Using Comprehensive Family Assessments
to Improve Child Welfare Outcomes
Ramsey County Community Human Services &
University of Minnesota School of Social Work
St. Paul, Minnesota

Comprehensive Family Assessment: An Evaluation of Fidelity

Findings, Implications, and Recommendations

April 15, 2011

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This report was developed through funding provided by the Department of Health and Human Services, Administration for Children and Families, Children's Bureau, Grant #90CA1753/01, "Using Comprehensive Family Assessments to Improve Child Welfare Outcomes."

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Introduction

The evaluation and assessment of child welfare programs and practices is a crucial component of child welfare work. For almost a century, the Children's Bureau has implemented policies and programs aimed to protect children from abuse and neglect. In order to ensure that children and families are being provided with the protection and services they need, regular, on-going evaluations and assessments of child welfare programs and practices are needed. The Child and Family Services Review (CFSR), a federal program designed to assess the performance of State child welfare agencies with regard to achieving positive outcomes for children and families, was created in 1994 (Children's Bureau, 2008). Results from the first round of reviews implemented in 2001 revealed one of the areas needing improvement nation-wide was moving beyond initial risk and safety assessments to identify strengths and needs of families as part of a comprehensive assessment.

In 2007, Ramsey County Community Human Services Department (RCCHSD) received a Children's Bureau grant to adapt and implement their current child protection assessment process to incorporate the Comprehensive Family Assessment (CFA) guidelines developed by the Children's Bureau (Schene, 2005). The Ramsey County CFA practice model is a strengths-based, holistic, and culturally grounded practice model. The practice model is based on a process in which a child protection worker, with an emphasis on establishing a relationship with the family as partners, incorporates safety and risk assessments within a comprehensive framework that addresses each family member's strengths and needs, and develops a behaviorally-based service plan that addresses child safety, permanency, and well-being (Children's Bureau, 2005). The Ramsey County CFA practice model is comprised of five specific stages that guide workers from their initial review of information, through assessments and decision-making and into the development of a case plan and service provisions that best enable the behavioral change needed to improve family functioning, reduce risks and safety threats, and promote the well-being and permanency of children (see Table 1).

Table 1: Components of a Comprehensive Family Assessment

	Stage 1	Stage 2	Stage 3	Stage 4	Stage 5
Intake	Information Review	Safety Assessment	Decision Making	Safety Planning	Case Transfer
	• Thorough review of existing documentation • Consult past public systems and services provided to children and caregivers • Perform BCA if case involves serious physical abuse	• Meet with caregivers (with attention towards inclusion of father), siblings and collateral contacts • Gather information regarding patterns, history, strengths and chronicity in eight child safety domains	• Decide if safety threat(s) to the child exist • Via five major factors, assess if caregiver unable or unwilling to meet safety needs of child • If one or more threats found, child is considered unsafe	• If threat is found: create safety plan with placement (in-home or out-of-home) based upon protective capacities of caregiver • If no safety threats are found: refer family to community agencies and craft working agreement	• Provide information to Case Mgmt worker (reason, safety threat / plan) • Define behavior(s) to reduce risk for child
Case Management	Information Review / Transfer Meeting	Family Functional Assessment	Case Plan Development	Ongoing Assessment & Monitoring	Case Closure
	• Meet with intake worker for thorough review of existing documentation • See Stage 5 for Intake Worker (above) for more details	• Complete FFA for 8 domains regarding child's safety, permanency and well-being • Connect FFA with identified safety threat / risk • Engage family and all relevant stakeholders to coordinate case planning and services • Make referrals to specialized assessments, if necessary	• Family Team Meeting: Consult with supervisors and families to develop case plans • Refer to community providers if services are needed • Assess care giving skills during intentional visitation • Observe if caregiver(s) exhibit behaviors mentioned in case plan • Document activities in a timely manner	• Engage in ongoing assessments of progress and needs, including review of case plans and concurrent planning • Share information with family members, service providers and courts • Update service plans as needed or at least every 90 days.	• Consult with supervisor • Reassess safety issues and risks prior to case closure • Identify community services needed for support of family

Ramsey County partnered with the Center for Advanced Studies in Child Welfare at the University of Minnesota School of Social Work to evaluate the implementation of the CFA practice model. A fidelity study was completed to assess the implementation of CFA practice in RCCHSD Child Protection units. This report aims to highlight the strengths and challenges of the implementation of the CFA practice model based on the Ramsey County Worker Guide (June, 2010 version) and a shared understanding between the University of Minnesota evaluators and RCCHSD management about critical CFA components. The purpose of this fidelity study is therefore, to assist in identification of those elements of the implementation that are successful and those elements that are in need of improvement (Weston, McAlpine & Bordonaro, 1995). In addition to describing the implementation of CFA practice in RCCHSD Child Protection, this report aims to highlight the ways in which additional trainings and consultations have improved the level of fidelity to the model from the formative evaluation report submitted July 15, 2010 (Kim, Piescher, LaLiberte & Snyder, 2010).

Methods

Following the 2009 introduction of the CFA practice model, implementation within Ramsey County has occurred in several stages, with evaluation of fidelity occurring after each stage. In 2009, two case management workers piloted the CFA practice model with one new case each. Six weeks after the pilot workers implemented the CFA practice model, a pilot fidelity study was conducted, consisting of interviews with pilot case workers and case record reviews. This fidelity study enabled the evaluation team to examine implementation of CFA practice as well as to pilot the fidelity study instrument, identifying strengths and areas for improvement in each. Fourteen child protection case management workers in two purposively selected units were then trained on the CFA practice model. The practice model was implemented and a second fidelity study was conducted. Results of the fidelity study revealed areas of strength and areas of needed improvement related to the five stages of the CFA model (Ramsey County, 2009). Based on these results, Ramsey County management made revisions to the CFA practice model. In June 2010, the final version of the practice model was then used to train all traditional child protection workers

in both intake and case management units. All workers began implementing the CFA model on July 1, 2010.

Sample

Five child protection intake workers and ten child protection case management workers were randomly selected and interviewed during the months between October, 2010 and January, 2011. In addition to the interviews, all cases from each worker in which the CFA model had been or was currently being implemented were identified, and one case was randomly-selected for review. Workers were informed that any information shared as part of the evaluation would be de-identified, anonymous, and presented in the aggregate. Workers were also informed that they had the ability offer a "no response" on any question. All of the workers signed informed consent authorizing the use of the information they shared with the evaluation team.

Instrumentation

In order to obtain a holistic understanding of the strengths and challenges of the implementation of the CFA practice model, the fidelity study consisted of two parts – a worker interview and a case record review (see Appendices). The purpose of the interview and case record review process was to capture child protection worker practice throughout the life of a case, and to document adherence to Ramsey County's CFA practice model. Each interview was conducted by a team of evaluators (one facilitator and one note-taker); one evaluator then reviewed the case record.

Instrumentation to support the interview and case record review process was developed through collaboration between University evaluators, Ramsey County management, a cultural consultant, and Ramsey County's contracted CFA trainer. All stakeholders met to review pertinent CFA practice documents (such as the worker's guide, training materials, etc.) and to discuss key features of the CFA practice model that should be a focus in the instrumentation. Following the discussion, University evaluators summarized key features of the practice model that were to be evaluated and sought feedback from stakeholders that attended the collaborative meeting. Once a mutually

agreed-upon set of criteria were established, University evaluators created a fidelity instrument for stakeholders to review and approve.

The instrumentation was designed to assess implementation of CFA practice from the assignment of a case in intake through the entire life of the case (until case closure), and to correspond with the phases of the CFA practice model. The intake portion of the interview instrument consisted of 40 primary questions designed to reflect various aspects of the practice model; the case management interview instrument consisted of 71 primary questions. In addition, workers were asked about their experiences with supervision, training, and ongoing consultation and support regarding the CFA practice model. On average, interviews with workers lasted approximately 90 minutes in length. The case record review instrument utilized a Likert-scale rating system of 136 items which the evaluator rated for consistency of workers' implementation of the model and the thoroughness of workers' documentation. The number of items rated within the review depended upon the individual case, as not all questions were applicable to every case.

Results

Results of the fidelity study are presented as they pertain to Stages in the CFA practice model. As noted earlier, some stages of the CFA practice model require intake and case management workers to carry out similar work, but different tasks; for clarity, results are presented for intake and case management workers separately in those stages. Following the assessment of each stage of the CFA model, broad themes (not applicable to any particular stage) are discussed. A summary is provided which includes evaluation conclusions along with an assessment of changes in implementation since the previous fidelity study (Kim et al., 2010). Based on the information presented, the authors offer recommendations to support further implementation, training, and increased fidelity to the CFA practice model.

Stage One: Review of Information

The *Ramsey County Comprehensive Family Assessment Worker Guide* (2010) instructs intake and case management workers to document and conduct a review of existing

information prior to first contact with the family. The review of information includes elements of reviewing current and previous Child Protection or social service (juvenile justice, criminal justice, other county social service) history, and/or contacting past and current service providers. In addition, case management workers are advised to review the results of the current intake assessment and safety plan.

Areas of Strength

Intake and case management workers reported reviewing information in order to gain a "fuller picture" of the family, understand family history or patterns of incidences, and gauge the level of functioning and cooperation of family members. **The initial review of information was an area of strength for intake cases;** with 80% of case records reviewed containing documentation of some form of information review prior to meeting with the family. **The initial information review was also an area of strength for case management cases**. All case management workers reported reviewing the current case information prior to meeting with the family, although only 50% documented this in the electronic case file.

As can be seen in Table 1, a majority of intake and case management workers reported reviewing previous child welfare history (if applicable), intake narrative assessments, talking to family members and reviewing reports from collaterals (school, police, etc.). Case management workers often contacted collaterals, but not always prior to meeting with the family. Intake workers were more likely to report reviewing previous child welfare history and conducting criminal background checks than case management workers when interviewed by the CFA evaluation team.

Table 1. Stage 1: Percentage of workers reporting review of information

	Not Applicable		Not reviewed		Reviewed			
					Prior to meeting family		After meeting family	
	Intake	CM	Intake	CM	Intake	CM	Intake	CM
Reviewed current police assignment*	60%	---	0%	---	40%	---	0%	---
Reviewed current screening information	0%	0%	0%	0%	100%	100%	0%	0%
Read other reports (police, school)	25%	0%	0%	0%	75%	90%	0%	10%
Reviewed screener's report from SSIS or other pub system	20%	0%	0%	20%	80%	80%	0%	0%
Reviewed past closing/narrative summary	80%	0%	0%	20%	20%	70%	0%	10%
Reviewed past screening reports/allegations	80%	0%	0%	30%	20%	60%	0%	10%
Read past assessments/findings	80%	0%	0%	20%	20%	70%	0%	10%
Reviewed past services for children/caregivers	60%	0%	0%	40%	20%	40%	20%	20%
Sought information about family's attitude re: CP involvement	40%	0%	0%	10%	20%	60%	40%	30%
Conducted BCA if sexual/ serious physical /domestic violence	80%	10%	0%	80%	0%	0%	20%	10%
Contacted previous workers/systems	60%	10%	20%	50%	20%	20%	0%	20%

Note. CM = Case management (n = 10). Intake (n = 5). *This question was not asked of case management workers.

Areas in Need of Improvement

Although intake and case management workers consistently reported reviewing information prior to meeting with the family, most cases did not have adequate documentation of this crucial step of the CFA model in case notes. **Documentation of the specific sources of information reviewed and noting findings was an area in need of improvement in both intake and case management.** Of the intake cases that documented an information review, only half went beyond a cursory description of the

review, "Received and reviewed case". Only 50% of case management cases documented any review of information at all. See Figures 1 and 2.

Figure 1. Overall case file documentation of intake review of information (n=5)

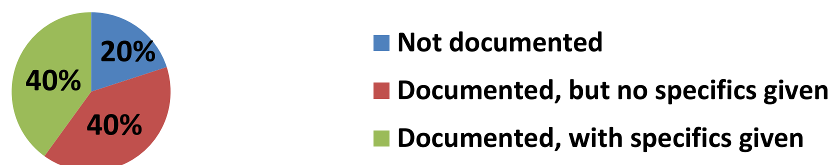
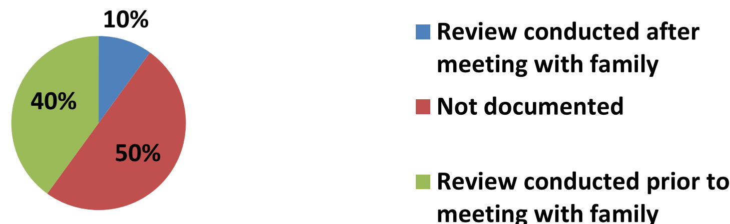


Figure 2. Case management information review rates prior to first meeting with the family (n=10)



The discrepancy between what workers documented in case notes and what was reported during the interview, indicates workers were adequately reviewing existing information, but were not appropriately documenting their process or findings.

Stage Two: Engagement, Comprehensive Assessment of Child Safety (Intake), Family Functional Assessment (Case Management)

In the CFA practice model, intake and case management workers are required to complete comprehensive assessments of the family (Ramsey County, 2009; 2010). The *Comprehensive Assessment of Child Safety* is used by intake workers to gather information on the patterns, history, chronicity, strengths and existing protective capacities that impact child safety in eight domain areas. The *Family Functional Assessment* (FFA) is used by case management workers to gather information in functional domain areas to assist with case plan development. The domain areas in the *Comprehensive Assessment of Child Safety* and the *Family Functional Assessment* are similar, although there are some important differences:

Comprehensive Assessment of Child Safety

- Family social supports
- Housing, environment, physical needs
- Caregiver's skills: Overall, Discipline
- Behavioral health issues
- Substance use/abuse
- Caregiver's day-to-day life skills, functioning, communication style
- Caregiver's employment, financial stability
- Child characteristics/functioning

Family Functional Assessment

- Kinship care, community supports
- Housing, food, basic needs
- Day-to-day caregiving
- Violence in the home
- Caregiver's substance abuse
- Caregiver's medical needs
- Caregiver's mental health
- Child's well being

According to the Ramsey County Worker Guide (2009), culturally sensitive engagement and transparency with family members in conducting the assessment is an important component to the practice model. Workers are instructed to pay special attention to the inclusion of fathers and to the family's cultural strengths and needs while conducting assessments. Case management workers are encouraged to contact stakeholders and utilize specialized assessments (mental health, substance abuse, parenting assessments, etc.) when necessary to clarify relevant information.

Areas of Strength

Engaging with family members, stakeholders and community supports was an area of strength for both intake and case management. Most workers were able to meet with multiple family members and complete the necessary assessment (i.e., *Comprehensive Assessment of Child Safety* or *Family Functional Assessment*). Workers described family engagement, family members' availability, and the ability of family members to self-identify needs and strengths as factors that contributed to the assessment process going well.

For intake workers, children were often interviewed prior to and separately from parents or caregivers. In general, case record reviews indicated that **intake workers consistently and thoroughly completed the *Comprehensive Assessment of Child Safety* in regards to the subject child, other children in the home, and the mother/mother substitute in the eight domain areas.** (See Table 2).

Table 2. Stage 2: *Comprehensive Assessment of Child Safety* Documentation Rates (n=5)

	Mother				Father				Subject Child				Other Children in Home**			
	NA	ND	NS	SP	NA	ND	NS	SP	NA	ND	NS	SP	NA	ND	NS	SP
1. Behavioral issues	0	0	0	100	0	60	0	40	0	0	40	60	0	0	25	75
2. Caregiver: style	0	0	0	100	0	40	40	20								
3. Caregiver: discipline	0	0	0	100	0	60	0	40								
4. Substance use/abuse *	0	0	0	100	0	60	0	40	80	20	0	0	75	25	0	0
5. Housing needs	0	0	0	100	0	60	20	20	0	20	0	80	0	25	0	75
6. Family supports	0	0	0	100	0	60	0	40	0	0	0	100	0	0	25	75
7. Child functioning									0	0	0	100	0	0	0	100
8. Caregiver day-to-day	0	0	0	100	0	60	0	40								
9. Caregiver financial	0	0	0	100	0	20	40	40								

Note. Numbers represent percentages of cases in each category. **n=4 Cases with other children in the home
*Information gathered for substance abuse for children over the age of 8
NA = Not Applicable; ND = Not Documented; NS = Documented, Without Specifics; SP = Documented with Specifics

According to the CFA practice model, the first step in engaging the family for case management workers involves an explanation of why the case is open, the role of the case management worker, and the purpose of child protection services (2009). In a majority of cases (60%), **case management workers documented providing at least a limited explanation of the role and purpose of child welfare**. Workers reported that they typically contacted families first through phone calls or letters. If they did not get a response, workers visited the family home or met with extended family members. Initial meetings most often involved the mother and child(ren), although grandmothers were also often in attendance.

Documentation of contact with mothers, child(ren) and community stakeholders/providers was an area of strength for case management. In a majority of the case records reviewed, case management workers documented interviewing the mother/mother substitute, subject child, other children in the home, and community

stakeholders/providers in the majority of cases, 90%, 80%, 100% (when applicable), and 60%, respectively. When workers contacted community providers, they reportedly sought information pertaining to perceptions of family needs, level of compliance or cooperation with services and general family functioning.

Case management workers reported consulting with family members, co-workers and case aids in making decisions about referring family members for specialized assessments. However, court orders were sometimes necessary when parents refused services. Case management workers documented referrals for specialized assessments in 50% of the cases reviewed. Mothers were referred to specialized assessments in the areas of mental health (20%), substance abuse (20%), housing (20%) and parenting (10%). Children were referred to specialized assessments in the areas of mental health (30%), development/cognitive (10%) and physical health (20%). (Categories are not mutually exclusive.)

Table 3. Stage 2: *Family Functional Assessment* Documentation Rates (n=10)

	Mother				Father				Child(ren)				Other Children in the Home*			
	NA	ND	NS	SP	NA	ND	NS	SP	NA	ND	NS	SP	NA	ND	NS	SP
1. Kinship care, etc	0	30	10	60	0	80	20	0	0	50	0	50	0	50	0	50
2. Housing / basic needs	0	50	0	50	0	100	0	0	0	50	20	30	0	33	0	67
3. Caregiver's medical needs	0	60	30	10	0	100	0	0								
4. Caregiver's mental health	0	50	20	30	0	90	10	0								
5. Caregiver's substance use	0	50	20	30	0	80	0	20								
6. Violence in the home	10	40	40	10	10	60	10	20	0	70	30	0	0	33	67	0
7. Day-to-day caregiving	0	60	0	40	10	70	10	10								
8. Child's well-being									0	50	0	50	0	33	17	50

Note. NA = Not Applicable; ND = Not Documented; NS = Documented, Without Specifics; SP = Documented With Specifics *n=6 cases with other children in the home.

Areas in Need of Improvement

Explicit documentation of caregiver's protective capacities was an area in need of improvement for intake. None of the intake records reviewed included documentation of the assessment of the caregiver's protective capacities (as specifically referred to as "protective capacities" in the case notes). When interviewed, many workers either described the concept of protective capacity without using the term, or gave the example of protective capacity from the CFA trainer. The difference between "protective capacity" and "family strength" was not clearly articulated by most intake workers. However, one worker aptly described the concept as the "willingness and capability to [keep the child safe]. A lot of people would say they're willing but aren't capable and a lot of people say they're capable but not willing". The understanding and utilization of the concept of protective capacity is crucial to the CFA model, but is not consistently integrated into the safety assessments by intake workers.

Documentation and completion of the *Family Functional Assessment* is an area in need of improvement for case management. Only half of the case management records reviewed contained information regarding the mother's mental health, housing/basic needs, substance abuse and violence in the home. (See Table 3 above for details.) Children's educational, physical and developmental needs were also not documented in half of the case records reviewed. Additionally, **case management records did not contain documentation of the connection between the identified safety threat and the family functional assessment domain areas** in 60% of the cases reviewed. Many workers reported not completing the *Family Functional Assessment* because of difficulties gathering information from family members within timelines. When functional assessments were completed, case management workers typically went through each of the domain areas with the family or asked a series of questions and then filled in the form later.

Engagement with fathers is an area in need of improvement for both intake and case management. When interviewed, workers often cited difficulty finding contact information for the fathers, or the father's refusal to participate in case planning. A few fathers were incarcerated or deceased. A theme of passive engagement with fathers was evident for both intake and case management cases. Responding to interview questions

regarding the lack of engagement with fathers, workers stated that the father could "be involved to whatever extent they chose to be" or "he decided not to be involved by choice". Workers often relied on the mother or the Kinship Unit to gather contact information for fathers. One case management worker reported continued efforts to contact fathers living out of state. Fathers were seldom included in the child safety assessment in intake cases, as categories referring to fathers were undocumented 20-60% of the time. Documentation of fathers in the assessment of child safety occurred most often in the categories of financial stability (80%) and overall caregiving style (60%) (refer to Table 2 for more detail). Case management workers did not document having met or interviewed the father during the life of the case in 80% of reviewed files. Less than 40% of relevant case management records documented a reason for not contacting the father. Fathers were not referred for specialized assessments in any case management cases.

Documentation and assessment of cultural concerns was an area in need of improvement. Only 20% of intake and case management records included documentation of the family's cultural needs in the relevant assessment (*Comprehensive Assessment of Child Safety*, *Family Functional Assessment*, respectively). When interviewed, a range of responses to addressing and conceptualizing cultural concerns was evident. Many workers voiced an assumption that if the family had support from extended family members, cultural supports were addressed. A few workers reported that culture "wasn't an issue". Other workers assumed that cultural components were incorporated into the model. One worker stated, "If the model has the cultural component within the questions, then it got asked. I ask just as it is written". Although many cases did not contain documentation of cultural consideration, when interviewed many workers considered racial cultural needs, support from religious institutions, extended family and other community supports as important aspects to be considered in working with the family. Some workers reported that culture was more of a factor in regards to placement and services, but not factored into the family assessment.

Intake and case management workers cited several challenges to completing the Comprehensive Assessment of Child Safety or the Family Functional Assessment. **The most frequently stated challenges included difficulty engaging the mother and/or father,**

verifying conflicting information, and the time pressure involved in interviewing each family member. One worker noted that gathering information for the assessment is difficult with parents that are low functioning.

Stage Three: Decision Making (Intake) or Case Plan Development (Case Management)

After completing the *Comprehensive Assessment of Child Safety* (intake) or the *Family Functional Assessment* (case management), workers use the information gathered to aid in decision making with the family. According to the Ramsey County Worker Guide (2010), the third stage of the CFA model for intake workers involves a determination of child safety using a structured process for decision-making regarding the existence of a safety threat (based on the Structured Decision Making (SDM) tool). Intake workers apply each of the five danger threshold criteria (severity, vulnerability, out-of-control, imminence, observable) to the relevant SDM safety factor in order to determine the presence/absence of a safety threat or the level of risk to the child(ren) in the home. When safety threats are identified, intake workers analyze the ways in which the history, chronicity and the patterns of behavior in the eight domain areas contribute to the child(ren) being unsafe or at risk of future harm.

According to the CFA practice model, key components of stage three for case management workers include the Family Team Meeting, case plan development, and intentional visitation (Ramsey County, 2009). Case plan development for case management workers begins with a Family Team Meeting in which family members, kin and other stakeholders are invited to assist in case plan development. Genograms, ecomaps, and ethnographic interviewing techniques are recommended in order to develop a full understanding of the supports and strengths present in the family network. Case plan goals should be tied to the domains of family functioning which contribute to the observed safety threat and areas where intervention is needed to enhance child well-being.

Intentional visitation is utilized for out of home placement cases in the CFA practice model to assess the needed changes in parental behavior that put the child in danger. Case aides, workers, foster caregivers and other service providers are asked to provide the

family with specific activities during intentional visitation that address relevant behavioral changes needed to eliminate or reduce the risk of future harm.

Areas of Strength

Identification and analysis of safety threats or risk of future harm was an area of strength for intake. Intake workers identified the presence or absence of safety threats or risk of future harm for all cases reviewed. When safety factors were identified, each case record documented the application of the five danger threshold criteria (severity, vulnerability, out of control, imminence, observable). A majority of cases with an identified safety threat included documentation of how history, chronicity and patterns of behavior led the child(ren) to be unsafe or at risk. **All intake workers completed an intake assessment narrative form as specified by the CFA model.**

Developing a behaviorally-based case plan addressing changes needed in order to ameliorate safety threats or reduce risk of future harm was an area of strength for case management. Case plans were consistently linked to the assessment of child safety (90% of cases) and documented the child's well being and permanency needs (80% documented, 60% documented with specifics). Case plans often (70%) reflected worker consideration of services and interventions that directly addressed the behaviors that needed to change in order for the child(ren) to be safe. Some workers reported that the family arranged their own services, or collaborated with the worker to set goals and agree upon services. Workers who engaged with families to develop case plans did a variety of things – from typing the case plan together, to drafting a case plan and then discussing and making changes with the family.

Areas in Need of Improvement

Case records did not reflect the process of case management workers contracting with the client, describing goals and measuring progress (80% of cases not documented). Case management records **rarely contained documentation of interactions with service providers, provision of descriptions of safety threats, conditions needing to change, or the specific focus of the intervention** (70-90% undocumented). During worker interviews, case management workers often referred to the initial case plan as "bare bones" or "skeletal" because of the need to comply with timelines. These workers developed case plans prior to completing the *Family Functional Assessment* due to time constraints. Oftentimes, workers described case plans as being

about tasks, "children will attend school" or "complete UAs". Workers reported sharing more information with service providers and stakeholders about family circumstances and worker concerns than was reflected in the case record review. Some workers voiced concern that service providers were not informed about changes accompanying implementation of the CFA practice model.

Family Team Meetings and intentional visitation are key components of the CFA practice model, but occurred in less than 10% of cases reviewed. **Family Team Meetings were not documented in most (90%) of the case management files**. During interviews, workers expressed confusion about the purpose, timing and setting of the Family Team Meeting. One worker stated, "with this model it's not clear to me where [the Family Team Meeting] fits. Do we do it in intake, or else we're waiting a long time to get this done? The case plan needs to have the assessment done first. The timelines are not following each other". **The utilization and conceptualization of Family Team Meetings is an area in need of improvement.** Case records and worker interviews also indicated that **case management workers do not use genograms, ecomaps or ethnographic interviewing in order to engage the family and identify supports** (100% of cases reviewed were not documented).

Intentional visitation did not occur in any of the case management cases with children in out of home placements (n=7). Notes from case aides and case management workers did not indicate that the elements of intentional visitation had been incorporated into practice. In some cases, a grandparent or family member supervised visitation and reported to the worker. In these cases, case management documentation did not indicate that family members were utilizing intentional visitation practices. When case aides supervised visitations, the workers appeared to assume that this was equivalent to intentional visitation. One worker stated, "[The] case aide is aware of why we're involved and what I need to see". Other workers indicated that case aides had not yet been trained or were hesitant to take on the role of "parenting workers". Case aides primarily recorded parental attendance and some behavioral observations in SSIS, but did not indicate an interaction with parents designed to increase parental knowledge or safe behavior.

Stage Four: Safety planning (Intake) or Ongoing Assessment & Monitoring (Case Management)

Safety planning for intake workers using the CFA practice model incorporates an analysis of the caregiver's protective capacities in light of the identified safety threat or level of risk (Ramsey County, 2010). When safety threats are identified, a safety plan (in/out-of-home) is developed with the family's input. Safety plans identify the responsibilities of each caregiver and are specifically linked to controlling the safety threat to the child(ren). A working agreement can be used when there is no immediate safety threat present, but a risk of future harm is evident. Working agreements are put into place to control risk by utilizing protective capacities in a similar fashion to how they are used in safety plans.

Case management workers are required to participate in ongoing assessments of family functioning according to the Ramsey County Worker's Guide (2009). Formal assessments are documented on a quarterly basis using the SDM tool and court documents. Assessments are based on worker observations during visits with the family, intentional visitation between parent(s) and child(ren), as well as reports from service providers. Behavioral changes that decrease or increase the safety threats or risks are especially relevant to the ongoing assessment process. As safety threats and protective capacities increase/decrease, circumstances change, or as required by law, case management workers must update case plans with the input of family members and relevant stakeholders. Case management workers monitor the effectiveness of interventions and modify the case plan as necessary (or at least every ninety days) to ensure child safety and well being (Ramsey County Comprehensive Family Assessment Guide for Workers, 2009).

Areas of Strength

Of the five intake case records reviewed, two cases contained documentation of a safety plan, and one a temporary working agreement, making data analysis difficult. Interestingly, during interviews, most intake workers described putting a working agreement in place during the assessment process. Workers agreed to monitor progress on "the plan", take further action if another report came in, or to close the case if services were

completed. One worker described the family putting together a working agreement on their own.

One intake case record demonstrated detailed documentation of reviewing expectations with family members, and the assessment of the suitability of the individuals responsible for monitoring safety. An assessment of feasibility of the safety plan was documented (without specifics) in one case.

Intake workers reported an effort to incorporate family culture into the safety planning stage of the CFA model although case documentation did not reflect this consideration. Intake workers tended to define culture through family relationships (as was presented in Stage 2). However, two workers discussed safety planning specifically in regards to the family's racial and cultural community, noting differences in expectations for supervision and values around accepting help from outside agencies.

Conducting ongoing assessments of the family situation is an area of strength for case management cases. Most workers (80%) documented some form of ongoing assessment in the electronic case notes. Many workers reported informally assessing the family, (specifically the mother or children) at every face-to-face visit. Workers described receiving verbal or written reports from providers, which were later incorporated into the case plan. Some workers said that they did not include ongoing assessments in the case plans unless things significantly changed. Workers reported involving families in case plan updates by discussing what was happening, answering questions and talking about what should change.

Areas in Need of Improvement

Developing safety plans is an area in need of improvement for the intake cases reviewed. Although only two cases reviewed from intake required a safety plan, **neither plan addressed all hours of the day or evidenced ongoing monitoring and review by the worker**. One case record specifically documented 1) an assessment of the suitability of the individual(s) responsible for monitoring safety and 2) a review of expectations with family members. With no specifics, the case also reflected 3) an assessment of the feasibility of the individual(s) responsible for monitoring safety and 4) signatures of all individuals involved. These elements of safety planning were not documented in the

second record reviewed. However, it should be noted that the researchers did not review the written hard file of these two cases, which may have contained this documentation. **Intake case documentation did not address the caregiver's protective capacities in any of the cases reviewed.**

Although many case management workers reported engaging in ongoing assessments of family functioning, this was not reflected in the case documentation. **Formal ongoing assessments did not meet the minimum 90 day requirement or were not documented in 70% of the cases reviewed** (See Figure 4). Only 50% of ongoing assessments included information regarding the family's input for the case plan review or changes in family functioning that impacted the safety threat or risk of future harm. During interviews many workers reported that they did not update the case plan. Reasons included the lack of significant change and that there's not room for much information, "[we] just list the task. It's usually all or nothing in the case plan."

Figure 3. Pattern of case management ongoing formal assessments (n=10)

Stage Five: Case Transfer (Intake) or Closure (Intake & Case Management)

The Comprehensive Family Assessment model requires case transfer meetings to take place within five days of case transfer (Ramsey County, 2009; 2010). According to the worker guide, during case transfer meetings, intake and case management workers should discuss the reasons the family entered the Child Welfare system, the results of the safety and risk assessment, and jointly define the behaviors or conditions that need to change in order for the child(ren) to be safe.

Under the CFA practice model, intake and case management workers are required to consult with supervisors, service providers and family members to determine the

appropriateness of case closure. At case closure, workers document the child's custody status and/or specific behavioral changes that have eliminated the safety threat or reduced the risk of future harm to the child. When appropriate, workers complete an assessment of kinship and community resources to support the family's current level of functioning and prevent reoccurrence of the safety threats or reduce the risk of future harm.

Areas of Strength

Of the case management files with documentation, all transfer meetings took place face-to-face (n=5). When case management workers documented the transfer meeting, most (60% of the five cases with documentation) noted the behavior of the caregiver's that contributed to the child(ren) being unsafe, the results of the safety and risk analysis, the specific safety threats and the safety plan or working agreement put into place. Only 40% of these cases contained documentation of the reason the family came to the attention of Child Welfare or a description of the parental protective capacities. Case management workers indicated that transfer meetings in general went well when intake workers had filled out the correct portions of the transfer meeting chart. When intake and case management workers jointly defined behaviors needing to be changed, they did so "based on the safety threat and putting a safety plan into place, taking it to the next level with the understanding that [the parent uses] the support system, which is the family". Case management workers commonly reported seeking information regarding the identified safety threats, reasons for child welfare involvement, family needs and the intake worker's opinion on what should happen with the case.

All intake cases reviewed had been either closed (60%) or transferred (40%) at the time of case record review. As mentioned above, **every intake case reviewed contained an intake assessment narrative.** During interviews, many intake workers reported discussing case closure or transfer with family members, service providers and (less often) supervisors. The process of case closure or transfer was described by intake workers as being based on an analysis of safety threats, family engagement in services, and the completion of the intake assessment.

Only four of the ten cases evaluated were closed by case management workers at the time of the current evaluation. **Overall, documentation of activities leading to case**

closure was an area of strength for case management. Of the cases that closed, **all case management records contained documentation of the kinship and community supports available for the family.** Half of these cases contained documentation of consultation with a supervisor prior to case closure. Most closed cases (75%), contained documentation regarding the family behavior changes that eliminated or reduced the safety threat, the family's input regarding case closure, and the closing narrative form (RCW 1478). Case management workers described factors contributing to case closure as: adoption, permanent relative placement, the completion of services, behavior changes of family members and the resolution of court issues.

Areas in Need of Improvement

Documentation of the transfer meeting is an area in need of improvement, as only 50% of case management cases reviewed contained documentation of the transfer meeting, and only 20-30% contained specific details regarding elements of the CFA model (specific safety threats, behaviors of child/caregiver that led to the child being unsafe or at risk, caregiver's protective capacities, etc.). (See Figure 5 below.) During interviews, intake and case management workers voiced confusion about the responsibility to document the transfer meeting and fill out the "transfer chart". Coordinating transfer meetings was difficult when intake and case management workers had busy schedules or were located in different buildings. Another barrier to successful transfer meetings occurred when intake workers had not yet met with the parents.

Figure 4. Transfer meeting timeliness and documentation rates (n=10)

Documentation of consultation with supervisors is an area in need of improvement for both intake and case management cases. Only 20% of intake cases contained documentation of supervisory consultation prior to case closure or transfer. Of

the four program cases that were closed at the time of case record review, only half contained documentation of supervisory consultation.

Documentation of specific information leading to case closure is an area in need of improvement for case management cases. Of the four cases that were closed at the time of the study, only 25% gave a specific description of the elimination of safety threats and the parental protective capacities.

Overarching Themes

As mentioned earlier, several themes emerged during the interview and case record review process that did not fit within any one particular stage of the CFA practice model. These themes often were apparent throughout the life of the case, and included such themes as engagement, supervision and documentation.

Areas of Strength

Workers were generally favorable in their assessment of the Comprehensive Family Assessment practice model. In general, workers appeared to have a consistent understanding of the CFA model when interviewed by program evaluators. Intake workers were more likely to think the practice had not changed under CFA than case management workers. Intake workers were also more likely to state that the CFA model employed basic social work skills which were already being used. Case management workers were much more likely to describe the CFA model as being about assessing families using the domain areas of the functional assessment and to describe the focus as being about behavior changes and behaviorally based case plans. Case management workers liked having transfer meetings and knowing how intake workers applied the danger threshold criteria (severity, vulnerability, out of control, observable, imminence) to safety factors in determining safety threats evident in the family. One worker stated that these criteria for safety threats "help us know if we actually have a problem – we used to get lots of families with wishy-washy problems". Both intake and case management workers described the CFA model as an opportunity to engage with families on a deeper level to gather social histories and information on the whole family functioning. Workers reported that information gathering and case planning is more consistent across workers under the CFA

practice model in comparison to earlier models. While some workers described the assessment process as an opportunity to build alliances with family members, others voiced concern that the intensive nature of the process actually increased the adversarial nature of the relationship.

Supervision under the CFA practice model calls for workers to consult with supervisors many times during the life of the case, including prior to first meeting with the family, when making safety decisions, deciding if specialized assessments are needed, during case plan development, and prior to case closure or transfer (Ramsey County, 2009; 2010). Worker interviews indicated that intake and case management workers expect supervisors to help ensure 1) families' needs are being met, 2) workers are doing their jobs more "efficiently or effectively", and 3) that workers receive guidance and consultation. **Under the CFA practice model, workers reported that supervision has increased, and that case staffings occur more frequently and with greater structure and focus.** Case management workers mentioned formal, monthly supervision as a time for case consultation.

Documentation has changed greatly during the implementation of the CFA practice model. Along with the changes in specific assessment information being gathered, RCCHSD has also implemented the DAP documentation model. Case notes in DAP form include: 1) Data- information regarding what the worker, the family or others observed in working with the family, 2) Analysis- stakeholder analysis of the impact of the observations on the family's functioning and ability to reduce or eliminate the safety threats, and 3) Plan- the result of the analysis on service provision and safety planning. The purpose of DAP is to depict the ongoing relationship between the assessment of family functioning and behavioral changes impacting the safety threat or level of risk. Some workers expressed an appreciation for the consistency of DAP notation and CFA practice model documentation. "If I'm covering [for another worker] I can look at the chronology and know what the format is going to be like". **The use of DAP documentation is an area of strength**, especially for case management workers who used DAP (all or most of the time) in 70% of the case files reviewed. Intake worker DAP documentation reached similarly consistent

levels in 40% of the cases. However, it should be noted that DAP requirements began after case opening for many of the intake cases reviewed.

Timeliness of documentation is important in the CFA practice model. Workers are directed to document relevant events (e.g., information pertinent to the case plan, Medicaid (MA) billing, or immediate/emergency decision making, etc.) within 48 hours and daily information (e.g., contact with clients, providers, visits, court hearings, etc.) within five days (Ramsey County, 2009). As demonstrated in Figures 5 and 6 below, **intake and case management workers were mostly or always documenting relevant information within designated timeframes.**

Figure 5. Intake case documentation timeliness rates (n=5)

Figure 6. Case management documentation timeliness (n=10)

<u>Areas in Need of Improvement</u>

Some workers expressed concern with the increased amount of time they spend gathering information from families during the assessment and planning process. Case management workers expressed that it was challenging to complete the *Family Functional Assessment* and case plan in the short period of time allotted in the CFA practice model. Additionally, there was some concern that the overlap in questions asked of

families during the *Comprehensive Assessment of Child Safety* and the *Family Functional Assessment* was frustrating and burdensome for families. Although many workers mentioned the importance of understanding overall family functioning, they often reported that the assessment remains focused on safety threats. **Workers voiced concern that the CFA practice model does not fit every case, and specifically mentioned cases of educational neglect and working with parents with developmental/cognitive disabilities.**

Some workers reported challenges with the implementation of the CFA practice model. Workers reported that the practice model was implemented too fast, implemented backwards (case management before intake), implemented along with many other programmatic changes, and implemented in ways that conflict with other statutes or timelines. Workers discussed challenges in writing case plans identifying the behavioral changes and protective capacities of caregivers. Additionally, workers mentioned that many of the forms needed to practice the CFA model had not been completed which, "creates a lot of extra work for us". Specific examples of forms needed included case plans, court reports, transfer charts and referral forms for service providers.

In regard to supervision and training, worker interviews indicated a potential need for increased supervisory support to assist cases in moving from intake to case management. Specifically, one worker stated, "right now there are a lot of cases with discrepancies. [Intake and case management] may have another perception of CFA and closing cases with working family plans". Other workers mentioned a lack of clarity on who is to document the transfer meeting and what each worker is responsible for during the meeting itself. In addition, some intake workers expressed concern that supervisors had been trained in the CFA model just months before implementation. "It would be nice to see someone with more experience with the model overseeing those cases as they move on. Right now there [are] a lot of cases with discrepancies". Workers were adamant that additional basic trainings were not wanted, as these trainings would not be as helpful as more direct consultation and practice. Additionally, workers requested consultation about applying CFA practice to work with Asian, Somali, Native American/Alaskan Indian or low functioning families.

Thoroughness of documentation is an area in need of improvement for both intake and case management workers. When evaluators compared information obtained through the record review with information gathered from workers during individual interviews, it was clear workers were adhering to the CFA practice model components in a more consistent manner than what they were documenting. Figures 7 and 8 describe the overall quality of worker documentation, based on a comparison of record reviews and interviews. Only 40% of intake and 20% of case management records reviewed contained information that almost always matched the information gathered during worker interviews.

Figure 7. Overall quality of intake worker documentation: Comparison of record review and interview (n=5)

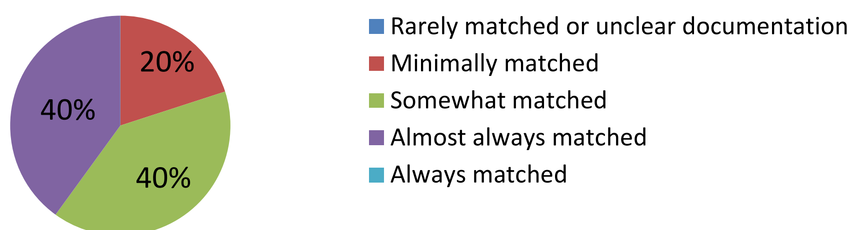
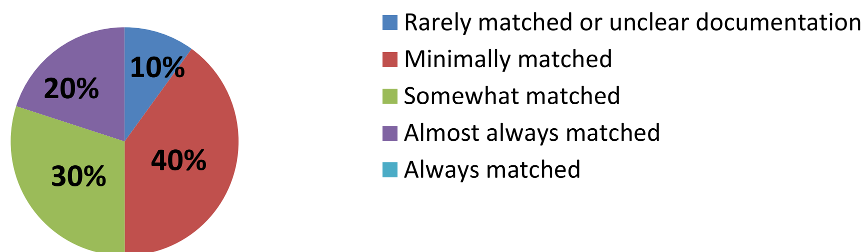


Figure 8. Overall quality of case management documentation: Comparison of record review and interview (n=10)



Conclusion

Formative evaluations are useful in helping policy makers and program managers clarify goals and objectives and "fine tune" changes that improve the quality of services (Wholey, 2005). Overall, child protection workers understood and appreciated the intent of

Ramsey County's CFA practice model. The interview and case record review process revealed many areas of strength as well as several areas in need of improvement. (See Table 4 for a summary.) It is important to note that discrepancies about how the practice model was being implemented were evident between documentation efforts and worker descriptions of daily practice, as worker descriptions were often much more specific about utilization of CFA practice than case notes indicated. It is also important to note that two areas from the Comprehensive Family Assessment Guidelines (Schene, 1995) - finding and including fathers in the assessment process, and working with families to understand and include culture in the assessment process – are areas that Ramsey County has not yet incorporated into their training repertoire. As a result, the instrumentation utilized in the current study sought to ascertain if and how workers were carrying out these tasks. Because training has not yet been fully inclusive of these aspects of CFA practice, finding and involving fathers, and incorporating family culture are noted as areas of needed improvement.

Table 4. Summary of areas of strength and areas in need of improvement

Areas of strength	Areas in need of improvement
Intake	
• Documenting and completing initial review of information • Engagement with family members, stakeholders and community supports • Completing the *Comprehensive Assessment of Child Safety* • Identification and analysis of safety threats • Face-to-face transfer meetings • Documentation of parental capacities and/or elimination of safety threat prior to case closure • DAP documentation in case file • Timeliness of documentation	• Inclusion of fathers in the *Comprehensive Assessment of Child Safety* • Documentation of caregiver's protective capacities • Incorporation of cultural considerations • Consistent documentation of elements of safety planning • Documentation of supervisory consultation prior to case closure • Overall quality of documentation: breadth & depth
Case Management	

• Completing a review of information • Engagement with family members, stakeholders and community supports • Development of a behaviorally-based case plan • Conducting ongoing assessments • Face-to-face transfer meetings • Documentation of activities leading to case closure • DAP documentation in case file • Timeliness of documentation	• Documentation and completion of the *Family Functional Assessment* • Connecting safety threat to functional assessment domain areas • Engagement with fathers in case plans, functional assessment • Incorporation of cultural considerations • Utilization of Family Team Meetings • Utilization of genograms, ecomaps or ethnographic interviewing • Utilization of intentional visitation for children in out of home placements • Documentation of review of information, formal ongoing assessments within timelines, transfer meetings, supervisory consultation prior to case closure, parental capacities and/or elimination of safety threat prior to case closure, and overall quality of documentation: breadth & depth

Signs of progress in terms of maintaining and improving fidelity to the CFA practice model are apparent. The current evaluation of fidelity revealed that case management workers are maintaining fidelity in the same areas as they were in the previous fidelity study (Kim et al., 2010) and improving fidelity in regard to incorporating community stakeholders in case planning. Intake workers have also demonstrated a strong implementation effort of CFA practice. Engagement with fathers, incorporation of cultural concerns throughout the process and overall depth and breadth of documentation are areas that continue to need improvement in the current evaluation.

When asked about training and supervision, workers reported generally positive experiences with supervision under the CFA practice model, although intake workers were more likely to report little need for supervision or express concern with the supervisors' level of experience with the CFA practice model. Both intake and case management workers reported utilizing supervision most in regard to case closure. Overall, workers

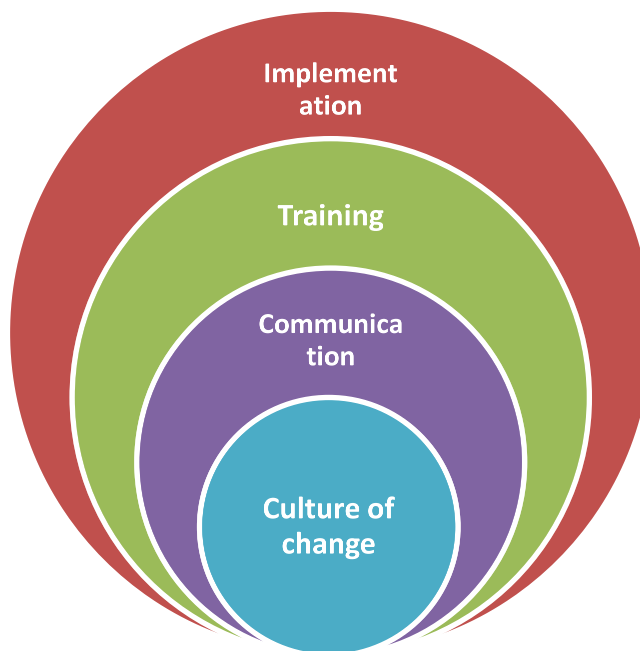
reported that increased consultation and practice using the model would be more beneficial than further trainings on CFA components that have already been trained.

Recommendations

Systems Approach

Based on findings from the current fidelity study, University evaluators developed a set of recommendations to assist in the development of further training opportunities and promotion of increased fidelity to the CFA practice model. Using the systemic framework developed for the last fidelity report (Kim et al., 2010), recommendations are presented in a series of four tiers, including a culture of change, communication, training and implementation (see Figure 9). The evaluation team recommends considering all tiers, as improved outcomes are the result of the total interaction between organizational culture, human performance and technical support (Munroe 2005).

Figure 9. Systems Change



Tier 1-Culture of Change

Over the past few years, Ramsey County has implemented several programmatic changes, including the CFA practice model. This has led to workers reporting that although

many support and understand new initiatives and changes, oftentimes changes are viewed as temporary and lack connection with agency mission and goals. In order to combat this, Ramsey County has taken the University's recommendation to frame the CFA practice model as a shift in practice rather than as an initiative, project, or model to reflect Ramsey County's on-going commitment to CFA practice. In addition, Ramsey County has made a strong effort to incorporate agency initiatives and changes in policy into the CFA practice model rather than talking about these things as separate areas of focus. Creating a lasting practice shift will require continuity in this way of talking about and displaying action that reflects on-going commitment to the practice. As the CFA funding period comes to an end, demonstration of commitment to the CFA practice may include such things as on-going updates and displays of commitment from agency leaders (both in language as well as in action), utilizing the CFA practice model as the foundation from which practice may be further developed through new initiatives and incorporating changes in policy, and further creating and communicating a plan for sustaining CFA practice beyond the federally-funded period. As noted in the Formative Evaluation (Kim et al., 2010),

> The other facet to consider is in regard to facilitating a culture of learning across all levels of Ramsey County staffing. A culture of learning is one in which asking questions as a means of clarifying information is encouraged and seen as a way of improving critical thinking as opposed to a challenge to people or ideas, or as an indication of not "buying in." A culture of learning values learning as a process of trial and error in which it is okay to make mistakes, fosters collaborative problem-solving (e.g., one person doesn't always have to know the right answer but people have to have a process for figuring out the answer), and offers supportive consultation when needed. It is recommended that Ramsey County and its partners consider and have conversations about policies which promote a learning culture within Ramsey County. For example, staff frequently reported discomfort in making mistakes for fear that they would be reflected in performance evaluations.

Tier 2 –Communication

Creating a culture of learning is not possible without clear and frequent communication between and across all levels of staff within Ramsey County. The Formative Evaluation (Kim et al., 2010) provided a recommendation that

> Ramsey County create a communication plan that is focused on increasing and maintaining regular communication about practice at all levels of the organization. Recommendations for improving communication include using communication to connect new information to the "big picture" of Ramsey's vision for practice, and therefore, CFA. A clear process that dictates roles and responsibilities for managing the on-going receipt of information from inside and outside the agency, whether it be policy updates, programmatic changes, restructuring information, CFSR and PIP information, internal mandates, etc. This is likely a detailed and complex on-going process due to the multiple activities and on-going changes that Ramsey County experiences. Having a clear plan will allow staff to obtain consistent information and recognize how everything that comes in the door has a meaning and purpose that is connected and guided by the overarching agency mission and goals.

University evaluators recommend that Ramsey County continue to develop this communication plan. It is apparent that many training opportunities and conversations with staff across levels have been improved since this communication recommendation was made. In addition, CFA tools such as worker and supervisor guides, training materials, and forms have been created to assist the communication flow within the agency. Communication may further be improved by identifying and utilizing key CFA consultants within the agency (e.g., workers, supervisors, managers, etc.) when questions arise about CFA practice, as well as delegating a person who is responsible for managing the on-going receipt of information about new initiatives or policies that may affect CFA practice and conveying this information to staff. Additionally, it will be important to update the CFA guides to include information that helps workers incorporate child welfare practice components, such as ASFA timelines, concurrent planning procedures, etc., into CFA practice.

Tier 3- Training

The Formative Evaluation (Kim et al., 2010) revealed that additional training in various modalities was required (and requested) by staff at all levels of the agency. While initial CFA training at Ramsey County laid the groundwork for worker and supervisor understanding, more in depth, focused training was requested. Ramsey County has embraced this request and offered intake, case management, and Family Assessment units increased training in the past year. These trainings have varied in format, structure, leadership, and staff inclusion as a means of focusing on areas that are deemed necessary for particular staff members' roles in CFA practice.

University of Minnesota evaluators recommend developing a training plan to ensure future training is thorough, thoughtful, and on-going, especially as it pertains to 1) understanding which portions of the CFA practice model should be a focus of upcoming trainings (e.g., Family Team Meeting), 2) training newly hired managers, supervisors, workers and case aides, 3) training the finer skills required of staff in the current CFA practice model (e.g., engaging fathers, incorporating family culture, etc.), 4) developing specialized training for supervisors and case aides to promote learning on the new responsibilities that are part of the CFA practice model (e.g., intentional visitation, clinical supervision, etc.), and 5) training regarding documentation expectations, including case notes reflecting an extensive review of information, explanation of worker role, addressing cultural concerns, etc. Additionally, a training plan could include strategies and timelines for providing on-going "refresher" training for all staff to ensure CFA practice is consistent within and among units long term.

In concert with a culture of change and a culture of learning, interactive training is a strategy that may benefit Ramsey County in further implementation of the CFA practice model. Interactive training will give Ramey County staff the opportunity to engage with the trainers, the material, and one another. Interactive training also provides an opportunity for practice simulation with role playing and practice model application to existing cases. This practice translates most clearly to child protection work in the field, and may serve as a way to identify key CFA consultants (mentioned in Tier 2).

Tier 4-Implementation

When large practice shifts are undertaken, invariably there are details and kinks that need ironing out along the journey. As Ramsey County moves forward in continued implementation of the CFA practice model it will be important to develop a clear process for decision making and clarifying practice direction when it is not clearly outlined in the model. For example, if a certain case does not fit within the flow of the practice model, who will make decisions about how to handle the case? How will that process be handled?

Ramsey County has begun to negotiate these instances, especially as they relate to tracking of a case between Traditional Child Protection and Family Assessment, as well as in cases where no clear safety threats exist. However, it is still unclear how educational neglect cases are handled in the current CFA practice model. Evaluators anticipate that other case examples may present challenges to CFA practice. It will be imperative to determine a process for how to respond to these cases under the CFA practice model.

Another factor to consider as implementation continues is how supervision will be affected with the continued implementation of CFA. As noted in the Formative Evaluation (Kim et al., 2010)

> Currently supervisors are involved in numerous tasks and are responsible for activities beyond direct supervision. Under the CFA practice model, a higher level of direct clinical supervision of front-line staff is emphasized. Adjusting supervisor responsibilities to accommodate the supervisory expectations under the CFA practice model may need to be considered, or revising direct supervision expectations may be in order. Ramsey County leadership may want to consider which route is possible and preferable.

At the current time, no changes have been made in terms of adjusting supervisory responsibilities to accommodate the CFA practice model or adjusting expectations of supervisors under the CFA practice model. While Ramsey County has recently collaborated with supervisors on developing a plan for further training and implementation of the CFA practice model, the collaborative efforts have been added to the current duties of the supervisors. In addition, the Service Quality Assurance (SQA) initiative will add even more to the current expectations of supervisors as SQA requires supervisors to complete two

case record reviews per month for each caseworker. University evaluators recommend revisiting the current responsibilities of supervisors to determine a good balance between supervisor expectations and available resource.

Beyond internal staff, it will also be important to continue to keep stakeholders consistently updated and involved throughout the process of model modification, training, and implementation. Ramsey County's community partners will be instrumental in the success of implementation. Ramsey County has facilitated various informational meetings and presentations to stakeholders in the past year. University evaluators recommend continuing this communicative process and creating a plan for informing stakeholders of any changes to the practice model and instructing new stakeholders about the practice model. In addition, contracted service providers must understand the basic components of the model and what their role in the CFA model assessment process entails (e.g., intentional visitation, required documentation of behavioral change, etc.). University evaluators recommend developing a plan to communicate this information to contracted service providers that is consistent across the agency. Currently workers are responsible for communicating this information, which (without structured guidance) may lead to variation between workers and units.

Implementation of a practice overhaul is not an exact science. Trial, error, and revision are an integral, and expected, component of systems change. The fidelity study results presented in this report are intended to assist Ramsey County in the process of revision. The CFA practice model that Ramsey County has developed and implemented is a significant change in practice and practice philosophy. No significant change can occur over night, particularly given the number of people involved (e.g., workers, supervisors, managers, community partners, trainer, etc.). There is no question that the process of change is well underway at RCCHSD. Concrete changes are evident and further training and implementation of CFA practice has occurred since the previous fidelity study. Ramsey County's plan of confronting higher level challenges - even moving beyond CFA - and focusing attention on policies and practices that affect the CFA practice model, such as engaging fathers and including family culture, will be an important next step in the

refinement process. Additionally, focusing on plan for sustainability of CFA practice will be crucial to making CFA a lasting practice change within Ramsey County.

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Appendix A: Case Record Review Instrument

CFA Case Record Review Instrument

Comprehensive Family Assessment Project

Ramsey County Community Human Services &
University of Minnesota School of Social Work
St. Paul, Minnesota

10/20/10

Case information

Worker ID: ______________________ Date: _____________________

Interviewer: ______________________

Note taker: ______________________

Date of case opening: ____________

Case type: Intake Traditional Intake FA Program

I. Stage One: Information Review - Intake

A. Documents and Contacts

Purpose: A worker should conduct a thorough review of the family, which includes contacting necessary collaterals (police, previous workers) and conducting a BCA when appropriate. Worker should also review all relevant documents. Those include:

- Abuse and/or neglect report that necessitated the investigation
- The investigation summary with recommendation
- Any collateral reports related to the investigation (police, medical, school etc.)

A worker should also review past child protection history by reviewing the screener's report (consisting of a check of other public systems - SSIS, other counties, juvenile justice, and criminal justice system), contacting collaterals if necessary and reviewing documents, including:

- Program closing summaries and narrative summaries
- Past screening reports or hotline referrals

- The severity of past allegations and findings of assessment
- Services provided to children and caregivers
- Family's attitude about child welfare involvement

Sources of Information: ***Case Review***

1. Overall case file or case note documentation of review of information was:
   0=not applicable
   1=not documented
   2=documented, but no specifics given
   3=documented, with some specifics given
   4=documented, with extensive specifics given

2. Indicate whether case notes include documentation for the following items:

		0	1	2	3	4
a)	Worker reviewed current police officer assignment (**Not applicable for FA workers**)					
b)	Worker contacted *current* providers or workers involved with the family					
c)	Worker reviewed *current* screening information/report					
d)	Worker read other *current* reports (police, school, etc.)					
e)	Worker conducted BCA (criminal background check) when case involved: sexual abuse, domestic violence or serious physical abuse					
f)	Worker sought current information about family's attitude about child protection involvement					
g)	Worker reviewed *previous* opened child protection closing or narrative summaries					
h)	Worker reviewed *previous* opened child protection allegations or screening reports					
i)	Worker read previous opened child protection assessments and findings					
j)	Worker review previous opened child protection services provided to children and caregivers					
k)	Worker reviewed *previous* screener's report from SSIS (or other public system for caregiver's past history)					
l)	Worker contacted *previous* workers or systems in order to clarify if necessary					

3. Conducted information review prior to first meeting with the family
   0=not applicable
   1=not documented
   2=documented attempt(s), successful
   3=documented attempt(s), unsuccessful

Comments:____

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II. Conducting a Comprehensive Assessment of Child Safety - Intake

B. Comprehensive Assessment of Child Safety

Purpose: A worker should meet with family members, paying special attention to include fathers, and conduct a comprehensive assessment of child safety. A worker will gather information in eight areas, looking at history, chronicity, and patterns of behaviors; family's strengths and protective capacities, and information from multiple sources (including caregivers, children, kin and other community or service providers that interact with the family). The eight areas include: behavioral health issues in the family, the caregiver's skills (both caregiving style and discipline style), substance use/abuse issues, housing/environment/physical needs, family relationships/social supports, child characteristics/functioning, caregiver's day-to-day life skills/functioning/ communication style, and caregiver's employment/financial stability and income management. Documentation of the assessment of child safety should be included in the electronic case notes (DAP) and/or the Intake Assessment Narrative form.

Source of Information: ***Case Review***

1. Worker gathered information about child safety in the following areas

   0=not applicable
   1=not documented
   2=documented, but no specifics given
   3=documented, with some specifics given
   4=documented, with extensive specifics given

   M=Mother or mother substitute
   F=Father or father substitute
   C=Child/children
   O=Other person (write in)
   Other 1_______________
   Other 2_______________

		M	F	C	O-1	O-2
a)	Behavioral health issues in family					
b)	Caregiver's skills: overall caregiving style					
c)	Caregiver's skills: discipline practices					
d)	Substance use/abuse					
e)	Housing/environment/physical needs					
f)	Family relationships/social supports					
g)	Child characteristics/functioning					
h)	Caregiver's day-to-day skills/functioning/ communication style					
i)	Caregiver's employment/financial stability/ income management					

2. Worker considered family's cultural needs
   1=not documented
   2=documented, but no specifics given
   3=documented, with some specifics given
   4=documented, with extensive specifics given

3. Worker assessed caregiver's protective capacities
   1=not documented
   2=documented, but no specifics given
   3=documented, with some specifics given
   4=documented, with extensive specifics given

Date of worker's first visit with caregiver(s): ___________________________

Date of worker's first contact with child: ______________________________

Comments:____

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III. Decision Making - Intake

C. Determination of child safety

Purpose: Through critical thinking and analysis, a worker will determine if there are safety threat(s).

Source of Information: ***Case Record Review***

0=not applicable
1=not documented
2=documented, but no specifics given
3=documented, with some specifics given
4=documented, with extensive specifics given

		0	1	2	3	4
1	Worker completed an intake assessment narrative form					
2	Worker identified either safety threat(s), risk of future harm, or that no threats or risks existed					
3	For each safety factor on the SDM that is checked “yes” the worker described how the severity, vulnerability, out of control, imminence and observable criteria reached the danger threshold and created the safety threat					
4	Intake assessment narrative form included an analysis of the ways in which the history, chronicity and patterns of behavior of the caregivers in the 8 domain areas caused the child(ren) to be unsafe or at risk of future harm?					

Comments:____

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IV. Safety Planning - Intake

D. Safety Plan or Working Agreement

Purpose: After making the determination regarding safety threat(s) to the child, a worker must assess the caregiver's protective capacities and determine if an in-home safety plan can manage and control the safety threats or whether an out-of-home safety plan will be required. If the worker has determined there is a safety threat, a safety plan must be created. If there is no safety threat but the worker determines there is a risk of future harm to the child, the worker and the family will create a working agreement.

An in-home safety plan is a written arrangement between the family and the agency that establishes how the identified safety threats will be controlled and managed.

Sources of Information: ***Case Record Review***

0=not applicable
1=not documented
2=documented, but no specifics given
3=documented, with some specifics given
4=documented, with extensive specifics given

1. If family had a **safety plan:**

a) Type of safety plan: in-home out-of-home

		0	1	2	3	4
b)	Worker assessed suitability of individuals responsible for monitoring safety					
c)	Worker assessed feasibility of individuals responsible for monitoring safety					
d)	Safety plan addressed all hours of the day (24 hours)					
e)	Everyone involved signed the safety plan					
f)	Worker discussed and reviewed expectations with the family					
g)	Worker monitored, reviewed and revised safety plan as threats decreased or increased, or as protective capacities of the caregiver allowed them to assume protective functions					

2. For out of home placement only:

a) Children were placed with:

1. Relative/Kin
2. Foster home
3. Shelter

b) For out of home placement only, the safety plan included a plan for visitation or other contact between child and caregiver(s)

0=not applicable
1=not documented
2=documented, but no specifics given
3=documented, with some specifics given
4=documented, with extensive specifics given

3. If family had **working agreement**:

		0	1	2	3	4
a)	The working agreement includes what the **family** agrees to do					
b)	The working agreement includes what the **worker** agrees to do					
c)	The family's input was included in the working agreement					

4. For **both** safety plan and working agreement:

		0	1	2	3	4
a)	Worker incorporated cultural context into the safety plan or working agreement					
b)	Worker met with supervisor prior to developing a safety plan or working agreement					

Comments:____

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V. Case Closure - Intake

E. Closing a case

Purpose: Case closure is a significant decision that should reflect the achievement of satisfactory outcomes. Workers should look at:

- Safety threats have been eliminated
- Current status of initial risk factors/any new risk factors
- View of child and parents about the possibility of case closure
- Caregiver's strengths and protective capacities to care for the child, including efforts they make to meet child's needs and resolve new problems
- Kinship resources
- Community resources

*Source of Information: **Case Record Review***

1. Were child protection case management services needed? Yes No N/A
2. Worker consulted with supervisor prior to case closure or case transfer?
   0=not applicable
   1=not documented
   2=documented, but no specifics given (i.e. "*Met with supervisor*.")
   3=documented, with some specifics given (i.e. "*met with supervisor, discussed closing/transferring the case.*")
   4=documented, with extensive specifics given (*provided specific information about what was discussed with supervisor regarding closing or transferring the case*)

F. Documentation – Intake only

Purpose: At the completion of the intake phase, clear and full documentation should be included in case file. Documentation incorporates what is known from the assessment of safety, strengths, protective factors and needs; it is framed in a way that suggests what expectations services and interventions would help meet the family's needs. Each child should be mentioned individually.

"Timely" Documentation: Within 5 days:

- Any info tied to case plan goal
- Any info identified with MA billing
- Any info critical to the immediate/emergency decision making in a case related to the improvement or decrease in safety, wellbeing, or stability
- Court conversations
- Phone calls
- Meetings
- Review reports
- Clients visits

1. *How timely was documentation completed?*
   1= Never recorded relevant information in 5 days
   2= Rarely recorded relevant information in 5 days (25%)
   3= Sometimes recorded relevant information in 5 days (50%)
   4= Mostly recorded relevant information in 5 days (75%)
   5= Always recorded relevant information in 5 days (100%)

2. *Worker followed the D-A-P requirements for documentation:*
   1=Never
   2=Rarely (25%)
   3=Somewhat (50%)
   4=Mostly (75%)
   5=Always (100%)

3. *Based on your overall review of the case record, as well as a comparison between what the worker said they did during the interview compared with what they documented, rate the quality of worker documentation.*
   1= Documentation rarely matched what they reported in interview, or very minimal/unclear documentation throughout case
   2= Documentation minimally matched what was reported in interview
   3= Documentation somewhat matched what was reported in interview
   4= Documentation almost always matched what was reported in interview
   5= Documentation always matched what was reported in interview

Date intake supervisor signed-off on case ___________________________

Comments:____

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VI. Transfer of Case to Program – Intake and Program

G. Transfer Meeting

Purpose: A transfer meeting should occur within 5 working days of the assignment's transfer to the program worker. During a transfer meeting, the intake worker and program worker should:

- Discuss the specific safety threats
- Discuss the behaviors or conditions of caregivers that contributed to children being unsafe
- Discuss the safety plan that was put in place or the working agreement
- Discuss any safety threats to worker that may exist

*Source of Information: **Case Record Review***

1. Transfer meeting occurred within 5 working days of case assignment
   0=not applicable
   1=not documented
   2=documented, but no specifics given
   3=documented, with some specifics given
   4=documented, with extensive specifics given

2. Description of how transfer meeting was conducted:
   a. Face to face
   b. Phone
   c. Email
   d. Transfer meeting did not occur
   e. Not documented

The case file included notation that the intake worker provided the following items to the program worker:

0=not applicable
1=not documented
2=documented, but no specifics given
3=documented, with some specifics given
4=documented, with extensive specifics given

		0	1	2	3	4
3.	A description of the reason the family came to the attention of the child welfare system					
4.	Results of the safety and risk assessment					
5.	The specific safety threats					
6.	The behaviors and conditions of caregivers that contributed to children being unsafe					
7.	The behaviors and conditions that need to be changed					
8.	The safety plan or working agreement that was put into place					
9.	Caregiver's protective capacities					
10.	Any safety threats that may exist to the worker					

Date transfer meeting occurred: ___________________________

Family members that participated in the transfer meeting: ________________________________

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Who documented the transfer meeting in case file:

1=Intake worker 2=Program worker 3=Not documented

Comments:____

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VII. Review of Existing Information - Program

H. Documents and Contacts

Purpose: In addition to speaking with the intake worker at a transfer meeting, the program worker should be reviewing all relevant documents before meeting with a family for the first time. Those include:

- Abuse and/or neglect report that necessitated the investigation
- The investigation summary with recommendation
- Any collateral reports related to the investigation (police, medical, school etc.)
- If the case received previous cp case management, documents should include: Intake reports, intake summaries, closing summaries

Sources of Information: ***Case review***

0=not applicable
1=not documented
2=documented, but no specifics given
3=documented, with some specifics given
4=documented, with extensive specifics given

1. As part of the worker's review of information, worker sought information through the transfer meeting with the intake worker and through a review of documents, including:

		1	2	3	4
a)	Worker reviewed most recent screening information/report				
b)	Worker read other reports (police, school, etc.)				
c)	Worker reviewed screener's report from SSIS or other public system for caregiver's past history				
d)	Worker reviewed past closing or narrative summaries				
e)	Worker reviewed past screening reports or allegations				
f)	Worker read past assessments and findings				

g)	Worker review past services provided to children and caregivers				
h)	Worker sought information about family's attitude about child protection involvement				
i)	Worker conducted BCA when case involved: sexual abuse, domestic violence or serious physical abuse				
j)	Worker contacted previous workers or systems in order to clarify if necessary				

2. Conducted information review prior to first meeting with the family
   0=not applicable
   1=not documented
   2=documented, but no specifics given
   3=documented, with some specifics given
   4=documented, with extensive specifics given

Date program supervisor signed-off on case and assigned to worker: ______________________

Date worker made contact with family: Phone _____________ Face to Face _____________

Comments:____

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VIII. Complete Functional Assessment with Family - Program

I. Explaining role and engagement with the family

Purpose: A worker explains to the family why case is open, their role, and the purpose of child protection.

Source of Information: **Case review**

Case file or case note documentation included a description that worker:
   0=not applicable
   1=not documented
   2=documented, but no specifics given
   3=documented, with some specifics given
   4=documented, with extensive specifics given

		0	1	2	3	4
1	Met and interviewed father/father substitute					
2	Met and interviewed mother/mother substitute					
3	Met and interviewed subject child					
4	Met and interviewed other children in the home					
5	Described worker's role to the family					
6	Talked to community supports (Tribal elders, pastors, extended family members, other neighborhood/community leaders					

		Yes	No	Unclear	N/A
7.	Father was at the first meeting				
8.	Father was interviewed				
9.	If father was not available, contact information was obtained				
10.	If father was not contacted, worker stated why in the case notes				

Reason(s) workers stated in case notes for not contacting father ___________________________

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11. *Describe the worker's initial introduction to the family*:

0= Worker's introduction not documented
1= Worker did not give an explanation of role and purpose of child protection
2= Worker provided a very limited explanation of role and purpose of child protection
3= Worker provided some explanation of role and purpose of child protection
4= Worker explained most aspects of role and purpose of child protection
5= Worker went to great length to explain role and purpose of child protection
6= Unable to meet with family

12. *Rate the extent to which the family's cultural needs were included in the initial meeting with the family:*

0= Cultural needs not documented
1= Cultural needs were not addressed in initial meeting with the family
2= A limited amount of family's cultural needs were addressed in initial meeting
3= Some of family's cultural needs were addressed in initial meeting

4= A good amount of family's cultural needs were addressed in initial meeting
5= Worker went to great lengths to address family's cultural needs in initial meeting
6= Unable to meet with family

Date of first visit with caregiver: ___________________________

Date of first contact with child: ___________________________

Comments:____

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J. Functional Assessment

Purpose: The purpose of a family functional assessment is to assess the family's strengths, needs and protective capacities as they relate to the caregiver's abilities to keep their child safe from harm. Workers will connect the family functional assessment domain areas to the safety threat. The worker should assess the family's functioning in the following domain areas:

- Kinship care, family connections and community support
- Housing, food and basic needs
- Medical needs of the caregivers
- Caregiver's mental health
- Caregiver's substance use
- Violence in the home
- Day-to-day caregiving
- Child's well-being, physical development and educational needs

Source of Information: **Case review**

Case notes show that worker completed a functional family assessment with the family for the following domains:

0=not applicable
1=not documented
2=documented, but no specifics given
3=documented, with some specifics given
4=documented, with extensive specifics given

M=Mother or mother substitute
F=Father or father substitute
C=Child/children
O=Other person (write in)
Other 1________________
Other 2________________

		M	F	C	O-1	0-2
1.	Kinship care, family connections and community support					

2.	Housing, food, and basic needs					
3.	Medical needs of the caregiver					
4.	Caregiver's mental health					
5.	Caregiver's substance use					
6.	Violence in the home					
7.	Day-to-day caregiving					
8.	Child's well-being: physical, developmental and educational needs					

Case notes show that worker:

0=not applicable
1=not documented
2=documented, but no specifics given
3=documented, with some specifics given
4=documented, with extensive specifics given

		0	1	2	3	4
9.	Connected the family functional assessment domain areas to the safety threat					
10.	Exhibited transparency of the assessment process with the family					
11.	Talked to relevant stakeholders and community based providers involved with the family					
12.	Included family's cultural needs in the assessment					
13.	Used genograms, ecomaps, and/or ethnographic interviewing					

Comments:____

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K. Specialized Assessments

Purpose: When the worker's observations indicate that there may be a need for specialized assessments (developmental, mental health, drugs, cognitive abilities of children, physical health issues) the worker should:

- Consult with peers, supervisors, relevant stakeholders
- Consider cultural appropriateness

- Focus attention of the specialist on specific areas of concern
- Have a sense of what effect the findings have on decision-making
- Incorporate recommendations of assessment into plan

Source of Information: **Case review**

1. Worker made referrals for specialized assessments

   0=not applicable
   1=not documented
   2=documented, but no specifics given
   3=documented, with some specifics given
   4=documented, with extensive specifics given

2. Type of referral and for whom:

   0=not applicable
   1=not documented
   2=documented, but no specifics given
   3=documented, with some specifics given
   4=documented, with extensive specifics given

   M=Mother or mother substitute
   F=Father or father substitute
   C=Child/children
   O=Other person (write in)
   Other 1________________
   Other 2________________

	Type of specialized assessment referral	M	F	C	O-1	O-2
a)	Mental health					
b)	Developmental/cognitive					
c)	Substance/drug					
d)	Physical health					
e)	Other:					
f)	Other:					
g)	Other:					
h)	Other:					

		0	1	2	3	4
3.	Worker shared with provider(s) the safety threats and/or risk of future harm that exist					
4.	Worker shared with providers the specific behaviors and/or conditions that were needed to eliminate safety threats and reduce future risk					
5.	Worker specified the behaviorally-specific information that must be included in the provider's reports					
6.	Worker addressed family's cultural needs in referring specialized assessments					

7. How did worker address cultural needs? ____

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Comments:____

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IX. Develop Behaviorally-Based Case Plan - Program

L. Family Team Meeting

Purpose: These meetings help provide a fuller picture of the family situation and networks and who can be involved in the change process. A worker should identify key people, obtain consent to invite all members and prepare participants by explaining how meetings work and the issues that will be discussed. During the Family Team Meeting, the worker should:

- Explore connections to faith and spiritual, tribes, and cultural communities
- Use genograms, ecomaps and ethnographic interviewing
- Work with parents and caregivers to identify key family members, friends, and others
- Work to prepare participants

Source of Information: **Case review**

1. Worker conducted a Family Team Meeting case notes describe worker's efforts to engage the family to identify and invite family and community support to the Family Team Meeting

   0=not applicable
   1=not documented
   2=documented, but no specifics given
   3=documented, with some specifics given
   4=documented, with extensive specifics given

2. Worker incorporated genograms, ecomaps, and/or ethnographic interviewing

   0=not applicable
   1=not documented
   2=documented, but no specifics given
   3=documented, with some specifics given
   4=documented, with extensive specifics given

3. Case notes describe worker's efforts to prepare participants for the meeting
   - 0=not applicable
   - 1=not documented
   - 2=documented, but no specifics given
   - 3=documented, with some specifics given
   - 4=documented, with extensive specifics given

Date of Family Team Meeting: ________________________

List all who participated in the family team meeting:____________________________________

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Comments:____

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M. Case plan

Purpose: A plan should be directly linked to the safety assessment and describe in behavioral terms that families can fully understand what needs to change in order for children to be safe. In addition, the case plan should:

- Include family's self-identified strengths
- Use family's protective capacities as a tool for change
- Identify goals and interventions in any domain in which the parent's behavior causes a safety threat to the child
- Be co-constructed with the family

Source of Information: **Case review**

		0	1	2	3	4
1.	Case plan was directly linked to the assessment of child safety?					
2.	Worker contracted with client, describing case goals and description of how these goals will be measured?					
3.	Worker considered services and interventions that directly addressed the behaviors needed to change in order for					

	the child to be safe or to reduce the risk of future harm					
4.	Worker shared with providers the safety threats that exist					
5.	Worker shared specific focus of the intervention with the provider					
6.	Worker shared with providers the specific behaviors and conditions needed to change in order to eliminate safety threat and reduce risk of future harm					
7.	Worker summarized what service providers implemented and observed about caregiver's behaviors according to DAP					
8.	Case plans include child's permanency needs					
9.	Case plans include child's well-being needs					

Comments:____

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N. Intentional Visitation

Purpose: Intentional supervision is explicitly linked to helping caregivers change the behaviors that caused children to be unsafe. Visitation activities need to be carefully planned and everyone involved in the visitation process must be aware of the focus of the intentional visitation activities.

Source of Information: **Case review**

For children in out-of-home placement only:

1. Intentional visitation occurred Yes No N/A Unclear

2. How many visits between caregiver and children took place from the opening date in program to the current date of review? #__________

3. Who supervised each visit?
   a. Program worker # ___________ visits
   b. Case aide # ___________ visits
   c. Foster parent # ___________ visits

d. Outside agency worker # ___________ visits
e. Other ___________________________ # ___________ visits

4. After visits, workers, case aides, foster caregivers and/or other service providers were able to describe:

a. Whether the focus of the visit activities helped caregiver develop behaviors to more safely care for the children
   0=not applicable
   1=not documented
   2=documented, but no specifics given
   3=documented, with some specifics given
   4=documented, with extensive specifics given

b. Resources or additional assistance needed by the caregivers to safely care for the children
   0=not applicable
   1=not documented
   2=documented, but no specifics given
   3=documented, with some specifics given
   4=documented, with extensive specifics given

Comments:____

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X. Ongoing Assessment - Program

O. Ongoing Assessment

Purpose: The worker will complete ongoing assessments of the family functioning, documenting the extent to which interventions are linked to the behavioral changes that decrease or increase the safety threats or reduce the risk for future harm. Worker should assess family needs, strengths and functioning especially as family circumstances change. Ongoing assessments should include:

- Assessing child well-being and safety, using Signs of Safety
- Meet monthly with child
- Complete on a quarterly basis the SDM and court documents

Source of Information: **Case review**

1. What was the pattern of worker's ongoing formal assessments

0=Less than every 90 days
1=Prior to court or 90-day review
2=Monthly
3=Weekly
4=Every time worker met with family

2. How did worker complete ongoing assessments?
   0=Not documented
   1=SDM tools
   2=Signs of Safety or other assessment tools
   3=Other ____

3. Where did worker describe ongoing assessment?
   0=Not documented
   1=Electronic case notes (SSIS)
   2=Hard file
   3=Other ____

4. Worker's ongoing assessments included description of changes in family's functioning related to behavioral changes that eliminate the safety threat or reduce risk of future harm
   0=not applicable
   1=not documented
   2=documented, but no specifics given
   3=documented, with some specifics given
   4=documented, with extensive specifics given

Comments:____

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P. Case Plan Review

Purpose: The worker should review and update case plans as required for court and state and federal guidelines. Case plans will be updated when:

- Families make progress or have setbacks in changing behaviors or conditions that cause children to be unsafe change
- When caregiver's readiness for change evolves or deteriorates
- When family's circumstances change
- When any member of the team requests a case plan update

Source of Information: **Case review**

1. Worker continued to engage family's input in the case plan review

    0=not applicable
    1=not documented
    2=documented, but no specifics given
    3=documented, with some specifics given
    4=documented, with extensive specifics given

2. Worker updated case plan every 90-days or when family circumstances changed

    0=not applicable
    1=not documented
    2=documented, but no specifics given
    3=documented, with some specifics given
    4=documented, with extensive specifics given

Comments:____

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XI. Case Closure - Program

Q. Case closure

Purpose: Case closure is a significant decision that should reflect the achievement of satisfactory outcomes. Achieving permanence for a child through a permanency plan does not immediately result in case closure. Post-permanency services are typically needed to support families and children as they work to achieve a new equilibrium. Once these are provided, case closure is a possibility, and the child and family's situation are reassessed in the new context. Questions similar to those raised in the beginning are explored prior to making final determination to close the case. Worker should look at:

- Status of initial risk factors/new risk factors
- View of child and parents about the possibility of case closure
- Parent strengths and their ability to care for child, including efforts they make to meet child's needs and resolve new problems
- Kinship resources
- Community resources

Source of Information: **Case review**

		0	1	2	3	4
1.	Worker consulted with supervisor prior to case closure					
2.	Worker assessed how family's behavioral changes had eliminated the safety threat or reduced risk of future harm					
3.	Worker assessed whether safety threats had been eliminated					
4.	Worker described family's input regarding case closure					
5.	Worker assessed whether parents or caregivers showed evidence of protective capacities					
6.	Worker assessed level of kinship and community supports available to the family					
7.	Worker assessed the specific community services needed and/or utilized by the child and their caregivers					
8.	Case file included completed SDM tools					
9.	Case plans included RCW 1478 case closing form					
10.	Case file included Signs of Safety assessment					
11.	Case file included closing interview with the family					
12.	Case file included satisfaction survey regarding services					
13.	Worker described family's input regarding case closure					

Comments:____

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XII. Documentation

Documentation

Purpose: At the completion of the initial process of family assessments and when the information is updated, clear and full documentation should be included in case file. Documentation incorporates what is known from the assessment of safety concerns, risks, strengths, protective factors and needs; it is framed in a way that suggests what expectations services, and interventions would help meet the family's needs. Each child should be mentioned individually. Although the family's signature is needed on the service plan, the signature alone is not sufficient documentation of the family's involvement in the process [ICWA requirements].

"Timely" Documentation:

Relevant Info: done within 48 hours

- Any info tied to case plan goal
- Any info identified with MA billing
- Any info critical to the immediate/emergency decision making in a case related to the improvement or decrease in safety, wellbeing, or stability

Daily info: done within week (5 days)

- Court conversations
- Phone calls
- Meetings
- Review reports
- Clients visits

Source of Information: **Case Record**

1. What was the typical pattern of documentation?

    1= Never recorded relevant information in 48 hours or daily information in 5 days
    2= Sometimes recorded relevant information in 48 hours or daily information in 5 days
    3= Usually recorded relevant information in 48 hours or daily information in 5 days
    4= Almost always recorded relevant information in 48 hours or daily information in 5 days
    5= Always recorded relevant information in 48 hours or daily information in 5 days

Worker followed DAP documentation

    1= Never followed DAP
    2= Sometimes followed DAP (25%)
    3= Often followed DAP (50%)
    4= Almost always followed DAP (75%)
    5= Always followed DAP (100%)

2. Based on your overall review of the case record, as well as a comparison between what the worker said they did during the interview compared with what they documented, rate the quality of worker documentation.

1= Documentation rarely matched what they reported in interview, or very minimal/unclear documentation throughout case
2= Documented occasionally, but not regularly; minimally connected needs, risks, or strengths to services
3= Documented for the most part, but connection to services only some of time
4= Most things documented in thorough/clear manner, connection to services most of the time
5= Almost all things documented in thoroughly, matching interview responses, and connection to intervention clear and explicit

Comments:____

____

____

____

____

____

Appendix B: Interview Instrument for Intake Workers

CFA Worker – Intake Traditional Interview Instrument

Comprehensive Family Assessment Project

Ramsey County Community Human Services &
University of Minnesota School of Social Work
St. Paul, Minnesota

10/18/10

Case information

Worker ID: Date:

Notetaker:

Case type: Intake Traditional Intake FA

I. Introduction

INTERVIEWER READ: Hello, my name is _______________. Thank you so much for agreeing to meet with us. This interview today is intended to help us understand how intake workers are incorporating the Comprehensive Family Assessment practice model that has been developed and implemented by Ramsey County. As you are aware, Ramsey County received a grant to develop the Comprehensive Family Assessment (from here on referred to as "CFA") as a new practice model for child protection intake and program areas, and they have contracted with the University of Minnesota to conduct an evaluation.

We are asking these questions so that we can understand both the process, or how the CFA model is being implemented in the daily tasks that are part of the intake process and how the CFA model as a concept or framework has or has not changed the broader way in which workers approach their work with families involved in child protection. All of your responses will be kept anonymous and will only be reported in the aggregate.

For questions about process, we are asking that you think about the specific case we have asked you to bring today as an example. Some of the questions we ask may not apply to this

specific case. If the questions do not apply, please tell us. For questions about the overall framework of the CFA, we are asking you to think about the CFA in broader terms that may have been informed by trainings you have participated in, conversations you have had with colleagues and others, and your own work with families. For these questions, you do not need to answer with any specific case in mind.

Please stop me at any time to ask questions or if you have any concerns or need clarification. Before we begin, we will need to review the consent form for the interview. Consent forms are always used by the University of Minnesota in research or evaluation, and it is important that you know what your rights are in participating in this interview.

INTERVIEWER: REVIEW CONSENT FORM WITH WORKER

I. Stage One: General understanding of the model

INTERVIEWER READ: *In this set of questions, we are interested in your general understanding about the CFA model. For these questions, you may want to refer to the trainings you've attended, the conversations you have had with colleagues, supervisors, and management, and in general how you have approached working with families with the CFA model as a guide.*

Worker interview

1. Please describe your understanding of what the comprehensive family assessment model is. For example, if you were to describe the CFA to a new colleague how would you describe it? [PROMPTS: *What is the purpose of the CFA practice model? What are the main components?*]
2. What is your understanding of the documentation requirements of the CFA?

II. Stage One: Information Review - Intake

A. Documents and Contacts

INTERVIEWER READ: *The first stage of the CFA practice model is the information review. In this section we will be asking you questions about the process of gathering information about the family from existing documents and/or contacts so you could begin working with them. For these questions, please think in terms of the __________ family.*

Worker interview

1. Was this case an emergency case or was it a 5-day case?

2. Please describe your information review process for the specified case
    a. What documents were reviewed?
    b. Who did you talk to [PROMPTS: *police, screeners, others*]?
    c. When did you review these documents/contact collaterals?
    d. Did the family have prior involvement with the child welfare system?
    e. If YES, what documents were reviewed or which collaterals were contacted?

3. FOR THE INTERVIEWER:
   0=N/A
   1=not reviewed
   2=reviewed, prior to first meeting with family
   3=reviewed, after first meeting with family

	0	1	2	3
Worker reviewed current police officer assignment (**Not for FA cases**)				
Worker reviewed current screening information/report				
Worker read other reports (police, school, etc.)				
Worker reviewed screener's report from SSIS or other public system for caregiver's past history				
Worker reviewed past closing or narrative summaries				
Worker reviewed past screening reports or allegations				
Worker read past assessments and findings				
Worker review past services provided to children and caregivers				
Worker sought information about family's attitude about child protection involvement				
Worker conducted BCA when case involved: sexual abuse, domestic violence or serious physical abuse				
Worker contacted previous workers or systems in order to clarify if necessary				

4. What information were you seeking in your review of the existing documents and information?

Comments:

III. Conducting a Comprehensive Assessment of Child Safety - Intake

B. Comprehensive Assessment of Child Safety

INTERVIEWER READ: *These next set of questions are about the comprehensive assessment of child safety. When we use terms such as "mother" or "mother substitute," we are also including those who have taken the caretaking role associated with the term. For example, "mother or mother substitute" could also mean grandmother, foster mother, aunt, etc.*

Worker interview

1. Which family members were involved in the initial interview?

	Yes	No	N/A
Mother/mother substitute			
Father/father substitute			
Subject child			
Siblings (#________) *			
Extended family			
Community/cultural/tribal supports (such as tribal elders, pastors or other community/ neighborhood leaders			
Other: ________________________________			
Other: ________________________________			

2. For members of the household/family who were not interviewed (including siblings, live-in relatives, others), please describe who was not interviewed and why.
3. Describe the process used to complete the comprehensive assessment of child safety [PROMPT: *Was family all together for the assessment? Were assessments completed individually and separately? How did you decide who should be assessed*?]
4. Please describe how the family's cultural strengths, needs or concerns were factored into the safety assessment
5. Which of the following persons were assessed in the following areas of child safety assessment?

	Mother/ mother	Father/ father	Children	Other	Other

	substitute	substitute			
Behavioral health issues in family					
Caregiver’s skills: overall caregiving style					
Caregiver’s skills : discipline practices					
Substance use/abuse					
Housing/environment/physical needs					
Family relationships/social supports					
Child characteristics/functioning					
Caregiver’s day-to-day skills/functioning/ communication style					
Caregiver’s employment/financial stability/ income management					

6. What aspects of the assessment process went well?
7. What aspects were challenging?

Comments:

IV. Decision Making - Intake

C. Determination of child safety

INTERVIEWER READ: *These next few questions are about the process of making a determination about child safety.*

Worker interview

1. Please describe any safety threats that you determined.
2. How did you make the determination that one or more safety threats existed?

   [PROMPT: *Could you describe the safety threats in terms of the parent’s behaviors? Could you describe how the severity, vulnerability, out of control, imminence and observable criteria reached the danger threshold and created the safety threat?*

Comments:

V. Safety Planning - Intake

D. Safety Plan or Working Agreement

INTERVIEWER READ: *Now that we've discussed the assessment of child safety process and decision-making, these next few questions will address the process of putting together a safety plan or working agreement.*

Worker interview

1. Please describe what "protective capacities" means to you.
2. How do you think "protective capacities" differ from "strengths"?
3. Please describe the caregiver's protective capacities (if any).
4. Did you create a safety plan?
5. Please describe the safety plan.
    a. Was it in-home, out-of-home?
    b. Was placement with family or relatives, shelter or foster home? [IF NO SAFETY PLAN, SKIP TO QUESTION 5]
6. Please describe how the safety plan addressed the management and control of the safety threats to the child [PROMPT: *what were the actions that were needed to protect the child, who was responsible for implementing each of the plan components, how was the plan monitored and by whom?*]
7. Please describe the working agreement that was created
    a. What did the family agree to do?
    b. What did you agree to do?
8. Please describe how the family's input was incorporated into the safety plan or the working agreement
9. Please describe how the family's culture was incorporated into the safety plan or working agreement

Comment:

VI. Supervision

K. Supervision

INTERVIEWER READ: *The next few questions are about your experience with supervision, both in general and specific to this case.*

1. Regarding this specific case:
    a. When did you meet with your supervisor regarding this particular case? [PROMPT: before/after first contact with family, before/after safety assessment, when struggling to address specific areas/issues/needs, making placement/permanency/court decisions?]
    b. What were your expectations regarding supervision (for this case)?
    c. In what ways did your supervisor support you throughout your work on this case?
    d. What kinds of questions did your supervisor ask you during your supervision times?
2. Regarding supervision in general:
    a. In your view, what is the role of a supervisor?
    b. How has supervision changed under the CFA model?

VII. Case Closure - Intake

E. Closing a case

INTERVIEWER READ: *For the next set of questions, please think about the process of determining it is time to consider closing a case.*

Worker interview

1. Please describe your process in deciding it was the appropriate time to close or transfer this case (did you consult with supervisor, was it due to time line?).
2. Did you determine that child protection services were needed? [IF THE ANSWER IS NO, SKIP THE NEXT SECTION AND GO TO CLOSING.]

Comments:

VIII. Transfer of Case to Program – Intake and Program

F. Transfer meeting

INTERVIEWER READ: *These next set of questions are about the transfer meeting with the program case management worker.*

Worker interview

1. Please describe the process of the transfer meeting.
2. Were there any obstacles to conducting the transfer meeting?
    a. If so, what were those obstacles?
3. How was the transfer meeting conducted? [PROMPT: *face to face, phone*]
4. Please describe the process of jointly defining the behaviors or conditions of the caregivers that had to change in order for the child to be safe or to minimize risk of future harm?
5. Please describe what those behaviors or conditions were.
6. What were the main pieces of information you thought the program worker needed to know?
7. Was there a safety plan or a working agreement in place? Please describe.
8. What aspects of the transfer meeting process went well?
9. What aspects were challenging?

Comments:

IX. Closing

INTERVIEWER READ: *We are almost done with our interview. For the last few questions please reflect on your overall thoughts about the Comprehensive Family Assessment process as a practice model.*

1. What aspects of the CFA practice model are most helpful to your work with families?
2. What aspects of the CFA practice model are most challenging?
3. Would additional trainings be helpful? What topics would be most beneficial to have additional training?

INTERVIEWER READ: *This concludes our interview for today. Thank you for taking the time out of your busy schedule to help us by sharing this information with us. There is a possibility we may have some clarifying questions about the information you've shared today. Would it be possible for us to contact you in the future if needed?*

Are there any other additional comments you would like to make? Do you have any questions you would like to ask us?

Thank you again and have a good day.

Appendix C: Interview Instrument for Case Management (Program) Workers

CFA Worker – Program Interview Instrument

Comprehensive Family Assessment Project

Ramsey County Community Human Services &
University of Minnesota School of Social Work
St. Paul, Minnesota

10/23/10

Case information

Worker ID: Date:

Reviewer:

Case type: Program Traditional

I. Introduction

INTERVIEWER READ: Hello, my name is _______________. Thank you so much for agreeing to meet with us. This interview today is intended to help us understand how intake workers are incorporating the Comprehensive Family Assessment practice model that has been developed and implemented by Ramsey County. As you are aware, Ramsey County received a grant to develop the Comprehensive Family Assessment (from here on referred to as "CFA") as a new practice model for child protection intake and program areas, and they have contracted with the University of Minnesota to conduct an evaluation.

We are asking these questions so that we can understand both the process, or how the CFA model is being implemented in the daily tasks that are part of the program case management process and how the CFA model as a concept or framework has or has not changed the broader way in which workers approach their work with families involved in child protection. All of your responses will be kept anonymous and will only be reported in the aggregate.

For questions about process, we are asking that you think about the specific case we have asked you to bring today as an example. Some of the questions we ask may not apply to this specific case. If the questions do not apply, please tell us. For questions about the overall framework of the CFA, we are asking you to think about the CFA in broader terms that may

have been informed by trainings you have participated in, conversations you have had with colleagues and others, and your own work with families. For these questions, you do not need to answer with any specific case in mind.

Please stop me at any time to ask questions or if you have any concerns or need clarification. Before we begin, we will need to review the consent form for the interview. Consent forms are always used by the University of Minnesota in research or evaluation, and it is important that you know what your rights are in participating in this interview.

INTERVIEWER: REVIEW CONSENT FORM WITH WORKER

I. Stage One: General understanding of the model

INTERVIEWER READ: *In this set of questions, we are interested in your general understanding about the CFA model. For these questions, you may want to refer to the trainings you've attended, the conversations you have had with colleagues, supervisors, and management, and in general how you have approached working with families with the CFA model as a guide.*

Worker interview

3. Please describe your understanding of what the comprehensive family assessment model is. For example, if you were to describe the CFA to a new colleague how would you describe it? [What is the purpose of the CFA practice model? What are the main components?]
4. What is your understanding of the documentation requirements of the CFA?

Comments:

II. Transfer of Case to Program – Intake and Program

A. Transfer meeting

INTERVIEWER READ: *These next set of questions are about the transfer meeting with the intake worker. For these questions, please think in terms of the transfer meeting for this particular family.*

Worker interview

10. Please describe the process of the transfer meeting.
11. Were there any obstacles to conducting the transfer meeting?
12. If so, what were those obstacles?
13. How was the transfer meeting conducted (face to face, phone)
14. Please describe the process of jointly defining the behaviors or conditions of the caregivers that had to change in order for the child to be safe or to minimize risk of future harm.
15. Please describe what those behaviors or conditions were.
16. What information did you seek to obtain during the transfer meeting?
17. Was there a safety plan or a working agreement in place? Please describe
18. Were there any gaps in your understanding of the family after the transfer meeting?
19. If so, what were they and what did you do to fill in those gaps?
20. What aspects of the transfer meeting process went well?
21. What aspects were challenging?

Comments:

III. Review of Existing Information - Program

B. Documents and Contacts

INTERVIEWER READ: *The first stage of the CFA practice model is the information review. In this section we will be asking you questions about the process of gathering information about the family from existing documents and/or contacts so you could begin working with them. For these questions, please think in terms of the __________ family.*

Worker interview

1. Please describe the information review process for the specified case –
    a. What documents were reviewed?
    b. Who did you talk to (police, screeners, others)?
    c. Did the family have prior involvement with the child welfare system?

d. When did you review these documents/contact collaterals?

e. Did the family have prior involvement with the child welfare system?

f. If YES, what documents were reviewed or which collaterals were contacted?

2. FOR THE INTERVIEWER:
1=not reviewed
2=reviewed, prior to first meeting with family
3=reviewed, after first meeting with family

	1	2	3
Worker reviewed current screening information/report			
Worker read other reports (police, school, etc.)			
Worker checked screener's report from SSIS or other public system for caregiver's past history			
Worker reviewed past closing or narrative summaries			
Worker reviewed past screening reports or allegations			
Worker read past assessments and findings			
Worker review past services provided to children and caregivers			
Worker sought information about family's attitude about child protection involvement			
Worker conducted BCA when case involved: sexual abuse, domestic violence or serious physical abuse			
Worker contacted previous workers or systems in order to clarify if necessary			

3. What information were you seeking in your review of the existing documents and information?

4. What aspects of the information gathering process went well?

5. What aspects were challenging?

Comments:

IV. Complete Functional Assessment with Family - Program

C. Explaining role and engagement with the family

INTERVIEWER READ: *These next set of questions are about the initial meeting with the family. When we use terms such as "mother" or "mother substitute," we are also including those who have taken the caretaking role associated with the term. For example, "mother or mother substitute" could also mean grandmother, foster mother, aunt, etc.*

Worker Interview

1. Describe how you introduced yourself to the family.
2. Which family members or others were involved in the initial meeting?

	Yes	No	N/A
Mother/mother substitute			
Father/father substitute			
Subject child			
Siblings (#________) *			
Extended family			
Community/cultural/tribal supports (such as tribal elders, pastors or other community/ neighborhood leaders			
Other:			
Other:			

3. Please describe in more detail your interaction with the father(s).
4. At what point(s) did you make attempts to contact or engage the father?
5. If the father was not involved, what did you do to find the whereabouts of the father or engage with the father or father's family during the initial meeting or immediately after?
6. Were there barriers to finding contact information for the father or father's family? What were those barriers [i.e. orders for protection, history of domestic violence, unknown identity, etc.]?
   a) How did you deal with them?
7. Please discuss how you worked with the family to identify family, cultural and community supports.
8. Please describe how family's cultural needs were discussed during the first meeting.

D. Functional Assessment

INTERVIEWER READ: *These next set of questions are about the comprehensive family functional assessment. Again, when we use terms such as "mother" or "mother substitute," we are also including those who have taken the caretaking role associated with the term. For example, "mother or mother substitute" could also mean grandmother, foster mother, aunt, etc.*

Worker Interview

1. Please describe your process for conducting a family functional assessment with the family.
2. Please describe the family's input on the functional assessment.
3. Please describe how family's cultural concerns were factored into the functional assessment
4. Please describe how you identified and contacted relevant stakeholders and community-based providers that were already involved with the family.
    a. What were you hoping to learn from these stakeholders and/or providers?
5. Which of the following persons were assessed in the following areas of family functioning?

	Mother/ mother substitute	Father/ father substitute	Children	Other	Other
Kinship care, family connections and community support					
Housing, food, and basic needs					
Medical needs of the caregivers					
Caregiver's mental health					
Caregiver's substance use					
Violence in the home					
Day to day caregiving					
Child's well-being					
Child's physical development					
Child's education needs					

6. What aspects of the functional assessment process went well?
7. What aspects were challenging?

E. Specialized Assessments

INTERVIEWER READ: *These next set of questions are about specialized assessments. For these questions, think about what you observed and assessed about the family members that indicated there may be a need for specialized assessments.*

Worker Interview

1. What specialized assessments were needed?
2. How did you determine if specialized assessments were needed?
    a. Did you consult with anyone about referring for specialized assessments for this family, such as peers, supervisors or other relevant stakeholders?
3. Please describe the family's input on referrals for specialized assessments.
4. Please describe how the family's cultural and community needs were considered in the determination of and referral for specialized assessments.
5. Please describe how you collaborated with providers conducting specialized assessments for the family [PROMPT: *sharing safety threats that exist, the specific behaviors and/or conditions that need to be changed or eliminated, the specific information that must be included in the provider's reports*].
6. What aspects of the process of obtaining specialized assessments went well?
7. What aspects were challenging?

Comments:

V. Develop Behaviorally-Based Case Plan - Program

F. Family Team Meeting

INTERVIEWER READ: *The next few questions are about getting to know the family better through a variety of different ways, including the Family Team Meeting. For these questions, please think about the family members, their extended family or community of friends and neighbors (and any other stakeholders), and those people who are involved with this family on a regular basis.*

[If worker does not know what "Family Team Meeting" is, read the following:]

Purpose: These meetings help provide a fuller picture of the family situation and networks and who can be involved in the change process. A worker is required to identify key people, obtain consent to invite all members and prepare participants by explaining how meetings work and the issues that will be discussed. During the Family Team Meeting, the worker is required to:

- *Explore connections to faith and spiritual, tribes, and cultural communities*
- *Use genograms, ecomaps and ethnographic interviewing*
- *Work with parents and caregivers to identify key family members, friends, and others*
- *Work to prepare participants*

Worker Interview

1. What tools or methods were used to understand the family better [PROMPT: *including genograms, ecomaps, ethnographic interviewing, Family Team Meeting*]?
2. Please describe the process of setting up a Family Team Meeting with the family.
3. Who attended the Family Team Meeting
    a. What did they contribute (list all attendees)?
4. Please describe if there were any barriers or obstacles to conducting a Family Team Meeting.
    a. How were these barriers addressed?
5. What did you hope to learn from the Family Team Meeting? What did you hope to accomplish?
    a. If the Family Team Meeting took place, how did it impact your work with the family?
    b. How was this information shared with the family?
    c. With other attendees at the FTM and/or stakeholders?

Comment:

G. Case plan

INTERVIEWER READ: *Now that we've discussed the assessment of family functioning, these next few questions will address the process of putting together a case plan. For these questions, think about your process of putting together a case plan for the family, including working with other service providers and monitoring and determining the family's progress.*

Worker Interview

1. What was the main goal of the case plan?
2. Please describe the interventions that were included in the case plan.
3. How did you determine which services to include?
    a. Did you try alternative interventions?
    b. How did you determine if the interventions were successful?
    c. What information did you *provide* to the service provider(s)?
    d. What information did you *receive* from the service provider(s)?
4. How did you work with the family to create the case plan?
    a. Did you ask the family to self-identify strengths?
    b. How did you incorporate strengths into the case plan?
5. Did you assess for protective capacities?
    a. If so, how?
    b. What did you find?
    c. How did you incorporate them into the case plan?

H. Intentional Visitation

INTERVIEWER READ: *The next set of questions is about intentional visitation. Intentional visitation is specific to families in which children are placed out of the home.*

[If worker does not seem to understand what is meant by "intentional visitation" read the following:]

Purpose: Intentional visitation is explicitly linked to helping caregivers change the behaviors that caused children to be unsafe. Visitation activities need to be carefully planned and everyone involved in the visitation process must be aware of the focus of the intentional visitation activities.

Worker Interview

1. Did intentional visitation occur?
2. If "NO" then why?
3. If "YES" please describe what went into the planning process

   a. Who set up the visitation
   b. Who supervised and planned activities
   c. How were case aides or other providers prepared to supervise the visits
4. Please describe how visitation was used to assess the caregiver's development of behavioral change.
5. How was information about intentional visitation relayed to you (if you did not supervise)?
6. How was the information about the caregiver's behavioral change incorporated into the case plan?
7. What aspects of the intentional visitation process went well?
8. What aspects were challenging?

Comments:

VI. Ongoing Assessment - Program

I. Ongoing Assessment

INTERVIEWER READ: *The next set of questions is about ongoing assessment. For these questions, please reflect on the processes of determining and conducting ongoing assessments throughout the life of the case.*

Worker Interview

1. How often do you reassess
   a. Mother
   b. Father
   c. Child
2. Please describe your process for conducting ongoing assessments.
   a. If someone other than you conducted ongoing assessments, please describe how the information about the ongoing assessments was relayed to you.
   b. How was this information incorporated into the case plan?

J. Case Plan Review

INTERVIEWER READ: *The following questions are about reviewing the case plan.*

Worker Interview

1. Please describe how the case plan has been updated since the initial case plan was developed.
2. Please describe the family's involvement in updating the case plan.

Comments:

VII. Supervision

K. Supervision

INTERVIEWER READ: *The next few questions are about your experience with supervision, both in general and specific to this case.*

3. Regarding this specific case:
    a. When did you meet with your supervisor regarding this particular case? [PROMPT: before/after first contact with family, before/after family functional assessment, when developing a case plan, when struggling to address specific areas/issues/needs, making placement/permanency/court decisions?]
    b. What were your expectations regarding supervision (for this case)?
    c. In what ways did your supervisor support you throughout your work on this case?
    d. What kinds of questions did your supervisor ask you during your supervision times?
4. Regarding supervision in general:
    a. In your view, what is the role of a supervisor?
    b. How has supervision changed under the CFA model?

VIII. Case Closure - Program

L. Case closure

INTERVIEWER READ: *For the next set of questions, please think about the process of determining it is time to consider closing a case.*

Worker Interview

1. What information did you gather from the family prior to making the final decision to close the case? [Can prompt the following criteria]
   - Status of initial risk factors/new risk factors
   - View of child and parents about the possibility of case closure
   - Parent strengths and their ability to care for child, including efforts they make to meet child's needs and resolve new problems
   - Kinship resources
   - Community resources

2. What factors contributed to your decision to close the case?

Comments:

IX. Closing

INTERVIEWER READ: *We are almost done with our interview. For the last few questions please reflect on your overall thoughts about the Comprehensive Family Assessment process as a practice model.*

4. What aspects of the CFA practice model are most helpful to your work with families?
5. What aspects of the CFA practice model are most challenging?
6. Would additional trainings be helpful?
7. What topics would be most beneficial to have additional training?

INTERVIEWER READ: *This concludes our interview for today. Thank you for taking the time out of your busy schedule to help us by sharing this information with us. There is a possibility we may have some*

clarifying questions about the information you've shared today. Would it be possible for us to contact you in the future if needed?

Are there any other additional comments you would like to make? Do you have any questions you would like to ask us?

Thank you again and have a good day.