Contacts - General

(Revised 07/02/20)

Related PM files	Additional information about contacts can be found in these policy files:

- Contacts - SW and Child
- Contacts - SW and Parents
- Contacts - SW and Resource Parent(s)
- Contacts - SW and Other Service Providers

General Policy	SWs will document and update client information in the appropriate client notebooks in CWS/CMS.

If a client requests to record an interview, the SW will follow the policy in the "Recording Interviews" section in the Confidentiality - General file.

SWs must enter a contact to document:

- An in person contact
- Phone call and/or text
- Conference calls
- Family Centered Meetings (CFT, Mapping, etc.)
- Send and/or receive emails (See Email Policy when communicating via email)
- Fax (document what was faxed, when it was faxed, and to whom)
- Mail (if returned; reason returned, forwarding address, and update address in CMS/CWS if known).

NOTE: The SW is responsible for documenting the presence of other parties during contacts (e.g., service providers, SET Practice Coach, relative, PSS, etc.).

Quality contacts

Best case social work practice depends on quality contacts. Quality contacts can improve safety, risk, and needs assessments, build trusting relationships, create shared understanding of progress toward goals, strengths, and needs, and improve family and youth engagement.

Quality contacts can be defined as purposeful interactions between the caseworker, child(ren), youth, parent(s), and caregiver(s) that reflect engagement and contribute to assessment and the case planning process.

Quality contact components

Quality contacts incorporate the following components:

- **Engagement and dialogue**: Use empathy, genuineness, and respect with children, parents, and caregivers. Value the parent and child voice and promote reflection on strengths, needs, and concerns.
- **Assessment**: Ensure the safety, well-being, and permanency of children in all stages of the case.   Assess the progress on the case plan.
- **Teaming**: Build connections with the family through CFT's by engaging youth and family in planning and decision-making. Facilitate the sharing of information among family members and service providers.
- **Service planning and delivery**: Ask the parent, child, and caregiver what needs they want to focus on and what are necessary for successful reunification (on case plan and addressed in CFT).
- **Monitoring and adapting**: Explore the parent, child, and caregiver needs and assess progress toward the case plan. Making any necessary adjustments and use the CFT team members to assist with any barriers.
- **Transition**: Assure that progress is being made toward any planned or necessary transitions and all team members are coordinating that care. Follow up with any task and/or previous concerns.

Phases of quality contacts

There are 3 phases and activities that should occur during these quality contacts:

Phase	Description
Before (Planning and Preparation)	- When making scheduled or unannounced visit, consider all parties schedule, length, and location of visit to support open/honest conversations - Gather and review case information, case plan, follow up from last contact, collateral/service provider assessment and/or concerns - Prepare visit with clear purpose, identify issues to discuss, and consider worker safety

Phases of quality contacts (cont.)

Phase	Description
During (Engagement, Assessment, Exploration, And Adjustment)	• Review objectives for the contact, demonstrate respect, empathy and avoid any judgment, listen, support partnership, and talk with child, caregiver, and parent(s) separately • Focus on the case plan objectives while assessing for safety and risk, identify strengths, and concerns, identify needs, explore well-being of family, and make any changes necessary to case plan with the family's input • Assess child safety during all contact visits with children. • Wrap up visit with next steps and arrange for next visit.
After (Documentation, Debriefing, and Follow-up)	• Document key information, observations, date/time/location, progress toward case plan, concerns expressed by child, parent(s), and caregiver(s), cultural considerations, follow up activities and tasks, referrals provided, etc. • Debrief with PSS, reflect on challenges, successful approaches and areas for development • Follow up on commitments and next steps

NOTE: See Quality Matters Capacity Building Center for States for additional information on quality contacts.

Tools that support quality contacts

Tools that support quality contacts:

- SOP tools (Three questions, Safety House, solution-focused questioning, safety mapping, Circles of Support, ecomaps and genograms
- CFT's, Mappings
- CANs tool, Case Plan, Needs and Services form
- Foster Youth Rights, Foster Youth Mental Health Bill of Rights

| **Safety Organized Practice (SOP)** | Safety Organized Practice (SOP) should be used during contacts with children, youth, and parents to assist with engagement. The table below list the components that can be used in programs. All SOP components used should be documented in CMS/CWS. |

Program	SOP Components to Be Documented
Hotline	- Three Questions - Solution-Focused Questions - Cultural Responsiveness (e.g., asking the RP about the family's culture, tribal affiliations, language) - Provisional Harm and/or Danger Statements - SDM Hotline Tool
ALL (Investigations, VS, FM, FR, PP, EFC, Adoptions)	1. Three Questions 2. Solution-Focused Questions 3. Cultural Responsiveness 4. Appreciative Inquiry 5. Harm and Danger Statements 6. Safety Goals 7. Behaviorally specific language in safety and/or case plans 8. Obtaining the voice of the child (such as through Three Houses or Safety/Permanency House) All About Me 9. Family Centered Meetings such as mappings and CFTs.
Investigations	ALL 9 OF THE ITEMS IN THE "ALL" LIST PLUS: - SDM Safety and Risk Assessment tools - Identification of safety networks and explanation to the family why the Agency is requesting this information - Use of networks if writing a safety plan
VS, FM	ALL 9 OF THE ITEMS IN THE "ALL" LIST PLUS: - Identification of safety networks and use of networks in case plans - Quality visits with families - CANS tool and SDM Risk Reassessment
FR	ALL 9 OF THE ITEMS IN THE "ALL" LIST PLUS: - Quality visits with families - CANS tool and SDM Reunification Reassessment - Visitation plans
PP, EFC, Adoptions	ALL 9 OF THE ITEMS IN THE "ALL" LIST PLUS: CANS tool

Style of recording	All information in CWS/CMS will be recorded in a professional, factual and objective manner, describing information and behavior rather than labeling it. Case information is subject to review, discovery, subpoena or court order. Staff will avoid descriptions that could be interpreted as being diagnostic or judgmental (e.g., "The baby looked healthy," "The mother was high") and instead describe the situation or their observation as neutrally as possible (e.g., "The caregiver said the baby has gained 2 pounds in the past month," "I smelled marijuana when the mother opened the front door to let me in," etc.).
Protecting the identity of the Reporting Party (RP)	**Never** include information that would identify the Reporting Party (RP) in the contact narrative. RP information should be recorded only on the Reporter Page in CWS/CMS. When entering a contact with the RP, the SW will not use Staff Person/Reporter as the Contact Party Type. Instead, the SW will treat the RP as a Collateral.

Contacts with County Counsel	Communication with County Counsel may be documented in CWS/CMS but will not be released to anyone requesting a copy of the CWS case file(s) because it is privileged information.
	
	All contacts with County Counsel must begin with the following statement in all capital letters: ATTORNEY-CLIENT PRIVILEGE - NOT TO BE RELEASED
	
	Sample contact entry:
	
	  "ATTORNEY-CLIENT PRIVILEGE - NOT TO BE RELEASED
	  I spoke to CC Smith who advised..."
	
	Refer to Confidentiality - General for more information.

Contacts with Law Enforcement	SWs should use good judgment when documenting conversations with law enforcement. SWs should only document the assessment provided and the facts to support this assessment.
Case consultations	SWs are expected to consult with their PSS on assigned referrals and cases. If there is a disagreement during this consultation, the SW and PSS will take the case/referral to a Formal-Cross Program or Multidisciplinary Team Meeting (MDT). SW's will only document the following in CMS/CWS; "Consulted with PSS and agreed to take the referral/case to Cross Program consult/MDT." SW's will not document any details of the consultation, as it is confidential. If matter is urgent, the SW will document in CMS/CWS that they consulted with PSS and Manager. **NOTE**: See Case Consultation policy for more information on consulting and MDT's.

Correcting information	Changes in the law have made it increasingly more common for external entities to receive copies of documents containing contact narratives. To preserve a transparent audit trail, once a contact has been saved in CWS/CMS, its existing text **will not be altered in any way.**

Therefore, the SW must ensure that the correct information (child's name, parent name, grammar, etc.) is entered into the contact on the day that the contact is saved into CMS/CWS.

In addition, SWs will not generate a contact without including a narrative. The complete narrative must be entered within that business day.

NOTE: For purposes of this policy, "saved" refers to the final save of that contact on that same day. **For example**: If a SW does an interim save to ensure that work is not lost due to system instability (or other reason) and then resumes entering the contact **on the same day**, it will not be considered a violation of this policy. However, any information not entered into the contact on that same day must be entered into a separate, subsequent contact.

Exception: If the wrong information (i.e. child from different case/referral, parent, etc.) is entered into an open referral or case, the SW must notify the PSS or PSPM of the error and the PSS or CWS Managers will be responsible for modifying, deleting, and adding the correct information. The below text must be added to the contact:

- The new information
- Reason for modifying the contact
- The modifier's full name and title
- Date the contact was modified

NOTE: If wrong information was entered into a contact on a referral or case that is closed and a request for discovery is made, contact the CWS/CMS Support Team for further assistance.

Contact after closure	SW's have no legal authority to have any further contact with families with families after:

- a referral is closed
- the court terminates jurisdiction (even if the case/referral is still open in CWS/CMS for up to 5 additional grace days).

Therefore, NO in-person contacts will be made after a referral or case is closed, even if the family requests it. If the SW believes there is a risk of harm or danger to a child, the SW will immediately consult with the PSS and make a Hotline referral if warranted.

The expectation is that everything (including saying good-bye) has already been done *prior* to closure/dismissal/termination. This policy applies even when the Court dismisses a petition or terminates jurisdiction against the Agency's recommendation (i.e. Court terminates jurisdiction, the SW cannot have contact after that hearing in the same day). Initiating any phone/written/electronic case management activities post-closure/dismissal/termination is also prohibited. If a client initiates contact with the SW or stops by the SW's office after the referral/case is closed, the SW will provide good customer service by listening to the client and providing community referrals if requested.

Exceptions:

- If a youth is part of a National Youth in Transition Database (NYTD) cohort, the SW will follow the National Youth In Transition Database (NYTD) policy.
- This policy does not apply to payment/renewal documents that need to be sent after a case is closed (i.e. AAP, Kin-Gap).

Social media   CWS staff will **not** use Facebook or other social media to communicate directly with clients or their acquaintances but may use information obtained in the public site to initiate contact through an alternate medium.

CWS is allowed to view publicly available information on Facebook pages but cannot initiate direct contact with clients or their acquaintances through Facebook. CWS staff is not to message, "Friend Request", or otherwise contact the client and/or their acquaintances.

CWS staff may only print pictures off a client's Facebook page that are publicly viewable.

NOTE: See Social Media policy file for more information.

Alignment with SET   This policy supports the following SET values:

- Value 1: and the guiding principle of honoring and incorporating the voices of children and youth, and the agency practice of engaging the family in safety planning by utilizing respectful, honest, and transparent communication.
- Value 3: and the guiding principle of a continual focus on children's well-being while they are in our care and agency practices to continually assess safety throughout the life of the case and ensure the voice of the child/youth is heard.