Using Comprehensive Family Assessments to Improve Child Welfare Outcomes

Table of Contents

I. Executive Summary .................................................................................................................. 1

II. Overview of the Community, Population and Needs
   A. Grantee Organization ......................................................................................................... 4
   B. Community ....................................................................................................................... 5
   C. Issues Project Addressed ................................................................................................. 6
   D. Population Served ........................................................................................................... 7

III. Overview of the Program Model
   A. Project’s Goals ............................................................................................................... 8
   B. Materials Included in Appendix ..................................................................................... 14
   C. Project’s Service Model ................................................................................................. 14
   D. Key Interventions and Activities ................................................................................... 17

IV. Collaboration
   A. Key Partners .................................................................................................................. 25
   B. Steering Committee, Advisory Group & SQA Committee ............................................. 30

V. Dissemination
   A. Key Products .................................................................................................................. 33
   B. Key Activities ................................................................................................................ 37
VI. Evaluation
   A. Evaluation Methodology ............................................................................. 39
   B. Process Evaluation Results .......................................................................... 47
   C. Practice Evaluation Results ......................................................................... 51
   D. Outcome Evaluation Results ......................................................................... 54
   E. Evaluation Discussion .................................................................................... 57

VII. Sustainability ................................................................................................. 59

VIII. Conclusions
   A. Did Project Meet its Goals ............................................................................. 65
   B. Impact of Project on Parents, Children and Families ..................................... 69
   C. Impact of Project on Partner Organizations .................................................... 70
   D. Impact of Project on Child Welfare Community ............................................. 70

IX. Recommendations
   A. Recommendations to Administrators ............................................................ 71
   B. Recommendations to Project Funders ............................................................ 73
   C. Recommendations to the Child Welfare Field ................................................. 75

REFERENCES ........................................................................................................... 77

APPENDIX A
Ramsey County Logic Model

APPENDIX B
B1 Comprehensive Family Assessment Safety and Functional Assessment
B2 Structured Decision-Making Tools
B3 Expanded Version of the CFA Model
B4 Self-Assessment of Use of Comprehensive Family Assessment Guidelines
B5  Ramsey County Comprehensive Family Assessment Guide for Workers  2009
B6  Ramsey County Supervisory Guide: Comprehensive Family Assessment  2009
B7  Train the Trainers Guide: the Golden Thread  2009
B8  Ramsey County Comprehensive Family Assessment Model: Intake  2010
B9  Ramsey County Supervisory Guide to Implementing the Comprehensive Assessment Model in Intake  2010
B10 Ramsey County Supervisory Guide for FA  2011
B11 Safety Decision Chart
B12 Transfer Meeting Planning Chart
B13 Parenting and Mentoring Services Referral Form
B14 Continuous Quality Improvement Tool
B15 Ramsey County On-Line Training Module #1

APPENDIX C
C1  Project Gantt Chart-Final
C2  Pretest Report- Case Management
C3  Pretest Report- Case Management Family Interview- Addendum
C4  Pretest Report- Intake Family Interview- Addendum
C5  Cultural Consultant Summary
C6  Fidelity Report- Case Management Pilot
C7  Fidelity Report- Formative Evaluation
C8  Fidelity Report- Full Implementation
C9  Cultural Survey Report
C10 Pretest Report- Intake
C11 Posttest Study
C12 Posttest Report- Focus Groups
C13 Posttest Report- Supervisor Observation
C14 Evaluation Modification 2009
C15 Evaluation Modification 2011
I. Executive Summary

The Ramsey County Comprehensive Family Assessment (CFA) model was designed, implemented, and evaluated during a six year period from 2007 to 2013 in the Children and Family Services Division of the Ramsey County Community Human Services Department. Ramsey County is the home of St. Paul, the state capitol of Minnesota. With a population of 508,000 it is the second largest county in the state. The County has among the highest rates of child poverty in the state.

The Ramsey County CFA model is based on the *Comprehensive Family Assessment Guidelines*\(^1\) disseminated by the Children’s Bureau. The model is assessment and behaviorally based and incorporates Structured Decision Making tools (see Appendix B2) as required by the Minnesota Department of Human Services. The Ramsey County CFA model effectively combines the in-depth gathering of information across nine domains of individual and family functioning with a “map”, the Golden Thread, that provides guidance in how to utilize the assessment information to determine whether a child is safe or unsafe; how to determine which parental behaviors need to be changed; and how to target the most appropriate interventions to lead to the desired behavioral changes.

An important feature of the Ramsey County CFA model is the incorporation of material that guides workers in understanding the role that a family’s culture plays in the life of the family. This material enables workers to provide more effective services to families. The material regarding culture was gleaned through a process that included using cultural

consultation and obtaining feedback and recommendations from consumers of Child Protection services from a variety of cultural backgrounds.

The CFA model was designed with input from Ramsey County staff, stakeholders, consumers of Child Protection Services, and child welfare consultants. Implementation of the model was phased in over a three year period. The CFA model was customized for each of the three Child Protection tracks: Traditional Investigations, Traditional Case Management, and Family Assessment (Differential Response). Each stage of the design and roll-out of the CFA model was informed by the evaluation findings of the project’s external evaluator, the Center for Advanced Studies in Child Welfare at the University of Minnesota School of Social Work. Comprehensive training in the CFA model was conducted for staff, supervisors, and stakeholder groups. The University of Minnesota maintains a website containing project manuals, reports, on-line training modules, and other materials created for the CFA project.

All Child Protection workers in Ramsey County use the CFA model, and it is the only practice model in use. A comprehensive plan has been put into place to sustain the integrity of the model following the conclusion of the grant. Key features of the sustainability plan are the use of a team of social workers who function as internal trainers; the use of CFA practice manuals and training materials; an internal evaluation plan; and the use of quality assurance mechanisms.

**Evaluation Findings**

Overall, dramatic improvements for children were seen via this project through receipt of comprehensive assessment, identification of needs and provision of services to
meet those needs. Also, there were increased inquiries into relative placement options for children experiencing out-of-home care. Findings showed mixed results for parents, although primarily of a positive nature. The utilization of comprehensive assessments increased across family members but even with this, the majority of available fathers did not receive a comprehensive assessment. Identification of needs and available services to meet those needs has remained relatively stable from baseline to post-test. Although most mothers and fathers have their needs identified and addressed during the intake process, engagement of fathers decreases over time throughout the life of the case.

At the family level, strengths are noted in almost all cases. Workers defined culture broadly and reported feeling comfortable with and using culture in their assessment and decision making work with families. Nonetheless, the majority of cases (63-85%) included no description of the families’ environmental, cultural, ethnic or linguistic contextual strengths or potential hindrances. However, during the time since the last outcome evaluation, Ramsey County has refined its assessment tool to include prompts and guides to assist workers in better gathering, documenting and implementing culturally based practice (see Appendix B1).

While implementation of CFA practice at Ramsey County has resulted in a number of positive changes, further refinements to practice continue to take place that should lead to even further improved outcomes for children and families.

**Lessons Learned**

Valuable lessons were learned about many aspects of the large-scale change process that led to the installation of the Comprehensive Family Assessment Model as the sole
practice model in Ramsey County. The first lesson was that the CFA model represents a
significant shift in practice philosophy from a more traditional focus on the presenting
incident and compliance-based case planning to an assessment and behavioral-change
practice approach. An agency undertaking to adopt the model must be prepared to
understand the implications of that shift in practice. In addition, the vital role of
supervision in the CFA model became clear during the installation of CFA. In order for
supervisors to help develop staff capacity it is very important that agencies adopting the
CFA model should first focus on supervisor capacity, involvement, and buy-in. Finally,
among many lessons learned regarding the process of incorporating culture into the
practice model was the recognition that didactic training is not sufficient to produce an
understanding of the impact that a family’s culture has on the life of the family. It is
important to also include training that facilitates workers’ self-awareness in the area of
culture.

II. Overview of the Community, Population and Needs

A. Description of the Grantee Organization

The Ramsey County Community Human Services Department (RCCHSD) is
a state supervised, county administered provider of financial, social, mental health,
detoxification, and chemical dependency services. In addition, RCCHSD operates
Lake Owasso Residence, a residence for adults with developmental disabilities, and
the Ramsey County Care Center, a skilled nursing facility that provides skilled
nursing care to adults. The Department employs over 1,000 staff and annually serves
over 95,000 individuals.
RCCHSD’s service delivery system includes both RCCHSD employees and a wide variety of community providers. Approximately 60% of all RCCHSD’s services are provided through private contracts. Contracted services include case management, therapeutic, supportive and residential services.

Organizationally, RCCHSD has four divisions: the Financial Assistance Services Division, the Adult Services Division, the Administrative Services Division, and the Children and Family Services Division. The CFA grant project took place within the Family and Children’s Services Division.

The Family and Children’s Division provides child welfare, child protection, children’s mental health, and adoption services. In addition, the Division includes foster care and day care licensing services, and juvenile probation services. The child protection service delivery system includes both agency employees and a variety of contracted providers. The contracted providers include culturally and linguistically specific providers of family support, mentoring, and visitation services.

B. Community in Which the Project Takes Place

Ramsey County is the home of St. Paul, the state capitol of Minnesota. Geographically, Ramsey County is the smallest county in Minnesota, but, with a population of approximately 508,000, it is the second largest county in the state. In the past 10 years, the population has dropped by 2400.

Ramsey County is largely urban, with half of the county’s population residing in the City of Saint Paul and the remainder in the surrounding suburbs. It has among the highest rates of child poverty, children born to teen mothers, children
eligible for free and reduced lunch, child abuse and neglect, and children arrested for serious crimes in Minnesota. Twenty-five percent of Ramsey County children are eligible for Medicaid. Due to the small size of Ramsey County and the fact that it is almost fully developed, the County has little ability to expand its tax base through new development.

Ramsey County is home to a large immigrant population, including persons of Vietnamese, Mexican, Khmer, Somali, and Russian origins (Ramsey County Human Services Department, 2005). Children under the age of 18 make up a quarter of the county population and are more diverse than their older counterparts. About 17% of the children in Ramsey County are African American, 19% Asian, and 1% American Indian. Close to 12% of the child population is of Hispanic/Latino ethnicity.

C. Primary Issues Project Addresses

Families in Child Protection Lacked Adequate Assessment of Needs and Provision of Services

An important issue the CFA grant project addressed was the lack of accurate, holistic family assessments that lead to appropriate service-targeting and worker follow-through in child protection cases. In addition, the project sought to address unnecessary removals of children from their homes, timely reunification, and improved permanency outcomes. In a Child and Family Service Review (CFSR) conducted by the Minnesota Department of Human Services in 2005, Item 17

---

2 Ramsey County Human Services Department, 2005
3 Ramsey County Community Human Services Department Evaluation Memo (2013)
(Assessing Needs/Services of Children, Parents and Foster Parents) Ramsey County was rated a strength in only 47.8% of reviewed cases. Item 17 is the most comprehensive performance item in the CFSR and has a strong association with foster care stability; timely reunification or transfer of legal custody to relatives; and child and family involvement in case planning\textsuperscript{4}. This percentage was below the national average and far from the desired level of 85%. This resulted in a lag in consequent service plans, family engagement, service delivery, and hoped for outcomes of safety, permanency, and well-being.

Disproportionate Rates of Child Protection Services Recipients Based on Ethnicity

Another significant issue addressed by the CFA grant was the marked disproportionality based on ethnicity among families receiving child protection services in Ramsey County. While the number of maltreatment reports received by Ramsey County Child Protection Services shows an underrepresentation of Asian/Pacific Islander and Caucasian children and only a slight overrepresentation of Latino children; African American Children are overrepresented 2.5 fold, and American Indian Children are overrepresented five-fold.\textsuperscript{5}

D. Population to be Served

The population served by the Comprehensive Family Assessment grant project included all children and families served by the three divisions of Child Protection Services: Child Protection Traditional Investigations; Child Protection

\textsuperscript{4} Minnesota Department of Human Services Power Point (2008)

\textsuperscript{5} Ramsey County Community Human Services Evaluation Department Memo (2013)
Traditional Case Management Services; and Differential Response services (in Ramsey County called “Family Assessment” or “FA”) cases. All in-home and out-of-home cases in these program areas were included in the project. These families reflect the most economically disadvantaged in the county with a high concentration of substance abuse, mental health problems, child behavior problems, and considerable needs for economic and social supports.

At the beginning of the grant period in September, 2007, almost all cases meeting the criteria for Child Protection Services were served in the six Traditional Investigations and Traditional Case Management units. In addition, a seventh unit serviced FA cases, primarily using a time-limited vendored service model.

Over the course of the grant, the role and prominence of FA increased due to a restructuring in 2011. In accordance with Minnesota Department of Human Services guidelines, structural and policy changes were initiated that would increase the number of families served in FA Services from approximately 50% to 70% of total Child Protection cases. By 2012 the restructuring of FA Services had been completed, and currently slightly over 70% of cases receive FA Services.

III. Overview of the Program Model

A. Project’s Goals

The overarching aim of the CFA project in Ramsey County was to carry out a method for implementing a comprehensive assessment of families that was responsive to federal and state mandates but was, at the same time, perceived as being helpful to workers and to the families served. The goals of the project were to design,
implement, evaluate, and sustain a standardized comprehensive assessment leading to service delivery that increases child safety, well-being, and permanency. The goals and their objectives are as follows:

1) Design a standardized CFA practice model that maintains flexibility for individualizing families and their needs

Workers would learn to address the entire family network in a dynamic, ongoing, strengths-based assessment process that considers family dynamics and environmental/social context including specific cultural, ethnic, and linguistic concerns. Results from the use of the CFA model would be used to identify concerns regarding safety, permanence, and well-being; create the treatment plan; and guide all intervention choices. Key objectives during the design were to:

   a. **Obtain input from key stakeholders:** in order to design the standardized practice model, input would be sought from staff, administrators, consumers of services, and a wide variety of community stakeholders.

   b. **Incorporate the eight Key Components:** the CFA practice model would incorporate the eight Key Components disseminated by the Children’s Bureau. (See Eight Key Components below). Points of particular emphasis in the design of the Ramsey County model were as follows:

      - Due to the disparities mentioned above in Sections II B and C above, and in order to best meet the needs of each family, the model would be culturally grounded. The cultural grounding of the model was a key objective.
The model would be inclusive of all family members, particularly fathers.

c. **Customize the comprehensive family assessment model for alternative**

(FA) and **traditional responses**: the model would be customized to meet the special requirements of Traditional Intake, Traditional Case Management Services, and Family Assessment cases.

2) **Implement CFA practice model**

   a. The model would be standardized across the organization.

   b. The evaluation process would inform the design, implementation, and modifications of the model by means of a feedback loop.

   c. Model implementation would be phased-in so that evaluation findings and experience gained during each phase could be carefully considered and be used to help inform the implementation of the next phase.

   d. Existing systems would reflect the model and related policies.

3) **Evaluate CFA practice model**

   There would be an ongoing evaluation effort to inform the development and implementation of CFA practice in RCCHSD and to evaluate outcomes associated with the utilization of CFA practice in Ramsey County.

4) **Plan for sustaining the CFA model**: the means of sustaining the practice model beyond the life of the grant would be achieved by means of:

   a. Developing a standardized practice model

   b. Creating manuals and related practice tools
c. Creating a program of training both internal and external for staff and partners

d. Developing quality assurance mechanisms for on-going monitoring

Eight Key Components

Because the Ramsey County CFA model was created specifically for the demonstration project and was not a modification of a previously existing assessment and service model, great care was taken during the design process to adhere to the following eight key components of the CFA guidelines. (See Appendix B-4 for a Self-Assessment of the use of the Comprehensive Family Assessment Guidelines.) The effort to follow the guidelines was largely successful as is discussed below:

1. **Use CFA results to guide decision making and service planning**: this is a significant strength of the model as it incorporates a decision-making structure that guides the worker from one phase of the model to the next. By following the “golden thread” or road map of the model, workers are guided in how to utilize assessment information in decision-making and service planning.

2. **Use the 10-step process**:
   - Review existing information.
   - Meet with the family and involve them in meaningful ways throughout the process.
   - Interview children and parents including fathers.
   - Meet with staff of other agencies
   - Obtain specialized assessments.
   - Make judgments and decisions, develop service plans
   - Document information.
- Conduct ongoing assessment of progress and needs.
- Exchange information with family and service providers and courts, and update service plans regularly.
- Reassess strengths and needs prior to case closure.

All ten steps were included in the Ramsey County model, and they are found in the practice manuals located in Appendices B5-B10 and in all training materials. All workers and supervisors have received training on these steps. With the exception of the third step (“Interview children and parents including fathers”), they have all been successfully implemented. In addition to a high level of success in interviewing mothers and “identified” or “subject” children, significant improvement was also achieved in interviewing siblings. With regard to fathers, although advancement was made in identifying more fathers during this project, much work remains to be done in engaging them productively.

3. **Address the big picture:** The Ramsey County CFA model moved from focusing primarily on the presenting incident to a broad assessment. The model focuses on synthesizing information from all available sources using critical thinking and analysis. The nine domains used for assessment purposes provide an assessment of broader needs. The model identifies strengths and protective factors. As has been mentioned, the model focuses very intentionally on cultural, ethnic and linguistic factors in working with families.

4. **Assess multiple domains for children, youth and families.** The model utilizes nine domains of individual and family functioning that have been demonstrated to be associated with good outcomes for families.
5. **Establish effective partnerships with families to identify and respond to needs.**

   The CFA model and case protocol incorporate material that helps workers understand how a family’s culture affects their lives and how to work more effectively with them. This helps to facilitate the development of a working partnership with the family.

6. **Reassess strengths and needs over the life of the case:** the model incorporates continuous assessment as a key principle.

7. **Ensure collaboration between child welfare agencies and community partners:**

   The model emphasizes strong relationships with the collateral agencies that provide support, therapeutic, and educational services to our families. Maintaining contact and sharing information with agencies and community partners is stressed. In addition, considerable work has been done to provide information and training on the CFA model to our community partners.

8. **Provide organizational and administrative supports and staff time:** In general this area is a strength. A great deal of training has been provided to staff and supervisors, quality assurance mechanisms have been put into place, and considerable liaison work has been done with our courts. Our system of contracted support services has been strengthened, and we have worked to collaborate with other agencies. However, the availability of sufficient high quality clinical supervision remains a challenge. [See “Intensive Work with Supervisors” below in this section.]
B. Documents Included in the Appendix:

Key Programmatic and evaluation materials can be found in their entirety in the appendices to this report. See Appendix A for the project Logic Model; Appendices B1 through B16 for programmatic materials including the CFA Assessment Model and practice guides and manuals; and Appendices C1 through C12 for evaluation reports.

C. Ramsey County CFA Service Model: the Golden Thread
(An expanded version of the model is located in Appendix B3.)

The Ramsey County Comprehensive Family Assessment Model is predicated on core values of engagement and relationship-building; cultural grounding; and involving families in decision-making. It strives to individualize children and to individually tailor the approach for each family.

The CFA model differs from previous practice in Ramsey County in two key respects. First, the way in which Child Protection assesses child safety has moved from looking at a specific presenting situation or incident to assessing the parents’ and family’s ability to provide a safe environment for the children in the family. Hence, it is assessment-based rather than incident-based. Second, the model is behaviorally-based rather than compliance-based in that it focuses very specifically on the behaviors of the parents that led their children to be unsafe. Following the determination that a safety threat or a high level of behavioral risk exists in the family, it is important to establish what behaviors the parent needs to change and how the parent’s behavior would look after the behavioral issues have
been resolved. The model incorporates the Minnesota Structured Decision-making concepts and tools. (See attached tools in Appendix B2.)

The Golden Thread

A golden thread should connect each stage of the case to the next stage so that the interventions selected for and with the family are targeted as specifically as possible on the behaviors that led the child to be unsafe. The stages are as follows:

a) Review existing information and gather additional information in nine domains of individual and family functioning:

- The Behavioral Health Issues of the Family
- The Parenting Skills of the parents (Including Discipline)
- Substance Abuse/Use of the parents/caregivers and how this impacts the family’s ability to provide a safe environment for the child(ren)
- The Housing/Environmental/Physical Needs of the family
- Family Relationships/social Supports
- Child Characteristics/Child Functioning: looking at the child’s cognitive abilities, behaviors, school performance, attachment to parents, peer/social//sibling relationships, significant traumatic events etc.
- Caregiver’s Day to Day Life Skills/Functioning, and medical issues that may impact parenting
• Historical/Individual Trauma/Violence in the Home or Community/Other Significant Events That May be Impacting Behavior

• Caregiver’s Employment Status/Financial Stability; Income Management

b) Based on the information gathered and using a process of analysis and critical thinking, determine if a safety threat exists. Use the SDM-based list of Safety Factors (see Appendix B2) and apply the five safety criteria: safety, vulnerability, out of control, imminence, and observability to make this determination.

c) If there is a safety threat, create a safety plan, either in-home or out-of home, to manage the safety threat.

d) Determine which parental behaviors lead to the safety threat or high level of behavioral risk.

e) Determine the underlying causes of the parental behaviors using the functional assessment (see “Comprehensive Family Assessment Safety and Functional assessment in Appendix B1) and determine what protective capacities are present within the family.

f) Create the case plan targeting the causes of the behaviors with appropriate interventions.

g) Reassess the safety of the child and the effectiveness of the interventions in resolving the parental behaviors.
h) Close the case when 1) the behaviors are resolved 2) if the behaviors are not resolved, then a successful wrap-around plan can be created or 3) when neither is possible then an appropriate permanency option can be established.

Model Modification: FA Program (Differential Response) Restructuring

In January, 2011 the agency made a decision to significantly restructure the manner in which Differential Response services (in Ramsey County referred to as Family Assessment or “FA Services”) were provided. A program that had previously had only six workers and had relied heavily on linking families to time-limited vendored services was increased to a program of 27 workers. This entailed a proportional reduction in the size of Tradition Investigation and Traditional Case Management services.

The restructured FA program featured one worker for the life of the case, as opposed to families having separate Intake and Program workers. A one worker model had not been used before in Ramsey County. Because one worker would follow throughout the life of a case, it was necessary to adapt the CFA model to that requirement. The modification of the model was relatively simple. The requirement to conduct a “transfer meeting” to hand-off a case was no longer necessary in FA cases. The assessment tool (See Appendix B1) was altered so that one worker could complete both the initial safety assessment and the later functional assessment, and the modified tool subsequently became the tool used by all child protection workers.

D. Key Project Interventions and Activities

The primary intervention used in Ramsey County CFA model is a broad-based method of assessment utilizing information gathered in nine domains of individual and
family functioning; applying the SDM tools; determining any existing safety threats and
the parental behaviors that led to them; and targeting interventions to alter those
behaviors. The steps of this assessment process build upon each other and are linked by a
“golden thread” that keeps the information gathered from the broad-based process
focused on those parental behaviors requiring change. This process leads to a close
targeting of services to match the family’s needs. The model is assessment as opposed to
incident based and behaviorally as opposed to compliance based. An extremely important
feature of the model is the attention that is given to the culture of the family.

The key activities involved in the design, implementation, evaluation, and
sustainability planning for the CFA model were the following:

Model Design and Implementation:

An extensive baseline study of practice in Child Protection Program was conducted
that involved a case record review, staff and supervisor focus groups and interviews, and
consumer interviews. The findings from the baseline study were utilized to inform the
design of the Ramsey County CFA model. An Advisory Group and subcommittees
composed of a broad array of agency staff and community stakeholders (see Section IV)
was created to assist the County in designing the CFA model. Under the facilitation of
Dr. Robert O’Connor, a Child Welfare academic, the Design Group created the
framework of the model based on the Ten Steps and incorporating the Eight Key
Components disseminated by the Children’s Bureau.

In order to complete the model, a consultant was hired. Ms. Lorrie Lutz, of L3P
Associates, Ltd., added methodology to the model outline by incorporating several
practice elements and establishing the “map” or “golden thread” that leads to targeted
services for families. She also helped to integrate these practice concepts into the model in such a way as to make them compatible with the use of the Minnesota mandated SDM tools (see Appendix B2). Ms. Lutz created specialized practice manuals for Intake staff, Intake Supervisors, Traditional Case Management Staff, and Traditional Case Management Supervisors.

Phased roll-out of the CFA model began in 2009 for the various divisions of Child Protection and ended in 2011. Ms. Lutz trained all of the groups prior to the roll-out of the model in their areas.

Development of the Cultural Component of the Model

Having experienced great benefits from the use of cultural consultants in previous Ramsey County initiatives, Full Circle Community Institute, Inc. (FCCI) was hired to provide consultation for the CFA project. The objectives in using consultation were to obtain feedback from consumers from various ethnic backgrounds about their experiences with Child Protection services; to find ways to use that feedback to enhance workers’ capacity to engage with families; to provide training to staff and supervisors about cultural issues involved in working with families; and to incorporate cultural material into the CFA practice tool, “Comprehensive Family Assessment Safety and Functional Assessment” (See Appendix B1).

Focus Groups

Full Circle Cultural Institute worked with focus groups of African American and American Indian consumers of child protection services to obtain feedback to inform the CFA model. The culmination of the work with the focus groups was the creation of two vignettes, one by each of the two focus groups, that depicted the composite experience of
the families with child protection services. These vignettes were presented to the Advisory Group in 2010 and were powerful tools for helping the group members understand the often painful ways that families perceived their experiences with child protection services.

Training of staff by the cultural consultants

Following the completion of the cultural consultants’ work with the parent focus groups, training sessions were held to convey to staff and supervisors the ways in which a family’s culture affects their experience with child welfare services.

On-going consultation to the Project Steering Committee

The cultural consultants worked with the Steering Committee to help develop material that would facilitate the understanding of the impact of culture on child welfare services. This process resulted in the creation and inclusion of cultural material and prompts concerning a family’s culture in the “Comprehensive Family Assessment Safety and Functional Assessment” (see Appendix B1).

Intensive Work with Supervisors

As implementation of the CFA model began, it became clear that the new model required more clinical supervision than did the previous practice in Ramsey County. The original training format prior to the roll-out of the CFA model involved both supervisors and workers receiving identical training at the same time. Following the training and the roll-out of the model, evaluation findings showed that the supervisors did not feel comfortable with their knowledge of the model, and consequently felt unsure about supervising their staff in the model. A week long supervisor observation study found that
the supervisors spent much of their time on the “administrative” as opposed to “educational” or clinical aspects of supervision, and efforts were made to adjust their work duties. In addition, training was intensified for the supervisors and separate consultation sessions were scheduled for them with Ms. Lutz. A follow-up week-long supervisory observation study was conducted two years later that showed that the percentage of supervisory administrative duties was reduced and the percentage of time devoted to clinical supervision was increased. For further information see Section VI, “Evaluation”.

**Development of a Team of Internal Trainers**

A highlight of the final year of the project (the no-cost extension year) was the development of a team of internal trainers who assumed CFA training responsibilities at the completion of the grant. Nine line workers were selected. Four of them conduct “stand-up” training sessions for groups of staff and supervisors and the remaining five act as mentors to new staff. The internal trainers have begun providing fresher training to all staff and supervisors. The trainers will provide annual refresher training to all work groups and supervisors; and they will train new staff as well as stakeholder groups such as foster parents, school social workers and Juvenile Court staff. This training has been extremely well received by staff and supervisors.

**Creation of Manuals, Guides, and Training Tools (See Section V)**

Manuals for Intake workers, Intake Supervisors, Program workers, Program Supervisors, FA staff, and internal trainers (TOT) have been created. In addition, a training video for vendors who provide therapeutic, support, and educational services to Child Protection families was created. Two on-line implementation training modules
were created to assist jurisdictions who are contemplating adopting the CFA model. The first reviews Ramsey County’s CFA model (see Appendix B15). The second module, still in final development, addresses the implementation of a CFA practice model. Both online learning modules will be available on the University of Minnesota website (see Section V “Dissemination”) on January 17, 2014.

**Evidence-based and best practice interventions and activities**

The Minnesota Department of Human Services requires the completion of SDM tools (see Appendix B2 for safety assessments) in child protection cases, and the SDM tools have been fully incorporated into the Ramsey County CFA model. The SDM process is evaluated as a “3”, that is, a practice with “Promising Research Evidence” on the California Evidence-Based Clearinghouse for Child Welfare. SDM was rated in the areas of “Child Welfare Initiatives” and “Reducing Racial Disparity and Disproportionality in Child Welfare”. The SDM process is placed within the framework of the Ten Steps disseminated by the Children’s Bureau in the Ramsey County CFA model.

**Domains of Functioning**

The Ramsey County CFA model calls for the gathering of assessment information in nine domains of individual and family functioning (see domains above in Section IIIC). These domains are largely identical to the ones listed in the Comprehensive Family Guidelines by Patricia Schene (2005 pp. 16-18).

The CFA model also includes other elements that are evolving practices being used by some jurisdictions. These elements include behaviorally-based case planning,
strength-focused practice, determination of protective capacities, use of analysis and critical thinking, and intentional visitation practices.

**Behaviorally- Based Case Planning**

This practice is being used in jurisdictions including the District of Columbia.⁸

**Strength Focused Practice**

Research from a variety of settings emphasizes that families do better in changing behaviors that caused children to be unsafe and maintaining those changes when the efforts of the various people involved in their life are focused on building on the strengths and protective capacities that already exist within the family. Barry Duncan’s research emphasized that 55% of actual long term change stems from starting from the place where people already feel successful.⁹

**Protective Capacities**


**Critical Thinking and Analysis**

Critical thinking is the intellectually disciplined process of actively and skillfully conceptualizing, applying, analyzing, synthesizing, and/or evaluating information gather from, or generated by, observation, experience, reflection, reasoning, or communication, as a guide to

---


belief and action. The CFA model emphasizes the role of critical thinking and analysis in the decision-making process as do other jurisdictions (see footnote on Ohio Child Welfare Training Program above).

**Intentional Visitation**

The website, “Strength/Needs-Based Support for Children, Youth, and Families” of Marty Beyer, Ph.D., contains an article, “Visit Coaching”, by Beyer in which she describes visit coaching as a strength-based model developed to “….help families take charge of visits…….” The work of Beyer has helped inform the practice of “intentional visitation” that has been used in public agencies in jurisdictions such as Oklahoma.

**Culturally-Based Activities and Interventions**

The Ramsey County CFA model requires assessment in nine domains of individual and family functioning (see assessment tool, Comprehensive Family Assessment Safety and Functional Assessment, in Appendix B1). In the assessment tool each domain contains instructions to the worker regarding culture. The “Behavioral Health/Mental Health Issues” domain, for example contains the following language:

**INTAKE Narrative Safety Assessment:**
Describe the cultural relevance of identified behaviors or how culture is viewed as a protective factor as part of your clinical information.

**CASE MANAGEMENT Comprehensive Functional Assessment:**
What role, if any, does culture play in the family’s perspective on mental health? What cultural supports for mental health are available, and if available, of interest, to the family?

---


13 Beyer, Marty. Internet Article.

These prompts about culture are contained in each domain to help guide the worker’s thinking about culture. The prompts are part of a larger picture that included the training of staff and supervisors by cultural consultants to become more familiar with how culture impacts families.

IV. Collaboration

A. Key Partners

Referrals

Historically, the most frequent referral sources for cases to Child Protection in Ramsey County have been school social workers, police, hospitals and physicians. The sources of referrals to Child Protection Intake did not change during the life of the CFA grant. However, significant changes were made in the relationships between many of the referral sources and Child Protection during the course of the grant. Steps were taken to strengthen partnerships in the following ways:

- **The Child Protection Screeners (hotline)**
  
The Child Protection screeners have changed the way in which they take reports of possible maltreatment from reporters. They have begun asking reporters to list family strengths and to describe what steps if any have been taken to provide assistance to the family prior to making the referral to Child Protection.

- **Relationship with the St. Paul Police and Emergency Social Services**
  
The principles and practices of CFA have promoted a focus on in-home safety plans as a means of avoiding out of home placements when possible. Very
important work has been conducted with the St. Paul police toward the objective that police officers will explore options to out of home placement when they are called to intervene in potential child protection situations. The Child Protection Intake Manager has met several times with the Police to explain the SDM and CFA tools. A video is being created about the CFA model that will be shown at Police roll-calls.

The work with the police is part of a recent initiative that is informed by the goals and tenets of CFA. The initiative involves the police, the after-hours emergency child protection vendor, and a newly selected after-hours assessment vendor, who will perform assessments for children at risk of being placed in shelter. Using the CFA framework, the feasibility of using in-home safety plans or relative placements will be explored as options to shelter placement.

**St. Paul Public Schools**

An Educational Neglect committee was formed between Ramsey County and the St. Paul Public Schools with school social work staff and Child Protection management staff participating. This group is very strength based and is in alignment with the goal of preventing out of home placements. It meets each month to discuss situations where poor school attendance has brought families to the attention of CP and the court. A broad array of preventive services, as well as parent stipends, are available for families. In addition, a training session has been held for all St. Paul School Social workers to explain the CFA model and how it has affected Child Protection practice.
Program Services

In the fall of 2011, a decision was made by Ramsey County to issue a new RFP for Child Protection vendors to provide in-home support, mentoring, and visitation-monitoring services. Eighteen vendors representing considerable cultural diversity were selected. The RFP process provided an excellent opportunity to strongly embed the CFA model into the practice of the vendor agencies. This was accomplished by:

- Incorporating information about CFA into the RFP itself
- Providing information sessions on CFA for prospective vendors
- Creating a CFA informational video for the prospective vendors (see University of Minnesota website in Section V “Dissemination”)
- Providing CFA training for the new vendors following their selection. Ms. Lutz conducted training sessions for the vendor staff so that they could better understand the CFA model. The training built on the CFA informational sessions held for prospective bidders and on the CFA video posted on the University of Minnesota website. In the training Ms. Lutz gave an overview of the model and stressed ways in which CFA practice would affect vendors, and she instructed the vendor staff in the use of the CFA-adapted referral and reporting forms.
- Contracted parenting services are in alignment with the Comprehensive Family Assessment model. The vendor referral and reporting forms were adapted to bring them into alignment with the safety and behavioral focus of CFA (see Appendix B13 for vendor referral form)
Evaluation Services

In order to conduct a structured evaluation of the design and implementation of the CFA model, Ramsey County contracted with the University Of Minnesota School Of Social Work. Although Ramsey County is fortunate to have an internal evaluation department, it was believed that the academic research experience and resources of the University could be brought to bear in conducting a more structured evaluation in order to test the model and help build evidence in the area of comprehensive family assessment. Our internal evaluator, who was a key member of our Steering Committee, worked in close partnership with the University of Minnesota evaluators and acted as a liaison. He assisted them by sampling cases for file review, analyzing data for semi-annual reports and by generally working with our internal data to make sure they had access to information they needed to conduct their analyses and evaluations. He also advised them on the feasibility of finding data needed for various analyses.

Other Services

Children’s Safety Advisory Team (SAT) and Children’s Justice Initiative (CJI): The Children’s Safety Advisory Team (CSAT) is composed of key personnel from the constituent organizations of the broad child safety system: public school social workers, police, County Attorney’s Office, Guardian Ad Litem staff, and Child Protection and Management staff. This group conducts staffings for difficult cases and provides consultation on issues regarding Child Protection. The CJI (Children’s Justice Initiative) is composed of a Juvenile Court Judge, Public Defender, County Attorney, and Child Protection Management representatives. The CJI meets quarterly to address issues of mutual concern to the various agencies represented.
The CSAT and CJI committees are very influential in shaping attitudes and policies regarding child welfare issues in Ramsey County. Accordingly, periodic informational sessions were conducted for the constituent groups of the committees. In addition, joint training for the two committees was conducted by Ms. Lutz.

**CFA Model Consultation and Training**

As was mentioned previously Ramsey County contracted with Ms. Lorrie Lutz of L3P Associates to provide consultation on the design of the CFA model as well as training on the model for all staff and supervisors. Ms. Lutz, who has a very rich background in child welfare, was able to assist in designing a model based on the Eight Key Components including the framework of the ten steps. The model also incorporated the Minnesota mandated SDM tools as well as evolving practice components such as a behavioral focused case planning and intentional visitation.

**Cultural Consultation**

Ramsey County has a strong history of work in anti-racism and cultural disparities. A cultural consultant agency, Full Circle Community Institute, Inc., was contracted with to build on already existing knowledge. The consultants:

- Obtained feedback from focus groups of African American and American Indian parents who had received child protection services.
- The feedback was synthesized into recommendations on how to incorporate awareness of and sensitivity to cultural issues into Child Protection practice.
• Based on the County’s previous history with anti-racism work it was clear that the didactic presentation of information about culture is not sufficient to help staff recognize their own feelings and biases about cultural issues and the impact they may have on the families they work with. Hence, the consultants conducted training sessions that helped staff gain such awareness.

• The consultants helped create language that was incorporated into the “Comprehensive Family Assessment Safety and Functional Assessment” (See Appendix B1). The cultural material provides a guide for the worker’s thinking and helps shape the worker’s questions during the process of the assessment.

B. Steering Committee, Advisory Group, and Service Quality Assurance (SQA) Committee

a) CFA Steering Committee: This group was a very effective vehicle for overseeing the development and implementation of the CFA model; coordinating Ramsey County activities with the University of Minnesota evaluation activities; coordination and oversight of the process of incorporating cultural material into the CFA model; coordination with the Service Quality Assurance (SQA) described below; and problem solving in a number of areas. The members of the group included the Child Protection Intake Manager, the Child Protection Case Management Manager, the Project Manager, the Child Protection Planner, an internal evaluator, the supervisor of the SACWIS system, and three evaluators
from the University Of Minnesota School Of Social Work. The Steering Committee provided valuable continuity to the project and helped maintain forward momentum during the transition of Child Protection managers and directors.

In addition, the group developed plans and means for ensuring the sustainability of the CFA model (See Section VII Sustainability). The Steering Committee transitioned to an ongoing standing committee whose function will be to maintain consistency of practice of the CFA model and to maintain alignment with other children’s programs such as Foster Care and Children’s Mental Health. This committee will be important in sustaining the fidelity of the practice model following the completion of the grant.

b) Service Quality Assurance (SQA): SQA is an agency-wide initiative aimed at improving Targeted Case Management rates and improving performance in audits by developing tools and training to promote standardized clinical practice in each program area. Because the goals of SQA and CFA initiatives were somewhat similar and because they were being rolled out during the same period of time, a concerted effort was made to prevent confusion in the implementation of the two initiatives and to create overlap and synergy between them insofar as possible. CFA management staff and the CFA University of Minnesota researchers participated on the relevant CFA working committees in order to coordinate these two projects.
The SQA case auditing tool was intentionally developed to include many CFA practice components. All staff and supervisors who are using the system have software that enables them to see at a glance whether policies and practices are being carried out in a timely way in each of their cases. Each month a sample of cases for each worker is reviewed in depth by the supervisor using the SQA tool. This case auditing process is a means of ensuring adherence to the CFA practice model, and hence promotes ongoing fidelity to the model. Units using the SQA process have reported that it is very helpful.

c) CFA Advisory Group: The CFA Advisory Group was formed early in the first year of the grant. The composition and purposes of the group evolved over time. The initial members included representatives from the Minnesota Department of Human Services, the University of Minnesota, the County Attorney’s Office, community agencies, Human Services staff, cultural consultants, and parents. This group provided an excellent setting for the sharing and discussion of feedback from our cultural consultants and parents.

Over time parents from the parent focus groups joined the Advisory Group, and it became an important forum for the discussion of culture. The American Indian parent focus group and the African American parent group created and presented very powerful vignettes at Advisory Group meetings. The vignettes depicted a composite of the child protection experiences of several parents. In the weeks following the
vignettes, feedback was obtained from Advisory group members about
their responses to the vignettes as well as suggestions about how what was
learned from them could be used to inform the development of the CFA
model. The feedback and recommendations were discussed with particular
reference as to how workers could operationalize what had been learned in
their CFA practice. This was an on-going topic for the group.

d) Advisory Group Subcommittees: Two Subcommittees of the Advisory
Group, the Direct Practice Group, and the Integrated Family and
Community Group were active during the first two years of the grant. The
Direct Practice Group was composed of Ramsey County staff, and the
Integrated Family and Community Group was composed of community
child welfare professionals and consumers. Both of these groups
participated actively in the design of the CFA model. Several of the
members continued on as members of the Advisory Group following the
design of the model.

V. Dissemination

A. Key Products

Ramsey County has created a number of very useful products that have
been used for training purposes for internal staff and supervisors, contracted
providers of child protection services, stakeholder groups, and the broader child
welfare community. These products include practice manuals, informational and
training videos, training power points, and a comprehensive project website
maintained by the University of Minnesota. In addition, an assessment tool,
“Comprehensive Family Assessment Safety and Functional Assessment” (see Appendix B1) was created and used with all families in Child Protection. The materials are as follows:

1. Practice Manuals: Practice manuals were developed for Traditional Intake and Traditional Program (On-going Case Management). Specialized manuals were also developed for supervisors in Traditional Intake, Traditional Program, and FA. In addition, a Train the Trainers manual and two companion power points were developed. The manuals, which can be found in Appendix B, are as follows:
   - Ramsey County Comprehensive Family Assessment Guide for Workers 2009 (see Appendix B5)
   - Ramsey County Supervisory Guide: Comprehensive Family Assessment 2009 (see Appendix B6)
   - Ramsey County Train the Trainers Guide the Golden Thread: Linking Safety Assessment, Safety Planning, Assessment of Family Functioning, and Behaviorally Based Case Planning, 2009 (see Appendix B7)
   - Ramsey County Comprehensive Family Assessment Model: Intake- the Beginning of the Golden Thread May, 2010 (see Appendix B8)
   - Ramsey County Supervisory Guide to Implementing the Comprehensive Family Assessment Model in Intake: July, 2010 (see Appendix B9)
   - Ramsey County Supervisory Guide for FA 2011 (see Appendix B10)

2. University of Minnesota Website: An extremely valuable dissemination vehicle for the Ramsey County CFA model has been the Project website
maintained by the Center for Advanced Studies in Child Welfare at the University Of Minnesota School Of Social Work. URL: http://www.cehd.umn.edu/ssw/cascw/research/RamseyCFAProject/

The website hosts information and resources about the federal CFA grant, CFA guidelines, RCCHSD CFA practice model (including training materials, forms, and guides), and evaluation (including findings). This website was designed to share information regarding the CFA project with the Children’s Bureau, other grantees, and the broader audience of those interested in comprehensive family assessment. In addition, in order to be transparent it has provided a feedback loop to Ramsey staff and management with on-going information regarding the status of evaluation activities and findings. The website is divided into three content sections: Model Overview, Training and Resources, and Evaluation. It contains the Semi-Annual Progress Reports, evaluation reports, training materials, and resources relating to comprehensive family assessment.

The website is heavily visited. Since its inception in June 2011, the site itself has had over 17,000 visitors, and more than 36,000 people have looked at the documents that are hosted on the site. About a third of all visitors are utilizing the home page, and about one fifth of all visitors each are utilizing the model overview, training/resources, and evaluation pages. Visitors are located predominately in Minnesota. However the site has both a national and international audience, with a large number of visitors from Illinois, Kansas, New
Jersey, California, Washington, Michigan, New York, Florida, Virginia, Texas, North Carolina, and even Beijing, Moscow, Norway, and British Columbia. The “Training and Resources” section of the website contains the following training materials:

- Informational video for vendors
- “Comprehensive Family Assessment: Presentation to Community Providers” September, 2011
- Training Power Point Presentations
- Presentation on the Ramsey County Comprehensive Family Assessment Model: Parts I and II 2010

The training manuals, training videos, and training power points have been used in every phase of the training of internal staff and supervisors, contracted providers, and stakeholders. They have been crucial elements in the transfer of knowledge about the model to those being trained. The use of these materials in training has helped to solidify the implementation of the model. Further, they provide a continuous reference resource.

The Comprehensive Family Assessment Safety and Functional assessment tool mentioned above is a key means of sustaining the integrity of the practice model. The tool incorporates the key elements of the model and guides a worker’s thinking and activities through the phases of the model as they use the tool. The manuals, videos, power points, and the website will be key to the sustainability of the CFA model following the end of the grant. The internal training program
described below in Section VII is one of the key elements of the plan for sustainability of the model. These materials are used by the internal trainers to conduct refresher training, training for new staff and supervisors, and training for stakeholders. In addition, they could be used by other jurisdictions interested in replicating the Ramsey County model. The website maintained by the University of Minnesota has been and will continue to be a valuable repository of CFA model information for both internal Ramsey County staff and supervisors and the broader child welfare community.

B. Key Activities

Ramsey County has actively pursued a variety of dissemination avenues for the CFA model and its evaluation findings. Informational presentations, training sessions, and presentations of evaluation findings have been made to a wide variety of stakeholder groups: internal staff and management groups within Ramsey County; the CFA Advisory Group; representatives of the County Attorney’s Office, Juvenile Court, Guardian ad Litem program, Minnesota Department of Human Services, cultural consultant groups, contracted providers of child protection services, and St. Paul Public School Social Workers.

In addition presentations were made at local, state, and national conferences:

Local Conferences: Two presentations were made for faculty and students at the University of Minnesota.

State Conferences: A presentation about the CFA model was made by two internal Ramsey County trainers at a statewide practice conference conducted by the Minnesota Department of Human Services.
National conference presentations: Six presentations were made by evaluators from the University of Minnesota and Ramsey County staff at four national conferences:

Interaction with the Minnesota Department of Human Services: Ramsey County is a county administered state supervised system of Human Services. Because of this, it was imperative to maintain close connections and effective communication with the Minnesota Department of Human Services (DHS) concerning the CFA grant project. This was accomplished in various ways. Staff members of the Children and Families Division of DHS attended the Project Kick-Off event and became members of the CFA Advisory Board. The members of the CFA Steering Committee made a presentation to the staff of the Children and Families Section. This was followed by three meetings with the Assistant Commissioner for Children and Families and the Director of the Child Safety and Permanency Division of the Minnesota Department of Human Services (DHS) during the middle and later phases of the grant project. At these meetings information was presented to update the administrators on the development and implementation of the CFA model in Ramsey County and to discuss further dissemination plans. The DHS administrators have been very interested in disseminating information about the Ramsey County CFA model and have recommended that the CFA project team conduct a day-long work shop in the winter of 2014 for county directors from across the state. The online modules mentioned above will be used in conjunction with this workshop. Workshop attendees will view the modules prior to attending the workshop in order to give them some grounding in the CFA model. DHS will provide some financial support for this workshop. Planning has begun with a target date of March, 2014.
The presentations and training sessions have been key to informing and training stakeholder groups in the CFA model. Fostering understanding of the CFA model in key partners such as Juvenile Court and County Attorney personnel has been vital to being able to fully implement the model. Although this is an area where continued work is needed, much progress has been made.

The presentations and training sessions have also been useful for spreading information at the local, state, and national level. In particular, dissemination of information to the Minnesota Department of Human Services has led to further dissemination/replication opportunities within the state of Minnesota.

VI. Evaluation

A. Evaluation Methodology

The evaluation relied on a pretest/posttest design (with additional longitudinal and point-in-time components) and a mixed-methods approach to evaluate process, practice, and client outcomes associated with implementation of CFA practice in Ramsey County. (Table 1 provides a summary description of evaluation methodology employed as well as corresponding evaluation products, which contain detailed information on evaluation methodology and findings.) The evaluation was used to both inform the development and implementation of CFA practice in Ramsey County as well as to evaluate outcomes associated with utilization of CFA practice in Ramsey County.
Table 1. Summary of evaluative methodology employed during implementation of CFA practice in Ramsey County and relevant appendices

<table>
<thead>
<tr>
<th>Evaluation</th>
<th>Timeframe</th>
<th>Methodology</th>
<th>Key Elements/Outcomes Assessed</th>
<th>Appendices</th>
</tr>
</thead>
<tbody>
<tr>
<td>Process</td>
<td>Longitudinal</td>
<td>Internal Tracking</td>
<td>• Evaluation of baseline practice (prior to CFA implementation)&lt;br&gt;• Protocol for implementation developed&lt;br&gt;• Training manual/worker guides developed for Intake, Case Management &amp; Family Assessment&lt;br&gt;• Documentation of management needs&lt;br&gt;• Established partnerships with community providers and other stakeholders&lt;br&gt;• Training (initial and on-going) of workers and supervisors&lt;br&gt;• Pilot CFA practice model&lt;br&gt;• Evaluation of practice under CFA&lt;br&gt;• Adapt/revise CFA practice model&lt;br&gt;• Full implementation of CFA practice&lt;br&gt;• Dissemination of information</td>
<td>C1: Project Gantt Chart - Final</td>
</tr>
<tr>
<td>Pretest</td>
<td></td>
<td>Case Record Review, Focus Groups</td>
<td>• Current practice approach (pre-CFA implementation)&lt;br&gt;• Identification of concerns relating to safety (and/or risk), permanence, and child well-being&lt;br&gt;• Use of comprehensive assessments (with specific attention paid to parenting concerns; resources and strengths; alternative care options; unique needs of children and caregivers; cultural, ethnic, linguistic and other individual factors; the need for specialized assessments; on-going assessment)&lt;br&gt;• Addressing of individual family members’ needs in light of family dynamics and environmental/social context&lt;br&gt;• Addressing the big picture</td>
<td>C2: Pretest Report – Case Management&lt;br&gt; C3: Pretest Report – Intake</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-----------------</td>
<td>--------------------------------------</td>
<td>-----------------------------------------------------------------</td>
<td>-----------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td><strong>Pretest</strong></td>
<td><strong>Family Interviews &amp; Cultural Consultant Group Meetings</strong></td>
<td>• Creation of treatment/service plans that prioritize and coordinate services</td>
<td>C4: Pretest Report – Case Management Family Interview Addendum</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Family satisfaction with current practice (prior to CFA implementation)</td>
<td>C5: Pretest Report – Intake Family Interview Addendum</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Suggestions for improving child protection practice in Ramsey County</td>
<td>C6: Cultural Consultant Summary</td>
<td></td>
</tr>
<tr>
<td><strong>Point-in-time</strong></td>
<td><strong>Case Record Review &amp; Worker Interview</strong></td>
<td>• Utilization of 10 Step process in case planning and intervention</td>
<td>C7: Fidelity Report – Case Management Pilot</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Adherence to Ramsey County’s CFA practice model</td>
<td>C8: Fidelity Report – Formative Evaluation</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Documentation of case-related information</td>
<td>C9: Fidelity Report – Full Implementation</td>
<td></td>
</tr>
<tr>
<td><strong>Point-in-time</strong></td>
<td><strong>Worker Survey</strong></td>
<td>• Define and utilize culture in assessment and decision-making work with families</td>
<td>C10: Cultural Survey Report</td>
<td></td>
</tr>
<tr>
<td><strong>Practice</strong></td>
<td><strong>Posttest</strong></td>
<td>• Identify concerns relating to safety (and/or risk), permanence, and child well-being</td>
<td>C11: Posttest Report</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Case Record Review, Focus Groups,</strong></td>
<td>• Conduct comprehensive assessments (with specific attention paid to parenting concerns; resources and strengths; alternative care options; unique needs of children and caregivers; cultural, ethnic, linguistic and other individual factors; the need for specialized</td>
<td>C12: Posttest Report – Focus Group Addendum</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Focus Groups,</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Addendum</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Pretest/Posttest | Supervisor Observation & Interview | - Supervisory responsibilities and practices support effective CFA practices of front-line workers  
- Supervisors have supports in place to assist them in promoting effective CFA practices of front-line workers | C8: Fidelity Report – Formative Evaluation  
C13: Posttest Report – Supervisor Observation |
|-----------------|-----------------------------------|---------------------------------------------------------------------------------|---------------------------------|
| Outcome         | Pretest/Posttest                  | - Clients experience more comprehensive, inclusive assessment process  
- Assessment practices improve delivery of client services  
- Client engagement increases (including more fathers being included in the process)  
- Clients are better served by the new CFA practice  
- Clients involved in child protection under CFA indicate that assessment and service provision is improved  
- Long-term client benefits (more families remaining intact/fewer placements, decreased re-referrals to child protection, fewer re-entries into foster care) | C2: Pretest Report – Case Management  
C3: Pretest Report – Intake  
C4: Pretest Report – Case Management  
C5: Pretest Report – Intake Family Interview Addendum  
C6: Cultural Consultant Summary  
C11: Posttest Report |
The process evaluation was designed to assess the implementation of CFA in Ramsey County Child Protection. The process evaluation centered on evaluating project outputs and immediate outcomes (i.e., implementation outcomes), and assessing worker fidelity to CFA practice as detailed in the logic model that accompanied the original project proposal (see Appendix A). Research questions focused on tracking the progress towards completing project outputs and immediate/implementation outcomes as well as assessing changes in worker practices during implementation. Participants for the process evaluation included child protection workers, supervisors, managers, directors, and program staff as well as children and families and child protection cases of children and families served prior to CFA implementation. Data regarding worker practices prior to CFA implementation (in Intake, Case Management, and Family Assessment) was gathered via reviews of a randomly selected case records at pretest. This data was supplemented by focus groups of workers (conducted during unit meetings) and via interviews and meetings with caregivers who had been previously involved with Ramsey County child protection. Longitudinal tracking of training (including training participants and hours of training received), was completed by the Project Manager. Administrative data held in the Ramsey County’s SACWIS system (the Social Service Information System [SSIS]) was used to track the number of children and families served throughout the grant period. In addition, progress toward completion of project outputs and immediate/implementation outcomes (e.g., development of project materials, evaluation progress and findings, etc.) was shared during Steering Committee meetings and tracked by the Project Manager and evaluation staff. Worker fidelity was assessed at four points in time during CFA implementation (during pilot implementation in case management, implementation in case management, and full implementation in case management and intake [x2]). Data about changes in worker practices
(including documentation) was collected through case record reviews of randomly selected cases as well as corresponding worker interviews. Information about how workers defined and utilized culture in their work was gathered via an (anonymous) online survey of child protection workers. (More information about the evaluation methodologies can be found in Table 1 and Appendices C1-C10.) Descriptive analysis was used to account for changes in key outputs and outcomes over time.

The practice evaluation was designed to measure changes in worker (and to some extent, supervisor) practices and behaviors over time. The practice evaluation focused on intermediate outcomes (as outlined in the logic model in the original project proposal; see Appendix A) and addressed the following research questions:

- Do worker practices support key facets of effective social work practice following CFA implementation (e.g., identifying concerns related to safety/risk, permanency, and child well-being, conducting comprehensive assessments, addressing needs, coordinating services through service plans, etc.)?
- Do the responsibilities and practices of supervisor support effective CFA practices of front-line workers?
- Do supervisors have supports in place to assist them in promoting effective CFA practices of front-line workers?

The practice evaluation relied on a pretest/posttest design to address the aforementioned research questions. (More information about the evaluation methodologies can be found in Table 1 and Appendices C8, and C11-C13.) Participants for this portion of the evaluation included child protection workers and supervisors, as well as child protection cases of children and families served following CFA implementation. Worker practice was assessed via reviews of
randomly selected case records at posttest. Supervisory practices and supports were assessed via two one week, 100% observation studies of all supervisors in child protection units; interviews with supervisors were used to supplement observational data. Descriptive analysis was used to evaluate worker and supervisor practice following CFA implementation. Thematic analysis was also utilized to assess practice outcomes of workers and supervisors for qualitative data.

The outcome evaluation was designed to measure client outcomes (i.e., long-term outcomes) as detailed in the logic model that accompanied the original project proposal (see Appendix A). The outcome evaluation addressed the following research questions:

- To what extent (if any) do clients experience a more comprehensive, inclusive assessment process?
- To what extent (if any) do assessment practices improve delivery of client services?
- Does client engagement increase following CFA implementation?
- Are clients better served by CFA practice?
- Do clients experience long-term benefits related to safety and permanency?

The outcome evaluation relied on a pretest/posttest design to address the aforementioned research questions. (More information about the evaluation methodologies can be found in Table 1 and Appendices C2-C6, and C11.) Participants for this portion of the evaluation included children and families served by Ramsey County Child Protection, as well as child protection cases of children and families served prior to and following implementation of CFA practice. Data used to answer the aforementioned research questions were gathered via a combination of reviews of randomly selected case records at pretest and posttest, interviews with caregivers, and administrative data held in the Ramsey County’s SACWIS system. Qualitative (e.g., thematic
analysis) and quantitative methods (including descriptive as well as inferential statistics) were used to analyze data.

The evaluation plan was modified at two time points during the implementation of CFA in Ramsey County. The design was first modified from a randomized controlled trial to a pretest/posttest design in late 2009 upon learning (from fidelity assessments) that more time was needed to fully implement CFA in Ramsey County’s Child Protection Case Management units (see Appendix C14). Allowing more time to implement the new practice without changing the evaluation plan would have pushed the final randomized controlled trial beyond the grant period. Therefore, the design was altered and additional formative evaluation components were added (including two additional fidelity assessments, case aide interviews, observations and interviews with supervisors). Evaluation also revealed that the family interviews were not reflective of the populations from which they were drawn; therefore, family input was collected from cultural consultant groups rather than the originally planned interviews to further inform refinement of the CFA practice model. The second modification occurred in May 2011 (see Appendix C15). At this time Ramsey County made large structural changes to its Family Assessment units – moving from a model which relied on separate workers to conduct assessment and case management portions of the case to a model that relied on only one worker throughout the life of the case (One Worker One Family [OWOF]). In addition, Service Quality Assurance (SQA) was introduced into the agency. These changes resulted in an expansion of the final posttest (to include OWOF cases) and the elimination of the cost study (which relied on the time study that was not possible to conduct due to SQA implementation). Modifications were made in consultation with the Program Officer (Cathy Overbaugh) and appropriate changes were made to the IRB in both instances of modification.
B. Process Evaluation Results

During the grant funded period a total of 2,480 families (representing 5,916 children) received CFA Intake services; 2,305 families (representing 5,403 children) received CFA Case Management services; 2,435 families (representing 6,094 children) received CFA FA Assessment services; and 588 families (representing 1,531 children) received CFA FA Case Management services. (*Note.*). While one would expect greater numbers of families served in Intake than Case Management, the project was implemented in CFA Case Management first - thus allowing for a greater number of families to be served over time in Case Management; CFA was implemented in FA cases last – across FA Intake and Case Management simultaneously - allowing for a more representative number of families to be served across in this response.)

Outcome evaluation participants (based on pretest/posttest case record reviews) included a total of 270 families (with the focus of the review on the youngest alleged victim in the family – the “subject child” of the review). The pretest evaluation for Case Management included 60 families (see Appendix C2); subject child characteristics were as follows:

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Sample</td>
<td>15.3%</td>
<td>50%</td>
<td>46.7%</td>
<td>8.3%</td>
<td>8.3%</td>
<td>3.3%</td>
<td>1.7%</td>
<td>72.8%</td>
<td>16.3%</td>
</tr>
</tbody>
</table>

The pretest evaluation for Intake included 120 families (60 families for Traditional Intake and 60 families for Family Assessment Intake; see Appendix C3); subject child characteristics were as follows:
The posttest evaluation for Intake and Case Management included 90 families (60 families who received Traditional Intake services – 30 of which went on to receive Traditional Case Management services and 30 families who received FA Intake services – 15 of which went on to receive FA Case Management services; see Appendix C11); subject child characteristics were as follows:

<table>
<thead>
<tr>
<th>Race</th>
<th>Allegation</th>
<th>Sample</th>
<th>FA</th>
<th>TI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic</td>
<td>White</td>
<td>18.3%</td>
<td>16.7%</td>
<td>20.0%</td>
</tr>
<tr>
<td></td>
<td>Black or African Am.</td>
<td>40.0%</td>
<td>40.0%</td>
<td>30.0%</td>
</tr>
<tr>
<td></td>
<td>White</td>
<td>35.6%</td>
<td>50%</td>
<td>28.3%</td>
</tr>
<tr>
<td></td>
<td>Black or African Am.</td>
<td>42.2%</td>
<td>40%</td>
<td>43.3%</td>
</tr>
<tr>
<td></td>
<td>White</td>
<td>1.1%</td>
<td>0.0%</td>
<td>1.7%</td>
</tr>
<tr>
<td></td>
<td>Black or African Am.</td>
<td>7.8%</td>
<td>10%</td>
<td>6.7%</td>
</tr>
<tr>
<td></td>
<td>White</td>
<td>13.3%</td>
<td>0.0%</td>
<td>20%</td>
</tr>
<tr>
<td></td>
<td>Black or African Am.</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td></td>
<td>White</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td></td>
<td>Black or African Am.</td>
<td>64.0%</td>
<td>65.1%</td>
<td>62.1%</td>
</tr>
<tr>
<td></td>
<td>White</td>
<td>20.2%</td>
<td>31.4%</td>
<td>10.5%</td>
</tr>
<tr>
<td></td>
<td>Black or African Am.</td>
<td>9.8%</td>
<td>1.2%</td>
<td>17.9%</td>
</tr>
<tr>
<td></td>
<td>White</td>
<td>6.0%</td>
<td>2.3%</td>
<td>9.5%</td>
</tr>
</tbody>
</table>

See B.i. for information about participants who received program services.

Prior to CFA implementation, workers used Family-Centered Assessment (FCA) practice in the Ramsey County. Workers reported that they understood and implemented this practice in a variety of ways, with little consistency among workers and units. The majority of workers
expressed dissatisfaction with FCA practice and concern that the practice hindered their ability to build relationships with the families they served. Workers requested a practice model that was consistent across workers but allowed flexibility to accommodate to the unique strengths, needs, and circumstances of families (see Appendices C2-C3 for more information).

Case record reviews revealed that prior to CFA implementation workers regularly conducted safety and risk assessments in Intake; however, these assessments were often used throughout major portions of the case (i.e., reassessments were not often completed). Safety plans were often not clear and relied on service plan components (e.g., “parent attends outpatient chemical dependency treatment”) to ensure child safety. Often safety plans were not tied directly to the safety threat present and/or were used when safety threats were not present in the household. However, parents did often receive services that were appropriate to safety, risk, and prevention of placement. Comprehensive assessment (or reassessment) of family members was rare but strengths of family members were often noted in case records; family members’ needs were inconsistently noted. Family member involvement and engagement throughout the life of the case was also inconsistent. Mothers were almost always assessed and engaged while subject children were often assessed and engaged; fathers (when identified and available) and siblings were less often assessed and engaged. Culturally competent practice and thorough documentation were needed improvements to Ramsey County’s child protection practices. (See Appendices C2-C3 for more information)

Families who chose to participate in the family interview process generally expressed positive experiences with Ramsey County Child Protection prior to CFA implementation. Families reported that workers adequately identified family needs and connected families with appropriate services; that family members were involved in the assessment and case planning
process; and that families (generally) had a good relationship with their worker(s). Families expressed a desire for more frequent visits with workers. (See Appendices C4-C5 for more information.) However, through case record reviews and additional interviews with families it became clear that this experience was not true of all or most families who received child protection services through Ramsey County. Feedback from the cultural consultants revealed that African American and American Indian family members did not share the same experience as those family members who participated in the interviews. Rather, their experience was such that they felt their culture was not respected; that they were often not made aware of services that would benefit them; and that their relationships with their worker(s) were “adversarial” and hierarchical. (See Appendix C6 for more information.) Because selection bias was thought to have influenced the findings of family interviews, family interviews were not conducted at posttest.

As CFA was implemented across the agency in different units and response systems (Family Investigation and Family Assessment), worker practice and fidelity to CFA practice was assessed. Fidelity assessments revealed that portions of CFA practice that were most directly tied to safety and risk (and were most consistently trained) were implemented with greater ease than other portions of practice (e.g., intentional visitation, use of culture in assessment and decision-making, etc.). Although workers defined “culture” broadly and reported comfort with and use of culture in their assessment and decision-making processes, incorporation of culture into practice remained challenging. As CFA was implemented over time, fidelity to CFA practice increased. At posttest all core components of practice were implemented with fidelity; however, including culture and intentional visitation remain continued areas of growth. (See Appendices C7-C9 for more information.)
Findings of the process evaluation were used in the development of CFA practice and training at Ramsey County. The process evaluation revealed that although implementation took longer than anticipated, implementation of CFA practice in Ramsey County was successful. CFA is now considered Ramsey County Child Protection practice and is no longer a “model” for evaluation. CFA practice is sustainable within the county and core implementation activities (e.g., on-going training, continued in-house evaluation, further refinement of CFA practice, etc.) continue. (See Appendix A for more information regarding progress on key outcomes of interest.)

C. Practice Evaluation Results

Implementing CFA in Ramsey County Child Protection was anticipated to lead to several intermediate (practice) outcomes which support positive family outcomes. Core outcomes of interest include:

- Identification of concerns related to safety, permanency, and child well-being
- Utilization of comprehensive assessments (and reassessments) across family members
- Addressing family members’ needs with attention to family dynamics, the environmental/social context, and the big picture.
- Creation of treatment/service plans that prioritize and coordinate services.

Findings of the practice evaluation following implementation of CFA revealed that workers consistently conducted safety and risk assessments (both initial and ongoing) and provided services appropriate to safety, risk, and prevention of placement. All cases received initial safety and risk assessment. Conducting on-going safety and risk assessments in the early part of Case Management (within 60 days of opening in Case Management) continued to be an
area where growth could occur, but all cases received on-going risk and safety assessments after 60 days of Case Management service receipt. In addition, when available, both mothers and fathers were involved in safety planning a majority of the time (100% for mothers and 93% for fathers). If the situation arose and a child was in need of out-of-home placement, workers consistently sought relatives as placement options. (This occurred 69% of the time prior to placement and 89% of the time after placement.)

Workers regularly visited available family members and the quality of visits was generally sufficient to ensure the safety, permanency, and well-being of the child and promote case goals. However, engagement of fathers continued to be an area for improvement and was especially evident in regard to worker visits (and thus, assessment and service provision). Only 35% of available fathers in Family Investigation Case Management received sufficiently frequent visits and 25% received sufficient quality of visits (as compared to 76% and 62%, respectively, of mothers).

Workers utilized comprehensive assessments across family members but more frequently with mothers (100%) and children (100%) than with available fathers (71%) and siblings (78%). Workers consistently documented family strengths (97-100% of all cases), child strengths (93-100%), and mothers’ strengths (90-100%) but were less consistent in documenting fathers’ strengths (60-83%) and community strengths (52-100%). Workers utilized specialized assessments in the vast majority of cases (60-97% of all cases). However, including culture in the assessment and decision-making process was an area for growth for Ramsey County; only 15-30% of all cases mentioned the family’s environmental, cultural, ethnic, or linguistic contextual strengths or potential hindrances. Workers identified family members’ individual needs and addressed them with services a majority of the time (62-100% and 57-95%,
respectively); however in Family Investigation Case Management only 40% of fathers’ needs were identified and 42% of them were addressed by services. Identification of need and connecting services to these needs is an area for further consideration for Ramsey County, especially as some needs may not be directly related to the safety threat or risk that brought the family to the attention of CPS. Considering whether and/or how to connect families to services that are not directly related to safety and/or risk is something the County will need to contemplate. In addition, although CFA has been implemented across response tracks (Family Investigation and Family Assessment), stronger practice outcomes are evident in FA than in FI. (See Appendices C11-C12 for more detailed information about worker practice outcomes.)

Supervision at Ramsey County has changed over time to better supportive effective CFA practices of front-line workers. For example, supervisors spent 29% of their time in individual supervision with workers (as compared to 20% prior to CFA implementation) and 48% of their time on supervision tasks (including individual and group supervision, case-related documentation, performance reviews, and case reviews – as compared to 39% prior to CFA implementation). When in supervision with workers, supervisors spent 57% of their time on educative tasks and 17% of their time on supportive tasks; 26% of supervision time was spent on administrative tasks (as compared to 42%, 12%, and 37% prior to CFA implementation). Although the roll out of CFA in Ramsey County did not go as smoothly as expected, supervisors reported a benefit to CFA practice as well as having supports available to assist them in promoting effective CFA practice at Ramsey County. (See Appendices C8 and C13 for more detailed information about supervisor practice outcomes.)
D. Outcome Evaluation Results

Implementing CFA in Ramsey County Child Protection was anticipated to lead to several long-term (client) outcomes in addition to changes in promotive practices at the worker level. Core outcomes of interest include:

- Clients experiencing more comprehensive, inclusive assessment process.
- Assessment practices improving delivery of client services.
- Client engagement increasing
- Clients better served by the new CFA practice.
- Clients indicating that assessment and service provision are improved.

Children have experienced an improvement in outcomes across areas. For example, 96% of all children receive comprehensive assessments during Intake; with 75% of children receiving a full initial assessment (as compared to 39% at pretest). This is a (statistically significant) increase of 92% since CFA implementation. During case management, 89% of all children receive comprehensive assessments, with 62% of children receiving a full comprehensive assessment. In FI Case Management the (statistically significant) increase in the use of full comprehensive assessments was 833% since CFA implementation (56% of children received full comprehensive assessments at posttest as compared to only 6% at pretest). Identification of needs and delivery of services have also increased for children; 81% of all children have their needs fully (and clearly) identified at Intake (as compared to 60% at pretest), with 73% of children receiving services to address their needs during Intake (as compared to 41% at pretest). This is an increase of 35% and 78% (respectively) since CFA implementation (and is statistically significant). In Case Management, 76% of all children have their needs fully (and clearly) identified, with 62% of children clearly receiving services to fully address their needs. In FI Case
Management, however identification of needs decreased by 10% and addressing needs with services decreased by 31% (though these decreases are not statistically significant). Improvements in permanency outcomes have also been evident. For example, 69% of cases received an inquiry prior to placement and 88% of cases received a relative inquiry after placement. This is in stark contrast to pretest findings, which revealed that only 21% of cases received an inquiry prior to placement and 77% received a relative inquiry after placement. This is a significant improvement from pretest to posttest, representing a 228% increase in relative inquiries prior to placement and a (non-significant) 14% increase in relative inquiries after placement. Approximately half (53%) of all children were placed with a relative (as compared to 57% at baseline) and all but two (78%) appeared to be stable (as compared to 80% at baseline). (See Appendix C11 for more detailed findings.)

Parents have experienced some improvements and some declines in outcomes across areas of interest. In regard to comprehensive assessment, mothers were given a full, initial comprehensive assessment more frequently than any other family member (82% as compared to 51% at pretest), with fathers receiving the fewest full, initial comprehensive assessments (40% as compared to 34% at pretest). This is a (statistically significant) increase of 61% for mothers and a (non-statistically significant) increase of 18% for fathers since CFA implementation. During case management, 69% of mothers and 31% of fathers received full comprehensive assessments. In FI Case Management the (statistically significant) increase in the use of full comprehensive assessments for mothers was 1180% (5% at pretest and 64% at posttest) while the (non-statistically significant) increase for fathers was 1700% (0% at pretest and 18% at posttest) since CFA implementation. Although parents are receiving more comprehensive assessments than they were at pretest, 72% of fathers did not receive any compressive assessment at posttest.
Identification of needs and delivery of services has remained relatively stable for mothers and fathers over time in Intake but has declined (non-significantly) in FI Case Management; 77% of all fathers had their needs fully (and clearly) identified at Intake (as compared to 78% at pretest), with 72% of fathers receiving services to address their needs during Intake (as compared to 71% at pretest). For mothers, 76% had their needs fully (and clearly) identified at Intake (as compared to 78% at pretest), with 68% of mothers receiving services to address their needs during Intake (as compared to 62% at pretest). In Case Management, 68% of all fathers had their needs fully (and clearly) identified, with 68% of fathers clearly receiving services to fully address their needs. In FI Case Management, however identification of needs and addressing needs with services decreased by 51% over time for fathers (with both decreases being statistically significant). In Case Management, 75% of all mothers had their needs fully (and clearly) identified, with 71% of mothers clearly receiving services to fully address their needs. In FI Case Management, however identification of needs decreased by 24% over time and addressing needs with services decreased by 22% (though neither decrease was statistically significant).

Some of the decreases in parent outcomes (notably those of fathers) may be due to changes in the availability of family members over time. Ramsey County implemented new father finding and engagement policies in concert with CFA practice. The result of these new policies was an increase in available fathers – from 63% to 69% in Intake and from 42% to 67% in FI Case Management (80% of cases in FA Case Management included fathers). Thus fathers who previously were unavailable at pretest (and therefore were not factored into evaluations) became available at posttest; these newly available fathers may have been more difficult to engage throughout the life of the case. (See Appendix C11 for more detailed findings.)
Client outcomes for families indicate a substantial improvement in outcomes over time. For example, almost all posttest cases included a full comprehensive family assessment of at least one family member. Ninety one percent of Intake cases included a full initial assessment of at least one family member (as compared to 0% at pretest), and 71% of all Case Management cases included full assessment of at least one family member (as compared to 10% at pretest). In addition, family strengths were mentioned or appeared complete in 98% of all Intake and Case Management cases (97% for FI and 100% for FA cases). This is a significant, and substantial, change from pretest findings. (See Appendix C11 for more detailed findings.)

Although client outcomes for the system were part of the original logic model and evaluation plan, long-term system outcomes were not able to be assessed during the current grant period. For example, re-reporting and re-entry statistics could not be assessed because not enough time has passed since implementation of CFA to observe these phenomena. Other long-term outcomes could not be assessed due to the removal of family interviews from the evaluation plan. Thus, we could not assess family satisfaction under CFA practice. However, it is anticipated that these outcomes will show promising results following the grant period. Changes at Ramsey County (as part of CFA practice) have led to better assessment processes, communication among workers, and better service provision for some family members.

E. Evaluation Discussion

While evaluation challenges existed, the evaluation team was successful at navigating changing circumstances and worked collaboratively with key stakeholders at Ramsey County to ameliorate negative impacts on the evaluation plan. Challenges to the evaluation were evident during the supervisor observations, as 1) supervisors experienced unanticipated changes to their
schedules which were not always able to be communicated to evaluation staff and 2) evaluators found it difficult to conduct an observation when supervisory work occurred in private spaces (e.g., bathrooms). Family interviews also presented as a challenge. Although a number of different methods were employed at pretest to obtain a representative group of family members (e.g., Ramsey County Program Coordinator arranged interviews, U of MN staff arranged interviews, etc.), ultimately a representative group was not obtained. In addition, key informants at Ramsey County continually changed over time during the implementation of CFA as new staff came into supervisory and management positions. The changing of these key staff positions resulted in periods of new data gathering and additional synthesis of data base upon the varied experiences and historical knowledge of informants. Finally, because the implementation of CFA practice took longer than expected, some long-term outcomes were not able to be assessed (e.g., re-entry into foster care cannot be measured because not enough time has passed since implementation). As evaluation continues at Ramsey County, these outcomes will continue to be measured over time.

The evaluation plan is limited in two ways. First, the evaluation cannot determine causality of results based on implementation of CFA. Although the original evaluation plan was based on a Randomized Controlled Design, challenges in implementation resulted in an alteration of the evaluation (see the evaluation modification section for more detail). Thus, the evaluation is based on a pretest/posttest design which results in associative findings. Second, the evaluation plan was not able to include the voices of family members at posttest. At pretest, several methods were employed to gather family member feedback regarding their experiences with Ramsey County Child Protection. However, these methods were ultimately unsuccessful in soliciting family member feedback that was representative of the broader population of families.
receiving services through Ramsey County Child Protection. Therefore, family interviews were discontinued.

VII. Sustainability

By 2011 the CFA model in Ramsey County was fully implemented in all service areas in Child Protection: Traditional Intake, Traditional Case Management, and Family Assessment. No grant funds were used for personnel, on-going assessment, or services to children and families in these program areas. Rather, the funds received through the CFA grant were primarily used for auxiliary services including cultural consultation, model development consultation, training services, the purchase of laptop computers, and project management services. Every Child Protection worker in Ramsey County has been trained in CFA, and CFA is the only practice modality in use in Ramsey County. Hence, at the end of the grant period, when the auxiliary grant-funded services are terminated, the core CFA practice capacity of Child Protection will remain intact.

The question of how to sustain the integrity of CFA practice and how to replace the expertise and energy that were obtained through the grant-funded services has required considerable planning and intentionality. A plan was needed to carry the momentum from the formal implementation to a more permanent practice-sustaining model. In order to ensure that the core components of the CFA model continue to be emphasized in the training of new workers, supervisors and evaluators after the ending of the formal grant period four primary mechanisms have been developed: the Life of the Case Committee, the Internal Trainers Program, and evaluation strategies.
Life of the Case Committee

The Steering Committee which has been discussed above consisted of child protection managers, internal evaluators, external evaluators, the CFA project manager, IT/SACWIS manager, and a Ramsey County planner. It was a group that could move naturally from an implementation group to a practice promotion committee. Ramsey County chose to expand and rename this group near the end of the formal demonstration project to reflect the changing goal of the committee. As a result, the Steering Committee agreed to expand membership to include both Child Protection managers, a child protection supervisor, as well as other managers from the Children’s Division including the Family Support manager and the Children’s Mental Health manger. The Committee was renamed the “Life of the Case Committee”. The goals of the Life of the Case Committee shifted from implementation to sustainability and innovation. The committee will look beyond child protection practice and focus on all staff members that interact with a family within the County system. Bringing in managers from all areas of the Children’s Division will allow the committee to understand new mandates, legislation, and innovations that are affecting other program areas within the County. This new membership and direction will permit the Children’s Division to weave a seamless practice system.

Train the Trainers Program

In addition to establishing a management level team to sustain CFA practices, Ramsey County realized the need for ongoing training for child protection staff and supervisors. Without internal trainers the County would face the same challenges they experienced prior to CFA implementation. Administrators recognized that formal practice
slowly changes, workers can begin to implement assessment with varying degrees of intensity, and newly hired workers may not receive formal training in CFA practice. Therefore Ramsey County developed a plan for ongoing CFA training. The County chose to use a Train the Trainer model to sustain front line CFA practices. Front line child protection staff were identified and selected as trainers. Selection of internal trainers was important. Staff identified as strong practitioners of CFA practice who have established a record of solid adherence to the established CFA practice were selected. Primary CFA leaders met with the team of internal trainers to brainstorm how to develop a sustained training plan. Important questions during the initial planning stage included:

- Who will be trained? New workers only? Will there be refresher trainings for current Child Protection Staff?
- What should be included in the curriculum? Should original training materials be used or modified?
- In what format should the training be delivered?
- How often should training take place?
- What are the duties of trainers?

Through much discussion the team decided to modify original training materials. A revised curriculum that includes didactic and interactive teaching methods was developed. The content was similar to trainings provided throughout the implementation stages, but incorporated new case examples and interactive learning strategies. Ms. Lutz reviewed the curriculum and advised the group on their training plans.

Throughout this initial process it became clear that not all of the members of the training group possessed the skill or desire to facilitate large scale trainings. More
importantly having large trainings with all staff members did not serve the agency. The
training plan that was established consisted of nine trainers with different functions. Four
trainers were identified as “Stand up Trainers”. The duty of this group of trainers is to
facilitate unit-wide “refresher” trainings. Ramsey County is in the process of having their
internal trainers provide CFA training to each unit within the agency following the full
implementation of the model. This training will be provided annually to avoid drifting
from established CFA practice. Annual CFA “refreshers” for all staff will be mandatory
trainings.

A second group of five trainers was identified as coaches. The role of these
trainers is to provide support to staff throughout the year in between unit-wide CFA
trainings. Coaching is done with individuals or small groups of two or three staff. These
trainers provide support, input and feedback to their colleagues on a day to day basis and
can respond to questions as they arise.

Ramsey County also chose to select trainers for each of the three service areas:
Traditional Investigations, Traditional Case Management, and Family
Assessment/Alternative Response. Selecting trainers from each area was important for a
couple of reasons. Trainers were able to serve as experts for their response area. Different
CFA practices are associated with different decisions and points in the life of a child
protection case. This gave trainers an opportunity to specialize. Selecting trainers from
different areas also provided a trainer in almost every child protection workgroup,
allowing the workforce to have a coach or stand up trainer available regularly.
Evaluation

For Ramsey County the end of the demonstration grant also meant the end of a formalized evaluation with external evaluators. Ramsey County is fortunate to have internal evaluators on staff within the county, including a key member from the Quality Assurance Department who served on the Steering Committee, understood the practice changes, and understood the previous evaluation efforts. Developing a plan for continuing to collect and analyze data to ensure CFA practice continues to be implemented with fidelity was a priority for Ramsey County; these priorities and other evaluation options were discussed extensively within Steering Committee meetings as the County prepared for sustainability. Ramsey County’s priority included looking at ongoing measures of fidelity, specifically those areas in which workers were still challenged. This was particularly true in the inclusion of culture within the case record and core components of the model such as assessment and decision-making processes. Evaluators also need to review and modify previously used evaluation tools to make them applicable for ongoing evaluation needs. This ensures continuity and similarity of evaluation over time.

Ongoing Monitoring of Child Protection Process and Outcomes: Ramsey County Community Human Services will continue to monitor and track outcomes for families involved in Child Protection. This will involve both regular ongoing reporting and efforts specifically directed at components of the new CFA practice model.

CFA Specific Monitoring: Beginning in 2014, two special efforts will be made to evaluate the fidelity and impact of practices introduced under the CFA grant. First, County and University of Minnesota staff will collaborate to review pre and post
CFA case files to determine how well workers have incorporated considerations of culture into their assessments and case planning. A matched sample of cases assessed and closed before 2012 and others opened in 2013 and 2014 will be compared to determine how if at all culture is used in family assessment and case planning. The file review will also look at other aspects of fidelity to the model (to be determined).

Second, County staff will work with agencies providing contracted services to review the fidelity of practice related to identification of required behavioral changes and use of intentional visitation. The goal of this effort is to identify any areas where practice or policies need to be improved or where additional training is necessary to ensure that clients, county and agency staff all understand the behavioral changes required and the process required to determine if change has occurred.

**Ongoing Child Welfare Monitoring**

Ramsey County staff will continue their ongoing tracking of client outcomes and internal processes using existing tools. Here are some examples:

MN Department of Human Services (DHS) provides a child welfare data dashboard which provides County staff and management with quarterly data on 12 key child welfare measures ranging from timeliness of response to maltreatment reports to timeliness of adoptions. These data are pulled from the state’s SACWIS data system and made available via the internet. Ramsey County data can be compared with other counties and with statewide averages.

Research & Evaluation staff regularly track racial disparities at various key decision points in the Ramsey County child welfare system and provide reports to management. These data allow the County to identify any decision points at which racial
disparities may increase so that efforts can be made to improve practices and policies to reduce them.

Ramsey County management receives regular (often monthly) reports on various other measures such as the percentage of clients placed in relative foster homes by race/ethnicity, the demographics of clients in the child protection system and the number and disposition of child maltreatment reports.

Ramsey County has instituted a practice review tool called “SQAS” (Service Quality Assurance System) which allows staff and management to look at the progress of cases and identify if best practices and standards of care are being met. The tool is used monthly to help staff and supervisors review current caseloads and identify both successful case management and possible barriers to progress. The process involves an in depth review of two randomly selected cases as well as statistical information about meeting deadlines for the entire caseload.

VIII. Conclusions

A. Did project meet its proposed goals and objectives

  Design

  Ramsey County has designed and fully implemented a comprehensive method of assessing families. The Ramsey County CFA model is now the only practice model in use in the Child Protection sections of the Ramsey County Community Human Services Department and has become accepted practice. The model was designed by a varied group of stakeholders and is a broad-based, behaviorally focused model. The model incorporates in the assessment process the eight Key Components, including the Ten Step process, disseminated by the Children’s Bureau. The model is strength-based and
considers a broad range of family dynamics and environmental and social factors in the assessment process. The very robust evaluation conducted by the University of Minnesota effectively informed the development and implementation of CFA practice in Ramsey County.

**Culture**

The Ramsey County model is culturally grounded. A great deal of care went into obtaining feedback from families of various cultural backgrounds as to what their experiences with Child Protection services had been like. The feedback from the families was synthesized with the assistance of cultural consultants and incorporated into the assessment tool, “Comprehensive Family Assessment Safety and Functional Assessment” (see Appendix B1).

**Inclusion of Family Members in the Assessment Process**

The CFA model has resulted in the more regular inclusion not only of the “identified” or “subject” child but also of siblings in the assessment process. With regard to fathers, the results were mixed. On the one hand, more fathers have been identified. However, engaging in productive relationships with those fathers remains a challenge.

The CFA model was customized for the three sections of Child Protection: Traditional Investigations, Traditional Case Management, and Family Assessment Services (Differential Response). The processes for customizing the model for Traditional Investigations and Traditional Case Management were separate and occurred about a year apart. Each design process involved staff and management from the affected area so that the knowledge and viewpoints of those individuals could be taken into account in customizing the model for that area. The model was customized for FA
Services in 2011 as part of the FA restructuring (See Section III C “Project’s Service Model”).

Implementation

The CFA model has been standardized across the three sections of Child Protection. As was originally proposed, the evaluation process informed the design, implementation, and modification of the model by means of a feedback loop. The model was phased in: first in part of Traditional Case Management, second in Traditional Intake, third in the remainder of Traditional Case Management, and finally in FA Services. As was mentioned above, the findings of the evaluation studies at each point in the process helped to determine the direction of the roll-out.

Existing Systems Reflect the Model and Related Policies

Comprehensive CFA training was received by all staff and supervisors; and CFA practice models, tools, and training materials were developed. In addition, key stakeholders and vendors were trained and kept current on the status of the implementation of the model throughout the course of the project. The SACWIS system contains documents that have been modified to reflect CFA practice. Quality assurance mechanisms have been put into place, including the SQA case auditing process which was intentionally structured to reflect CFA practice. In addition, the Continuous Quality Improvement Tool (see Appendix B14) has recently been put into use.

Sustaining the CFA Model

A great deal of thought and planning has gone into creating the sustainability plan for the CFA model. The Steering Committee has transitioned into a standing practice oversight committee, the “Life of the Case Committee”. A plan has been developed for
continuing to obtain evaluation data internally that will help promote on-going fidelity to the model. Internal trainers have been selected and trained, and their curriculum has been developed. The trainers have already begun to conduct training for internal staff and supervisors and for external stakeholder groups. The CFA manuals, training videos, and website will be very effective in sustaining the CFA model. Further, the quality assurance mechanisms mentioned above will help to ensure sustainability.

**Contextual Factors**

A significant challenge was the transition in supervisory and management staff during the course of the grant. There was turnover in the position of Director of Children and Family Services, in the management positions for Child Protection Intake and Child Protection Program, and in several supervisory positions. However, the commitment and competence of the individuals occupying those positions; the strong continuity provided by the Steering Committee; the strength of the on-going training and consultation services provided by Ms. Lutz and the cultural consultants; and consistency in the Project Manager position permitted the project to effectively maintain its forward momentum.

Dealing with the very extensive restructuring of FA services that occurred during the second half of the project required a great deal of logistical planning as well as the modification of the model. In addition, because the percentage of cases being served with FA cases rose from 50% to over 70%, the FA caseloads began to include families with higher risk levels. This necessitated additional training for staff, and workers required more extensive supervision.
B. Impact of the project on parents, children, and families including discussion of relevant process, practice, and outcome data

Overall, dramatic improvements for children were seen via this project through receipt of comprehensive assessment, identification of needs and provision of services to meet those needs. Also, there was an increase in inquiries into relative placement options for children experiencing out-of-home care. Findings showed mixed results for parents, although primarily of a positive nature. Increases were evident in the utilization of comprehensive assessments across family members but even with this, the majority of available fathers did not receive a comprehensive assessment. Identification of needs and available services to meet those needs has remained relatively stable from baseline to post-test. Most mothers and fathers have their needs identified and addressed during the intake process; however engagement of fathers decreases overtime throughout the life of the case. This then leads to fewer visits with available fathers, less identification of needs and consequently less provision of services.

At the family level, strengths are noted in almost all cases. Nonetheless, although workers defined culture broadly and reported feeling comfortable with and using culture in their assessment and decision making work with families, the majority of cases (63-85%) included no description of the families’ environmental, cultural, ethnic or linguistic contextual strengths or potential hindrances. However, during the time since the last outcome evaluation, Ramsey County has refined its assessment tool by adding prompts and guides to assist workers in better gathering, documenting and implementing culturally based practice (see Appendix B1).
While implementation of CFA practice at Ramsey County has resulted in a number of positive changes, further refinements to practice continue to take place and should lead to even further improved outcomes for children and families.

C. Impact of project on partner organizations

New vendors selected in the 2011 Ramsey County Service Delivery Vendor RFP process were thoroughly informed about the CFA model and received training in the model. The referral forms they receive from social workers (see Appendix B13) and the report forms they complete about their work with families have been modified to include information that is key to the function of the new practice model. Specifically, information about safety threats, behavioral risks present in the family, and about the behavioral goals they are being asked to address with families have been incorporated into the referral forms. Thus, there is a much higher level of specificity and focus in the work of contracted providers with families.

A variety of stakeholder groups have received information and training on the CFA model. These groups include the Juvenile Courts, Guardian ad Litem staff, County Attorneys, St. Paul Police Department, and the St. Paul Public Schools. Ramsey County management continues to work with these groups to help them gain better understanding of several aspects of CFA practice such as using in-home safety plans when possible, building on the protective factors present in the family, and being aware of cultural factors that may affect work with families.

D. Impact of project in the child welfare community

The Ramsey County CFA model is well regarded by the Minnesota Department of Human Services. Key leaders in that agency, which provides oversight to the state
supervised, county administered child welfare system within Minnesota, have asked
Ramsey County to disseminate information about the model to the directors of the other counties in Minnesota. As was mentioned in Section V, “Dissemination”, University of Minnesota evaluators and Ramsey County staff have had the opportunity to make six presentations nationally at conferences, all of which were well-received. Of particular interest in these presentations were aspects of the evaluation process and issues of implementation science. Other jurisdictions involved in making large systemic changes have displayed much interest in how Ramsey County has dealt with the change management issues involved in the CFA project.

Since its inception in June 2011, the University of Minnesota CFA Website has had over 17,000 visitors, and more than 36,000 people have looked at the documents that are hosted on the site. About a third of all visitors are utilizing the home page, and about one fifth of all visitors are utilizing the model overview, training/resources, and evaluation pages. Visitors are located predominately in Minnesota. However the site has both a national and international audience, with a large number of visitors from Illinois, Kansas, New Jersey, California, Washington, Michigan, New York, Florida, Virginia, Texas, North Carolina, and even Beijing, Moscow, Norway, and British Columbia.

IX. Recommendations

A. Recommendations to administrators

The Ramsey County CFA model is much more than a “change of forms and paperwork”. It is a significant shift in practice philosophy from a more traditional focus on the presenting incident and compliance-based case planning to an assessment and behavioral-change practice approach. It is important to ask if your agency buys into the
basic philosophy of assessment as opposed to an incident based approach. An agency undertaking to implement CFA should be committed to the systemic, policy, and philosophy changes that are involved.

Before determining whether to initiate a practice change such as the CFA model, it is extremely important first to evaluate and understand your existing practice and to explore the “fit” of CFA. It is equally important to plan carefully for the practice change and to allow enough time for each stage of the change process to unfold.

Throughout each stage of the change process allow adequate time for discussion and reflection, while at the same time being mindful of the need to maintain momentum. Establishing buy in for the practice change requires that staff have a shared understanding of CFA and its implementation as well as its associated goals. During the implementation process staff and stakeholders will most likely move between advocating and opposing the practice change. Therefore, a thoughtful, purposeful approach to implementation is needed.

Communication

Communication about the change process is key. It will be important to provide information early as well as throughout the entire implementation process. Securing trust through effective communication goes hand in hand with establishing buy in from agency staff and stakeholders. Having an agency-wide commitment to large-scale change can help your jurisdiction avoid resistance and sabotage. Communication needs to involve evaluators, agency management, committee members, supervisors, and front-line workers. Having a strong communication plan will ensure all staff and stakeholders receive important information related to the implementation at the same time. It is
extremely important to recognize the value that staff bring to all phases of implementing a change process such as the CFA model. In addition, it is vital to identify community partners that will be important at each stage of the change process. Care should be taken in regard to soliciting feedback from, as well as informing stakeholders.

Anticipate and expect that you will need to modify your CFA model and plan for missteps in the process. It is important to recognize and address potential roadblocks, and it is also important to know when to stay the course and when to detour. Having a strong leadership team with effective communication strategies in place can help identify when changes need to be made as opposed to when it is important to maintain the implementation plan.

B. Recommendations to the Children’s Bureau

Ramsey County’s working relationship with the Children’s Bureau during the course of the grant was extremely supportive and helpful. The Children’s Bureau was very responsive to Ramsey County’s needs as conditions changed in the project and provided very helpful project oversight and technical assistance.

The Grantee meetings were very helpful, and the time devoted to individual project work at the meetings was especially valuable. Much was learned from the other grantees both at the meetings and also through e-mail communication and telephone calls. It is recommended that a Grantees meeting be held toward the end of the grant project to afford the opportunity for each jurisdiction to learn about the results of the other jurisdictions’ projects.
Evaluation Recommendations

It is recommended that the Children’s Bureau revisit the purpose and implementation of cross site evaluation in demonstration projects where practice models dramatically differ across grantees. It was difficult to draw meaning and to participate effectively due to the vast differences in grantee projects as well as the implementation and timing of the projects/models.

It was difficult to incorporate a new process study, utilization of NIRN, at the mid-point of the grant, and it is recommended that late additions such as these be provided as a resource and not as a required element of evaluation (mid-grant). Further, based on the experience of Ramsey County, it is recommended that alternative evaluation approaches be considered as equal in value to experimental design. When systems make large scale practice changes that affect policy, procedure, and engagement of stakeholders across disciplines, long-term experimental designs are not feasible.

Ramsey County has benefited greatly by the federal support provided through this demonstration grant opportunity. Much was accomplished, and yet structurally it wasn’t possible to complete the examination of intermediate and long-term outcomes. Future funding opportunities may need to reflect longer implementation and evaluation periods. It would be beneficial to have more time to measure the impacts of grant activities such as in the seven year grants offered by the NSF and NIH. A tiered grant process, e.g., systems of care, is valuable as it provides jurisdictions the opportunity to build upon the work of previous grants and provide a complete understanding of process and outcomes back to the field.
C. Recommendations to the Child Welfare Field

**Culture**

Ramsey County made a concerted effort to use a cultural lens when designing and implementing the CFA model. The County sought key community stakeholders and elders from a variety of communities within Ramsey County, including racial and ethnic communities over-represented within the County’s child protection system. Elders and community representatives were able to provide the County with information and feedback that Ramsey County had previously been unable to access. In addition, Ramsey County used cultural consultants to aid in this process. The cultural consultants served as cultural guides throughout the implementation process; they were essential in translating feedback from community elders and representatives into concrete elements of the CFA model.

In considering how to incorporate culture into your practice model it is important to know that this must be done with care. Talking with staff about culture is a process and often includes staff becoming knowledgeable about their own experiences and responses; this takes time and care. Further, cultural training can often be abstract and hard to incorporate into practice. Having cultural consultants on staff that can regularly assist with the incorporation of cultural considerations into actual practice behaviors is extremely valuable.

**Supervision**

As was mentioned above in Section III D, “Key Interventions and Activities”, Ramsey County learned many difficult and important lessons regarding supervision during the implementation of its CFA model. It became clear that because the model
requires more clinically oriented supervision than did the previous practice model, earlier and more intensive training for supervisors should have been provided. In order for supervisors to help develop staff capacity, it is very important that an agency adopting CFA should first focus on supervisor capacity, involvement, and buy-in. On-going opportunities should be provided for supervisors to enhance their clinical supervision skills.

**Well Being and Child Protection**

As was mentioned in Part A of this Recommendations Section, the Ramsey County CFA model represents a significant shift in practice from a rather narrowly focused goal of resolving presenting safety issues to a more broad-based approach to examining the underlying causes of parental behaviors that lead to children being unsafe. Creating such a model entails heightening the focus of practice on issues of family and child well-being. Well-being continues to be an area of practice and responsibility without consensus across the field of child welfare. If Comprehensive Family Assessment (as a framework for practice) is, however, to be useful, leadership and direction will be important in defining how well-being should be operationalized with regard to the roles and responsibilities of child welfare professionals and their agencies. If a stronger focus on well-being is desired, it is recommended that the Children’s Bureau offer leadership and direction as well as further opportunities for research into this area.
References


Ramsey County Community Human Services Department. (2005). Plan for the provision of services to persons with limited English proficiency (LEP).

