

**OHIO DIFFERENTIAL RESPONSE PRACTICE PROFILES**  
**MODULE 3 – ASSESSING**  
**Ohio Child Welfare Learning Collaborative**

(LINDSAY)

Good morning, everybody, and welcome to Module 3 of the Practice Profiles, which is Assessing. My name is Lindsay Williams and with me here are our presenters for today – Kenyetta Lomax, Patricia Hodgson, Sonia Tillman and Stacy Cox. We also have a sixth presenter that was not able to be here in person today but we were able to record some audio from her so we are going to try something different and leave in some audio from Sami Reamer, who is a case worker and quality assurance worker for the investigative unit at Sandusky County. You will hear some of her audio weaved in as well. And then we wanted to thank Melissa Flick one of our technical assistant specialists, member of our CQI community subcommittee for being here to man the questions today. As we go through, please feel free to write your questions into the chat bar. Assessing is arguably the most important of our ten practice profiles and it really represents the crux of what we as child welfare professionals do. The good assessment skills, you know, they are not only important for intake workers, but they are also important for ongoing workers, foster care workers and adoption assessors. You know, whether you are assessing initial safety and risk on a new report, ongoing case progress, reunification readiness or assessing a potential foster in adoptive home, the process of conducting quality assessment and the skills and abilities that go along with that process, they are really essential to ensure safety, mitigate risk and affect lasting change for the families and the children that we serve. I wanted to kind of set that context today. We also, with that being said, wanted to let you know that we have a lot of content for you this morning and we are going to try to move through this as quickly as possible. There is a very high likelihood that we may go a few minutes over our allotted one hour for content and have to shorten our Q&A period at the end. Please forgive us for that. And we think you will really enjoy the presentation today. So with that said, let's go ahead and introduce our presenters. If you have attended previous webinars, you have heard from Sonia and Kenyetta before but we do have a couple of new presenters with us today so we will start with them. And we will kind of go around and we will... introduce yourself and let us know what your background is in child welfare. Patricia would you like to start?

(PATRICIA)

Yes. Good morning, my name is Patricia Hodgson and I am with Montgomery County Children's Services. I have been with Montgomery County for a little over 25 years. I initially started my child welfare path in providing ongoing services to families and then I transitioned to the intake or what's now the assessment worker role. Most recently, well not most recently, but after my assessment stint, I did support – internal support for our internal SACWIS team and most recently, I have become the supervisor for our case review services where we conduct semiannual reviews and family planning conferences.

(STACY)

Good morning, I am Stacy Cox and I am the social services administrator in Champaign County. I have been with the county for almost 17 years now where I started out my career in child protective services as an ongoing caseworker for about a year, year and a half, spent another four, four and a half years conducting investigations because I was a caseworker prior to AR so I was

considered an investigator at that time. I then transitioned into the role of child protective service supervisor where I spent about three years. I have been the administrator for about seven, eight years now. Champaign County was also a round two county in the implementation of differential response so we have been through this and through all the ebb and flow of the processes and skill development as we went live with DR.

(SONIA)

Great! She is a leadership council member as well.

(SONIA)

Good morning, this is Sonia Tillman and I am the differential response manager at ODJFS.

(KENYETTA)

I am Kenyetta Lomax. I am a quality assurance coordinator at Butler County Children's Services.

(LINDSAY)

Okay. And we are going to attempt to insert some audio from Sami Reamer at Sandusky County to give a little bit of her introduction.

(SAMI)

I am Sami Reamer and I work for Sandusky County Children's Services. I have been here nearly five years. I am presently the quality assurance worker for our investigative unit. I started off here as an investigator for the first two and a half years, and then I became the quality assurance worker. During my time here, I at this point help coach and mentor workers in the field. I am still out in the field with cases and then also in the office reviewing investigations.

(LINDSAY)

Great. That worked out very well. I am Lindsay Williams. I am the rapid safety feedback manager here at ODJFS. I am also – Kenyetta and I co-chair the statewide CQI subcommittee together. I have, I'm going on 14 years of experience in child welfare, close to four years at a county agency in various roles prior to coming to the state. I have a little bit of background in SACWIS before I transitioned into my current role.

Okay, so this slide very quickly before we dig into talking about assessment today, we wanted to remind everyone how to access our practice profile booklet, our caseworker self-assessment and field tools and our coaching and supervisor tools from Forms Central so you can see the links here. We are no longer printing these booklets because ODJFS along with the DR Leadership Council are currently in the process of updating the profiles. They are updating them to include a trauma-informed care element and we are working on adding an eleventh profile of documenting. We are also working on rebranding the practice profiles from the differential response, the DR practice profiles to Ohio practice profiles to help with the understanding that the practice profiles are universal skill sets that are applicable to all child welfare professionals and we should be demonstrating them throughout all avenues of our Ohio child welfare system, regardless of the agency that you work at or your role within that agency.

Okay. And as you can see here, this is our list of all ten and our eleventh being added worker skill sets that are included in the practice profiles. We like this slide because it reminds us that all these skills are in our toolbox of child welfare worker skills and as we continue to take each tool out of the toolbox and work with those skills and kind of improve, it will just continue to improve our ability to affect long lasting positive outcomes with the families and the children that we serve. This slide gives you a little bit of a definition for our skill of assessing. We really just want to point out here that assessing can be essentially broken down into three processes, which is the information gathering process, the process of evaluating the information and the quality of the information that you have collected and then going back through and analyzing that information, which is similar to evaluating but it is more fine tune detail and kind of requires more of that critical thinking piece. We are going to kind of delve deeper into each of those processes as we walk through today.

(KENYETTA)

This is Kenyetta. I just want everybody to keep in mind that these ideal practices may sound a little different than what we have been taught historically. We will start by talking about interviewing family members jointly. Let's say, for example, we have a serious physical abuse allegation. Ideally, we will want to interview all parties separately, especially if our alleged perpetrator has been identified as the parent. However, I want you to keep in mind that we have to use our critical thinking when we are making those types of decisions but ideal practices that we should actually interview all family members separately. Once again, I just want to highlight this critical thinking is essential when we are making this determination. This would include both formal assessments of safety and think about our assessments, our safety assessment while we are completing an investigation and we will also include our informal assessments and that will be our ongoing visit. This means that for the majority of our home visits, that we should interview all family members together. Now the reason why we feel as if that would be ideal practice is because it gives us the opportunity to see what each family members' unique perspective is. It also gives us an opportunity to see how the family interacts together. We want to be able to see how the family dynamics are and we get the opportunity to see that when we are interviewing all family members together. Another reason why we feel that this would be ideal practice is because it gives us an opportunity to see the family and know that we have highlighted this in our previous webinars is all about that collaborative experience. It is no longer the worker sitting behind their desk typing up the case plan without the family's input and because we do get that collaborative perspective, it helps us make informed decisions regarding safety.

(LINDSAY)

Thanks, Kenyetta. Those are good points to point out and I think you may have misspoke... so what we are saying is the ideal practice is that you interview all family members together and historically a lot of caseworkers were told you know, best practice was to interview everyone separately and we are saying why that may be important in some situations, in addition, you should also be interviewing the family together.

(KENYETTA)

Thank you for correcting me with that information. It is all about getting the family members together, but once again, using that critical thinking because in all situations, that would not be appropriate, so thank you for clarifying that for me.

(LINDSAY)

Yeah, no problem. I think it was just kind of a slip of the tongue.

(KENYETTA)

Okay. Another thing that we want to bring up is how CAPTA comes into play regarding assessing. We want to make sure that for our first contact with the family that we are in fact identifying ourselves as a child protective services worker. We also need to explain what our role is and most importantly what is our purpose for that interaction that we are having for the family. And we need to identify what that purpose is before we can move forward. I know it can be very intimidating when we have an alleged perpetrator who resides in the home and to identify someone as alleged perpetrator. Currently, I am doing new worker orientation with our new staff members and one of the things that they find a lot of difficulty with is saying or identifying someone as the alleged perpetrator. But that is something that we have to do. So there is a way that we can do that where it is not threatening, where it is not an awkward situation. So whenever we are making that disclosure statement, we need to do that without alienating the family and some of the ways that we can do that is to recognize our tone of voice. We need to make sure that we are not going in, you know, guns blazing. You know, I am with Butler County Children's Services and we are knocking on the door as if we are the police. So we want to make sure that we are doing that. We want to make sure that we are recognizing nonverbal cues. Sometimes, you know, that can say a lot even though what we are saying is not saying what our nonverbal cues are saying. We want to make sure that we are direct and matter of fact and not sounding accusatory because we all know that every interaction that we have with the family, the allegation may not be in fact valid but we need to make sure that we aren't accusatory with our families. And we also want to make sure that we are providing all of our families their client rights pamphlets. And they are very important and we need to make sure that we are providing this to families so that they can know what their rights are and we talked about this in the previous webinar. There should not be any "I got ya" or "ah-ha" moment. Families need to have a roadmap of everything that we are doing and that is what those client rights packets are about. One of the other things that we need to make sure that we are doing is that we are clearly documenting all these steps that we are taking. One of the things that we do at Butler County Children's Services is that we have a CAPTA template that we provide to all staff. We need to make sure that all of our contacts that we are using CAPTA language and all of our staff has indicated that that has been very beneficial. I know when I was a worker, that was many years ago, that was not something that we were very mindful of. I may have, in fact, you know, provided that packet. I have identified them as the alleged perpetrator but it was not something that I necessarily documented. So we are just making sure that all of our workers are making sure that we are following our CAPTA rules. Another thing that is very important is we need to ask for permission before we enter someone's home and I know that sometimes because the family just automatically opens up the door and they proceed to walk in the home, we still need to make sure that we are, in fact, asking for permission. It is their dwelling and we need to treat them respectfully and ask for permission to enter. And we need to make sure that we are not obtaining consent by any form of coercion, that be a threat, intimidation, duress, promises or subterfuge.

(LINDSAY)

Which means dishonesty, I believe, because I had to look up the definition.

(PATRICIA)

Well, thank you, Kenyetta. I just would like to piggyback on the CAPTA piece. There are a few circumstances where you cannot interview a child at school. And as we look at this – we cannot interview a child unless there are certain circumstances that are existing. And as we take a look at this slide, this gives a little bit more information about the circumstance in which those exceptions could be made. When a child protective service worker can interview a child at school without the parents' permission. As we look at these bullet points, we would like to make sure we stress to our listeners today that it is important to refer to your agency's practice and policies in respect to interviewing children at school, because that can vary from agency to agency, and it is important that in addition to making sure that we are following the CAPTA rules, and not only making sure that those kids are safe but that we are also following our internal agency practices and policies. So as we take a look at these bullets, the take away for this is making sure that if we have to interview a child at school there is some threats of serious harm or concern that interviewing that child at school may put that child more at risk.

(SONIA)

I would also add if you are going to make that decision to interview a child without the parent's permission, please make sure you receive authorization all the way through your chain of command. You want to make sure that your agency is fully aware that you are proceeding with an interview without having obtained the parents' permission. So very, very, very important and then document that.

(PATRICIA)

And I guess, and Sonia I think that is where the information gathering piece prior to going out is very helpful as you are reviewing your allegation or your report and having that discussion with your supervisor, to kind of get a feel for what the safety level is. It is important, not only as we talk about assessing risk with the family, but also making sure you are keeping your supervisors and administrators in the loop when those cases turn a little bit more serious.

(KENYETTA)

Okay, there are several ideal practices identified on the slide and we put these three practices together because they all speak to gathering individual perspectives from each family member and making sure to focus on those areas of strengths. For example, it is always a good practice to ask all family members what is their take on the subject, what is their take on the allegation. One of the things that I know as a worker is my perspective may be totally different from the family's perspective of what is going on in the home. So it is very important that we do this and we do it with respectful curiosity, and we want the family members to know that we are there to support them and help them. Social workers - we are all about helping relationships. So it is not about us once again being accusatory but making sure that we are out there helping families. If you are an assessment worker, you may be asking the family what is their take on that specific allegation that was made against them. If you are an ongoing worker, you may be asking them their thoughts about a mom's positive drug screen or the dad's recent arrest or little Johnny's recent dip in school performance. If you are a foster care licensing worker, you may be asking the entire family, why do they want to foster? What made them decide that they want to be foster parents? And once again we are also going to ask that child that is within in the household, what is their take on their parents becoming foster parents, because they are a part of that family so it is definitely going to

impact them. Another best practice is asking each family member what their personal strengths are and I know that we talked about this in our last webinar. It is all about strengths. This is definitely a practice or profession where we can quickly identify deficits. We can do that all day every day but we also know as social workers, it is always about identifying strengths. One of the things I learned early on in my career from one of my supervisors was for every issue that I write down, I need to come up with three strengths for that family. So it is just something I have always carried with me and that is what I still try to do in, you know, my every day practice. So it is important that not only are we identifying those strengths but also the family is identifying their strengths. I think that is so impactful when you sit down with the family and they are able to identify those strengths or things that they may not recognize as a strength. If we tell them, you know what, that is actually awesome. That is something that I am unable to do so that is something that is definitely a strength. And our last bullet point, it speaks to collateral contacts. And the reason why we seek out collateral contacts is because we want to confirm information. We also want to get some insight from others, be it family members or service providers or people that know that family. But one thing with that is we need to request permission to speak with collaterals. And what I would encourage people to do is to make sure that we are getting that release of information prior to speaking to collateral sources. And we want to make sure that we explain to the family that we just want to verify what they are telling us. We are not reaching out to these collateral contacts because we want to, you know, get that “I got ya” moment. We want to verify what they are telling us so if these people have information that can support what the family is telling us, I think it is very important that we gather that information.

(STACY)

Those are great points, Kenyetta. And just to piggyback on the first bullet where, you know, the importance of gathering everyone's perceptions and how our perceptions may be different of those of the family. You know, as we spoke on the first ideal practice of interviewing all folks – all family members together if at all possible and safe to do so and it also gives an opportunity for the family to understand the unique perspectives within that family and help us as assessors or social workers in helping the family to problem solve and recognize those perceptions so I think that is just a really valuable point that kind of ties into that first ideal practice we spoke about.

(SONIA)

Additionally, you talked about the strengths and how sometimes it is a challenge to identify the strengths of a family. We have tools that can help you do that. And so at this time we are going to switch over and get Sami's perspective on utilizing the family circles tool and how she uses that tool to gather the strengths and the supports that the family has.

(SAMI)

Thank you, Lindsay. So as previously discussed, we talked about the skill sets that we use as caseworkers and ideal practice that we view as the workers. So kind of furthermore it is what are we doing out in the field to utilize these skills, to work on engagement when assessing families. So a couple of tools that we use as an agency and myself, the one primary one I want to talk about briefly today is the family circles tool. So ideally we do want to conduct this tool as a family. We do feel that this discussion may be essential for the family to even get to know each other. We all live in the same household. We don't know these kinds of components within just our small circle in general. So first the goal we want to talk about is that we want to understand the family better.

What is their everyday influences and what makes up their world? So we go into these homes off of an allegation and maybe some history. But what is really going on with the family and why don't we give them the opportunity to really discuss that with us and open up to us about their every day and what makes their every day. So the first component. There is actually seven components. So the first one that we like to talk about is self. This is where some individuals may have a hard time talking about themselves. I know personally when people ask, tell me about yourself. You kind of get stumped on that. So we like to say, tell me about yourself. Tell me what your everyday looks like. Tell me something that you believe. And talk about your dislikes and likes. This is where the individual will speak on behalf of themselves. This may be the mom, the grandma, the dad, a loved one. Whoever we are speaking of. We want to talk about themselves. Talk about your strengths, which we always like to focus on strength. And then tell me some things that maybe challenge you in an everyday and this is about the person specifically. And kind of piggyback to that. We do hand out this paper to everybody. So everybody in the family circle will have this information. So we give everybody the opportunity to have their own and they can kind of use it as they want to. The second component would be partner and children. So this would be including, you know, who lives in the home. So maybe this is a mom that has a spouse or a boyfriend or a partner in the home. And let's talk about who else is in the home as an adult. Also with that what children are in the home? Or maybe outside of the home. There may be situations where there is children in the home and unfortunately there are situations where there are children that have been removed. Or there is two in the home and three are out. So we want to talk about the children in that person's life. Not necessarily maybe in the home even but in their lives. And then talk about the strengths and challenges with that. What is the children relationship or even the partner relationship between mom and dad or mom and partner? With extended families. So these are the individuals that may be outside of the home or could be. I know that there is some homes where there is extended family in the home whether that is aunts, uncles, siblings, cousins. Maybe grandma and grandpa. So this is an extended off of your immediate who is in the home. It could be these individuals are influencing your everyday also. And most importantly how are they supporting you? So if they are a part of your circle, is there some way that they are supporting you? And maybe there is circumstances when they feel like this is a burden to them or these individuals are causing them barriers in their lives. So you know who is the extended family? How big is your extended family? And just that kind of "tell me more". I know the kind of language we like to talk about is we will say tell me more. Tell me about yourself. Tell me about that. We will use kind of verbiage throughout conversation to get these individuals to open up even more. And moving onto the next slide to go over the last four components. The next one is friends, neighbors and culture. So this could be daycare providers, if they are part of different communities like religious groups and they just have acquaintances in the community. So, you know, do they live in a small community? What kind of community do they live in? What is the culture of the community? And clearly depending on that community there is going to be positive and negative impacts that influence that family. They may feel like they are not fitting in. That could be contributing to the issues or they feel like this is the best fit environment for them but they are having trouble figuring out how to fit into that environment. So these clearly are what I would like to look at as support. So what are those supports outside of your home that are still surrounding you and how are they surrounding you and what is the impact they are having on you? Then we go to agencies, schools and institutions. These are people in your life because of something besides being relations. So it could be your job. It could be your child is in school age. It could be the teachers. It could clearly be us. As case managers being involved in your life at

this point, and obviously the service providers that we are linking you to. So these are kind of the outsiders. Whether they want us to know or not, these are the people that are influencing you outside of your normal circle. And clearly there can become hindrances to that but there is also benefits to that. So speaking to them about maybe their stressors with these outsiders that are coming in their inner circle because we are still looking at them as a support for this family. Then we look at economics and community. So this would be the influences such as are they employed? Do they receive assistance through the state? Kind of let us know how are you supporting your family? What is your everyday when it comes to your routine and how are you financially being able to meet your children's basic needs? So this is clearly how is it impacting your family? Obviously there is times where maybe they are not connected to enough resources they need. Maybe they need referrals to different things. So that's where we need to find out kind of what is their routine and how are they meeting those basic needs of their children? And lastly we talk about natural environment. So this kind of respects back to talking about neighbors, culture, friends. You know what is your natural environment that may influence you? Maybe you are in a different environment you don't want to be in or maybe you are somewhere that is not ideal for your family. So maybe they live near a park and they feel like it's loud and noisy and it is distracting their children getting good sleep. Or maybe they are next to a lake and they feel like there is an environmental issue with that and their child has maybe medical issues that could be influencing that. So it really is about kind of those things you can't necessarily control. You know, but how can we help you work in that environment to make it best fit for you and your family. I like to just state that this obviously one of the best engagement tools that we like to use. You can use it really at any time. Primarily, we see it used at the beginning stages of our investigation phase, whether that is your safety assessment visit or at the beginning stages of getting to know this family. Others may use it in the beginning or the middle stages where they feel that they are not getting enough from the family and they are having a hard time communicating with the family and maybe there is families that just tend to shut down when they go there. You know, what kind of piece of information we can get without just directly asking those questions from the assessment that we need to know. This is a way to kind of engage the family in a different kind of play. And often communication is key. So this is the opportunity for the family to tell us about them. So communication with them. Letting them know that this is about you. I am working with you to get to know you. What's going to work best for you? And in the end, this is going to build our case in regard to understanding what really surrounds this family and maybe what they are lacking that we could help support them with by putting different things in place, like services, maybe resources, etc. with that. So this is obviously kind of in general, not only this is your family circle but we could also help them create the circle. So if we are seeing where the family circle is kind of bare. You know, how can we help create that family circle better for them to maybe have more of those opportunities out there and making things more available to them that they didn't even know were there? And I think essentially, really this helps them get to know themselves better. So not only are we learning from them but they are learning from it also. These are probably things they don't sit down every day and think about that is influencing them or putting a burden on their lives. So in general this is something we like to use out in the field that we feel like is primarily for engaging and assessing. Clearly, it kind of touches on a lot of different skill sets. But ideally, we do like to use it as a tool with the whole family. Clearly as adults they like to maybe write things out a little bit more. Communicate more verbally. With children, I like to say we look at more of like a play therapy. This could be an opportunity for the children to actually draw out some things. Maybe they will draw a picture of themselves or their family that can help



with this tool so that they can get to know what is really going on in their family also. And that is kind of a form of psychotherapy that they don't need to necessarily express their feelings verbally, they can express their feelings by writing it down and then drawing it out. So overall we like to use this with the family as a whole but we like to break it up for everybody as their individual self also.

(LINDSAY)

You did a beautiful job explaining that. Yes. This is such a rich tool and as you were talking through it, you know, I see applications, you know, not only during in working directly with families involved in the child welfare system but also if you are a foster or adoptive parent assessor as you are doing, you know, those home settings kind of to learn the information from your potential foster and adoptive families as well, I think it would be a good fit.

(SONIA)

And even as a provider. I think if you are providing services, this tool could also be very beneficial. Sami I loved that you highlighted definitely the strengths and I think this also gives caseworkers and practitioners an ability to see areas of strain for the family. And so if a mom or dad [cuts out--33:10] that brings a lot of stress to their lives that is also things that we get key pieces of information that we can gather through this. When we go to ask, well who do you depend on? They may say, "...well I sure can't depend on my sister because she has her own issues going on...", and so that identifies for us maybe that is a person that we may not want to reach out to if this family is in crisis. Or what other strains are affecting your family if they are struggling with economical situations or not having any community supports, we may need to build that up once we have identified that presents a strength or a strain for their family. Great job, great, great job.

(KENYETTA)

And I think another thing would be in to actually get the family's perception too. Because mom does have a sister and we find out that she has a strained relationship, I may enter the work to say, "...oh, we have someone else that we can look at". But once mom fills out this family circle tool, she has identified this is not a positive relationship, then what I initially thought or perceived to be, you know, a strain for mom, may in fact not be because I have gotten mom's perception.

(PATRICIA)

And I also think it is a really great tool because everyone has different learning styles. Some folks learn by listening and some folks learn by reading and seeing. And I think it is a really good idea when folks can actually see everything that they have written down, it actually becomes more real when you can get a picture and actually – it becomes tangible. So I think it is a really good tool for people to be able to, you know, you may have already known it but somehow seeing it all put together right before your very eyes, it really makes that desire to make some changes.

(LINDSAY)

Okay, we are moving on to our next ideal practice.

(KENYETTA)

Okay now this ideal practice is fairly self-explanatory but it would encompass things like if you show up at a home and there are a lot of people that are at this residence, we would certainly ask

the parent permission to speak about this confidential information in front of these individuals that are in their home. One thing that I encountered a lot early on in my career because I grew up in a small town, with one high school and one grocery store so when I worked out in the field, I used to run into my clients all the time. And one of the things that I just initially did was if they spoke to me, of course, I would speak back to them but if they didn't acknowledge me, then I wouldn't acknowledge them. And one of the things I had to teach my husband because now – even now sometimes I will run into people is you know if someone speaks to me, you just keep on walking if you don't know who they are and of course, I do not discuss any type of private or confidential information in the middle of the grocery store but I just want him to know that sometimes people are going to come up to me that you don't know and you just continue on with whatever you are doing. Another thing that we talked about earlier is making sure that we are getting releases of information to speak with collateral contacts. And another thing is if we are doing supervised visits out in public, then we need to be mindful of that. We should not have our badge on the outside of our shirt making everyone aware that we work for child protective services. One thing that I had to do in one of my roles was to supervise visits out in the public and it was in the middle of a Burger King on a Saturday and I made sure that I didn't come in, you know, with my blazer and, you know, my heels and pumps to supervise a city visit. I thought it was important to try to blend in with the other people who were at Burger King to make sure that we didn't stick out like a sore thumb, so just be mindful of that. And I know one of the things that we all joke about as social workers even when we are going out to apartment complexes. You know, most people don't have a little bag, you know, with their work badge when they are going to visit people. So sometimes there will be situations where people are going to easily identify who we are but it is still mindful maybe not to have your badge on the outside or is there some way that maybe you don't have to bring your entire work bag with you as you are doing home visits because once again we don't want to bring attention to, you know, child protective services being involved with the family.

(STACY)

And those are some very good points, Kenyetta, and it takes me back to my days as a caseworker that I had when I was carrying an ongoing caseload and I remembered that the foster parents had to make arrangements for me to pick the youth up at school one day because they were unable. And I remember that youth saying to me very specifically, "Do not wear your agency shirt when you come to my school." So, you know, I may not have thought of that, you know, in planning for that pickup of that youth at school but just understanding how others may perceive us when we are interacting with him so I think, you know, for that it has always sat with me that we need to be very respectful.

(PATRICIA)

And, you know, I want to piggyback on that. Even working with our families in the field. Bringing that back to inside the agency. When we are doing case reviews or semiannual reviews sometimes families will all come. Our moms, our dads will bring support persons that may or may not be a party to the case. So what we try and do is remind everyone that we may be talking about some very sensitive information and make sure we are getting the parents' permission to talk freely and if not, then maybe we need to do some adjustments while we talk about the more sensitive information.

(SONIA)

And it is so very important as well to be mindful of neighbors. Sometimes, yes, we do stick out and so if a neighbor approaches you or says “are you from Children's Services and you know that family over does, blah blah blah”, you always have to be very cautious about the information that we are sharing. It is very tempting sometimes to talk to the neighbor or want to gather more information from the neighbor but we have to also be very mindful of clients' rights and their privacy.

(LINDSAY)

Right. And so we just had a really good comment from a webinar participant. Catherine from Richland County says that she likes to carry a regular looking purse as her briefcase and that helps to not draw attention to herself when she is going to families' homes. So great tip. Thank you. Okay, so this next slide talks about two additional ideal practices and these two ideal practices really hone in on the gathering information that helps you assess safety and risk. The first bullet here talks about looking for safety factors that can create a substantial risk for the children. So these are things such as substance abuse, domestic violence, mental health concerns and actually those three – domestic violence, mental health and substance abuse, I like to call those, I think of those as kind of the “Big Three” that we often see coexisting in those very high risk cases. And when you have that kind of little combination and you pair that with insufficient protective capacities on the parts of the caregivers, the parents, the adults in the home and a high level of child vulnerability whether that be, you know, due to the child's age, due to their lack of visibility to the community, due to cognitive deficits, whatever that may be, you really have kind of this making for a very high risk case potential there. And so we wanted to share this slide with you. This is a beautiful diagram and we borrowed this from our CPS policy unit. They use this diagram, actually the next couple of slides in their CAPMIS assessment trainings and this diagram gives us a very good visual representation of risk, particularly when we are talking about assessing active safety threats. So like I just said, when the safety factors are present, over here in the green circle, you know, substance abuse, mental health, domestic violence, parenting deficits, use of physical discipline, anger management issues, environmental concerns – I am sure you guys can think of many more. When you have all those things present, it does not necessarily mean that you have an active safety threat. You also have some other factors that could offset that. So one of those things being the child vulnerability. So when you are talking about child vulnerability, you know you are talking about the child's ability to protect themselves from abuse or neglect. So, age is the biggest one. When you are talking about children under three or you are talking about newborn infants, they are highly vulnerable because they are not able to self-protect and they are often not even able to verbalize what is going on. When you have children that don't have a lot of visibility to the public eye so maybe they are not school age yet or they don't go to a daycare or a head start program, those kids are especially vulnerable as well. And then you have protective capacities of parents or adults in the home and this is the ability of that parent to intervene and ensure safety for the children and so those are things like understanding the child's developmental level. You know, being able to make good decisions as far as ensuring the basic needs of the children, those kinds of things. And so you might have a situation, you know, where you have safety factors exist and you have high child vulnerability but if you have the parental protective capacities in place, you may have a high risk situation but you don't have an active immediate safety threat. So an example of this would be, you know, let's say you have a young mother and she has, you know, maybe some DV issues with the boyfriend and she has some mental health issues and she has some

substance abuse issues and here she is parenting, you know, a young baby. But let's say she lives with her mother and grandmother has the protective capacities to make sure you know that mom is not left alone with the baby when she is intoxicated. That they are not taking the baby and being involved in those kind of domestic disputes and that, you know, the child is eating and getting their diaper changed and has their clothes and is making it to their doctor's appointment. Grandma's protective capacity are mitigating the risk so you don't have an active safety threat at that point in time. And so that kind of – you can kind of see where you have kind of two of these three factors. You are looking at more risk when you have all three, you know, you are talking about more of an active safety threat. Which kind of brings us to our next slide and what we really want to point out on this slide is sometimes it is difficult to really differentiate between safety and risk. Safety threats are – what we want to point out here is – they pose the potential for immediate and serious harm coming to the children. And so safety is a point in time assessment. So for example, when you receive a new intake and you make that first contact with the family, you are doing an informal point in time assessment of safety and you are making the decision about whether or not there are safety factors present that need to be control for. If it is determined that there are safety threats present, then you are most likely working with that family on some sort of verbal or written safety plan. It may be, you know, that formal written down, signed by all parties kind of safety plan or it may be more informal, so for example, maybe mom agrees to take the kids and stay at a relative's house for the night until you can get a family team meeting in place the next day or something like that. A formal assessment of safety would be really your CAPMIS safety assessment or reassessment tools document and then, you know, that is where you are doing that analysis piece of assessing that we talked about and kind of analyzing what the safety is at that point in time. Risk – risk is continually over time and it refers to any degree of likelihood of harm to the child. So, if you think back to the circle slide we were just looking at, if you have say two of those three factors, you know you have the safety factors in place. You have child vulnerabilities but you also have those protective capacities that mitigate that. You have risk. But if at any point in time, something changes with that balance, then you are going to have go back and reassess safety. So safety assessments are not just one and done at the beginning. You know, if you are an ongoing worker, you are continuing to assess safety. You know, if you are just like, if you are a foster care or adoptive worker, you are continuing to assess the dynamics in that foster home and that adoptive home.

(SONIA)

In addition, if you have not have that safety and CAPMIS training, I would highly encourage you all to reach out to your regional training centers because we are in the process of having those CAPMIS trainings across the state and if you are like me, we had the mandatory training maybe ten years ago. You definitely need to be refreshed on the difference. And how to best utilize the tools. And so I would again highly encourage you to reach out to your regional training centers because we have some new CAPMIS trainings that are being offered.

(LINDSAY)

Thank you. So what we are really seeing on this slide is looking at what kind of goes into that risk assessment. So when we are talking, you know, about child functioning, each of these pillars shows some different categories that you are going to be digging into as you are assessing what is going on with that family. So those different areas are child functioning, adult functioning, family functioning and then, of course, it is really important that as you are making these safety and risk

decisions for families that you are taking into account historical information. So you know if the family has had a history of substance abuse or domestic violence, maybe those are not current active safety threats or current conditions going on in that home but it is important to be mindful of those because you never know when those historical things may pop back up and become active again. And as you are looking at these, all these different categories and all these different points should look familiar because this is what is comprised in our risk assessment tool. And we are going to go on to the Three Houses Assessment Tool, which is a great tool to pull out some information regarding safety and risk and we are going to play Sami's recording of how they use this tool.

(SAMI)

So we are going to talk about the three house assessment tool. This actually can be found on page 40 of the caseworker field tools and it is a great way to engage families and children in the risk assessment process. So this is primarily used with children who are younger age, elementary age, obviously getting a little bit older, they don't find this as interesting to work with. So you work with the younger generation in regards to this specific tool. It is called the three houses. There is a house of worries, house of good things and a house of dreams. Kind of to animate it more, I will always put a happy face with good things. I will draw like a sad, half smile on the worries and the dreams I will put a star. So this kind of helps the individual children realize kind of putting in their perspective of what happy, sad or things that they obviously are hopeful for. So in regards to the first one to the left when we talk about house of worries. So this could be different things in the home that obviously they are worried about, that scares them, makes them lose sleep at night and different things themselves. With this we could use it across the board in regards to any type of investigation. I know primarily we use it for domestic violence specifically whether there is domestic violence in the home or they were present for a domestic violence situation. We also see it if there is drug use, substance abuse in the home and if there is neglect. So we use this tool kind of around the board with anything but those three specifically we use it for. For the house of worries, a lot of times it is going to be domestic violence, it may be the individual in the home. They may specifically state that. This is where we also use that play therapy again. Children are able to draw in this tool. I highly encourage that they do this on their own. Obviously, I am there to support. Some children want to do it and show me next time. I try to leave it up to them with what they are most comfortable with so I obviously won't need to work on it with them. So it is interesting what you can get out of this tool just by this small animation of what is in your home. Then we go to house of good things. These are things in your home, whether it is individual things, different pieces of your home that makes you happy, what makes you feel good when you are in your home. What is something that you are proud to talk about that is in your home? And then house of dreams is usually one of the most difficult. Children tend to be very imaginative with this, which is wonderful but at the same time we try to get them to be a little bit more realistic of dreams in their home. Whether that may be they would want dad home or mom home or grandma home or they would rather have a bigger home or a bigger bedroom or their own bedroom. These are the kinds of things we like to work out with that. And overall this is specifically geared toward the children to get their word out on what is going on in their home. I know that children really like this tool in general because this is their voice. Some children feel like that they are afraid to kind of talk about this and verbalize these things especially in the house of worries. There are things that come out through drawings that are very specific to an incident whether there was weapons involved. Maybe somebody was hurt. Individual children will draw specific things with

markers so they can have different colors of different things in their home. I like to break it up also if there is mom home and the dad home, we do both. So we will split the home. Or we will do two separate tools. But we do like to give them the opportunity to talk about both if the parents are not in the same home. That way they can feel like it is not necessarily even geared towards just mom's home being bad or good but dad's also. So this gives them the opportunity to kind of look at all these homes and kind of give us a better idea of what is going on in their home and maybe not necessarily verbalizing it but writing it out for us. So we do feel like the three houses is very important for us to use. I know we utilize it pretty much every time I cover domestic violence and we have been using it more with physical abuse and with the substance use. So overall we feel that it is effective. The children are able to get out how they really feel without maybe necessarily verbalizing that. So we feel that it is beneficial in the field and we continue to use it.

(LINDSAY)

Thanks, Sami. Hey, I have a question for you. Can you use this kind of as a one and done at the beginning when you are doing assessments or do you ever kind of pull it back out as you are doing reassessments at different points throughout the case?

(SAMI)

Yeah, that is a great question. So we use it at the very beginning. We will try to use it maybe first or second visit depending on how that goes, time being, what we have offered to us and then we touch base in the middle and at least end. Being to see are there worries? Have they changed? Are the good things still the good things? Have any of their dreams come true? So it is kind of to see if any of these realistic expectations, have they changed? So we do pull them out either in the middle if we feel like it is something we want to actually utilize at that point or at the end because we like to see, you know, what has happened since? What has worked? And maybe what has changed in your home or environment to better your home overall?

(LINDSAY)

Okay. We are going to move onto our next ideal practice.

(PATRICIA)

Okay, thank you. Ideal practice of reassessing safety and risk at critical decision points or at prescribed intervals. As we talk – as we have been talking this morning, we are hearing a lot about safety and reassessment. So let's talk about what that looks like. The safety and risk reassessment should be conducted on an ongoing basis throughout the life of the case. During critical decision points and also at prescribed intervals. So in Ohio what that looks like is for the prescribed intervals is a 90-day case review and a semi-annual review, which is done every six months. So in talking about prescribed intervals we know when those occur but let's talk a little bit about what critical decision points are. A critical decision point is any time the case situation changes and there could be a potential impact to the safety or stability or risk balance for the family. As we have been saying this morning, we are always checking for safety and stability. So a couple of examples of when that could happen. It could happen when a child is placed in a foster care setting. For example, during a rule violation for foster parents. We can take that opportunity to do some risk reassessment of the foster family's abilities to meet the needs of the children placed in their home and determine if there is any additional supports that may be needed to help the foster

parents. In that same setting when a new youth enters the home, we can always take that opportunity to reassess and ensure that there is no change occurring for the existing youth, the biological children or just the biological family that is currently fostering. So we can use safety and reassessment in pretty much every aspect of our child welfare experience. So let's talk about what that would look like in relation to the example that we heard earlier. When we talked about the young mother who had the infant and she was residing with grandma and grandma was providing the protective capacities. Let's imagine if grandmother unfortunately became ill and maybe was hospitalized. What we know is because she was providing the protective capacities for mom and the infant that is now a critical decision point and things have potentially changed. So we would go in and do a safety reassessment for risk and even a projector of what that may look like for that family in the future. So it is really important I think again the takeaway is we are constantly reassessing safety and risk every time we are meeting with our families. And our goal at Montgomery County in my current role, the reassessing of safety and risk at the 90-day intervals or at the six month reviews is easy to look at those documents that, oh, it's that time again. Or oh, we have to do another piece of paperwork. But if we look at those documents in that perspective, we are going to totally lose the intent of what they are designed to do. They are designed to help us take a look at how far the family has come or what is going on with their current situations and if anything has changed. So, for example, in Montgomery County I talked a little bit about our family planning conferences and I think probably around the state they are termed differently but those conferences, we use those when the family circumstance has changed and we may need to look at an alternative placement setting for the child. So we bring those folks in. We bring mom. We bring any supports. Any family members. Any non-relatives. And we talk about what those critical decision points may be that may have changed. So an example that we gave. We would bring in hopefully grandma – she is feeling better. Or the mom. To talk about what we need to do. To hopefully identify a solution that is the least restrictive and best for everyone. So that's again, I can't stress how we are identifying safety and risk throughout the life of the case both internally and externally with our families.

(KENYETTA)

I love what you said. It is not about that one and done. It's about throughout the life of the case. And that is something that I try to drill into all of our new hires. Every single contact you are making with the family, something can change immediately and we need to do a reassessment of safety so I loved that.

(LINDSAY)

Yes, and I love that you pointed the family planning conferences. I think a lot of agencies call those family team meetings or .....

(SONIA)

Making assessment, red team, there is a variety of terms that are out there.

(LINDSAY)

So I wanted to point out to everybody. It is 11:00. I warned everybody this morning we were probably going to go long on the content and we are so if you can give us an extra 15 minutes of your time into the Q&A, we will cut the Q&A short at the end. So we are going to keep moving on. Keep typing in your questions.

(KENYETTA)

Any questions that you may have and we will try to answer those as well as we get into this.

So the next tool that we wanted to talk about was the scaling tool. And again, this is another strategy to help you gather information about that family and the scaling tool can be used with both parents and children. It is a pretty simple tool to utilize. You are going to identify between 1 to 10 how that family feels their perception is about the problem or the issue that has brought them to our attention. Scaling can be very easily utilized because you can use it for children as young as 4. Counting and measuring are very common things through all of our cultures. And so we want to be able to utilize these kinds of tools to gather as much information as we can. How serious is this problem? Ask that family the scale where they are on a scale of 1 to 10. You can also use it to measure progress. And so the first time you went out to talk with the family and interview them, they scaled themselves at a 5 and now you are coming back out to talk with them again and you want to see if they have moved. Or figure out what we need to do to help them move from a 5 to an 8, from a 5 to a 10. And once you have noted that they have made some progress in that movement, here is your opportunity to give them that kudos and really celebrate the progress that they have made. Because that could be a goal of completion for one of the things that we became involved with. Sami has a great description on how she uses scaling and so we are going at this point kind of flip over and have Sami give us her example of how she uses scaling.

(SAMI)

As far as the scaling goes, I know out in the field we would do kind of severity of events. So specifically with physical abuse, we have done scaling with kind of disciplinary. So what do you feel from a 1 to 10, how severe was this? Or if we give you an example of a type of abuse would you consider that severe or less severe and we give a 1 to 10 scale. So when we use it in that aspect out in the field, we actually within the last year have tried to use it more because we did feel like it was effective and we felt like the individuals understood it better. It was kind of their way to maybe better understand the issue at hand. So if they felt like, you know, hitting on the child's back with an object was not, you know, maybe they felt like that was, you know, a 2. So we are saying "no, that is a big issue, this is why". They could say, "okay, I understand why, that would be scaling. It doesn't necessarily mean it is the worst thing in the world but at the same time, you know, this is what it means between life or death". We kind of do the extremities, you know, of severe, less severe or we do steps. You know, what is severe when it comes to the type of abuse. So I know specifically with physical abuse we have used it. We have also used it with domestic violence too, scaling the relationship and different aspects of the relationship.

(KENYETTA)

So you can see from the example that we have on the slide the scaling tool itself can be adapted. You can use numbers. You can use pictures from happy to sad, from severe to no issue. You definitely can utilize this and adapt it, however, you want – numbers, pictures or words.

(LINDSAY)

And a question that we have gotten from the audience that I think we will go ahead and insert here before we continue moving through the content is they are saying – "These tools are great but how long does it take to do this in the field and what does this look like?" A lot of time our visits are



roughly an hour and this might take longer. So I will open this up for anybody who would like to respond to that.

(SPEAKER CHANGE)

I think it is dependent upon the family. I mean if you have a family that is really talkative. I think once again something we have highlighted in all of our webinars thus far, we need to slow down in order to speed up. So if you are gathering a wealth of information then just go with that process and get your information because that is what is important. The value of information that you will gather from using the tool is what is important. You need to have as much as you can to come up with some decision making process and all of these are solution-focused tools and so it is not telling the family what they can't do or what they shouldn't be doing but how can we help you in a solution focused way come up with a great solution to resolve this issue? Take the time to do that because again that is a rapport building piece as well so take your time.

(STACY)

I have a comment as well because I am a big believer of the fact that sometimes you have to put more time in up front to save time in the back end. And I know one of the biggest frustrations for me when I was a caseworker, you know, for current caseworkers today is, you know, you go out, you work with a family. You do what you need to do. You close it out and boom, we have another referral next month and then you have a new investigation. You have a new assessment. You have additional work tied to that and had maybe we spent that time up front to understand exactly what is going on, use all the tools available to us to get that information, then maybe we could have prevented that repeat call, that repeat screened-in allegation and recidivism rate.

(LINDSAY)

And so you are going right where I was going with this so for any of you that had an opportunity maybe within the last six months to sit in on a presentation on our CAPMIS evaluation what we were finding through that evaluation is that focus in about an average of 1.4, 1.6 visits, something like that during the assessment phase of a case, during an assessment investigation process and a lot of times those get closed out and then when they come back in as a repeat, you spend more time, you have more visits, you gather more information and you end up and need to do some sort of intervention. So going back to what you are saying, Stacy, you take that time. You take that extra couple of hours, that extra visit up front initially, then you are potentially avoiding that repeat and all of the work and all of the requirements that go along with that.

(PATRICIA)

And I think as we see some of the tools that we have introduced this morning. It would be up to the individual casework staff or as Kenyetta said the type of situation of the family, but I think if as a worker you are able to work those in during your visits, you will maybe potentially find, as we have talked about, a lot of that information that you are going to get, you are going to already have it when it is time to do your family risk assessment and you won't spend as much time starting from the very beginning to do that. What we know is a very long document and if done correctly could have a lot of information. So we are looking at using those tools as you are going out introducing those – maybe second visit. I don't know what that would look like for you as a worker but as you identify a time to use those, again I think what Stacy said is very important. It does

present more time and possibly recidivism where you are doing the remainder of that information gathering on each opening.

(LINDSAY)

And it makes it a lot less blind. You are sitting there with your clipboard walking through each one of those questions. You are getting the information. But you are not going through them, at that repetitive, kind of – it helps with engagement.

(STACY)

It is a conversational tool to utilize with families because the work that we do is not really task-less – it is about how we interact, communicate and dialogue with our families. And the more comfortable our families are in having conversation with us and seeing us as partners in the process, the more information we are going to glean in the long run. So that leads us right into critical thinking and we are just going to kindly brief talk about critical thinking. And I think we have actually led right into that.

(PATRICIA)

We are talking about it. We are talking about this the entire morning. For many of us – for many child welfare professionals who have been in the field for a long time, this is something that we tend to do naturally without even thinking about it. And when we think about introducing the new tools, we wonder where are we going to fit that in? Where are we going to, how are we going to find time to do that? But as we have talked about, critical thinking because it comes naturally for some and maybe a little more of an intentional act for others, it just occurs naturally. And it comes into play when it is time to pause and think about all the information that we have collected, both formally and informally through the use of the tools, through just conversations with our families and determine how it best fits together and how it drives the next steps in the planning process for the family. I don't think we can stress enough that critical thinking, we all have it. We just have to trust that what we are gathering is relevant and it is all relevant. It is just a matter of putting it into a process that streamlines and assists the family.

(STACY)

And this is really when we as caseworkers sometimes, you know, we are running from here, there, crisis to crisis. Sometimes, you know, you really have to take the time to step back, reflect, ask yourself, you know, I am leaving this home now. Why am I leaving this home? You know why you are. It is just a matter of how you are able to articulate that and synthesize the information that you have in your head and it kind of goes into – I know one of the comments Patricia made earlier was about the intent of the CAPMIS tools. Really, those tools are the intent is to synthesize that information and really justify and articulate the decisions that you make all day, every day. So sometimes it is just really beneficial to slow down and, you know, question yourself, reflect and challenge yourself to be able to justify what it is you are doing and why and that is when you utilize your critical thinking.

(SONIA)

And I will say the tools don't make the decision. People make the decision. And so all of the tools are here to help you gather the information but it is pulling all of that information together and as Stacy said, synthesizing what we know about this family and what we know about the risk or the

safety issues that has brought us to their attention. How can we use all of this information to best move forward and provide safety and build up those supports around this family so that we can step out of their lives. So I think that is also very key. That is the critical thinking component. So it is not just the checkbox question. Yes or no. I asked that and got the answer. It really is pulling all of that together and being able to make some critical decisions with the family on what is best for their family situation. So these are just some tips of how you do that. You want to make sure that you are prepared ahead of time. Why is this assessment needed? And be able to have a very transparent conversation with the family on why we are at their door. Why are we coming to their home? Be able to explain why it is important to interview all members of their family – all members of that household. Be able to plan for those interviews and then take all of your strategies that you have learned today and the other strategies that we have in the practice profiles and the caseworker self-assessment build guides and be able to do the gathering piece, the informational gathering piece that is needed. And then you want to analyze again everything that you have learned. Whether that is analyzing it with your supervisor or analyzing it in family team structure or a group supervision structure, here is your opportunity to put everything that you know about this family and developed through either that clinical consultation framework or some way of pulling all this together. And evaluate all of the information that you have. Are there gray areas? Are there areas that we missed and we didn't ask questions about extended paternal family members? Do we need to go back out and answer some of those gray areas? You just want to be able to sort it all out and synthesize it at this point.

(LINDSAY)

Absolutely, and this tip for applying critical thinking and actually each of the application tools that we shared with you guys are handouts that in the handouts for the webinar were emailed out to everybody on Monday so if you registered between Monday and today, you can either download them from your webinar chat bar here or you can reach out to Sonia, myself or any of the presenters at OCWLC box and we will make sure that you get those handouts. We are also posting them on the OCWLC, I may have added a letter there, the webpage as resources so those should be up hopefully by the beginning of next week. And so that really kind of takes us through. We want to thank everybody for bearing with us with the additional little bit of content here today but we thought it was just so, so important. We did answer a couple of questions as we went through. I think Melissa has been doing a good job of kind of responding to everybody as questions come in. So, Melissa, are there any questions or discussion items that we can talk about here for the next 15 minutes? Guys, you can keep typing in your questions and discussion items into the chat bar too.

(MELISSA)

We just got - from Mikayla - a suggestion based upon what we were just talking about and she has stated that something that helps her gain information is simply asking the adult their life story, like their back story, and typically that brings out a lot of information that is pertinent to the ongoing case with them, so that was a good suggestion.

(MELISSA)

Yes, it is. We had earlier a question regarding using a formal release of information for relative collaterals. I did answer that question but other people may be thinking about that very issue. Obviously, you would want to check what your agency policy is regarding getting those releases of information. Sometimes it could just be a matter of getting verbal from the parent or being

transparent in people who you may need to contact regarding your investigation or assessment or your ongoing contacts with relatives and just being transparent with that family about either asking verbal permission to get information or letting them know that there may be times when you have to contact relatives for purposes such as if you are looking for placement resource or that sort of thing. So with regard to that. And then obviously relatives often will contact the agency to provide information. And so when that happens and the relative is providing information, there are times when as a worker you may say to the relative, "I can gather your information but I can't provide you..." because you have to be careful about what sensitive information you are providing when contacting those collateral resources. So I just wanted to clarify that.

(LINDSAY)

And when you are talking about those releases of information. And I know most of you out there are already doing this and it kind of goes without saying but if we ask the newer folks on the webinar, carry around a stack of blank releases of information with you. And, you know, if you go to mom's house and you know her best friend, neighbor, so and so is there and you are like well, you know, "can I talk in front of so and so?" Mom is like, "yeah, sure". You know, then you can say well, you know, "okay, we will have that conversation but can we go ahead and just kind of, you know, put it right here on this release of information and that way if she contacts me and you are not around, you know, I know that I am allowed to talk to her."

(SONIA)

Great question.

(LINDSAY)

Yeah. I am kind of looking through. There are some questions about the applicability of this for IV E courts and I think Melissa said, you know, replied and explained that yes, all of these rules do apply to IV E court workers and those, because the staff must follow the OAC and the child welfare guidance related to those title IV E case. I mean, of course, any further questions or specific questions about some cases or whatever can be referred to your technical assistant specialist for your agency. Do we have anything additional coming in? We will give it another minute. If anybody has any additional questions or comments that they would like to type into the chat bar and then if not, we will wrap this up. So I will just give it a minute here for those kind of last minute thoughts that folks might have.

(MELISSA)

We just got a question regarding individualized CAPMIS training and how that can be arranged. And typically if you want the training to be brought into your agency, you can contact your local regional training center for those trainings so they are typically offered through the regional training center but your training center coordinator can help coordinate bringing an actual onsite trainer to your agency for those trainings.

(LINDSAY)

And then I think we do want to clarify when we were talking about some CAPTA guidelines earlier just for those of you that may not know. CAPTA stands for Child Abuse Prevention and Treatment Act and it kind of outlines the requirements for confidentiality and how you must engage with

families once you receive a new report and I don't know if anyone has anything they would like to add to that.

(SONIA)

Well that is the federal statute that pretty much sets the framework of how we should practice and involve ourselves with families throughout our states.

(MELISSA)

It is probably terminology that is very familiar to child welfare professionals but if you are from a private agency or the IV E court that terminology might not be as familiar to you so thanks for asking the question because sometimes we, in the child welfare world, forget that not everyone knows what our little words or, you know, abbreviations stand for.

(LINDSAY)

Yeah. And we just had a chat from Rene Lupe one of our CPS policy staff and she wanted to also share that this helps to protect parents' constitutional rights. Thank you, Rene. Anybody else has questions or comments, now is the time. I will kind of go back to what we said at the beginning. We really, you know, assessment really is the crux of what we do. We have all of these different pieces and parts, our practice profiles and all these different tools and they all kind of go together and they support each other for these different pieces. You know, kind of the engagement, get your foot in the door to be able to do the assessment and through the way that you engage families with the assessment, you know, impacts the kind of information you get and the degree of information you get. And by being able to engage and ask those follow-up questions, you can continue to draw out information and those kinds of things. So it all really does go together.

(KENYETTA)

And as you become more familiar with the use of the CAPMIS tools, you can utilize these practice profile skills to help you again gather all of that information that you are going to need to be able to enter in your CAPMIS tools. So become familiar with those categories before you are going out and talking and interviewing the families and it makes it much easier.

(LINDSAY)

Okay, we don't have any additional questions. I just want to go ahead and share with everybody. Everybody, as you are signing up for these webinars, we are adding you to the distribution list for the Ohio Child Welfare Learning Collaborative. I know we have had a couple of emails come out from that so far. We are hoping to be able to ramp that up and start providing some additional resources even outside of webinar updates through that email box and you can also email us if you have stories to share about your agency, your experience as a practice profiles training or how you and your unit and your coworkers are implementing these skills at your agency and/or if you have any contributions that you might want to submit for consideration for publication in our monthly first Friday, we would love to accept those from everyone as well.

(KENYETTA)

Our next monthly webinar – oh I don't have the date in front of me, sorry.

(LINDSAY)

I don't either. It is in April. It is probably the third week of April on a Wednesday because we are sticking with Wednesdays.

(KENYETTA)

It is April 25<sup>th</sup>.

(LINDSAY)

The 4<sup>th</sup> Wednesday in April, April 25<sup>th</sup>. So everyone have a good holiday weekend. Happy Wednesday. And thank you so much. We are going to stop the broadcast now.