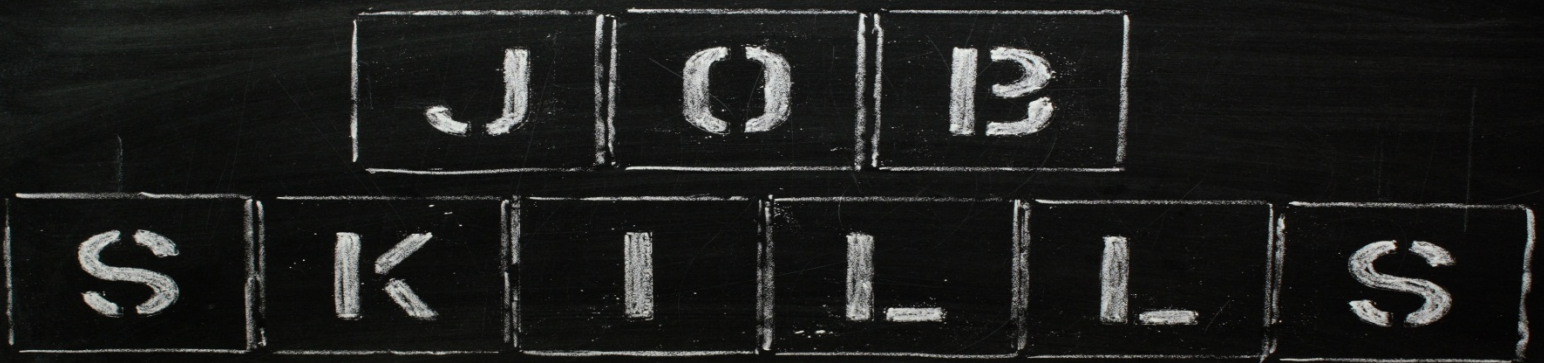




Child Welfare Case Manager Role Delineation Study Report

January 28, 2013



Child Welfare Case Manager Role Delineation Study Report: January 2013

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Introduction

A valid, reliable and legally-defensible professional credentialing program is based on a sound method to analyze and identify a profession's core competencies. The Florida Certification Board (FCB) conducts a Role Delineation Study (RDS) to establish a clear definition of "what" people are expected to perform and link the resulting competencies to an examination instrument, allowing for pass or fail decisions to correlate to competent practice. This step is so critical that the American National Standards Institute (ANSI), the National Commission for Certifying Agencies (NCCA), and the American Educational Research Association/American Psychological Association/National Council on Measurement in Education (AERA/APA/NCME) all promote standards for this foundational step, which state:

- *The certification program must establish and document policies and procedures for retaining all information and data required to provide evidence of validity and reliability of the assessment instruments. (NCCA, 17)*
- *The certification body shall define the methods and mechanisms to be used to evaluate the competence of candidates, and shall establish appropriate policies and procedures for the initial development and continued maintenance of these methods and mechanisms (ANSI ISO 17024, 4.3.1)*
- *When the validation rests in part on the appropriateness of test content, the procedures followed in specifying and generating test content should be described and justified in reference to the construct the test is intended to measure or the domain it is intended to represent. If the definition of the content sampled incorporates criteria such as importance, frequency or criticality, these criteria should also be clearly explained and justified. (AERA/APA/NCME, 1.6)*

This report documents the methodology used by the Florida Certification Board to establish the core competencies and examination blueprint for the job classification of **Child Welfare Case Manager**.

The Role Delineation Study Process

The Child Welfare Case Manager Role Delineation Study (RDS) was conducted between August 2011 and January 2013, during which time the following key activities were conducted:

1. Identify the core competencies of the profession (e.g., "what" is done on the job).
2. Validate the core competencies through a structured survey process.
3. Develop the examination blueprint based on survey results.
4. Document the RDS process to support the link between the core competencies and examination instruments.

The FCB's RDS structure was established by Dr. Akihito Kamata, PhD, and was implemented by the FCB's Director of Certification, Amy Farrington.



Core Competency Identification

The Child Welfare Case Manager RDS workshop was held August 3 – 5, 2011 in Florida with 23 subject matter experts representing the key child welfare case manager stakeholders, including the Florida Department of Children and Families (DCF), Community Based Care Lead Agencies, Case Management Organizations, the judicial system and higher education. Workshop participants are listed below; participant demographics are confidential and maintained in the FCB offices. The meeting agenda is in Attachment 1.

Angela Long	Laura Leese
Arlene Carey	Maria Jones
Bruce Bryant	Maxine Kamin
Clifford Wimberly	Monique McCaskill
Danielle McBee	Nicky Smith
Dianne Greene	Pamela Graham
Eleese Davis	Satori Adams
Ellen Taylor	Susan Barlow
Isabel Bentacur-Puello	Susan Carey
Judge Cohen	Theresa Pringle
Katherine Toldeo	Wade Lijewski
LaMora Florence	

Performance Domains and Job Tasks

The subject matter expert (SME) panel received training on how to identify core competencies, which are the major responsibilities and duties that define the Child Welfare Case Manager's role. The first task of the SME panel was to identify the entry-level characteristics of the target audience, which are:

Profession:	Child Welfare
Sub-specialty:	Child Welfare Case Management
Basic Parameters:	The Child Welfare Case Manager certification applicant will hold a bachelor's degree in a related health and human services field and will have at least one year of child welfare case management related experience. Applicants without related experience will be eligible to earn certification through an on-the-job process that allows for provisional certification while experience requirements are satisfied. The provisional period will not exceed 12-months and applicants must be employed by a recognized child welfare employer in Florida.

After agreeing on the target audience characteristics, the SMEs used the existing *Child Welfare Core Competencies published by the Florida Department of Children and Families* (Attachment 2) and the *Child Welfare Case Manager Core Competencies established by the Florida Certification Board in 2008* (Attachment 3) as a starting point. At the end of the workshop, the SMEs identified **4 performance domains** and **66 job tasks** (Attachment 4) required of a competent child welfare case manager.



Pursuant to s. 402.40, Florida Statutes, the Florida Department of Children and Families (DCF) is required to review and approve core competencies. The core competencies were submitted to and approved by DCF prior to starting the validation component of the RDS.

Validation Study

The purpose of a validation study is to allow current child welfare case managers to review and provide feedback on the core competencies identified by the subject matter expert panel. While the SMEs who identified the core competencies are considered experts in the field, they represent only a small group of practitioners and their expert status may result in a perception of the role of the child welfare case manager that is different than that held by other practitioners. As such, the validation study provides content validity to the final set of core competencies. This process is conducted via an on-line survey that enables respondents to evaluate and provide feedback on the 4 performance domains and 66 job tasks.

Survey Development

The on-line *Child Welfare Case Manager Validation Study Survey Instrument* (Attachment 5) was developed by FCB psychometricians and includes the following sections:

1. Introduction and Survey Directions
2. Respondent Demographic Data
3. Domains and Task Statement Ratings for Importance and Frequency
4. Time Percentages for each Domain
5. Respondent Feedback/Missing Domains or Tasks

Survey Sample Methodology and Analysis

The FCB estimated the current incumbent population of individuals practicing in job roles that would qualify them for the Child Welfare Case Manager credential at approximately 3,000 persons statewide. The FCB published participation request letters which were distributed through the email contact lists of the Florida Department of Children and Families, 21 Community-based Care Lead Agencies, and the Florida Coalition for Children. The on-line survey was made available to respondents from October 25, 2012 until February 1, 2013. Respondents without ready access to the internet were offered a hard copy of the survey. At the end of the survey period, the FCB collected the data and analyzed the respondents' demographics, task ratings, and survey adequacy.

A total of 393 people responded to the survey. Among them, 62 respondents had incomplete information and were omitted from the final analysis, leaving 331 valid responses, which is a return rate of approximately 11%.

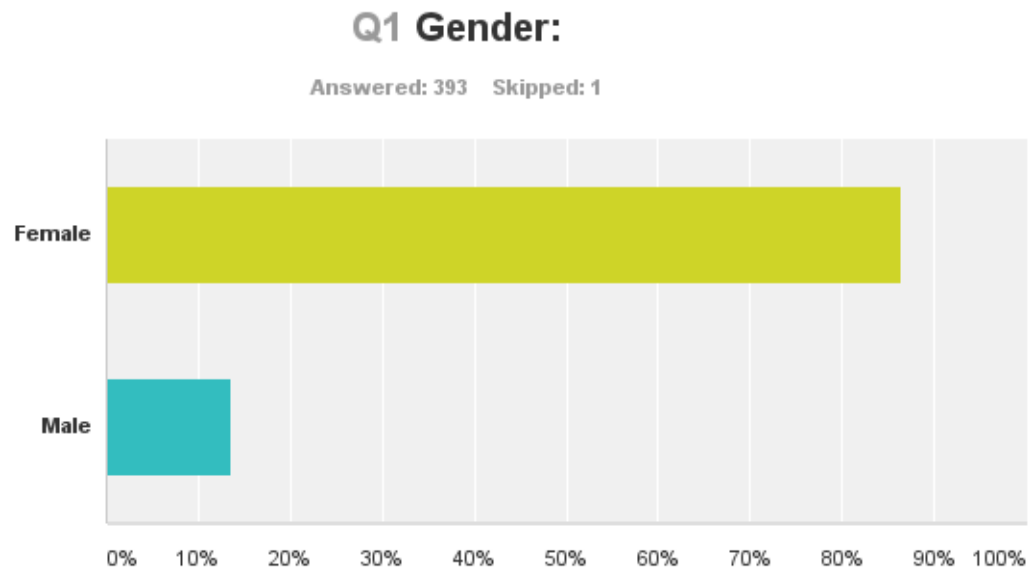


Demographic Characteristics of Survey Respondents

The demographic characteristics of the 331 valid responses are summarized below.

Gender

Of those responding to the survey, the vast majority were women (87.9%) and 12.1% were male.

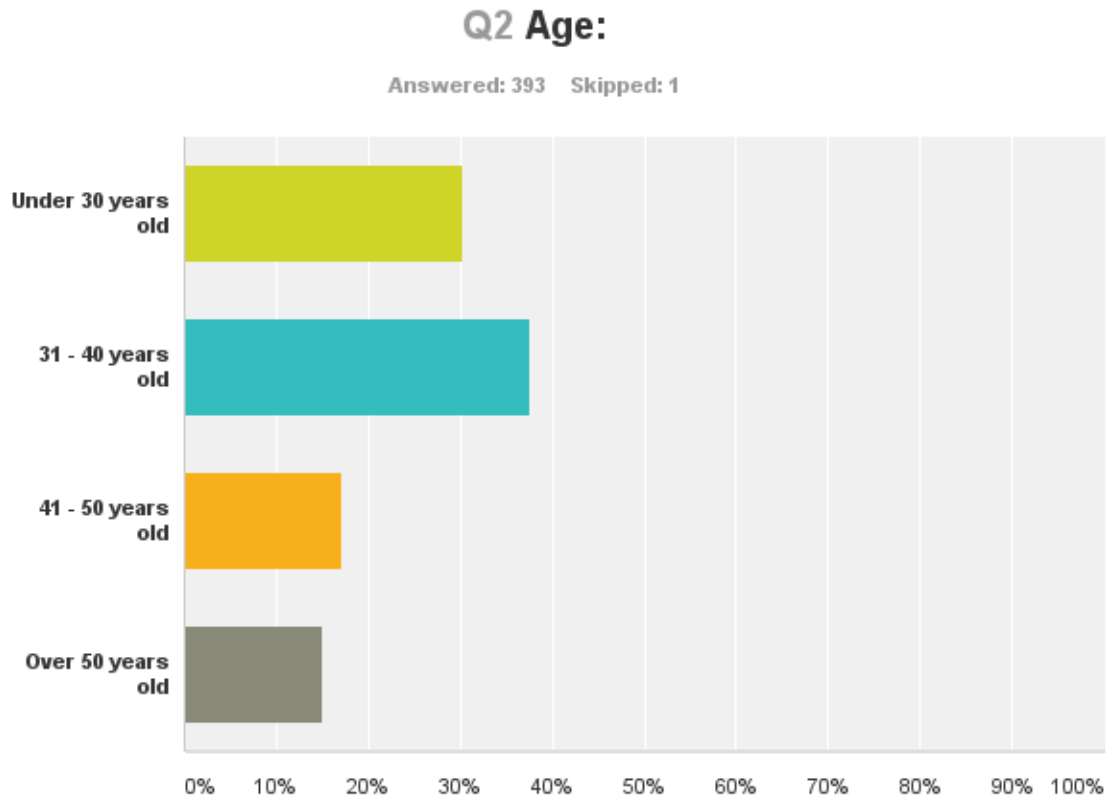


Options	N	Valid %
Female	291	87.9%
Male	40	12.1%



Age

All age levels were represented in the survey data. The majority of the respondents are between 31 and 40 years of age (38.4%), followed by those under 30 years old (28.4%). However, almost as many respondents are 41 or older (23.2%) as there are in the 31-40 age bracket.



Options	N	Valid %
Under 30 years old	94	28.4%
31 – 40 years	127	38.4%
41 – 50 years	57	17.2%
Over 50 years old	53	16.0%

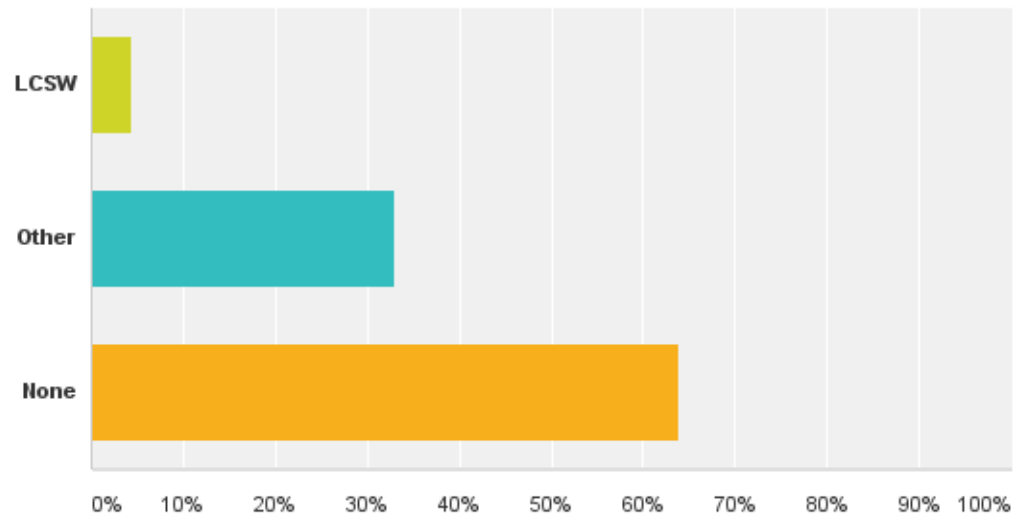


Professional Licenses or Certifications (multiple responses allowed)

62.8% of the respondents do not hold any licensure or certification, regardless of credential type. Only 16 respondents (4.8%) hold a Licensed Clinical Social Worker (LCSW) designation and 112 (33.8%) hold some other non-child welfare credential.

Q3 What other professional licenses or certifications do you hold?

Answered: 393 Skipped: 1



Options	N	Valid %
LCSW	16	4.8%
Other	112	33.8%
None	208	62.8%

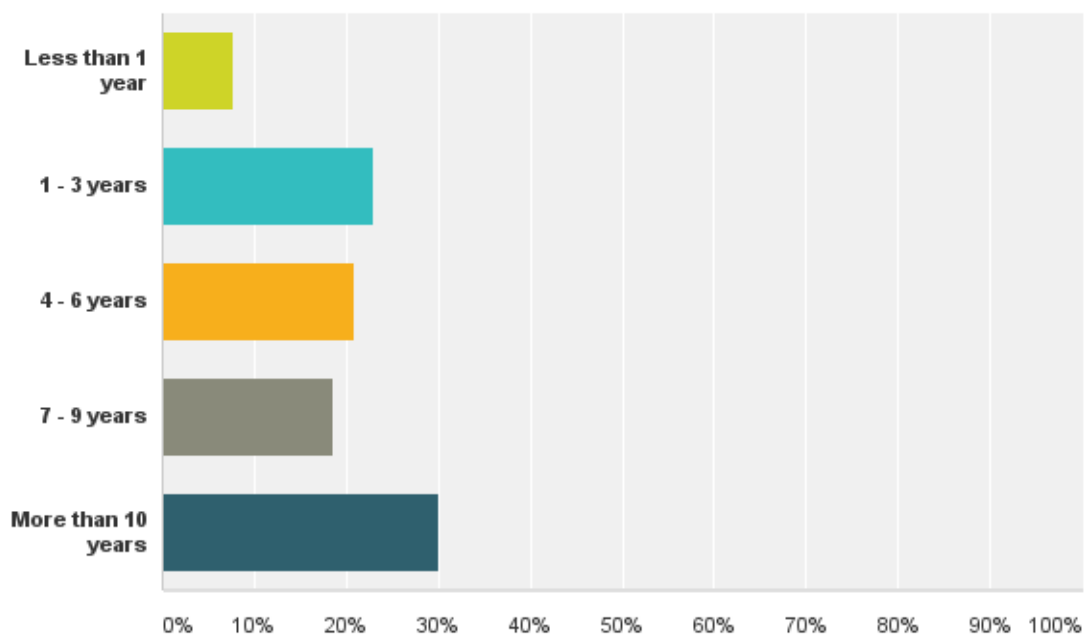


Years of Child Welfare Experience

The years of experience in child welfare was fairly evenly distributed, with the highest number of years of experience equally represented at more than 10 years and the lowest number of years of experience (7.6%) at less than one year. The remaining respondents were almost evenly spread across the options of 1 – 3 years (21.5%), 4 – 6 years (21.8%) and 7 – 9 years (19.0%).

Q4 How long have you worked in the Child Welfare field?

Answered: 393 Skipped: 1



Options	N	Valid %
Less than 1 year	25	7.60%
1 – 3 years	71	21.50%
4 – 6 years	72	21.80%
7 – 9 years	63	19.00%
More than 10 years	100	30.20%

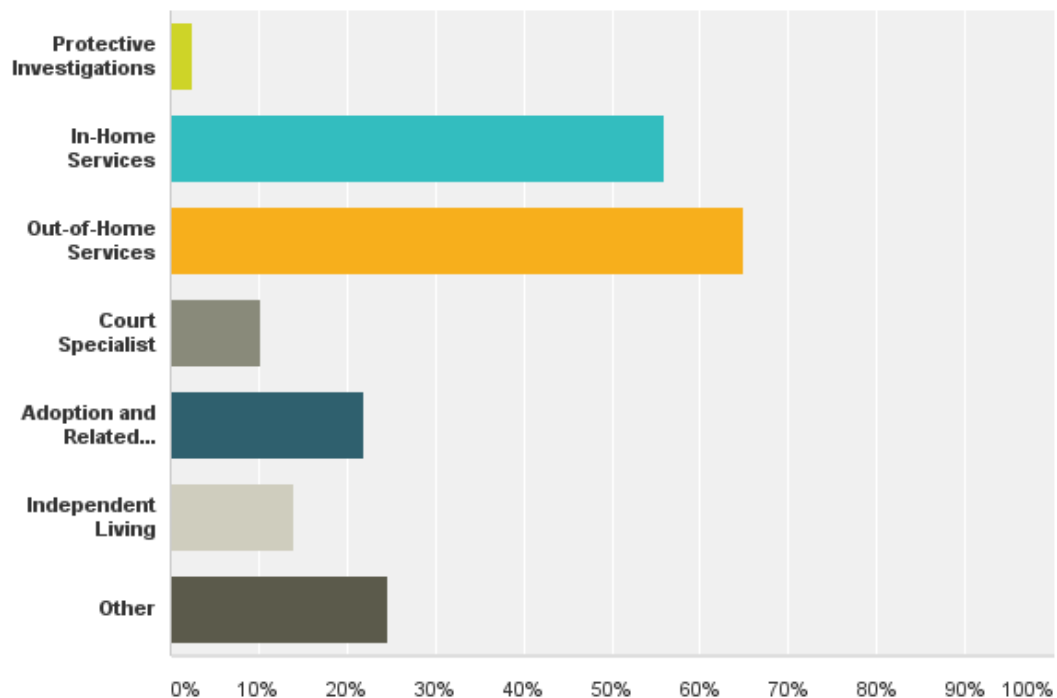


Current Job Setting (multiple responses allowed)

It is not surprising that the vast majority of respondents work in either in-home and/or out of home service settings (397 across both categories). These numbers do exceed the total number of respondents because multiple responses were allowed. The distribution of respondents to current job setting is illustrated below.

Q5 Which of the following best describes your current practice setting? Check all that apply.

Answered: 393 Skipped: 1



Options	N	Valid %
Protective Investigations	9	2.7%
In-Home Services	182	55.0%
Out-of-Home Services	215	65.0%
Court Specialist	38	11.5%
Adoption and Related Services	73	22.1%
Independent Living	48	14.5%
Other	83	25.1%

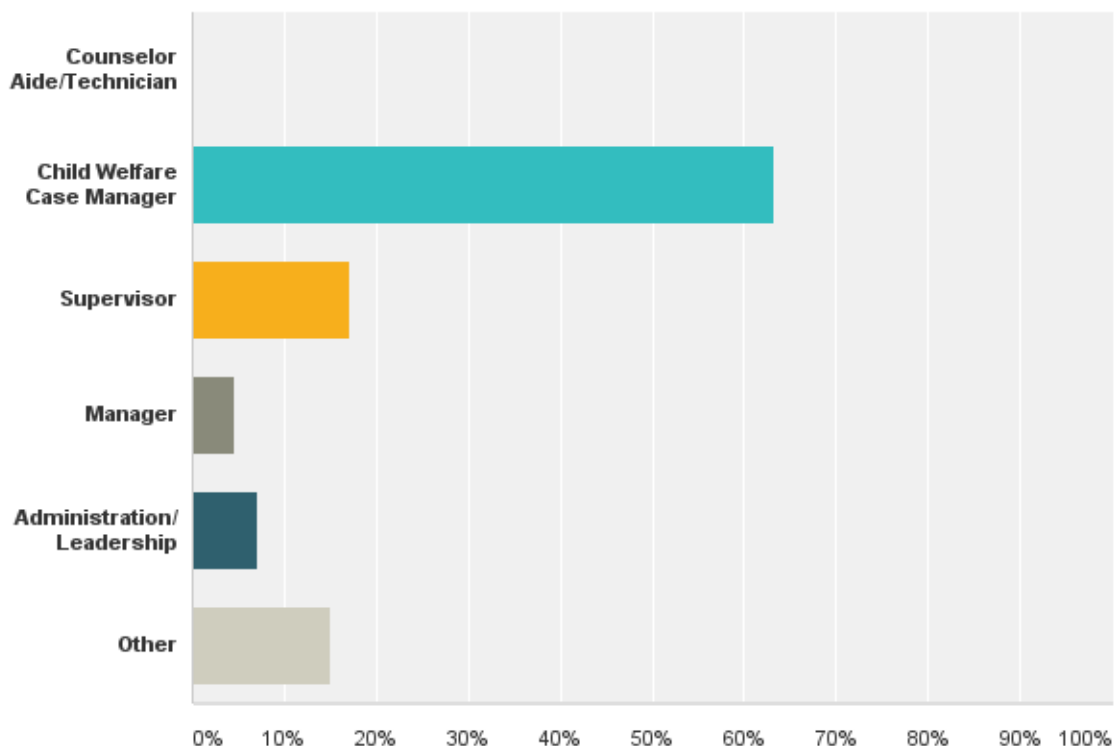


Current Job Function (multiple responses allowed)

64% of the survey respondents currently identify themselves in the role of a Child Welfare Case Manager and the remaining respondents (n=144) are in supervisor, manager or other leadership position. Only one respondent indicated they work at the aide/technician level; however 51 respondents identify with a job function not provided on the survey instrument.

Q6 Which of the following best describes your current job function? Check all that apply.

Answered: 393 Skipped: 1



Options	N	Valid %
Counselor Aide/Technician	1	0.3%
Child Welfare Case Manager	212	64.0%
Supervisor	54	16.3%
Manager	17	5.1%
Administration/Leadership	22	6.6%
Other	51	15.4%

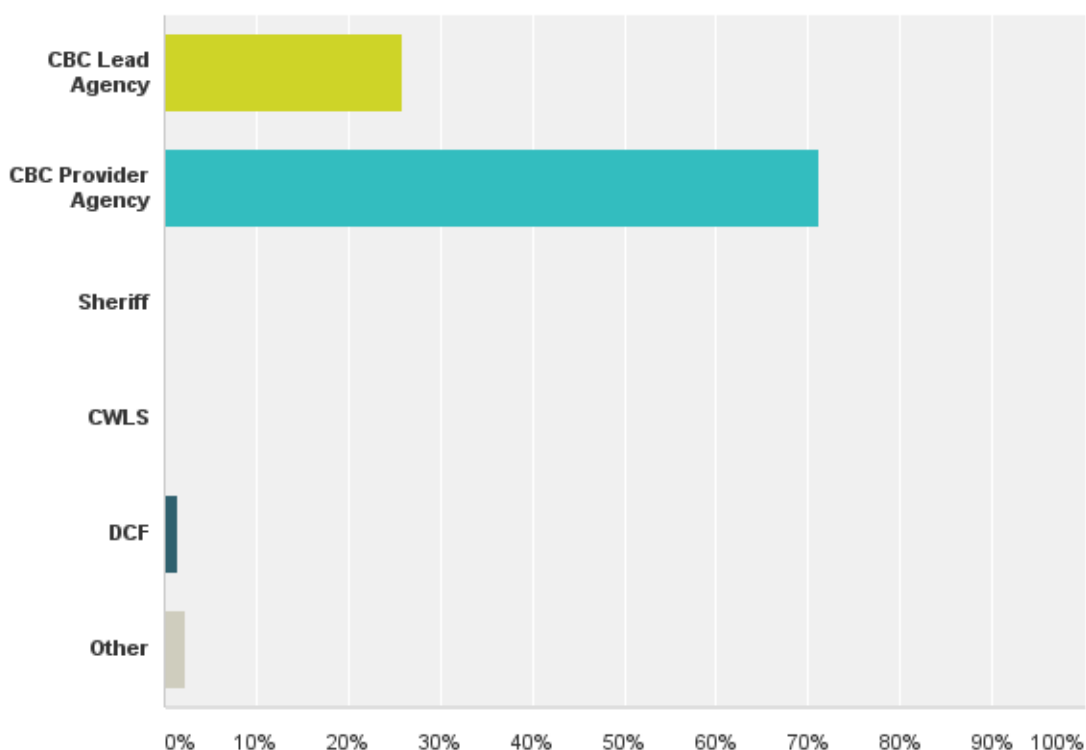


Current Employer (multiple responses allowed)

The majority of respondents work for a community based care (CBC) provider agency, which means that the employer is sub-contracted with the local community based care lead agency to provide specified case management services (71.3%). Another 26.3% of respondents work for a CBC lead agency. The remaining respondents work for other employers as illustrated below.

Q7 Who is your current employer? Check all that apply.

Answered: 393 Skipped: 1



Options	N	Valid %
CBC Lead Agency	87	26.3%
CBC Provider Agency	236	71.3%
Sheriff	1	0.3%
CWLS	1	0.3%
DCF	4	1.2%
Other	7	2.1%

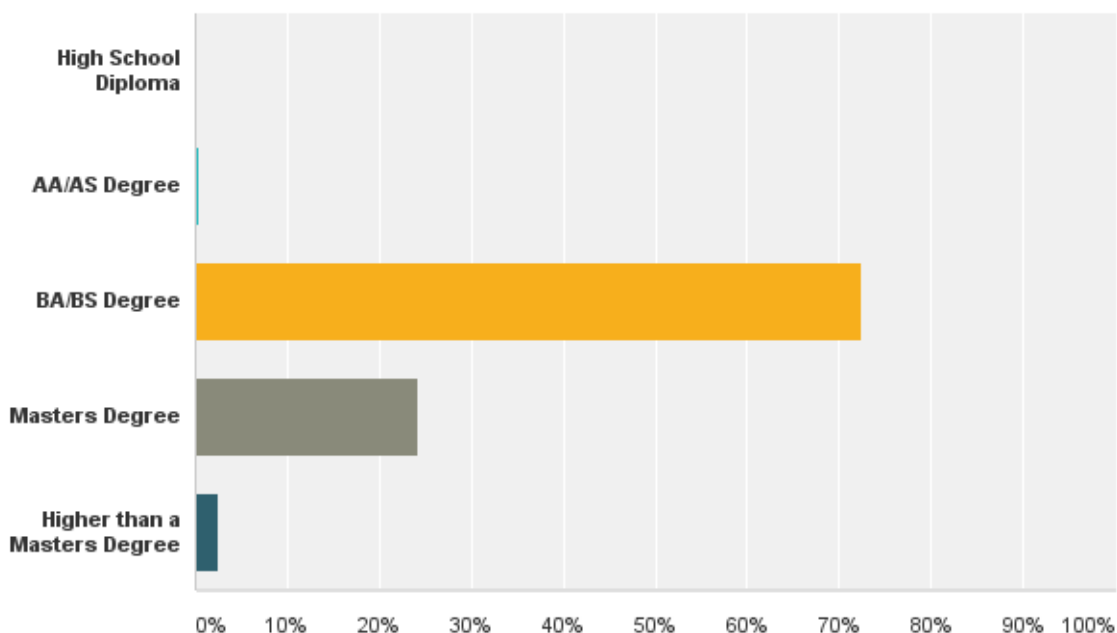


Highest Education Level

A Bachelor's degree is held by 71.6% of the survey respondents, which is the minimum degree requirement established by Florida Administrative Code for case managers working in CBC Lead Agencies or their provider agencies. 25.7% of respondents hold a Master's degree and 2.4% hold a degree greater than a Master's.

Q8 What is your highest level of education completed? Select only one.

Answered: 393 Skipped: 1



Options	N	Valid %
High School Diploma	0	0.00%
AA/AS Degree	1	0.30%
BA/BS Degree	237	71.60%
Master's Degree	85	25.70%
Higher than Master's Degree	8	2.40%

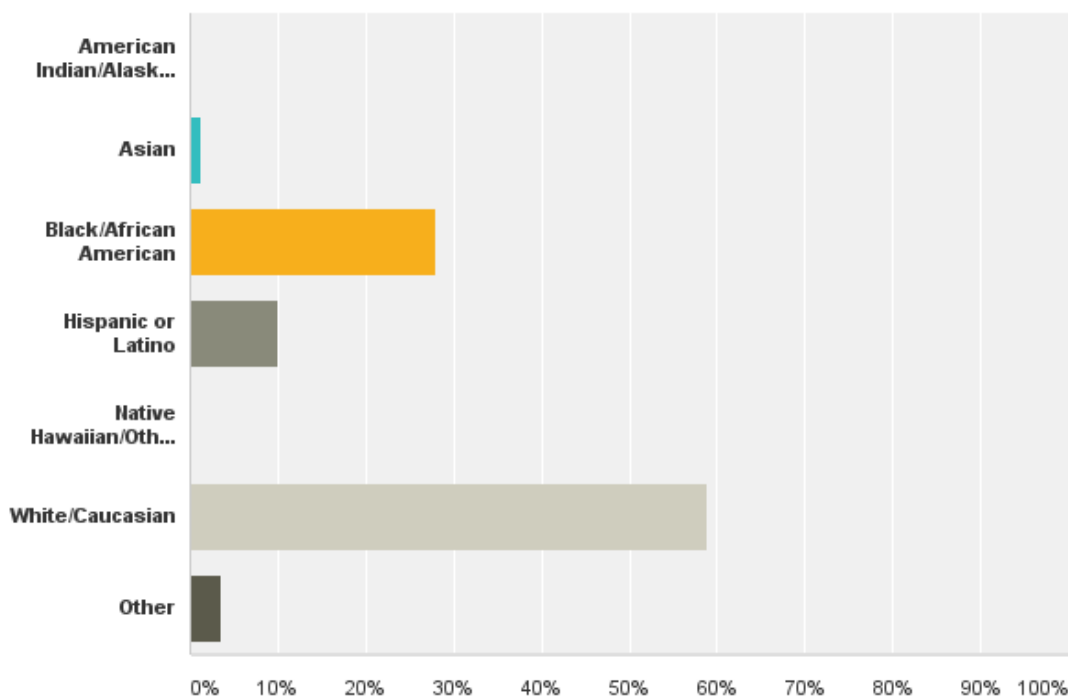


Ethnicity/Race

Respondents were asked to answer an optional question identifying their ethnicity/race. Only 6 respondents declined to answer this question. All ethnicities/races were represented except for Native Hawaiian/Other Pacific Islander. 56.9% of respondents identify as Caucasian/White, 29.2% identify as Black/African American, and 10.4% as Hispanic/Latino.

Q9 Optional Question: Which of the following best describes your ethnicity/race? Select one.

Answered: 376 Skipped: 18



Options	N	Valid %
American Indian/Native American	1	0.3%
Asian	5	1.6%
Black/African American	93	29.2%
Hispanic or Latino	33	10.4%
Native Hawaiian/Other Pacific Islander	0	0.0%
Caucasian/White	181	56.9%
Other	12	3.8%
Missing	6	



Survey Adequacy and Reliability Measure

At the end of the survey, respondents were asked questions regarding how well performance domains and job tasks of a competent child welfare case manager were covered. Overall, the response to the survey demonstrated support for the validity of the list of performance domains and job tasks. When answering the question of the adequacy of the performance domains, 91.8% of respondents chose “Adequate”, “Well” or “Very Well”. When asked if any performance domains were omitted, 88.0% of respondents answered “No”. Comments regarding performance domains that were not covered are provided in Attachment 6.

For the question regarding how well the job tasks were covered by the survey, 92.1% of respondents chose “Adequate”, “Well” or “Very Well”. When asked if any job tasks were omitted, 80.1% of respondents answered “No”. Comments regarding job tasks that were not covered are provided in Attachment 7.

As the mean task ratings for “importance” and “frequency” are directly used to determine the number of exam items across the job tasks, it is critical that the data be reliable. One of the most commonly used methods to determine the reliability of a measurement instrument is the Cronbach Coefficient Alpha. This statistic measures the internal consistency of responses made within a survey. When reliability estimates are greater than .70, it can be assumed that the respondents answered the survey in a consistent manner with thoughtful consideration to each rating provided and that the questions relating to these tasks were appropriately interpreted by respondents.

For this survey, the reliability estimates were high for both “importance” and “frequency” (see below) and support the use of the survey respondents’ ratings to determine the examination blueprint.

Variable	Reliability Estimate
Importance	.98
Frequency	.976

Derivation of Test Specifications

When developing the examination blueprint, first consideration was given to the mean percentage assigned to each domain. The mean value was used to identify any task statements that should be eliminated from the test blueprint, and to determine the percentage of the examination that should be allocated for each domain. The details of this process are as follows:

First, the mean rating was calculated for “importance” and “frequency” for each job task. Tasks with a mean rating of 2.5 or less are flagged as “not important” or “not frequently performed” and returned to the subject matter expert panel for discussion. In this survey, none of the job tasks have a mean rating of 2.5 or less. Then, the mean of the two ratings were computed (mean combined rating). Finally, the weight (exam proportion) was computed by dividing the mean combined rating by the total rating score. The total rating score is the sum of the mean



combined rating for the 66 tasks, which was 275.47 in this case. The mean ratings and proportions of items across the domains and for each task are provided in Attachment 8.

The differences in exam proportions between tasks were small; the lowest was 1.33% (task 1.24) and the highest was 1.66% (Task 1.5). The difference was only .33%, which is equivalent to no more than 1 item in 75-item, 100-item, 125-item and 150 item tests, which was determined by the following procedure.

First, the number of items for each domain was determined based on the sum of the exam proportions for items within each domain, which are:

Domain	Exam Proportion
Child Protection Foundations	38.7%
Family and Community Engagement	12.0%
Assessment	19.5%
Safety Management, Service Planning & Delivery	29.7%

Then the number of items per domain was determined for each of the four potential test item number cases (75-item, 100-item, 125-item and 150 item tests), which are:

Domain	75 Items	100 Items	125 Items	150 items
Child Protection Foundations	29	39	49	58
Family and Community Engagement	9	12	15	18
Assessment	15	19	24	29
Safety Management, Service Planning & Delivery	22	30	37	45

Finally, the number of items per job task was determined. For example, in a 150 item test, the number of questions per job task will be 2 or 3. The determination of which tasks are assigned 3 items and which tasks are assigned 2 items are made separately for each domain by using the following computation:

$$(\# \text{ of items allocated to the domain}) - (2 \times \# \text{ of tasks in the domain})$$

For example, there are 25 tasks in domain 1, which requires a total of 58 items for a 150-item exam. The items per task are computed as $58 - (2 \times 25) = 8$. Therefore, 8 tasks should be assigned 3 items each. Among the tasks in domain 1, tasks 1, 3, 4, 5, 8, 16, 20, and 22 have the highest exam proportions, therefore 3 items are assigned to each of these job tasks and 2 items are assigned for the remaining job tasks in the domain. This same procedure was followed for the remaining 3 domains.

FCB's psychometrician developed examination blueprints for each of the potential test item number cases (75-item, 100-item, 125-item and 150 item tests) which are presented in Attachment 9.



Conclusion

The Child Welfare Case Manager Role Delineation Study was conducted in keeping with national standards established by the American National Standards Institute (ANSI), the National Commission for Certifying Agencies (NCCA), and the American Educational Research Association/American Psychological Association/National Council on Measurement in Education (AERA/APA/NCME). Upon the publication of the Child Welfare Case Manager Role Delineation Study Report, the core competencies and examination blueprint are final and should not be changed until an updated Role Delineation Study is completed. In particular, the performance domains, job tasks and examination proportions cannot be modified.

The lifespan of a RDS and test blueprint is approximately 5 years, after which time an RDS update should be conducted to update performance domains, job tasks and assess changes to “importance” and “frequency” ratings. The job tasks performed by a child welfare case manager are well established, however, if significant changes occur, such as a shift in the professional body of knowledge due to advances in evidence based practice, there may be a need to update the Child Welfare Case Manager Role Delineation Study and examination blueprints prior to 2018.



Attachment 1: CWCM RDS Workshop Agenda

August 3, 2011

1 pm to 5 pm

1:00 – 1:30	Welcome, Introductions, and Agenda Review
1:30 – 2:30	Presentation ~ FCB Certification Process Overview
2:30 – 2:45	Break
2:45 – 3:45	Presentation ~ Child Welfare Credentialing: A Paradigm Shift
3:45 – 4:00	Break
4:00 – 5:00	RDS Process Training and Review of Existing Competencies/Standards

August 4, 2011

9 am to 4:30 pm

9:00 – 9:15	Welcome and Agenda Review
9:15 – 10:00	Define/Verify Target Audience Characteristics: Counselor Level (large group)
10:00 – 10:30	Validate/Identify Performance Domains (large and small group)
10:30 – 10:45	Break
10:45 – 12:00	Review/Update/Write Job Tasks and KSAs (small group)
12:00 – 1:00	Lunch (provided)
1:00 – 1:30	Status Update (large group)
1:30 – 2:30	Review/Update/Write Job Tasks and KSAs (small group)
2:30 – 2:45	Break
2:45 – 3:45	Review Small Group Work re: Proposed Job Tasks/KSAs
3:45 – 4:00	Break
4:00 – 4:30	Current Status Summary/Prepare for Day 3

August 5, 2011

8:30 am to 12:00 pm

8:30 – 8:45	Welcome, Progress Review, and Agenda Review
8:45 – 9:15	Define/Verify Target Audience Characteristics: Supervisor Level (large group)
9:15 – 10:30	Review/Update/Write Job Tasks and KSAs (small group)
10:30 – 10:45	Break
10:45 – 11:30	Review Small Group Work re: Proposed Job Tasks/KSAs
11:30 – 12:00	Summary, Next Steps, Adjourn



Attachment 2: DCF Child Welfare Core Competencies

Foundations of Child Protection

1. Address values and ethics when making decisions in public child welfare practice.
2. Use child protection standards and principles as guides when interacting with children and families.
3. Implement the child protection process when working with children and families.
4. Interact with systems of care and public or local assistance programs.

Legal Foundations

5. Apply basic principles of contracting for services in public child welfare.
6. Apply the state's legal definitions of child abuse, abandonment, and neglect when working with children and families.
7. Carry out the child protection professional's role and responsibility in dependency court and provide appropriate evidence and testimony.
8. Implement the philosophy, purpose, requirements, and application of federal and state welfare policy and legislation in child welfare practice.
9. Adhere to legal obligations that dependency laws place on child protection professionals.
10. Consider exposure to liability claims when working with children and families.
11. Apply confidentiality requirements to common casework tasks.
12. Work with Child Welfare Legal Services Staff (CWLS) to prepare for legal action.
13. Prepare and participate in administrative, citizen, and judicial reviews and communicate with the court regarding case plan progress.
14. Gain court approval and abide by statutory case plan timeframes

Cultural Competence

15. Demonstrate sensitivity to cultural differences and ethnicity among clients.
16. Develop ethnically and culturally sensitive assessments and intervention plans for children and families.

Communication and Interviewing

17. Communicate with family members and collaterals by asking parents or guardians to elicit, define, and prioritize concerns and needs.
18. Interact with persons allegedly responsible for maltreatment in a way that allows information to be communicated in a non-confrontational manner.
19. Utilize interviewing techniques and strategies to prepare for and conduct age appropriate interviews with the child, the caregiver, and the family.



Child Development: Physical, Mental and Educational

- 20. Consider the physical and mental development of children and youth, birth through eighteen years of age, when making practice decisions.
- 21. Conduct age-appropriate interactions with children and youth, birth through eighteen years of age, that is sensitive to their emotional status and that allows the worker to determine their capacity for self-protection.
- 22. Demonstrate sensitivity to differences in human development.
- 23. Consider behavioral indicators and dynamics of adolescent depression, suicide, or other emotional disturbances when working with children and families.
- 24. Communicate how to manage difficult stages of childhood.

Abuse: Sexual, Physical, Mental, Substance

- 25. Consider personal, interpersonal, family, social, and environmental factors that influence the incidence of child maltreatment when working with children and families.
- 26. Recognize indicators of abuse, neglect and abandonment with maltreatment as specified in the department's allegation matrix, Florida Statute, and administrative code when working with children and families.
- 27. Identify and document indicators of neglect and abuse, including sexual abuse, physical abuse, mental/emotional abuse and neglect, abandonment, and egregious abuse.
- 28. Identify and document indicators of domestic violence.
- 29. Identify and document indicators of substance abuse by adults and youth.
- 30. Identify and document indicators of mental health issues of adults and children, age birth through eighteen years of age.

Child Safety: Risk Assessment, Intake and Ongoing Assessment

- 31. Use the Abuse Hotline procedures and follow reporting requirements.
- 32. Analyze specific elements of the Hotline Abuse report.
- 33. Use the Allegation Matrix to define a specific allegation and treatment type.
- 34. Evaluate prior abuse report information and determine its relevance to the current investigation.
- 35. Use specialized observation, assessment and interviewing techniques to assess the risk and safety factors in a situation of suspected maltreatment and weigh their effects on the overall need for protection of the child.
- 36. Access intensive, family-centered, in-home supportive services when protection of a child is necessary.
- 37. Assess and document child safety using the HomeSafenet CSA (Child Safety Assessment) and consider the need for removal and placement and the existence of maltreatment according to Florida Statute and rules.
- 38. Gather appropriate information to assess or verify indicators of abuse and neglect.



- 39. Interpret the results of the department's child safety assessment protocol to make appropriate child safety determinations.
- 40. Build and maintain a physical record of the child beginning at the first interaction, including photographs and fingerprints according to Florida Statute.
- 41. Identify and document conditions and behaviors within the family related to the alleged maltreatment.
- 42. Identify situations where preventative and/or in-home services and a safety plan cannot protect the child from continued abuse, abandonment or neglect, and make an emergency removal of the child.
- 43. Identify, document, and conduct on-going, age-appropriate assessment activities that ascertain if a child's physical, mental, social, and educational needs are met.
- 44. Initiate/conduct diligent searches for relatives.
- 45. Complete home studies.
- 46. Determine the appropriateness of placement in meeting the needs of the child and siblings.
- 47. Conduct on-going assessments of risk factors related to the child and siblings' safety.
- 48. Conduct visits with children and parents and/or caregivers that include on-going assessments of child safety, permanency, and well being.

Prevention

- 49. Consider the forms and mechanisms of oppression and discrimination pertaining to low income and single parent families and use this information in providing appropriate child welfare services.
- 50. Protect children and provide services that support families as caregivers.
- 51. Implement pre-placement preventative services when working with children and families.
- 52. Plan, rather than react, when preparing for contact with children and families.
- 53. Identify and involve extended family and other community resources that can strengthen a family's ability to care for their children.
- 54. Implement family-centered services to prevent the removal of children from their homes while fostering positive behavior change
- 55. Assess the dynamics of resistance and use preventative casework methods to defuse family members' hostility, fear and anger.
- 56. Communicate and collaborate with community prevention services agencies to meet the needs of the child and family.

Legal Requirements and Counselor Tasks for Removal and Emergency Placement

- 57. Comply with legal requirements and counselor tasks when removing and placing children.
- 58. Identify the purpose and timeframes for dependency court hearings and petitions.
- 59. Recognize probable cause/grounds for removal.



- 60. Complete all legal activities required for removal and placement, including documentation for reasonable efforts and contrary to the welfare within required timeframes.
- 61. Identify circumstances during the removal process that do not require reasonable efforts.
- 62. Comply with legal requirements when filing the TPR petition.
- 63. Participate in staffings of various types and purposes.

Family-Centered Intervention and Case Planning

- 64. Engage and assess families from a strengths-based person in environment perspective and develop and implement a case plan based on this assessment.
- 65. Use strength-based perspectives and empowerment approaches to influence growth, development and behavior change.
- 66. Identify and use the family's strengths to assure continuing safety.
- 67. Identify and document the parent or caregiver's parenting and disciplinary strategies and their appropriateness for the developmental and individual needs of the child.
- 68. Identify children and families that have physical, mental, or developmental disabilities.
- 69. Identify and evaluate the family's existing and accessible resources and support systems to help the family meet their own needs.
- 70. Work with the family to engage support systems or services to match the family's needs and to reduce risk factors.
- 71. Work with family members and other parties involved in the case to develop an individualized, family-centered, assessment-based, and outcome-driven case plan.
- 72. Develop a case plan that maintains the child in the home if possible through managing or changing behaviors or conditions in the child's environment.
- 73. Address legal sufficiency when developing case plans.
- 74. Work with the family and all parties to develop goals, tasks, and objectives to assure safety.
- 75. Use concurrent case planning.
- 76. Assure that children and family members visit as frequently as possible and according to statutory requirements
- 77. Consider behaviors of children and families related to separation and loss.
- 78. Match services with the specific, individual needs of the child, family and caregivers.
- 79. Ensure age-appropriate referrals for treatment strategies and services that allow the child to develop physically, mentally and socially.
- 80. Identify and address barriers to effective services.
- 81. Identify and make referrals to appropriate provider and community services.

Case Planning: On-going Assessment, Treatment Strategies, and Intervention

- 82. Comply with legal requirements for assessments and case planning.



83. Integrate assessment information in case planning.
84. Determine when concurrent case planning is needed.
85. Plan, prioritize, and monitor completion of case plan activities and tasks within required timelines.
86. Work with the family and all parties to the case to evaluate progress toward achieving case plan goals and assure on-going safety.
87. Review, renegotiate, and update case plans with input from the family and all parties to the case.
88. Assess the child's progress toward the goal of overcoming the effects of abuse, abandonment and/or neglect.
89. Monitor services on a regular basis to ensure that all of the child's educational, physical and mental needs, including prescribed medications and routine medical care, are being met.
90. Assess service frequency, intensity, and duration for effectiveness and appropriateness.
91. Make appropriate referrals for additional services: physical and mental health, domestic violence, substance abuse, and educational.
92. Obtain feedback from providers to incorporate into case planning and assessment processes on an on-going basis.
93. Reassess the overall effectiveness and appropriateness of the case plan.
94. Assure substantial compliance with the case plan by reacting appropriately to elements of compliance and non-compliance.

Permanency Planning: Reunification, Termination of Parental Rights and Adoption, Long-Term Foster Care, Emancipation

95. Assess need/readiness for permanency planning, including reunification, long term foster care, adoption and/or emancipation.
96. Assess compliance with requirements for diligent efforts by a parent.
97. Assess compliance with requirements for diligent efforts by the state.
98. Obtain progress and/or termination summaries from providers in making determinations regarding permanency planning.
99. Prepare the family and child for reunification, including formalizing support systems to assure safety from recurring harm.
100. Develop, implement, and monitor a post-reunification plan.
101. Identify and implement independent living services and programs.
102. Identify and document a family's on-going needs and assess the appropriateness of the child and family for reunification, long-term licensed care, relative care, or independent living.
103. Prepare the family and child for long-term licensed care, relative care, or independent living, including formalizing support for systems to assure safety from recurring harm.



- 104. Develop and implement a post-placement plan.
- 105. Comply with legal requirements, including timeframes for termination of parental rights.
- 106. Prepare for the termination of parental rights (TPR) and work with the family and child to prepare them for the TPR process.
- 107. Prepare the family and child for adoption, including formalized supports to prevent adoption disruption.
- 108. Implement the adoption process.
- 109. Match the child's needs to the child-placing agency that can best meet these needs and make appropriate referrals.
- 110. Monitor a post-placement plan.

Case Closure

- 111. Comply with the legal requirements and counselor tasks for supervising and closing a case.

Documentation

- 112. Develop documentation that communicates the child's safety, quality case management, and information essential to court proceedings.
- 113. Build and maintain an up-to-date, organized, and accessible case file.
- 114. Document events, information/contacts, and actions related to the child and family in a method that facilitates clear communication among all parties in the case.
- 115. Prepare written reports in a timely manner, including those for legal and financial purposes.
- 116. Ensure that all documentation regarding the child's safety, risk, placement, and services is gathered and included in the case file.
- 117. Organize and/or prepare required documentation for staffings and assure methods for transferring case information among various individuals.
- 118. Report, document, and follow up on critical incidents.

Teamwork, Collaboration and Interdisciplinary Services

- 119. Utilize the case manager's role to create and sustain a helping system for clients, a system that includes collaborative child welfare work with members of other disciplines.
- 120. Use job functions and roles within the agency/unit to connect with community partners.
- 121. Collaborate with various individuals, groups, and systems within the agency and community public child welfare network.
- 122. Request advice and/or input from the supervisor.
- 123. Serve as a counselor and communicator of information between all parties in the case and identified stakeholders, including medical, educational, and mental health providers.
- 124. Work with a variety of community service agencies and in partnership with law enforcement officials for the safety of children, families and counselors.



- 125 Initiate or update the child's Health and Educational Passport.
- 126 Use a method, such as a life book, to ensure that each child has a life history traced over time in care.
- 127. Prepare for and participate in staff meetings.
- 128. Recognize the roles and responsibilities of staff who conduct licensure, placement, eligibility, and revenue maximization tasks.
- 129. Work collaboratively with placement and licensure staff if incidents occur or problems are identified with placements.

Data Systems and Quality Assurance

- 130. Provide input and use various child welfare data systems used by child welfare services staff.
- 131 Enter and retrieve data from the various child welfare systems used by child welfare staff.
- 132 Adhere to and use the Quality Assurance process and standards as determined by the agency, unit, district and/or department.
- 133 Integrate documentation, data systems and quality assurance systems.
- 134 Comply with quality assurance practices, including meeting Quality Assurance standards on all cases undergoing review and internal/external audits.

Financial Aspects of Child Welfare Services

- 135 Explain the primary funding sources for child welfare services.
- 136 Explain the purpose of primary funding sources for child welfare services.
- 137 Carry out the child welfare services investigator/counselor role in tasks that comply with federal funding requirements, including time sampling and eligibility criteria for Title IV-E out of home care reimbursement.
- 138 Recognize the child welfare worker's role to ensure funding.

Personal Development and Safety

- 139 Resolve potentially harmful situations using knowledge of organizational risk management issues.
- 140 Implement stress and time management techniques, including how to access resources and supports designed to minimize work-related stress.
- 141 Recognize situations that place the worker at risk, including escalating emotions of families.
- 142 Use techniques to ensure personal safety, including requesting assistance from colleagues and law enforcement to facilitate staff safety.



Attachment 3: FCB Child Welfare Core Competencies (2008)

Domain 1: Assessment

- 1.1 Engage and assess families from a strengths-based perspective.
- 1.2 Conduct individual and family group interviews.
- 1.3 Conduct required comprehensive assessments.
- 1.4 Refer individuals and families for further assessments, as needed.
- 1.5 Assess risk of future abuse, neglect and threatened harm, and continually reassess abuse, neglect, and threatened harm by gathering appropriate information.
- 1.6 Identify and document the parent or caregivers' parenting and disciplinary strategies and their appropriateness for the developmental and individual needs of the child.
- 1.7 Read and interpret the results of the department's child safety assessment protocol and make appropriate child safety determinations based on findings.
- 1.8 Conduct thorough home studies that assess the families' capacity to meet the needs of the child(ren).
- 1.9 Conduct purposeful visits with children and parents and/or caregivers that include the on-going assessment of child safety, permanency, and well-being.
- 1.10 Evaluate need/readiness for permanency planning.
- 1.11 Support and identify the findings of the assessment, case dispositions, and recommendations to other persons who have a role in case planning.

Domain 2: Service Planning and Delivery

- 2.1 Collaborate with family members and other parties involved in the case to develop an individualized, family-centered, strengths-based, assessment-based, and outcome-driven plan.
- 2.2 Develop and implement a case plan that is driven by the circumstances of the case and that meets the needs of the child(ren) and the family, and continually reassessing the overall effectiveness of the case plan.
- 2.3 Coordinate a comprehensive, team approach to the delivery of community-based services specific to remediate neglect and provide long-term support to families.
- 2.4 Serve as the conduit of information between all parties to the case and identified stakeholders, including medical, educational, and mental health providers.
- 2.5 Arrange preventative services, when necessary.
- 2.6 Conduct a diligent search for absent parents and relatives.
- 2.7 Identify and engage extended family and other community resources to strengthen a family's ability to care for their child(ren).
- 2.8 Ensure that the child(ren) and family members visit as frequently as possible and according to statutory requirements.



- 2.9 Arrange services and ensure ongoing collaboration to meet the specific, individual needs of the child(ren), family, and caregivers.
- 2.10 Plan, prioritize, and effectively monitor completion of activities and tasks within required timeframes.
- 2.11 Ensure age-appropriate referrals are made for treatment strategies and services that allow the child to develop physically, mentally, and emotionally.
- 2.12 Advocate with school personnel for children to access academic programming, to alleviate barriers to participation in school activities, and to solve school-related problems.
- 2.13 Obtain feedback from service providers to assist in case planning and assessment.
- 2.14 Facilitate placement and promote joint planning and delivery of services in collaboration with primary, foster, kinship, and adoptive families.
- 2.15 Provide foster and adoptive children supportive services to reduce the trauma of separation and placement and to enhance their adjustment and attachment to the substitute parent, in order to meet their needs while in placement.
- 2.16 Make and support permanency recommendations, i.e., reunification, termination of parental rights, other long-term care options, or case closure.

Domain 3: Professional Responsibility

- 3.1 Provide culturally-competent casework services and link families with culturally-competent service providers.
- 3.2 Recognize and operate within the legal obligations and limitations that state and federal laws place on case managers.
- 3.3 Apply confidentiality requirements to casework tasks.
- 3.4 Implement ethical standards of the profession while conducting child welfare services.
- 3.5 Report child abuse and neglect cases using the Abuse Hotline procedures and reporting requirements.
- 3.6 Effectively communicate information about agency programs and services to clients, agency staff, or other service providers.
- 3.7 Work in partnership with various individuals and groups within the child welfare system and community to promote the safety and well-being of children and families.
- 3.8 Plan, organize, and manage multiple priorities, and perform work activities in a manner that efficiently uses existing resources and time.
- 3.9 Recognize symptoms of personal stress that may impact ability to serve clients, and employ strategies to manage stress and prevent burnout.
- 3.10 Use safety skills and techniques when faced with dangerous situations in the workplace and field.
- 3.11 Assist individuals and families in responding to a crisis in a manner that promotes positive change, growth, and development, and ensures safety for all family members.



- 3.12 Assure quality of care through a working knowledge of mandated performance standards and best practices.
- 3.13 Prepare for and participate effectively in case staffings and meetings as a leader and contributor.

Domain 4: Court Liaison

- 4.1 Perform case management responsibilities in accordance with state and federal laws on child abuse, abandonment, and neglect within required timeframes.
- 4.2 Use the juvenile court to protect children from maltreatment and assure permanency within legally established timeframes.
- 4.3 Collaborate with other service providers and legal and court personnel in preparing children and family members for court activity.
- 4.4 Prepare and file all court documents within required timeframes.
- 4.5 Provide factual information through reports and testimony to the court.
- 4.6 Perform casework processes with families in a manner that protects the rights of the family and protects the agency and the caseworker from litigation.
- 4.7 Work with Child Welfare Legal Services to prepare for legal action.
- 4.8 Prepare for and participate in all court hearings and effectively communicate case plan compliance to the court.
- 4.9 Assist families in advocating for their own needs.

Domain 5: Documentation

- 5.1 Write clear, legible, and concise documents, reports, and case information.
- 5.2 Build and maintain an up-to-date, organized, and accessible case file.
- 5.3 Document events, information/contacts, and actions related to the child and family in a method that facilitates clear communication among all parties to the case.
- 5.4 Prepare all casework and critical incident reports and required referral packets within the required timeframes.
- 5.5 Ensure all documentation regarding the child's safety, risk, placement, and services is gathered and included in the case file.
- 5.6 Enter and retrieve information from the child welfare data system.
- 5.7 Update the case file and child welfare data system to document all case activity within established timeframes.
- 5.8 Monitor and update each child's Child Resource Record and, when applicable, the Life Book, to ensure that each child has a life history traced over their time in care.
- 5.9 Monitor and update each child's Health and Education Passport to ensure that each child has a complete and current medical and educational record.



Attachment 4: FCB Child Welfare Core Competencies (2012)

Domain 1: Child Protection Foundations

1. Implement ethical standards of the profession while conducting child welfare services.
2. Report child abuse and neglect cases using the Abuse Hotline procedures and reporting requirements.
3. Recognize and operate within the legal obligations and limitations that state and federal laws place on case managers.
4. Apply confidentiality requirements to casework tasks.
5. Perform case management responsibilities in accordance with state and federal laws on child abuse, abandonment, and neglect within required timeframes.
6. Use the juvenile court to protect children from maltreatment and assure permanency within legally established timeframes.
7. Collaborate with other service providers and legal and court personnel in preparing children and family members for court activity.
8. Provide factual information through reports and testimony to the court.
9. Work with Children's Legal Services to prepare legally sufficient documents for legal action.
10. Prepare for and participate in all court hearings.
11. Assure quality of care through a working knowledge of mandated performance standards and best practices.
12. Work in partnership with various individuals and groups within the child welfare system and community to promote the safety and well-being of children and families.
13. Prepare for and participate effectively in case staffings and meetings as a leader and contributor.
14. Effectively communicate a complete, comprehensive, and coherent case plan history and compliance to the court.
15. Effectively communicate information about agency programs and services to clients, agency staff, or other service providers.
16. Plan, organize, and manage multiple priorities, and perform work activities in a manner that efficiently uses existing resources and time.
17. Use safety skills and techniques when faced with dangerous situations in the workplace and field.
18. Assist individuals and families in responding to a crisis in a manner that promotes positive change, growth, and development, and ensures safety for all family members.
19. Provide culturally-competent casework services and link families with culturally-competent service providers.
20. Write clear, legible, and concise documents, reports, and case information.
21. Build and maintain an up-to-date, organized, and accessible case file.



22. Clearly and accurately document events, information/contacts, reasonable efforts, and actions related to the child and family within required timeframes.
23. Enter all case documentation in the official SACWIS (Statewide Automated Child Welfare Information System) within required timeframes.
24. Monitor and update each child's Child Resource Record and, when applicable, the Life Book, to ensure that each child has a life history traced over the time in care.
25. Monitor and update each child's Health and Education Passport to ensure that each child has a complete and current medical and educational record.

Domain 2: Family and Community Engagement

26. Demonstrate family-centered, strength-based and trauma-informed approaches to performing case management activities.
27. Demonstrate interviewing techniques that build trust and motivate positive change.
28. Use evidence-based and best practices when performing case management activities.
29. Demonstrate an awareness of and respect for clients' background and current life circumstances when performing case management activities.
30. Demonstrate an understanding of child and human growth and development norms and expectations by conducting age and stage appropriate case management interviews, observations and activities.
31. Create and sustain a helping system for clients that include collaborative child welfare work with all appropriate persons involved in the case.
32. Establish and maintain relationships with community partners.
33. Serve as a communicator and facilitator of information-sharing among appropriate persons involved in the case.

Domain 3: Assessment

34. Work with the CPI as needed to understand the results of the department's child safety assessment protocol and participate in the development and ongoing management of the safety plan.
35. Assess risk of future abuse, neglect and threatened harm, and continually reassess abuse, neglect, and threatened harm by gathering appropriate information.
36. Assess children and families from a strengths-based, solution focused perspective.
37. Conduct individual and family group interviews.
38. Identify and document children and family strengths and needs.
39. Refer individuals and families for further assessments, as needed.
40. Conduct thorough home studies that assess the families' capacity to meet the current and future needs of the child(ren).
41. Conduct purposeful visits with children and parents and/or caregivers that include the on-going assessment of child safety, permanency, and well-being.



42. Evaluate need/readiness for permanency planning.
43. Identify and incorporate the findings of the assessment, case dispositions, and recommendations of other persons who have a role in case planning.
44. Engage in teamwork with the family, children, service providers, and other team members to ensure that all persons are “on the same page” as to current needs, progress and continued appropriateness of interventions.
45. Assess children and families for pre-placement prevention services/resources to prevent removal from the home.
46. Provide relevant case history and client background to assessors in order to inform assessment strategies and findings.

Domain 4: Safety Management, Service Planning, and Delivery

47. Collaborate with family members and other persons involved in the case (e.g. the family team) to develop an individualized, family-centered, strengths-based, assessment-based and outcome-driven plan.
48. Develop and implement a case plan that meets the needs of the child(ren) and family.
49. Continually reassess the overall effectiveness of the case plan and update/modify the case plan as needed.
50. Coordinate a comprehensive, team approach to the delivery of community-based services specific to remediate abuse and neglect and provide long-term support to families.
51. Promote teamwork and appropriate information sharing among all persons involved in the case and identified stakeholders, including medical, educational and mental health providers.
52. Arrange preventative services when necessary.
53. Conduct a diligent search for absent parents and relatives.
54. Identify and engage extended family and other community resources to strengthen a family’s ability to care for their child(ren).
55. Ensure that the child(ren) and family members visit as frequently as possible according to statutory requirements, consistent with the developmental needs of the children and in the most natural setting that can ensure safety and well-being.
56. Arrange services and ensure ongoing collaboration to meet the specific, individual needs of the child(ren), family and caregivers.
57. Obtain feedback from the family and service providers to assist in case planning and assessment.
58. Work with the family and team members to plan, prioritize and effectively monitor completion of case plan activities and tasks within required timeframes.
59. Facilitate placement and promote joint planning and delivery of services in collaboration with primary, foster, kinship and adoptive families.
60. Ensure age-appropriate treatment strategies and services are provided that are essential to the physical, mental and emotional development of the child.



61. Advocate for co-parenting of children in care (parents and substitute caregiver/foster parent) including coordination of family-time visits and parent participation in other activities (medical appointments, school activities, family member birthday parties, holidays, etc.) in ways that can ensure safety and well-being.
62. Advocate with school personnel for dependent children to achieve academic success through appropriate placement and educational programming; to alleviate barriers to participation in school activities; and to solve school related problems.
63. Plan and provide foster and adoptive children with supportive services to reduce the trauma of major-life transitions, including transitions related to separation and placement to enhance their adjustment and meet their needs.
64. Work with appropriate team members to make and support permanency recommendations, i.e., reunification, termination of parental rights, other long-term care options, or case closure.
65. For dependent children 13 years of age and older, ensure that case plans include developmentally appropriate opportunities for the child to gain skills, education, work experience, relationships and other necessary capacities for living safely and independently of agency services.
66. For any dependent child on psychotropic medication, ensure that appropriate consent has been obtained, the reasons for the medication are known and that the child's team is involved in ongoing coordination of other treatment modalities and assessment of medication benefits.



Attachment 5: CWCM Validation Study Survey Instrument

Note: The Validation Survey was conducted on-line. This document duplicates the survey content and format. For access to the on-line version of the survey, please contact the FCB offices.

Instructions: The Florida Certification Board (FCB) is conducting a Role Delineation Study (RDS) for the job classification of Child Welfare Case Manager (CWCM). The purpose of an RDS is to identify the core performance domains of practice and the specific job tasks which are performed by CWCMs.

The FCB follows national standards when conducting an RDS to ensure that resulting certification standards and examination instruments reflect the knowledge and skills necessary to perform competently on the job. Part of this process involves asking current practitioners to validate the core performance domains and job tasks of a CWCM.

You have been asked to respond to this survey because of your background and experience related to these job tasks. It should take approximately 45 - 60 minutes to complete the survey. Please select the "next" button for an overview of the survey structure and directions for completing the survey.

This survey is divided into 4 sections:

- In Section A, you are asked to submit demographic information that will ensure the data collected represents professionals working in various settings with differing backgrounds.
- In Section B, you are asked to evaluate task statements in four domains. These task statements have been identified as required for competent performance as a CWCM. You will rate each task statement as to its importance and frequency.
- In Section C, you are asked to provide a number that represents the percentage of time a CWCM spends performing tasks in each of the four domains. The four numbers should total 100.
- In Section D, you are asked to let us know if there was any important information you believe was not included in this survey.

SURVEY DIRECTIONS:

1. You may exit and re-enter this survey at any time as long as you use the same computer. If you cannot complete the survey in one sitting, you may want to print a hard copy of the survey, complete the survey, and enter your ratings at one time.
2. Please carefully review the instructions at the beginning of each section. The rating scale information is repeated for each domain in Section B.
3. The survey data will not be submitted until you complete the entire survey and select the "Done" button.
4. Surveys must be completed no later than February 1, 2013. Please select the "next" button to begin the survey. Thank you for your participation!



Demographic Questions: A demographic questionnaire was included in the survey for sample validation of the respondent's qualifications and background. The demographic questions are:

1. What is your gender?
Male
Female
2. What is your age?
Under 30 years old
31 – 40 years
41 – 50 years
Over 50 years old
3. What professional licenses or certifications do you hold? (select all that apply)
LCSW
None
Other
4. How long have you worked in the child welfare field?
Less than 1 year
1 – 3 years
4 – 6 years
7 – 9 years
Over 10 years
5. Which of the following best describes your current practice setting? (select all that apply)
Protective Investigations
In-home Services
Out-of-Home Services
Court Specialist
Adoption and Related Services
Independent Living
Other
6. Which of the following best describes your current job function? (select all that apply)
Counselor Aide/Technician
Child Welfare Case Manager
Supervisor
Manager
Administration/Leadership
Other
7. Who is your current employer? (select all that apply)
CBC Lead Agency
CBC Provider Agency
Sheriff
CWLS
DCF
Other



8. What is your highest level of education completed?
 - High School Diploma
 - AA/AS Degree
 - BA/BS Degree
 - Masters Degree
 - Higher than Masters Degree
9. Optional: Which of the following best describes your ethnicity/race?
 - American Indian/Alaskan Native
 - Asian
 - Native Hawaiian/Other Pacific Islander
 - Black/African American
 - Hispanic or Latino
 - White/Caucasian
 - Other

Importance and Frequency Rating Scales

Within each domain, there are a set of tasks that are performed by a Child Welfare Case Manager. The purpose of this section is to differentiate between the importance and frequency of the tasks relative to each other within each domain. The ratings you provide will be used to determine the percentage of questions that each task will have on the examination. Tasks that are more important and are more frequently performed will have more questions on the exam. Each domain area and its associated tasks will appear on the following pages. Please rate each task statement according to the rating scale below.

Ratings for Importance - For each task statement, ask yourself, "How important is this task, compared to all other tasks in this domain, to the job of the Child Welfare Case Manager?" Rate each statement according to this scale:

- 1: Not Important
- 2: Somewhat Important
- 3: Important
- 4: Very Important
- 5: Extremely Important

Ratings for Frequency - For each task statement, ask yourself, "How much time does a Child Welfare Case Manager spend performing this task as compared to other tasks in this domain?" Rate each statement according to this scale:

- 1: Not Much Time
- 2: A Little Bit of Time
- 3: An Average Amount of Time
- 4: A Fairly Large Amount of Time
- 5: A Very Large Amount of Time



Please keep in mind that every task is not "Extremely Important." It is critical that you rate each task's importance as compared to all other tasks in the domain. Simply stated, some tasks are MORE important than others. You are NOT being graded, and this is anonymous, so please tell us what you really think.

	Importance					Frequency				
Domain 1: Child Protection Foundations										
1. Implement ethical standards of the profession while conducting child welfare services.	1	2	3	4	5	1	2	3	4	5
2. Report child abuse and neglect cases using the Abuse Hotline procedures and reporting requirements.	1	2	3	4	5	1	2	3	4	5
3. Recognize and operate within the legal obligations and limitations that state and federal laws place on case managers.	1	2	3	4	5	1	2	3	4	5
4. Apply confidentiality requirements to casework tasks.	1	2	3	4	5	1	2	3	4	5
5. Perform case management responsibilities in accordance with state and federal laws on child abuse, abandonment, and neglect within required timeframes.	1	2	3	4	5	1	2	3	4	5
6. Use the juvenile court to protect children from maltreatment and assure permanency within legally established timeframes.	1	2	3	4	5	1	2	3	4	5
7. Collaborate with other service providers and legal and court personnel in preparing children and family members for court activity.	1	2	3	4	5	1	2	3	4	5
8. Provide factual information through reports and testimony to the court.	1	2	3	4	5	1	2	3	4	5
9. Work with Children’s Legal Services to prepare legally sufficient documents for legal action.	1	2	3	4	5	1	2	3	4	5
10. Prepare for and participate in all court hearings.	1	2	3	4	5	1	2	3	4	5
11. Assure quality of care through a working knowledge of mandated performance standards and best practices.	1	2	3	4	5	1	2	3	4	5
12. Work in partnership with various individuals and groups within the child welfare system and community to promote the safety and well-being of children and families.	1	2	3	4	5	1	2	3	4	5
13. Prepare for and participate effectively in case staffings and meetings as a leader and contributor.	1	2	3	4	5	1	2	3	4	5



	Importance					Frequency				
14. Effectively communicate a complete, comprehensive, and coherent case plan history and compliance to the court.	1	2	3	4	5	1	2	3	4	5
15. Effectively communicate information about agency programs and services to clients, agency staff, or other service providers.	1	2	3	4	5	1	2	3	4	5
16. Plan, organize, and manage multiple priorities, and perform work activities in a manner that efficiently uses existing resources and time.	1	2	3	4	5	1	2	3	4	5
17. Use safety skills and techniques when faced with dangerous situations in the workplace and field.	1	2	3	4	5	1	2	3	4	5
18. Assist individuals and families in responding to a crisis in a manner that promotes positive change, growth, and development, and ensures safety for all family members.	1	2	3	4	5	1	2	3	4	5
19. Provide culturally-competent casework services and link families with culturally-competent service providers.	1	2	3	4	5	1	2	3	4	5
20. Write clear, legible, and concise documents, reports, and case information.	1	2	3	4	5	1	2	3	4	5
21. Build and maintain an up-to-date, organized, and accessible case file.	1	2	3	4	5	1	2	3	4	5
22. Clearly and accurately document events, information/contacts, reasonable efforts, and actions related to the child and family within required timeframes.	1	2	3	4	5	1	2	3	4	5
23. Enter all case documentation in the official SACWIS (Statewide Automated Child Welfare Information System) within required timeframes.	1	2	3	4	5	1	2	3	4	5
24. Monitor and update each child's Child Resource Record and, when applicable, the Life Book, to ensure that each child has a life history traced over the time in care.	1	2	3	4	5	1	2	3	4	5
25. Monitor and update each child's Health and Education Passport to ensure that each child has a complete and current medical and educational record.	1	2	3	4	5	1	2	3	4	5
Domain 2: Family and Community Engagement										
26. Demonstrate family-centered, strength-based and trauma-informed approaches to performing case management activities.	1	2	3	4	5	1	2	3	4	5
27. Demonstrate interviewing techniques that	1	2	3	4	5	1	2	3	4	5



	Importance					Frequency				
build trust and motivate positive change.										
28. Use evidence-based and best practices when performing case management activities.	1	2	3	4	5	1	2	3	4	5
29. Demonstrate an awareness of and respect for clients' background and current life circumstances when performing case management activities.	1	2	3	4	5	1	2	3	4	5
30. Demonstrate an understanding of child and human growth and development norms and expectations by conducting age and stage appropriate case management interviews, observations and activities.	1	2	3	4	5	1	2	3	4	5
31. Create and sustain a helping system for clients that include collaborative child welfare work with all appropriate persons involved in the case.	1	2	3	4	5	1	2	3	4	5
32. Establish and maintain relationships with community partners.	1	2	3	4	5	1	2	3	4	5
33. Serve as a communicator and facilitator of information-sharing among appropriate persons involved in the case.	1	2	3	4	5	1	2	3	4	5
Domain 3: Assessment										
34. Work with the CPI as needed to understand the results of the department's child safety assessment protocol and participate in the development and ongoing management of the safety plan.	1	2	3	4	5	1	2	3	4	5
35. Assess risk of future abuse, neglect and threatened harm, and continually reassess abuse, neglect, and threatened harm by gathering appropriate information.	1	2	3	4	5	1	2	3	4	5
36. Assess children and families from a strengths-based, solution focused perspective.	1	2	3	4	5	1	2	3	4	5
37. Conduct individual and family group interviews.	1	2	3	4	5	1	2	3	4	5
38. Identify and document children and family strengths and needs.	1	2	3	4	5	1	2	3	4	5
39. Refer individuals and families for further assessments, as needed.	1	2	3	4	5	1	2	3	4	5
40. Conduct thorough home studies that assess the families' capacity to meet the current and future needs of the child(ren).	1	2	3	4	5	1	2	3	4	5
41. Conduct purposeful visits with children and	1	2	3	4	5	1	2	3	4	5



	Importance					Frequency				
parents and/or caregivers that include the on-going assessment of child safety, permanency, and well-being.										
42. Evaluate need/readiness for permanency planning.	1	2	3	4	5	1	2	3	4	5
43. Identify and incorporate the findings of the assessment, case dispositions, and recommendations of other persons who have a role in case planning.	1	2	3	4	5	1	2	3	4	5
44. Engage in teamwork with the family, children, service providers, and other team members to ensure that all persons are “on the same page” as to current needs, progress and continued appropriateness of interventions.	1	2	3	4	5	1	2	3	4	5
45. Assess children and families for pre-placement prevention services/resources to prevent removal from the home.	1	2	3	4	5	1	2	3	4	5
46. Provide relevant case history and client background to assessors in order to inform assessment strategies and findings.	1	2	3	4	5	1	2	3	4	5
Domain 4: Safety Management, Service Planning, and Delivery										
47. Collaborate with family members and other persons involved in the case (e.g. the family team) to develop an individualized, family-centered, strengths-based, assessment-based and outcome-driven plan.	1	2	3	4	5	1	2	3	4	5
48. Develop and implement a case plan that meets the needs of the child(ren) and family.	1	2	3	4	5	1	2	3	4	5
49. Continually reassess the overall effectiveness of the case plan and update/modify the case plan as needed.	1	2	3	4	5	1	2	3	4	5
50. Coordinate a comprehensive, team approach to the delivery of community-based services specific to remediate abuse and neglect and provide long-term support to families.	1	2	3	4	5	1	2	3	4	5
51. Promote teamwork and appropriate information sharing among all persons involved in the case and identified stakeholders, including medical, educational and mental health providers.	1	2	3	4	5	1	2	3	4	5
52. Arrange preventative services when necessary.	1	2	3	4	5	1	2	3	4	5
53. Conduct a diligent search for absent parents	1	2	3	4	5	1	2	3	4	5



	Importance					Frequency				
and relatives.										
54. Identify and engage extended family and other community resources to strengthen a family's ability to care for their child(ren).	1	2	3	4	5	1	2	3	4	5
55. Ensure that the child(ren) and family members visit as frequently as possible according to statutory requirements, consistent with the developmental needs of the children and in the most natural setting that can ensure safety and well-being.	1	2	3	4	5	1	2	3	4	5
56. Arrange services and ensure ongoing collaboration to meet the specific, individual needs of the child(ren), family and caregivers.	1	2	3	4	5	1	2	3	4	5
57. Obtain feedback from the family and service providers to assist in case planning and assessment.	1	2	3	4	5	1	2	3	4	5
58. Work with the family and team members to plan, prioritize and effectively monitor completion of case plan activities and tasks within required timeframes.	1	2	3	4	5	1	2	3	4	5
59. Facilitate placement and promote joint planning and delivery of services in collaboration with primary, foster, kinship and adoptive families.	1	2	3	4	5	1	2	3	4	5
60. Ensure age-appropriate treatment strategies and services are provided that are essential to the physical, mental and emotional development of the child.	1	2	3	4	5	1	2	3	4	5
61. Advocate for co-parenting of children in care (parents and substitute caregiver/foster parent) including coordination of family-time visits and parent participation in other activities (medical appointments, school activities, family member birthday parties, holidays, etc.) in ways that can ensure safety and well-being.	1	2	3	4	5	1	2	3	4	5
62. Advocate with school personnel for dependent children to achieve academic success through appropriate placement and educational programming; to alleviate barriers to participation in school activities; and to solve school related problems.	1	2	3	4	5	1	2	3	4	5
63. Plan and provide foster and adoptive children with supportive services to reduce	1	2	3	4	5	1	2	3	4	5



	Importance					Frequency				
the trauma of major-life transitions, including transitions related to separation and placement to enhance their adjustment and meet their needs.										
64. Work with appropriate team members to make and support permanency recommendations, i.e., reunification, termination of parental rights, other long-term care options, or case closure.	1	2	3	4	5	1	2	3	4	5
65. For dependent children 13 years of age and older, ensure that case plans include developmentally appropriate opportunities for the child to gain skills, education, work experience, relationships and other necessary capacities for living safely and independently of agency services.	1	2	3	4	5	1	2	3	4	5
66. For any dependent child on psychotropic medication, ensure that appropriate consent has been obtained, the reasons for the medication are known and that the child's team is involved in ongoing coordination of other treatment modalities and assessment of medication benefits.	1	2	3	4	5	1	2	3	4	5

Time Percentages for Each Domain

The purpose of this section is to differentiate the percentage of time a Child Welfare Case Manager spends performing these duties relative to the other domains (the last section compared frequency relative to other "task statements" per domain).

Directions: Assign the percentage of time you spend OR the percentage of time you believe a Child Welfare Case Manager would spend performing duties in each of these domains. The total percentage must equal 100%.

Domain	% of time out of 100 %
Child Protection Foundations	
Family and Community Engagement	
Assessment	
Safety Management, Service Planning and Delivery	



Respondent Feedback

This section is designed to allow you to provide us with feedback regarding the domains and job tasks that were included in the survey.

1. How well did this survey cover the performance domains expected of a CWCM?
Very Poorly
Poorly
Adequately
Well
Very Well
2. Are there any performance domains you believe were omitted?
Yes
No
If “yes”, please explain:
3. How well did this survey cover the job tasks expected of a CWCM?
Very Poorly
Poorly
Adequately
Well
Very Well
4. Are there any job tasks you believe were omitted?
Yes
No
If “yes”, please explain:
5. Do you have any additional comments?

This completes the survey, thank you for your participation.



Attachment 6: Omitted Performance Domains

(unedited free text response)

- Documentation
- Availability of supervision for the CWCM
- Transportation and length engaged with families. Supervising visits, babysitting, transporting the children and ensuring all children are transported and watched at the court hearings. The length of time spent at court.
- It did not cover adoptions or Independent living in full detail.
- Adoption case managers do not use family meetings/group decision making like dependency case managers do.
- Judicial/court
- It does not address the tasks required of case managers that should be fulfilled by other parties. For instance, case managers should not be preparing legal documents that should be held by a paralegal. In addition, it does not address the amount of time that is deducted from our work day for non-quantitative tasks like transporting children. These tasks take away from our ability to meet other deadlines; however, do not amount to a quantitative task.
- CLS expects all of the staff to be prepared for court hearings and know the law. With the arrangements with DCF and CBC, CLS now state that they do not represent the DCM and instead are only a part of the process that we (the DCM's) have to go through. Due to this arrangement, the DCM's feel less comfortable in going to court without their supervisor and or above for support. it also makes the CLS relationship very questionable regarding partnerships.
- Exceptions to policy and law. Child welfare is not a "one size fits all".
- Not omitted; but, not clearly delineated for this county. For example, CM helps to build & maintain the case file; a very large amount of the time the file room staff maintains the case file.
- Case managers are responsible for transporting, taking children to the doctor, picking these children up from school and still required to do all other case plan tasks.
- Transportation of children to court, school, work, appointments.
- Paperwork/ time spent completing office activities.
- Resourcefulness (seeking, updating, creativity) training (updates, higher education, cultural awareness, theory).
- Many performances bleed into each other. There is a section of Emergency Response to the lead CBC agency and/or state stat throws a big pot hole in the road for most front line agencies.
- Every 30 day visits. Once a month provided you with more time for all the paperwork.
- The number of case that a case manager can manage so that quality services are provided to each family. 25 children are too many.



- Time Management Stress management Decision Making Legal issues.
- Staff turnover/high caseloads/distance in travels/multiple staffing.
- The survey did not inquire enough about amount of work that is required the amount paperwork. It did inquire as a team work based. However, it did inquire how much individuals utilize their time on amount of paperwork such as assessment, court documents, service provider reports, and communication with lead agency, CBC agency and supervisors.
- The use of interview skills and other social work related skills.
- Much of the survey was related to either removal/reunification (i.e., dependency) and did not apply to adoptions services.
- Adoption
- Direct child observation standards
- Babysitting with the children when parents are late to their appointment with the CM and children.
- A lot of time is spent transporting children for visits and other appointments.
- Paperwork, which is the major responsibility of the job.



Attachment 7: Omitted Job Tasks

(unedited free text response)

- While family relationships is covered, there is more focus recently on courts ordering increased number of child visits with siblings and bio parents (up to three separate one hour visits per week) which can be a significant strain on workers' time and resources.
- Licensing work.
- The job is so overwhelming, the GAL program sucks the life out of professionals, the mental health services for our children is very poor and not up to quality standards.
- Transportation and length engaged with families. Supervising visits, babysitting, transporting the children and ensuring all children are transported and watched at the court hearings. The length of time spent at court.
- Job tasks that pertain to Adoptions and Independent Living.
- On-call, Court attendance, communication with GAL.
- Transportation of children travel to and from court, staffing, etc. in other counties.
- Specific for adoption is matching the child or finding a permanent home.
- Trainings/meetings/staffing both internal and external agency (jail visits coordination/out of state communications), on call which are very time consuming.
- Transporting children, tasks that could have been omitted if the foster parents would handle them. Many times foster parents refuse to transport a child to take them to a doctor appointment, some even refuse to take the child to school, which requires the case manager to sacrifice valuable time during the day, taking away from required tasks and deadlines.
- Transporting children.
- The paperwork didn't really seem to be a focal point. Flexibility and adaptability of an employee was not addressed. Variety of skills necessary for a worker to be successful was not addressed.
- Data Entry, travel time. While all of the areas are important and should be done daily, travel, transportation and data entry into FSFN are the where the DCM spends most of their day.
- The relative importance of paperwork currently used for pre-emptive CYA vs. child safety.
- Transporting of a child to/from medical-dental appointment, court hearings, visitations with siblings/parents, etc.
- Transporting families to services.
- Home visits.
- Obtaining more assistance for Case Managers to complete tasks.
- Emergency situations that can hinder compliance with expected timeframes.



- More information on the amount of time spent completing and submitting reports, family assessments, incident reports and collecting all needed documentation as well as the time spent in court for hearings and reviews. Also the amount of time that the case managers spend on transportation for appearances for court, appointments, visitations, etc.
- Transportation: of children to court, school, work, appointments. Time spent looking for a parent or a runaway child trainings.
- Office work/paperwork.
- Court documents, service referrals, transporting clients, organization procedures (timesheets, mileage, etc.), meetings and trainings.
- As CWCM, we serve as the CA, a parent, a doctor, driver, and the list goes on.
- Quality assurance is an ongoing process not just prior to an audit.
- All the updates necessary that need to be inputted in to FSFN.
- Alarming admin duties responsibilities
- Allowing providers, judges, court liaisons, administrative staff, dcf and lead agency to let the case manager to handle the case.
- Time management, Stress management, Decision making, and Legal issues.
- The amount of time a CWCM spent in judicial hearing. Building bridges w/the District school board Stop the adversarial or territorial stance.
- CM's sought to provide translation services to non-English speaking clients; time entailed with seeking appropriate car seats for young child transports. Duplicating steps when issues arise with electronic/digital equipment to ensure time mandates are adhered to.
- The survey does not take in effect the emergency situations that may occur.
- There are administrative tasks that are expected of workers, such as maintaining a calendar to determine time spent working, transporting children, attending trainings for new programs, on-call work, and team meetings and supervision.
- Case Management portion, Medicals/Dentals, Referrals, Mental Health, and School.
- There were responsibilities, such as transportation of children to medical appointments, visitation, or etc.
- A lot of paperwork that takes the majority of our time and takes away the time we spend with the children.
- In order to remain current with new case management skills, the cm is required to attend required ongoing in-service training which is not reflected in their overall job duties but this requires a lot of the cm's time.
- Adoption tasks.
- This does not take into consideration administrative duties, i.e., trackers, training, meetings, etc.
- Transporting children and supervising visitations.



- Being an unofficial "counselor".
- Transportation of clients, children for appointments, visitations, evaluations, etc.
- Adoption tasks for adoption workers.
- Visitation with the child and parent when the case manager has to set in on them.
- Ensuring transportation of children and families as needed.
- Various forms of paperwork



Attachment 8: Mean Ratings and Proportions of Items for 66 Tasks

					Test Length			
	Mean Importance Rating	Mean Frequency Rating	Mean Combined Rating	Exam Proportion	75-item	100-item	125-item	150-item
All Domains					75	100	100	150
Domain 1: Child Protection Foundation				38.7%	29	39	49	58
Task								
1.1	4.60	4.21	4.40	1.60%	1	2	2	3
1.2	4.74	3.37	4.05	1.47%	1	1	2	2
1.3	4.66	4.36	4.51	1.64%	2	2	2	3
1.4	4.75	4.36	4.55	1.65%	2	2	2	3
1.5	4.68	4.47	4.58	1.66%	2	2	2	3
1.6	4.48	3.97	4.23	1.53%	1	1	2	2
1.7	4.31	3.87	4.09	1.49%	1	1	2	2
1.8	4.71	4.22	4.47	1.62%	1	2	2	3
1.9	4.45	3.89	4.17	1.51%	1	1	2	2
1.10	4.49	4.05	4.27	1.55%	1	2	2	2
1.11	4.54	4.24	4.39	1.59%	1	2	2	2
1.12	4.51	4.15	4.33	1.57%	1	2	2	2
1.13	4.41	4.01	4.21	1.53%	1	1	2	2
1.14	4.51	4.13	4.32	1.57%	1	2	2	2
1.15	4.38	3.96	4.17	1.52%	1	1	2	2
1.16	4.57	4.34	4.46	1.62%	1	2	2	3
1.17	4.56	3.66	4.11	1.49%	1	1	2	2
1.18	4.50	3.89	4.20	1.52%	1	1	2	2
1.19	4.39	3.79	4.09	1.48%	1	1	2	2
1.20	4.61	4.34	4.48	1.62%	2	2	2	3
1.21	4.53	4.05	4.29	1.56%	1	2	2	2
1.22	4.62	4.27	4.45	1.61%	1	2	2	3
1.23	4.47	4.03	4.25	1.54%	1	2	2	2
1.24	4.10	3.24	3.67	1.33%	1	1	1	2
1.25	4.27	3.70	3.99	1.45%	1	1	2	2
Domain 2: Family and Community Engagement				12.0%	9	12	15	18
Task								
2.1	4.39	3.86	4.12	1.50%	1	1	2	2
2.2	4.40	3.85	4.13	1.50%	1	2	2	2
2.3	4.35	3.87	4.11	1.49%	1	1	2	2
2.4	4.51	4.03	4.27	1.55%	2	2	2	3
2.5	4.32	3.81	4.06	1.47%	1	1	1	2
2.6	4.34	3.98	4.16	1.51%	1	2	2	2
2.7	4.31	3.87	4.09	1.48%	1	1	2	2
2.8	4.34	4.06	4.20	1.52%	1	2	2	3



	Mean Importance Rating	Mean Frequency Rating	Mean Combined Rating	Exam Proportion	Test Length			
					75-item	100-item	125-item	150-item
Domain 3: Assessment				19.5%	15	19	24	29
Task								
3.1	4.21	3.24	3.73	1.35%	1	1	1	2
3.2	4.56	4.12	4.34	1.58%	2	2	2	3
3.3	4.47	4.01	4.24	1.54%	1	2	2	3
3.4	4.16	3.57	3.86	1.40%	1	1	1	2
3.5	4.36	3.87	4.12	1.49%	1	1	2	2
3.6	4.40	3.84	4.12	1.50%	1	1	2	2
3.7	4.49	3.94	4.21	1.53%	1	2	2	2
3.8	4.64	4.20	4.42	1.60%	2	2	2	3
3.9	4.45	3.96	4.21	1.53%	1	2	2	2
3.10	4.30	3.87	4.09	1.48%	1	1	2	2
3.11	4.42	4.04	4.23	1.54%	1	2	2	2
3.12	4.36	3.65	4.00	1.45%	1	1	2	2
3.13	4.41	3.87	4.14	1.50%	1	1	2	2
Domain 4: Safety Management, Service Planning, and Delivery				29.7%	22	30	37	45
Task								
4.1	4.35	3.74	4.05	1.47%	1	1	2	2
4.2	4.53	3.94	4.23	1.54%	2	2	2	3
4.3	4.41	3.80	4.11	1.49%	1	2	2	2
4.4	4.37	3.77	4.07	1.48%	1	1	2	2
4.5	4.40	3.88	4.14	1.50%	1	2	2	2
4.6	4.37	3.68	4.03	1.46%	1	1	2	2
4.7	4.21	3.37	3.79	1.38%	1	1	1	2
4.8	4.35	3.63	3.99	1.45%	1	1	2	2
4.9	4.44	3.94	4.19	1.52%	1	2	2	3
4.10	4.46	3.94	4.20	1.52%	1	2	2	3
4.11	4.37	3.85	4.11	1.49%	1	2	2	2
4.12	4.41	3.93	4.17	1.51%	1	2	2	2
4.13	4.34	3.73	4.03	1.46%	1	1	2	2
4.14	4.45	3.91	4.18	1.52%	1	2	2	2
4.15	4.36	3.69	4.02	1.46%	1	1	1	2
4.16	4.31	3.59	3.95	1.43%	1	1	1	2
4.17	4.42	3.77	4.09	1.49%	1	1	2	2
4.18	4.45	3.98	4.21	1.53%	1	2	2	3
4.19	4.39	3.71	4.05	1.47%	1	1	2	2
4.20	4.55	4.04	4.29	1.56%	2	2	2	3



Attachment 9: Detailed Test Blueprint

Domain / Tasks		Items per Domain/Task			
		75-item test	100-item test	125-item test	150-item test
Domain 1: Child Protection Foundation		29	39	49	58
Task					
1.1	(T1) Implement ethical standards of the profession while conducting child welfare services.	1	2	2	3
1.2	(T2) Report child abuse and neglect cases using the Abuse Hotline procedures and reporting requirements.	1	1	2	2
1.3	(T3) Recognize and operate within the legal obligations and limitations that state and federal laws place on case managers.	2	2	2	3
1.4	(T4) Apply confidentiality requirements to casework tasks.	2	2	2	3
1.5	(T5) Perform case management responsibilities in accordance with state and federal laws on child abuse, abandonment, and neglect within required timeframes.	2	2	2	3
1.6	(T6) Use the juvenile court to protect children from maltreatment and assure permanency within legally established timeframes.	1	1	2	2
1.7	(T7) Collaborate with other service providers and legal and court personnel in preparing children and family members for court activity.	1	1	2	2
1.8	(T8) Provide factual information through reports and testimony to the court.	1	2	2	3
1.9	(T9) Work with Children's Legal Services to prepare legally sufficient documents for legal action.	1	1	2	2
1.10	(T10) Prepare for and participate in all court hearings.	1	2	2	2
1.11	(T11) Assure quality of care through a working knowledge of mandated performance standards and best practices.	1	2	2	2
1.12	(T12) Work in partnership with various individuals and groups within the child welfare system and community to promote the safety and well-being of children and families.	1	2	2	2



Domain / Tasks		Items per Domain/Task			
		75-item test	100-item test	125-item test	150-item test
1.13	(T13) Prepare for and participate effectively in case staffings and meetings as a leader and contributor.	1	1	2	2
1.14	(T14) Effectively communicate a complete, comprehensive, and coherent case plan history and compliance to the court.	1	2	2	2
1.15	(T15) Effectively communicate information about agency programs and services to clients, agency staff, or other service providers.	1	1	2	2
1.16	(T16) Plan, organize, and manage multiple priorities, and perform work activities in a manner that efficiently uses existing resources and time.	1	2	2	3
1.17	(T17) Use safety skills and techniques when faced with dangerous situations in the workplace and field.	1	1	2	2
1.18	(T18) Assist individuals and families in responding to a crisis in a manner that promotes positive change, growth, and development, and ensures safety for all family members.	1	1	2	2
1.19	(T19) Provide culturally-competent casework services and link families with culturally-competent service providers.	1	1	2	2
1.20	(T20) Write clear, legible, and concise documents, reports, and case information.	2	2	2	3
1.21	(T21) Build and maintain an up-to-date, organized, and accessible case file.	1	2	2	2
1.22	(T22) Clearly and accurately document events, information/contacts, reasonable efforts, and actions related to the child and family within required timeframes.	1	2	2	3
1.23	(T23) Enter all case documentation in the official SACWIS (Statewide Automated Child Welfare Information System) within required timeframes.	1	2	2	2
1.24	(T24) Monitor and update each child's Child Resource Record and, when applicable, the Life Book, to ensure that each child has a life history traced over the time in care.	1	1	1	2



Domain / Tasks		Items per Domain/Task			
		75-item test	100-item test	125-item test	150-item test
1.25	(T25) Monitor and update each child's Health and Education Passport to ensure that each child has a complete and current medical and educational record.	1	1	2	2
Domain 2: Family and Community Engagement		9	12	15	18
Task					
2.1	(T26) Demonstrate family-centered, strength-based and trauma-informed approaches to performing case management activities.	1	1	2	2
2.2	(T27) Demonstrate interviewing techniques that build trust and motivate positive change.	1	2	2	2
2.3	(T28) Use evidence-based and best practices when performing case management activities.	1	1	2	2
2.4	(T29) Demonstrate an awareness of and respect for clients' background and current life circumstances when performing case management activities.	2	2	2	3
2.5	(T30) Demonstrate an understanding of child and human growth and development norms and expectations by conducting age and stage appropriate case management interviews, observations and activities.	1	1	1	2
2.6	(T31) Create and sustain a helping system for clients that includes collaborative child welfare work with all appropriate persons involved in the case.	1	2	2	2
2.7	(T32) Establish and maintain relationships with community partners.	1	1	2	2
2.8	(T33) Serve as a communicator and facilitator of information-sharing among appropriate persons involved in the case.	1	2	2	3
Domain 3: Assessment		15	19	24	29
Task					
3.1	(T34) Work with the CPI as needed to understand the results of the department's child safety assessment protocol and participate in the development and ongoing management of the safety plan.	1	1	1	2
3.2	(T35) Assess risk of future abuse, neglect and threatened harm, and continually reassess abuse, neglect, and threatened harm by gathering appropriate information.	2	2	2	3



Domain / Tasks		Items per Domain/Task			
		75-item test	100-item test	125-item test	150-item test
3.3	(T36) Assess children and families from a strengths-based, solution focused perspective.	1	2	2	3
3.4	(T37) Conduct individual and family group interviews.	1	1	1	2
3.5	(T38) Identify and document children and family strengths and needs.	1	1	2	2
3.6	(T39) Refer individuals and families for further assessments, as needed.	1	1	2	2
3.7	(T40) Conduct thorough home studies that assess the families' capacity to meet the current and future needs of the child(ren).	1	2	2	2
3.8	(T41) Conduct purposeful visits with children and parents and/or caregivers that include the on-going assessment of child safety, permanency, and well-being.	2	2	2	3
3.9	(T42) Evaluate need/readiness for permanency planning.	1	2	2	2
3.10	(T43) Identify and incorporate the findings of the assessment, case dispositions, and recommendations of other persons who have a role in case planning.	1	1	2	2
3.11	(T44) Engage in teamwork with the family, children, service providers, and other team members to ensure that all persons are "on the same page" as to current needs, progress and continued appropriateness of interventions.	1	2	2	2
3.12	(T45) Assess children and families for pre-placement prevention services/resources to prevent removal from the home.	1	1	2	2
3.13	(T46) Provide relevant case history and client background to assessors in order to inform assessment strategies and findings.	1	1	2	2
Domain 4: Safety Management, Service Planning, and Delivery		22	30	37	45
Task					
4.1	(T47) Collaborate with family members and other persons involved in the case (e.g. the family team) to develop an individualized, family-centered, strengths-based, assessment-based and outcome-driven plan.	1	1	2	2
4.2	(T48) Develop and implement a case plan that meets the needs of the child(ren) and family.	2	2	2	3



Domain / Tasks		Items per Domain/Task			
		75-item test	100-item test	125-item test	150-item test
4.3	(T49) Continually reassess the overall effectiveness of the case plan and update/modify the case plan as needed.	1	2	2	2
4.4	(T50) Coordinate a comprehensive, team approach to the delivery of community-based services specific to remediate abuse and neglect and provide long-term support to families.	1	1	2	2
4.5	(T51) Promote teamwork and appropriate information sharing among all persons involved in the case and identified stakeholders, including medical, educational and mental health providers.	1	2	2	2
4.6	(T52) Arrange preventative services when necessary.	1	1	2	2
4.7	(T53) Conduct a diligent search for absent parents and relatives.	1	1	1	2
4.8	(T54) Identify and engage extended family and other community resources to strengthen a family's ability to care for their child(ren).	1	1	2	2
4.9	(T55) Ensure that the child(ren) and family members visit as frequently as possible according to statutory requirements, consistent with the developmental needs of the children and in the most natural setting that can ensure safety and well-being.	1	2	2	3
4.10	(T56) Arrange services and ensure ongoing collaboration to meet the specific, individual needs of the child(ren), family and caregivers.	1	2	2	3
4.11	(T57) Obtain feedback from the family and service providers to assist in case planning and assessment.	1	2	2	2
4.12	(T58) Work with the family and team members to plan, prioritize and effectively monitor completion of case plan activities and tasks within required timeframes.	1	2	2	2
4.13	(T59) Facilitate placement and promote joint planning and delivery of services in collaboration with primary, foster, kinship and adoptive families.	1	1	2	2
4.14	(T60) Ensure age-appropriate treatment strategies and services are provided that are essential to the physical, mental and emotional development of the child.	1	2	2	2



Domain / Tasks		Items per Domain/Task			
		75-item test	100-item test	125-item test	150-item test
4.15	(T61) Advocate for co-parenting of children in care (parents and substitute caregiver/foster parent) including coordination of family-time visits and parent participation in other activities (medical appointments, school activities, family member birthday parties, holidays, etc.) in ways that can ensure safety and well-being.	1	1	1	2
4.16	(T62) Advocate with school personnel for dependent children to achieve academic success through appropriate placement and educational programming; to alleviate barriers to participation in school activities; and to solve school related problems.	1	1	1	2
4.17	(T63) Plan and provide foster and adoptive children with supportive services to reduce the trauma of major-life transitions, including transitions related to separation and placement to enhance their adjustment and meet their needs.	1	1	2	2
4.18	(T64) Work with appropriate team members to make and support permanency recommendations, i.e., reunification, termination of parental rights, other long-term care options, or case closure.	1	2	2	3
4.19	(T65) For dependent children 13 years of age and older, ensure that case plans include developmentally appropriate opportunities for the child to gain skills, education, work experience, relationships and other necessary capacities for living safely and independently of agency services.	1	1	2	2
4.20	(T66) For any dependent child on psychotropic medication, ensure that appropriate consent has been obtained, the reasons for the medication are known and that the child's team is involved in ongoing coordination of other treatment modalities and assessment of medication benefits.	2	2	2	3





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