	<ul style="list-style-type: none"> ➤ Manageable number of outcomes (no more than 3) that is functionalized and measurable by providing more than a 2 word description of the family's goal(s) for the meeting. ➤ <u>Detailed</u> description of current level of safety is documented to include statements supporting how the children are currently safe in their home or placement, school, community and/or during visits if applicable. Specific steps are listed in the safety plan. ➤ Detailed and functionalized strengths are listed for both parents and children and all of the needs identified directly correlate to identified outcomes. Needs are functionalized in the families own words and indicate a clear understanding of the underlying condition. ➤ All of the tasks provide a clear understanding of "who" will do "what" and "when". ➤ What could go wrong with the plan created is documented clearly along with a plan B action steps and an Alternate/Concurrent plan has been identified.
Satisfactory (19-22)	<ul style="list-style-type: none"> ➤ Outcomes are manageable and vague in their description providing reader with a lack of understanding about the family's goals for the meeting. ➤ Current level of safety is documented and is unclear or missing information pertaining to the child's safety in their home or placement, school, community and/or during visits if applicable. ➤ Some of the steps in the safety plan are not specific in detail. ➤ Ground Rules were established for the meeting. ➤ Most of the strengths and needs are functionalized and some of the needs directly correlate with outcomes. ➤ Some of the tasks are specific in their description of action steps, most of the tasks have specific begin/end date.
Needs Improvement (0-18)	<ul style="list-style-type: none"> ➤ One or two word description of outcomes. ➤ Statement of "safety plan in place" listed and no further information provided. ➤ Vague statements throughout notes with incomplete sections, plans and tasks are not specific in detail. ➤ Important information pertaining to the meeting is missing.

Overall Result of CFTM Notes: | Choose an item.

Comments (including strengths, areas of growth, and recommendations): | ➤

Peer Coach Consultant (Print): |



Breakdown for Scoring Areas (0-3) of the CFTM Notes

<i>Documentation of Outcomes of meeting</i>	<p>3: Manageable number of outcomes (no more than 3) that is functionalized and measurable by providing more than a 2 word description of the family's goal(s) for the meeting. Outcomes are clear in their description to provide reader with an understanding of the family's goals.</p> <p>2: Outcomes are manageable and vague in their description providing reader with a lack of understanding about the family's goals for the meeting or listed as services, activities, or needs.</p> <p>1: One or two word description of outcomes. (i.e. Reunification, wants DCS out of life, wants children back, etc).</p> <p>0: Section is left blank.</p>
<i>Current level of safety For child(ren)</i>	<p>3: <u>Detailed</u> description of current level of safety is documented to include statements supporting how the children are currently safe in their home or placement, school, community and/or during visits if applicable. Additionally, team member safety concerns are documented.</p> <p>2: Current level of safety is documented and is unclear or missing information pertaining to the child's safety in their home or placement, school, community and/or during visits if applicable.</p> <p>1: Level of safety is documented as "safe, unsafe, or conditionally safe" with no further information.</p> <p>0: Section is left blank.</p>
<i>Safety Plan</i>	<p>3: Specific steps are listed in the safety plan to address all identified safety concerns related to how the children are currently safe in their home or placement, school, community and/or during visits if applicable.</p> <p>2: Some of the steps in the safety plan are not specific in detail to fully address the safety concerns identified related to how the children are currently safe in their home or placement, school, community and/or during visits if applicable.</p> <p>1: Statement of "safety plan in place" listed and no further information provided.</p> <p>0: Section is left blank.</p>
<i>Ground Rules Established</i>	<p>1: Ground rules are documented for the CFTM, or a statement regarding why ground rules were not established is documented in the notes.</p> <p>0: Section is left blank.</p>
<i>Functional Strengths</i>	<p>3: Detailed and functionalized strengths are listed for both parents and children (i.e. <i>parent loves child as demonstrated by reading to child at night and prepares lunch before child leaves for school</i>).</p> <p>2: Most of the strengths are functionalized (parents put the needs of the child first, child listen to parents).</p> <p>1: Only itemized strengths are listed for both parents/caregivers and children; or most strengths are not functionalized, and provide a vague level of detail (parent enjoys sports); strengths are unrelated to achieving outcomes (child's favorite color is blue).</p> <p>0: Section is left blank.</p>
<i>Individual and Family Needs Family needs/ Objectives</i>	<p>3: All needs identified directly correlate to identified outcomes, needs are functionalized in the families own words and indicate a clear understanding of the underlying condition.</p> <p>2: Some of the needs directly correlate with the outcomes, 1-2 of the needs listed would be considered "services" or interventions.</p> <p>1: All needs listed are considered "services" or interventions and do not correlate with the outcomes.</p> <p>0: Section is left blank.</p>
<i>Who/What/ When documentation</i>	<p>3: All of the tasks provide a clear understanding of "who" will do "what" and "when", have a specific begin/end date, and are measurable and directly relate to the identified needs and outcomes.</p> <p>2: Some of the tasks are specific in their description of action steps, most of the tasks have specific begin/end date and relate to the needs and outcomes identified.</p> <p>1: Tasks are not specific in the description of the actions steps, multiple unspecified begin/end dates stated as "ongoing or ASAP", most tasks do not relate to the needs and outcomes identified.</p> <p>0: Section is left blank.</p>
<i>Additional Notes: What Can Go Wrong Plan B Documentation</i>	<p>3: What could go wrong with the plan created is documented clearly along with plan B action steps to address identified barriers or concerns with the plan.</p> <p>2: What could go wrong with the plan created is documented in the notes, however no plan B was developed.</p> <p>1: The section contains information regarding the CFTM and does not include what could go wrong or plan B.</p> <p>0: Section is left blank.</p>
<i>Additional Notes: Alternate Plan/ Concurrent Plan if one is adopted</i>	<p>1: A specific Alternate Plan/Concurrent Plan is documented in the notes regarding permanency if the primary plan is not reached with a specific person and relationship identified, or information is documented regarding why an Alternate Plan/Concurrent Plan has not yet been identified.</p> <p>0: Section is left blank, or information does not pertain to Alternative/Concurrent Planning.</p>
<i>Was Follow up date established? If not, was it suggested?</i>	<p>3: Specific date/time/location noted in appropriate sections. If a subsequent CFTM is not scheduled the reason is documented within the notes.</p> <p>2: No date/time/location is given and a projected time (30 days) is documented or a statement is documented about the attempt to schedule a follow up meeting.</p> <p>1: "TBD" or vague statement is provided in section.</p> <p>0: Section is left blank.</p>



APPENDIX F

Barriers to Reaching Permanency

This tool can be used by Peer Coaches to begin discussion around possible underlying needs for the barriers of reaching Permanency in a case.

- _____ Judicial/Court decisions
- _____ Policy and Statute doesn't fit the need of the child and family (For example: if TPR has occurred, contact with bio-parents may or may not be able to visit the child; gay couples can live together, but only 1 can adopt)
- _____ Contradictory Collaboration-Parties of the case have different expectations
- _____ Lack of informal supports-burned bridges
- _____ Lower functioning parents-not knowing how to engage and work with them
- _____ Frustration with the drama of the family-their being resistant to change
- _____ Lack of willingness on the part of the FCM to be open to change within own ideas, concepts, or bias'
- _____ Parent's and family not admitting/accepting responsibility for what has happened
- _____ Multiple permanency plans-lack of consistency among team members regarding the permanency plan OR no one knows the permanency plan
- _____ Lack of consistency with the parent's participation and involvement
- _____ Lack of placement resources
- _____ Children with special needs (fear of taking a child with special needs)
- _____ Lack of individualized plans to meet underlying needs
- _____ Attachment to the child and being overwhelmed with the daily job
- _____ Lack of community services and lack of knowledge of service providers
- _____ Lack of buy in (from FCMs, Administration, Child, CASA, etc.)

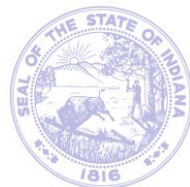
Additional Barriers:



APPENDIX G

EXAMPLES OF CRITICAL THINKING QUESTIONS

1. The parents and family are not admitting or accepting responsibility for the sexual abuse that has happened to their child.
How would you explain the mom not being willing to accept that the abuse has occurred?
2. The mother is inconsistent in visiting the child.
What is your opinion of why the mother routinely misses visits with her child?
What could be done to maximize (minimize) the mother's visits with her child?
What changes would you make to solve the challenges with the visit plan?
3. The FCM and the father have limited communication regarding the case.
How would you describe the communication that is happening?
What would you recommend to improve the communication with the dad?
4. The FCM and CASA have different opinions about the permanency plan.
How would you rate or evaluate the permanency plan desired by the CASA.
5. The FCM is overwhelmed by everything the family needs before the case can close.
How would you prioritize the needs of the family?
6. The parents are low functioning and don't follow the recommendations of the Home-Based Case Manager.
How would you improve the home-based management service provided to the parents?
If you had access to all resources, how would you deal with the parents' services?
7. The therapist believes the parents are ready for the children to start overnight visits but the FCM does not.
What would happen if the children started overnight visits?
What are the alternatives?



APPENDIX H

Family Functional Assessment (FFA) Field Guide

I. FAMILY STORY:

Describe current and past DCS involvement with the child and family from the family's perspective. (Include dates and outcomes)
Understand the position of each family member. Possible questions to initiate the family telling the story:

1. Regarding the presenting issues or allegation:
 - From this referral/ court order you can see how others view things. Tell me your perspective on what has occurred?
 - How would you describe what is happening in your family as a result of the problem/issue?
 - How do you make sense of what s/he does?
 - How do you explain what you did?
 - How do you think your child would explain what happened?
 - You said earlier that it hasn't always been like this. Can you tell me about times when things have been going well in your family/child?
 - What was different about the times when you felt that you handled the situation well with your child?
2. With other family members:
 - How would you describe the situation?
 - How do you think the children understand what has happened?
 - How willing on a scale of 1 to 10 are you to be of help to the family.

II FAMILY STRENGTHS AND RESOURCES:

- Discovering family strengths and resources
- We have been talking about some serious matters. To give me a more balanced view can you tell me some of the good qualities of your family/child/children?
 - If you were describing yourself to others, what sort of things would you say you are good at?
 - What do like about being a parent?
 - What do you like about your child? Or your parent?
 - Who can help you with these issues?
 - How is it that you have been able to handle all that you have been under?



III. FUNCTIONAL ASSESSMENT

SAFETY

A) Maltreatment Allegations/ Delinquent or Unruly Behaviors

Narrative

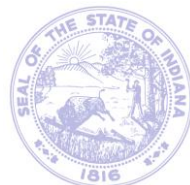
Use this narrative textbox to document the results of the risk and safety assessment tools and factual information that relates to domestic violence or substance abuse [children and/or parents (guardians)].

Strengths (Signs of Safety)

- What happens when someone in your house gets angry? When [this] happens, what do you do?
- What do you do to keep your family safe?
- What have you tried that has worked/not worked?
- What have you done to keep things from getting worse?
- When was the last time you expected this to happen and it didn't?
- What has stopped you in the past from doing [this]?
- How do you keep your children safe?
- If parent or child reveals maltreatment, ask about how they managed to overcome this? What recommendations do you have to your child get through difficult times?
- When you are out with your friends, what kinds of things do you do to keep yourself safe?
- I noticed that you do.... to keep your children safe. What else do you do to keep them from harm?
- How do you view your role in the home? to establish boundaries? And ensure safety for your child?
- Who in your family has dealt successfully with this problem? How do you think they did it?

Risks, Needs, and Concerns (Signs of Risk)

- On a scale of 1 to 10 how safe do you feel?
- Tell me about a time when you haven't felt safe in your home? What was going on that made you feel not safe?
- How do you define "safe?"
- How safe do you feel in your environment/home?
- Under what circumstances is this likely to occur?
- When this happens, what do you do?
- How often did it happen last week? month? year?
- Where were you when this happened?
- What needs to change to make you feel safer?
- When you are not with your child, does your child do things that make you worry about his/her safety?
- When the problem is solved, how do you think your relationship with _____(child) would be different? What will you be doing then that you are not doing now?
- Tell me what is different for you at those times when you don't lose control.



- On a scale of 1-10, with 10 meaning you have every confidence that this problem can be solved a 1 means no confidence at all, where would you put yourself today? On the same scale, how hopeful are you that this problem can be solved?
- Ask a youth, what are you willing to do to keep yourself and others safe?
- Have you ever run away from home? Where did you go? Have you ever thought of running away but didn't? What stopped you?
- Many kids tell me that when things are difficult they feel like escaping somehow. What kinds of things do you do to escape tough times?
- Have you ever thought of hurting yourself? What stopped you from following through?
- Out of everything, what is the one thing that you need to keep your child/ren safe

B) Domestic Violence

Narrative

All narrative information for Safety issues should be written in the first narrative textbox.

Strengths (Signs of Safety)

Parent/Caregiver:

- Do you have a girlfriend/boyfriend? What do you like about her/him?
- What positive things do you get from your relationship with your partner?
- Who makes the important decisions in your family?
- What do you (and your partner) do for a break?
- How much time do you spend with family? friends? alone?
- Do you drive a car? Do you have your driver's license?
- How are you able to meet your personal and interpersonal needs (intimacy)?

Child:

- What happens when your parents are angry with you? Or when you break a rule?
- How is it okay to be angry in your house?
- Who do you feel "safe" with?
- What happens when your parents argue?
- Are there a lot of rules in the house?

Risks, Needs, and Concerns (Signs of Risk)

Parent/Caregiver:

- In many families, the partner does not experience as much safety as they want. On a scale of 1 to 10, where 10 is safe and 1 is not safe, how safe do you feel in your home?
- How does your partner feel about your friends and family?
- How is it okay to be angry in your house?
- Sometimes, when I'm working with a family and I'm talking with mom/woman I find out that she is afraid to share information with me because of what might happen to her if her husband/boyfriend/partner finds out that she told me. Is this something you worry about?
- Have you ever left because of violence in your home? If yes, where did you go? What gave you the courage to do this? How long were you gone?



C) Sex Abuse

**When asking questions that might reveal the possibility of sexual abuse, take care not to ask leading questions. If you suspect child sexual abuse, please follow agency protocol for handling these cases.*

Narrative

All narrative information for Safety issues should be written in the first narrative textbox.

Strengths (Signs of Safety)

Parent/Caregiver:

- What is your child's schedule?
- Where does everyone sleep?
- What have you done in the past to protect your child?

Child:

- Who do you feel safe with?
- What sort of activities do you (child) do with your Mom? Dad? Brother? Sister? Other Relatives? Others?

Risks, Needs, and Concerns (Signs of Risk)

- When did you first hear about this?
- What do you think happened?
- What do you think your child might need right now?
- It's natural to have a hard time believing this could be true. What would it mean to you if it were true?
- What do you think happened?
- What do you think the alleged offender will say when we talk with him or her?
- What might make this a little easier to discuss this with me right now?
- What would you like to know about the child sexual abuse specialist who will meet with your child?
- What would like to know about the process?

D) Substance Abuse

Narrative

All narrative information for Safety issues should be written in the first narrative textbox.

Strengths (Signs of Safety)

- We all have ways of dealing with stress, what are the ways you deal with stress?
- Do you know/suspect your child is drinking/using drugs?
- Tell me about the use of drug/or alcohol in your family. How do you think this has affected you? Or your child? What did you do to handle this?
- You said that you didn't drink for five days last week. How did you do it?

Risks, Needs, and Concerns (Signs of Risk)

- When was there a time that you thought your child would "get high" with friends, and did not? What did (he/she) do that time?
- Describe a time when you wanted to get high, but you didn't. What helped you through that time?



- What might help us know if drugs or alcohol are a problem in your family?
- Has your child's behavior changed significantly in the past six months? How do you account for this change?
- You said you have quit before. How did you manage to do that?
- Has anyone in your family ever thought you might have a problem with drugs or alcohol?
- When did you first use alcohol/drug on your own, away from family/caregivers?
- How often do you drink/use drugs? When did you last use?



WELL-BEING

A) Current Functioning

Narrative

Use this narrative textbox to document the children's perception of self as well as how the children are perceived by others, such as parents, teachers, other authority figures, or peers. Indicate the parents' views on discipline, allowance, earning privileges, etc. Is the parent able to meet the basic needs of the children? Note any recent changes in personality (i.e. mood changes, withdrawal, depressions, etc.). Identify the children's desired changes to come from DCS involvement or the current situation in general.

Include information regarding the dates of any psycho-educational evaluations, parents' feelings about education, parental academic background and aspirations, school extracurricular activities, etc.

Here is where the FCM would include the children's early development history and any factual physical or mental health information that would not be a strength or risk.

Strengths (Signs of Safety)

Parent/Caregiver:

- Describe a typical day for yourself.
- What 3 words describe your child/children
- What are the good things that will come from your current situation?
- What is working now? What is making a difference?
- How do you ask for help from others when you need it?
- Tell me about your child's friends.
- How does your child interact with authority figures?
- Tell me about your other children?
- If I asked your neighbors to describe your family what would they say?
- Describe how you know when your child is happy or sad?
- What do you like to do for fun?
- Have you ever had a vacation? Where do you go for vacation?
- What helps to keep you in a positive mood?
- Have your sleeping/eating habits changed?
- If your best friend were here, how would he or she describe you?
- Where do you and your friends go to hang out?
- What do people like about you the most?
- What is one personal train that you value the most?

Child:

- Describe yourself in 3 sentences.
- What do you like to do with your parents/family/friends?
- Do you have any special talents?
- What would you like to do when you get older?
- What do you and your family do for fun?
- Who do you admire the most? What would help you to follow in their footsteps?
- What are the qualities of a good friend?
- Do you have any pets? What do you do to take care of them?



Risks, Needs, and Concerns (Signs of Risk)

- What kinds of changes in your child's behavior have you noticed?
- What do you most want me to know about your family?
- What are some things you used to do for fun?
- What are some things that you wish your family did together?
- If you had three wishes, what would they be?
- Have you ever done something and then later worried about the consequences that could have followed?
- When you are out with your friends, what things do you do to make sure you are safe?
- If you could change something about your attitude/mood, what would you change?
- Are there people that you used to spend time with that you would like to spend more time with? If so, who are they?
- What could improve the time you spend with family and friends?

B) Education

Narrative

In the FFA document, this area will contain education information from MAGIK for the child whose FFA document is open. All schools and academic years will be listed, as well as special education certification reasons. All narrative information for Well-Being issues should be written in the first narrative textbox.

Strengths (Signs of Safety)

Parent/Caregiver:

- When you talk with your child about school, what does he/she tell you?
- Does your child have an IEP? If so, when was the last IEP conference?
- What were your experiences in school? How has this influenced your role in your child's education?
- What do you like about the child's school? What do you like about the child's teacher?
- What would you need to feel more confident interacting with the school personnel?

Child:

- What do you like about school?
- What class(es) do you have the most success in?
- Who helps or has helped you experience success with _____ (various school subjects)?
- Tell me about any work related training you have had or are interested in.
- What do you want to do when you grow up?
- Do you have a teacher that you like? Who? What subject does he/she teach? What did (does) your favorite teacher do that helps/helped you learn?
- Are you involved in any extracurricular activities?

Risks, Needs, and Concerns (Signs of Risk)

- If you had three wishes, what would you want to have happen with your schooling?
- Which classes do you wish you could do better in?
- What do you think your child needs to feel more confident?
- Tell me about any difficulties you have in school, such as absences or disciplinary issues.



- If _____ has quit, when did he/she quit? _____ What grade were they in? _____
- What would you like to do to complete your education?
- You said you would like to know more about how _____ is doing at school, what would be your first step to find out?

C) Employment

Narrative

All narrative information for Well-Being issues should be written in the first narrative textbox.

Strengths (Signs of Safety)

Parent/Caregiver:

- Tell me how your job benefits you.
- What do you like best about your job? How flexible is your work when it comes to your children?
- If unemployed, why?

Child:

- Employed? Where? How long?
- How does your job benefit you?

Risks, Needs, and Concerns (Signs of Risk)

- Are there things about your job that you wish you could change?
- If you could do what you really wanted to be doing for a living, what would that be?
- How are you meeting your financial needs? (Rent, food, etc?)

D) Family's Parenting Capabilities

Narrative

All narrative information for Well-Being issues should be written in the first narrative textbox.

Strengths (Signs of Safety)

- Tell me about a time when you felt good about spending time with your child.
- You have been parenting for # years now, so can you tell me what you are most proud of? What brings a smile to your face?
- Can you remember a time when there was a crisis how you were able to handle it?
- This is a difficult time. How are you managing to keep it all together?
- Tell me about some of your parenting successes.
- What would your children say they like best about your parenting style?
- How are rules about behavior decided upon in the family?
- Tell me about your best memory growing up.
- What do you believe is the most important thing you as the parent want to teach your children?
- Do you have any family routines which are important for your children to continue to follow?
- Tell me about your family holidays. How are birthdays celebrated in your family?
- How have you been able to provide basic needs for yourself and your family? (food, clothing, shelter)



Risks, Needs, and Concerns (Signs of Risk)

- What do you want to happen so you see yourself as a success with your son?
- Tell me about a typical daily routine. How do you get the children fed clothed and off to school? How do you get the children to bed?
- How do you know when you need a break?
- What do you do when your child does not behave or breaks a family rule?
- How did you discipline your children when they were younger?

E) Physical Health

Narrative

All narrative information for Well-Being issues should be written in the first narrative textbox.

Strengths (Signs of Safety)

Parent/Caregiver:

- What does your pediatrician say about the success your child has experienced?
- Describe child's current health. What do you do to keep your child so healthy?
- Describe child's development.
- How old was child when he/she walked? Talked?
- Do you have insurance, a doctor or clinic you trust?
- Are you taking any medications? What health issues are these medications helping you to deal with?
- How are you feeling physically?
- Describe child's personality as a baby
- Tell me about the birth of your pregnancy/birth of your baby?

Risks, Needs, and Concerns (Signs of Risk)

Parent/Caregiver:

- Tell me about any health problems.
- Does your child have any medical limitations or special medical needs or treatment
- If you could change one thing about your physical health, what would it be?
- What would help you to manage that pain more effectively?
- Tell me about any serious accidents or illnesses your child has had during childhood?
- Did the child ever display early childhood behavioral problems or unusual habits?
- Tell me about your child's eating? How about sleeping? Has there been any change?

F) Mental Health

Narrative

All narrative information for Well-Being issues should be written in the first narrative textbox.

Strengths (Signs of Safety)

- How can someone else tell when you're having a bad day?
- What does it look like when you are taking your medication?
- What are some things that have helped you during difficult times?
- Think of a good day or activity. What was it?
- Have you ever had a vacation? Where did you go? What did you do?



- Has this child ever seen a psychologist or counselor? Tell me about that/those experiences. What was successful about counseling or treatment?
- I can see why you are depressed. What do you suppose might help you be a little less depressed?

Risks, Needs, and Concerns (Signs of Risk)

- What might it look like if your child was “like his/her peers?”
- How do your children express their feelings?
- What do you think you need to make your life better?
- What do you want right now?
- What do you need from others when you are having a difficult time?
- Has the child ever had any mental health testing?
- Were services recommended as a result of the evaluation?
- How long were services provided?
- Tell me how receiving the service helped.
- Have you ever had any gotten help for nerve problems before?
- When you force yourself to get out of bed, what do you suppose your children will notice is different?

G) Sexual Orientation and/or Identity if Youth has Self-Disclosed Related Information

If the youth is open about his/her sexual orientation/identity to the parent or caregiver, then the following questions can be asked.

Strengths (Signs of Safety)

It is important to remember that not all Lesbian, Gay, Bisexual, Transgender, or Questioning (LGBTQ) youth in an out-of-home placement enter placement because of issues directly related to their gender/sexual orientation. There are a variety of reasons youth may enter an out-of-home placement, one of which may be directly related to the youth’s sexual identity or orientation.

Parent/Caregiver:

- How would you describe your youth’s sexual orientation and/or gender identity?
 - Note if parent(s) demonstrate positive LGBTQ attitudes and accept their LGBTQ youth
- Tell me about your relationship with your LGBTQ youth. What are your youth’s strengths?
- How do you demonstrate that you understand the unique needs of your LGBTQ youth?
- Have you actively participated in family counseling that focused on understanding and repairing your relationship with your LGBTQ youth? What are the outcomes of the counseling sessions?



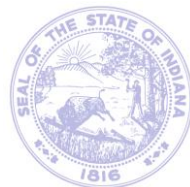
- How do you show your youth that you will support them, regardless of their gender or sexual orientation?
- Is unsupervised visitation allowed, or was a trial home visit permitted due to positive behavioral and attitudinal changes made by the parents?

Youth:

- Do you feel safe and ready to return home?
- How are your visits going?
- Are you willing to work on mutually established goals?
- Are you willing to participate in therapy?

Risks, Needs, and Concerns (Signs of Risk)

- How would you describe your youth's sexual orientation and/or gender identity?
 - Note if parents demonstrate anti-LGBTQ attitudes and reject their LGBTQ-youth
 - Note if parents make verbally or physically threatening statements toward/about their youth
- What is your attitude toward your LGBTQ youth?
- How do you feel about your youth's boyfriend/girlfriend?
- What are your expectations for your LGBTQ youth?
- What needs to change in order for your LGBTQ youth to return home?
 - Note whether parents insist the youth be heterosexual



PERMANENCE

A) Relationships and Connections

Narrative

In this first narrative textbox of the Permanence domain, describe the interaction between the parent/caregiver and children, from the children's perspective and the parent/caregiver's perspective. Include demographic information for a stepparent or significant other and how each family member describes these relationships. Describe how the family interacts socially. Note if the family has an extensive or minimal social network. Identify any groups, organizations, etc. that the family is involved with. Describe what was learned from the Pictorial Tool(s) used. Include any pertinent information with regard to current placement, stability and transitions, and transition to adulthood that would not be a strength or risk.

Strengths

- How long have you lived here?
- Tell me about your family. What makes ___(family member) unique?
- Do you identify with one or more cultural groups?
- How do people help each other out in this family? What is the role of other family members in helping your family?
- What goals do you have for your children/family?
- How would ___say you've been helpful to them?
- For a special celebration, where do you go? Who celebrates with you?
- Who do you go to when you need help with something?
- What would your sister/brother say s/he likes about spending time with you?
- In the past, what has your (sister, neighbor, mother, grandparent, in-law) done that you found helpful?
- How does the family discuss issues that come up?
- Is there an adult outside your family that you have a connection with or who could be a support to your family?
- Describe relationships between the family members:
- Is there a person or people in your life who you feel you can always call/turn to/count on?

Risks, Needs, and Concerns (Signs of Risk)

- What is something that you missed out on that you would like to see your children doing?
- What role does your (mother, sister, extended family) have in your family?
- How would you like your relationship with ___to be different?
- How can___(family member) be helpful to you?
- What would you wish that your extended family would do for you that they are not doing now?
- What types of things do you disagree about in your family?
- Are there things you want to do before your children come home?
- So you are worried about what will happen with your relationship with your child while they are in out of home care, what are some things that will help you stay close?



B) Current Placement

Narrative:

All narrative information for Permanence issues should be written in the first narrative textbox.

Strengths (Signs of Safety)

Parent/Caregiver:

- Who else is concerned about what is happening in your family right now?
- Have/will any of your extended family members/friends take(n) care of _____(child)? If yes, who?
- What do you want to continue to do while your child is living _____?
- What do you like most about where your child is right now?
- Are there any family members who your child could live with? Relative Caregiver or Kinship assessment information is included in this section

Foster/Kinship caregivers

- How long do you anticipate this placement?
- How can you tell you need a break, what lets you know?
- What is the best thing about having the child placed in your home?
- You have a lot of placements right now, how are you managing to keep it all together?
- What have the benefits been for the other children in the home?
- Who provides you and your family support?

Child:

- How do you get along with the other kids or family members or caregivers?
- What do you like the most about where you are currently living?
- With whom would you most like to live?
- What do you think is going well for you in this placement?
- On a scale of 1 to 10 how well do you think this foster home/group home/placement is helping you with your family, school, health? What do you think would make it 1 point better? What do you think you could do to make it 1 point better?

Risks, Needs, and Concerns (Signs of Risk)

Parent/Caregiver:

- How can _____ be helpful to you?
- How do you want to work with your child's foster parents? Group home childcare worker?
- Has your child ever lived somewhere other than with you? Tell me about those experiences.

Foster/Kinship Caregivers

- What supports would be helpful to maintain this placement?

Child:

- What would make your current living situation better?
- What would make this one point better for you?



C) Stability and Transitions

Narrative

All narrative information for Permanence issues should be written in the first narrative textbox.

Strengths (Signs of Safety)

- When was there a time in your life that you would have said, "life is pretty stable right now?"
- Where have you lived the past few years?
- Tell me about your past marriages. (mother and father)
- Tell me about a change in your life that was difficult. How did you deal with that change?
- Where do you think your family will be 6 months/one year/two years from now?

Risks, Needs, and Concerns (Signs of Risk)

- Have any of the siblings received services from DCS or other agencies?
- Tell me about your past legal problem? Who helped you with them?
- What needs to happen for things to feel like they are going smoothly?
- If father is deceased:
Age when died: _____ Date of death: _____ Cause of death: _____
- If mother is deceased:
Age when died: _____ Date of death: _____ Cause of death: _____

D) Transition to Adulthood: (Results of the Ansel Casey assessment should be included according to strengths and/or needs)

Narrative

All narrative information for Permanence issues should be written in the first narrative textbox.

Strengths (Signs of Safety)

- Where do you see yourself in 5 years? (living situation, education, career)
- What is a typical day look like for? How would you like it to look?
- On a scale of 1 to 10, with 1 being totally dependent on someone and 10 being self-sufficient, where would you rate yourself?
- What can DCS do to help you become more self-sufficient?
- Who do you see as your family and support system?
- Who are important people to you? Who do you look up to? (school, mentor, religious, culturally) Do you maintain contact with this person? What would help you to follow in the footsteps of this person?
- If your car broke down, who would they call? If they were evicted and homeless, who would they call? Where would they stay?
- Who do you hang out with? What do you do?
- What kinds of extracurricular/recreational activities are you involved with? Aware of?
- What are five positive things about you?
- What would your friends say is your best quality?
- What would your _____(mother, father, case manager, teacher, mentor) say is your best quality?
- Name two things you are good at?
- Name one thing you are proud of?
- What is your dream job?



- How do you care of yourself? (personal hygiene, medical, dental, and mental health care)
Do you feel comfortable seeking continued treatment for yourself?
- What community resources are available to you?

Risks, Needs, and Concerns (Signs of Risk)

- What would you like to accomplish over the next year to become more self-sufficient?
- Who do you see as a caring adult in helping you achieve self-sufficiency? How will this person be supportive?
- Do you feel like you tell people, “No.?” to establish boundaries for themselves?
- How comfortable do they feel in refraining from negative peer pressure?
- How safe do you feel? Is there ever a time you feel unsafe?



RESOURCES

A) Home Environment

Narrative

In this first narrative textbox of the Resources domain, describe the physical home environment, residents of the home, date of home visit, the community/neighborhood (rural, urban), crime in the neighborhood, what community resources are available to the family, etc.

Strengths (Signs of Safety)

Parent/Caregiver:

- What about your home or neighborhood is good for your family?
- Do you feel safe in your neighborhood?
- Tell me how you make your budget last to the end of the month.
- How long has the family been at the current residence?
- What traditions were important to you as a child?

Child:

- How do you find private time for yourself?
- What are your favorite foods, sports, TV shows?
- What do you like to do with your parents?
- What do you do together as a family?
- How do you celebrate holidays?

Risks, Needs, and Concerns (Signs of Risk)

- If you could change something about your home or neighborhood, what would it be?
- How many times has the family moved in the last five years?
- Are community resources accessible to you?
- Is the area considered high or low crime?
- How many people reside in the home?
- What are the most important items your child needs with them where ever they go?

B) Community/ Neighborhood

Narrative

All narrative information for Resources should be written in the first narrative textbox.

Strengths (Signs of Safety)

- I hear you speaking another language with your children. Who helped you learn English? Who helps you with reading or writing?
- How do you think of your family culturally? What is important to you and your family?
- You mentioned that you “trust that He will take care of you”.
- What would you want me to know about your spiritual beliefs?
- Where do you go in your community for assistance?
- Who in your neighborhood can you go to for help?
- What makes you feel connected to your neighborhood?



Child:

- Who is your best friend?
- What do you do for fun in you neighborhood?
- Where do kids go to play in your neighborhood?
- What kinds of activities do you do? (clubs, organizations, sports, etc.)

Risks, Needs, and Concerns (Signs of Risk)

- Would it be helpful to you if services were provided in _____[language]?
- Tell me about your transportation needs, ... who helps you get to the grocery store (or church, doctor visits).
- What would help you be able to practice your beliefs or values more?
- How do your child's/adolescent's values differ from yours?

C) Access and Coordination of Team/ Services

Narrative

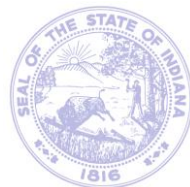
All narrative information for Resources should be written in the first narrative textbox.

Strengths (Signs of Safety)

- What does somebody else do for your family that you feel good about?
- What kind of support does your family (or neighbors, friends) provide?
- What services in the past helped your family?
- How do you get you to where you need to go?
- How do you contact others?

Risks, Needs, and Concerns (Signs of Risk)

- With whom do you want to be working better?
- What would it look like if your family were working with you?
- Did the court order restitution? If yes, to whom and what amount?
- Was public service work ordered? If yes, how much?



CONCLUSION

Long-term View and Concurrent Planning: (Text box for user input.)

[Summarize how the family envisions things to be in six months or a year.]

- Where do you want to see your family six months to one year from now?
- What do you want your family to accomplish over the next year?
- What would tell you it is time for your child to come home?
- What needs to be different?
- What would your child/mother/father/ grandfather say needs to change

Strengths: Identify the significant strengths in the family (include resources and team members):

Risks: Identify the significant risks, needs, and concerns:

Permanency Goal(s): State the Permanency Goal(s) for the Children:

Progress/ Signs of Movement Forward:

[Text box for user input]

Continued Areas of Risk: (Note continued areas of risk and how it has changed from the date of DCS

Involvement, and/or previous assessments)

[Text box for user input]

Plan: (Describe the next steps or strategies that have been developed during the CFTM)

Who	What	When

Who	What	When

(Date and Location)



Peer Coach – Notice of One Year Commitment

I _____ acknowledge that I will honor a one year Commitment to the position of Peer Coach. I further understand that if any circumstances prohibit me from honoring my commitment to be a peer coach, I must receive approval from my Local Office Director and Regional Manager before relinquishing my peer coach responsibilities.

Peer Coach – Signature

Peer Coach Consultant – Print Name

Peer Coach Consultant - Signature

Date



