

Comprehensive Family Assessment

Implementation and Outcome Comparisons for
Alternative Response and Traditional Child Welfare Cases

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This presentation 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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Agenda

- Background
- Comprehensive Family Assessment in Ramsey County
- Outcomes
- Lessons Learned
- Discussion

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Ramsey County, MN

- Geographically smallest county
- Population of approximately 500,000 (second largest)
- Largely urban; half of population resides in St. Paul
- Among the highest rates in the state of child poverty, children born to teen mothers, children eligible for free and reduced lunch, child abuse and neglect rates, and children arrested for serious crimes.
- 25% of children are eligible for Medicaid
- 18% of children are Southeast Asian, 17% are African American, 12% are Latino, and 1% are American Indian

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Ramsey County, MN

Child Welfare Agency receives call of concern

Report screened by intake/screening team

Report screened in.
Track of assessment determined.

Report screened out.
No action taken.

Family Investigation Track

Family Assessment Track

Investigation completed in 45 days

Assessment completed in 45 days

No maltreatment substantiated.
No services needed.

No maltreatment substantiated.
Services needed.

Maltreatment substantiated.
No services needed.

Maltreatment substantiated.
Services needed.

Determination of need for services
Case management provided

Determination services not needed
No further action.

No further action.

Case management services provided.

No further action.

Case management services provided.

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Review of the Project

- Children's Bureau
 - 5 year Demonstration Grant - 2007
 - Baseline Evaluation
 - CFA Model development
 - Workers, Supervisors, Community members & Families, Providers, Consultant/Trainer
 - Implementation:
 - 2008 Pilot with 2 Program Workers
 - 2009 Roll out to 2 Program Units
 - 2010 Roll out to Intake & remaining Program Units
 - 2011 Roll out to FA units
 - Post evaluation
 - Dissemination
- This presentation 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."

Ramsey County's Practice Model

- Assessment Based vs. Incident Based
- Behaviorally Based vs. Compliance Based
- Comprehensive Family Assessment
Guidelines used to guide flow of work with case
- SDM is integrated into the model
- Impact of family's culture and experience

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with trauma are integrated into model

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“Golden thread” connects all stages of case

1. Gather information in nine domains of individual and family functioning
2. Determine whether a safety threat is present (SDM)
3. Create Safety Plan if there is a safety threat
4. Determine which behaviors create safety threat or high risk
5. Determine underlying causes of behaviors in domain areas
6. Create Case Plan- target the causes of behaviors with appropriate interventions
7. Reassess safety and effectiveness of interventions continuously
8. Close case when appropriate

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CFA looks at the following when assessing child safety:

- Behavioral Health/Mental Health Issues:

- Workers learn about major influences that may impact care of children i.e. depression, isolation, etc., patterns of abuse/neglect, history and duration, chronicity, diagnosis, medications.
- Workers also learn how parents have effectively managed behavioral health issues in the past i.e. consistency in taking medications as prescribed.

- General Parenting including Discipline Practices:

- Worker discusses **overall Parenting Styles**, perception of child, tolerance as parent, interaction patterns with child, ability to put child's needs before own, ability to meet child's basic and emotional needs, support/concern for child, awareness of child's needs, ability to protect, parenting knowledge and skill, perception of child, etc.
- Worker discusses **Discipline Practices**, types of discipline used, frequency, parent view of purpose of discipline, range of options parent knows and uses, emotional state of parent when disciplining, awareness of child's perception of discipline methods, parental agreement on disciplines, whether or not discipline is based on reasonable expectations for the child, how were the caregivers were disciplined as children.

CFA: Assessing Child Safety, cont.

- **Substance Use/Abuse issues:**
 - If family uses substances, workers learn:
 - how this use impacts the day to day care of their children
 - how the use impact the caregiver's ability to meet their children's basic needs (spending money on substances instead of on children?)
- **Housing /Environment/Physical and Medical Needs of the Caregivers:**
 - How the family makes ends meet;
 - Actions parents have taken to make their home safe for the children;
 - Learns if family members are concerned about their neighborhood or home.
 - Remember the difference between "dirty" and presenting a physical hazard to children.
- **Family Relationships/Social Supports:**
 - How the family resolves problems;
 - How family members show that they care about one another;
 - What children see regarding family management of stress and disagreement; and
 - Who caregivers turn to when they feel stressed or in need of help.

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CFA: Assessing Child Safety, cont.

- Child Characteristics/Child Functioning/Child Well Being (Educational, Physical, Developmental and Emotional Needs) Medical Issues ; Violence In The Home/Other Significant/Traumatic Events:
 - Vulnerability;
 - Special needs, (physical and/or emotional) and how these needs are being met by caregivers;
 - Developmental status;
 - School performance;
 - Peer/social/sibling relationships;
 - Attachment with parent;
 - Day to day mood and behavior/functioning;
 - Reaction to caregiver (fear or comfort); and
 - Sexually reactive or acting out behavior.
- Caregivers' Day-To-Day Life Skills; Level of Functioning; Communication Style; Medical Issues That May Impact Parenting:
 - Overall mood;
 - Physical health;
 - Impulse control;
 - Coping styles/stress management;
 - Problem awareness/ problem solving skills; and
 - Maturity/dependence/ability to meet own needs and meet others' needs.

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CFA: Assessing Child Safety, cont.

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- Historical/Individual Trauma/Violence in the Home or Community/Other Significant Events That May be Impacting Behavior:
 - a. Parents:
 - b. Children:
 - Genocide
 - Oppression
 - Death
 - Domestic Violence
 - Bullying
 - Discrimination
 - Illness
- Caregiver's Employment/Financial Stability; Income Management:
 - Poverty wage
 - Job loss

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Safe, Unsafe and Risk:

- Under CFA, the definitions for safe, unsafe and risk are:
- Safe: a child is in an environment without any threat of serious harm.
- Unsafe: a child is in an environment where a threat of serious harm is present
- Risk: Children Are Considered to be at Risk when there is a likelihood in the foreseeable (long term) future that family conditions (substance abuse, domestic violence, mental illness, physical illness, uncontrolled anger, impulsiveness) and associated parenting behavior may result in child maltreatment.

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Protective Capacity:

- The family's Protective Capacity is assessed and factored in when determining both safety and risk. Protective Capacity is defined as the inherent family skills and resources that can be mobilized immediately to contribute to the ongoing protection of the child(ren).
- The family's protective capacity may mitigate the identified safety threats and risk factors and can be used to build the family's in home or out of home safety plan when safety threats are identified.

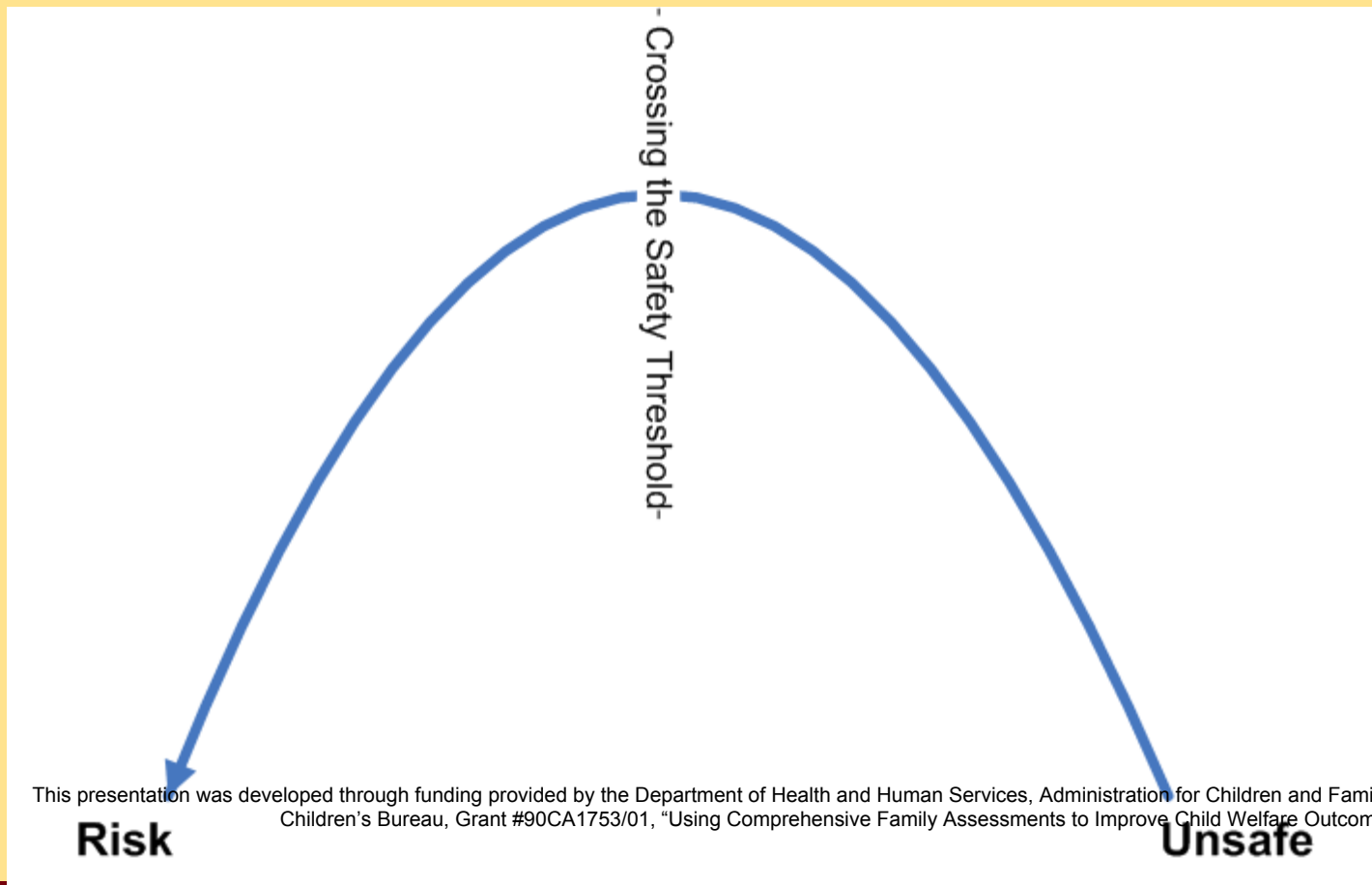
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Determination of a Safety Threat Exist:

- Following a comprehensive assessment of the nine (9) domain areas identified above, the child protection intake worker determines if a safety threat exists in the family. The determination of a safety threat is based on looking at whether the family conditions, such as parental behaviors, attitudes, and situations, have crossed the danger threshold and threaten the safety of the children.

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Determination of a Safety Threat:



Safety Threat Criteria:

- In order to determine whether the family conditions cause a safety threat, “all” five of the following criteria must be present:
- **Severity:** what is happening is severe enough to result in pain, serious injury, disablement, grave or debilitating physical health conditions, acute or grievous suffering, terror, impairment or death.
- **Vulnerability:** the child is dependent upon others for protection
- **Out of Control:** the family conditions which can affect a child are unrestrained; unmanaged; without limits or monitoring; not subject to influence, manipulation or internal power; are out of the family’s control.
- **Imminence:** a belief that threats to child safety are likely to become active without delay; a certainty about occurrence within the immediate to near future
- **Observable:** the danger is real; can be seen; can be reported; is evidenced in explicit, unambiguous ways.

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Safety Plans:

- If all five of these safety criteria are present, then a safety threat exists and an in-home or out of home safety plan is developed immediately (before leaving the home).
- The safety plan may be the removal of the child into foster care, either relative or non-relative, or a plan which includes others having their eyes on the child(ren) during the time the safety threat is active.
- An in-home safety plan is the preferred plan.
- An in-home safety plan is a written arrangement between the family and child protection that clearly states how the identified safety threats will be controlled and managed.

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Developing a Family Case Plan

- When a safety threat or the risk level in the family is high, the family then receives ongoing child protection services and a case plan is developed.
- In order to develop an effective case plan with the family that addresses the safety threats and risk, an assessment of family functioning is done.
- A Family Functional Assessment is a process of gathering and analyzing information.
- Through the Family Functional Assessment, the child protection worker learns about the way that a family functions , and about the underlying causes of the parental behaviors that cause the child to be unsafe or at risk.
- Information is pulled together to focus on changing behaviors or conditions that cause children to be unsafe or at risk of future harm.
- Through the Family Functional Assessment the child protection worker learns about family strengths and how those strengths can be used to create family change.

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Behaviorally Focused Case Planning:

- If family functioning in a specific domain area is believed to have contributed to the children being unsafe or at risk, then the case plan must include an intervention that focuses on changing the behavior or functioning in this domain.
- The development of a strong behavioral case plan is a key element of the Comprehensive Family Assessment model.

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A Strong Behavioral Case Plan:

- A strong behavioral case plan:
 - Is directly linked to the safety assessment and identified safety threats/risks.
 - Makes it clear in behavioral terms (that families can understand) what needs to change (protective capacities that need to be enhanced) in order for children to be safe.
 - Identifies specific interventions and actions to facilitate the changes necessary for children to be safe
 - Includes an ongoing assessment of how protective factors/capacities are supporting children in being safe, in other words: Are the behaviors changing?
 - Includes family's self-identified strengths in the service planning process as a vehicle for motivation, and
 - Should be viewed by the family as achievable and realistic.

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Behavioral Case Planning:

- Behavioral based case planning describes the behaviors that need to occur, includes specific interventions that support changes in behaviors and evaluates if the behavior changes are occurring.

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Ongoing Assessment:

- The assessment process is ongoing under the Comprehensive Family Assessment model. Together, once a case plan is developed and implemented, the child protection worker and the service providers continually assess:
 - if the case plan services are helping to bring about the behavioral changes needed in order for the parent(s) to safety care for their children,
 - if services should be increased or decreased, and
 - if new services are required in order to address the identified safety threats and risk.

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Intentional Visitations:

- When children are placed in foster care, either relative or non-relative, intentional visitations will be scheduled frequently and used to help determine when or if it is safe for the children to return home.
- Intentional visitation focuses on the parent(s) building their protective capacity and changing behaviors that caused their children to be unsafe or at risk of future harm.
- It also provides child protection with an opportunity to assess, support and document the parents' progress in making the behavioral changes needed for their children to be returned to the parents care.

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Intentional Visitation, cont:

- Staff teach/coach parents how to interact appropriately and effectively with their children during visitations and observe and document the parent's progress in changing behaviors, whether the visit occurs in the family home, a visitation room, a school, or in a community space.

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EVALUATION FINDINGS

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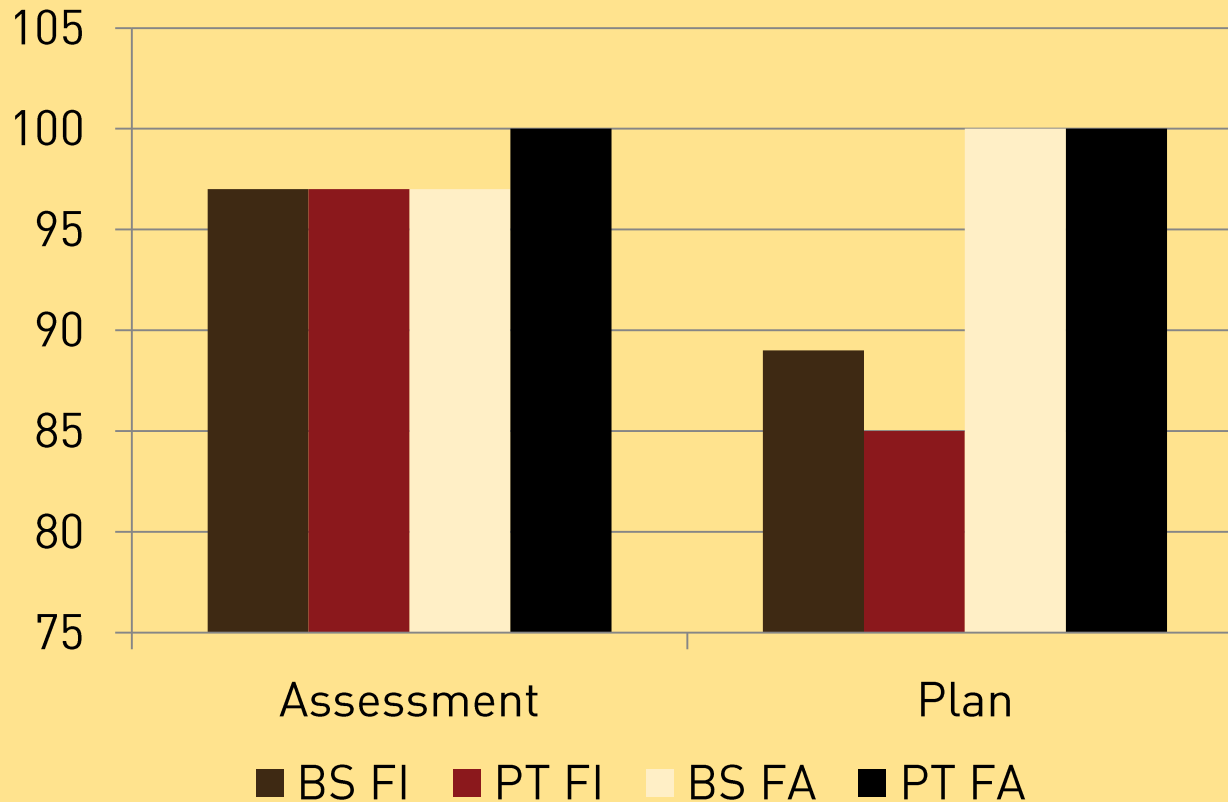
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Evaluation

- 2007-2008
Baseline evaluation for Intake & Program
- 2009-2010
Formative evaluation
- 2011-2013
Posttest evaluation

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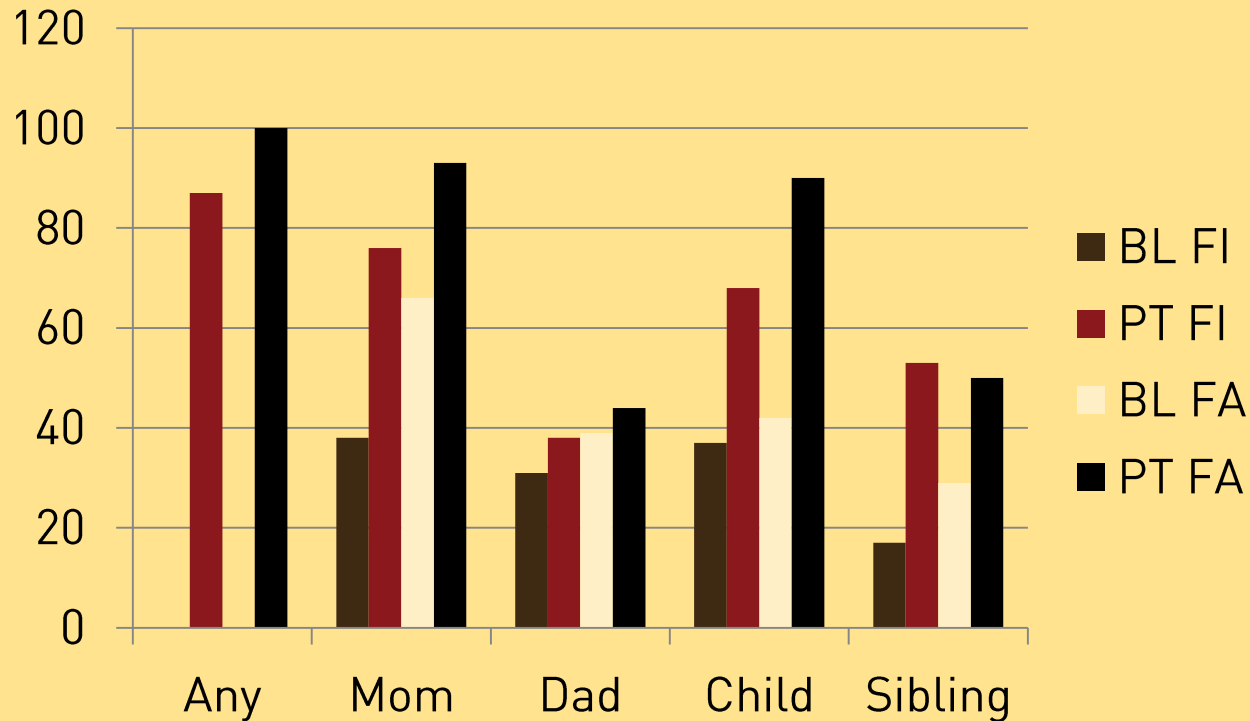
Intake - Safety



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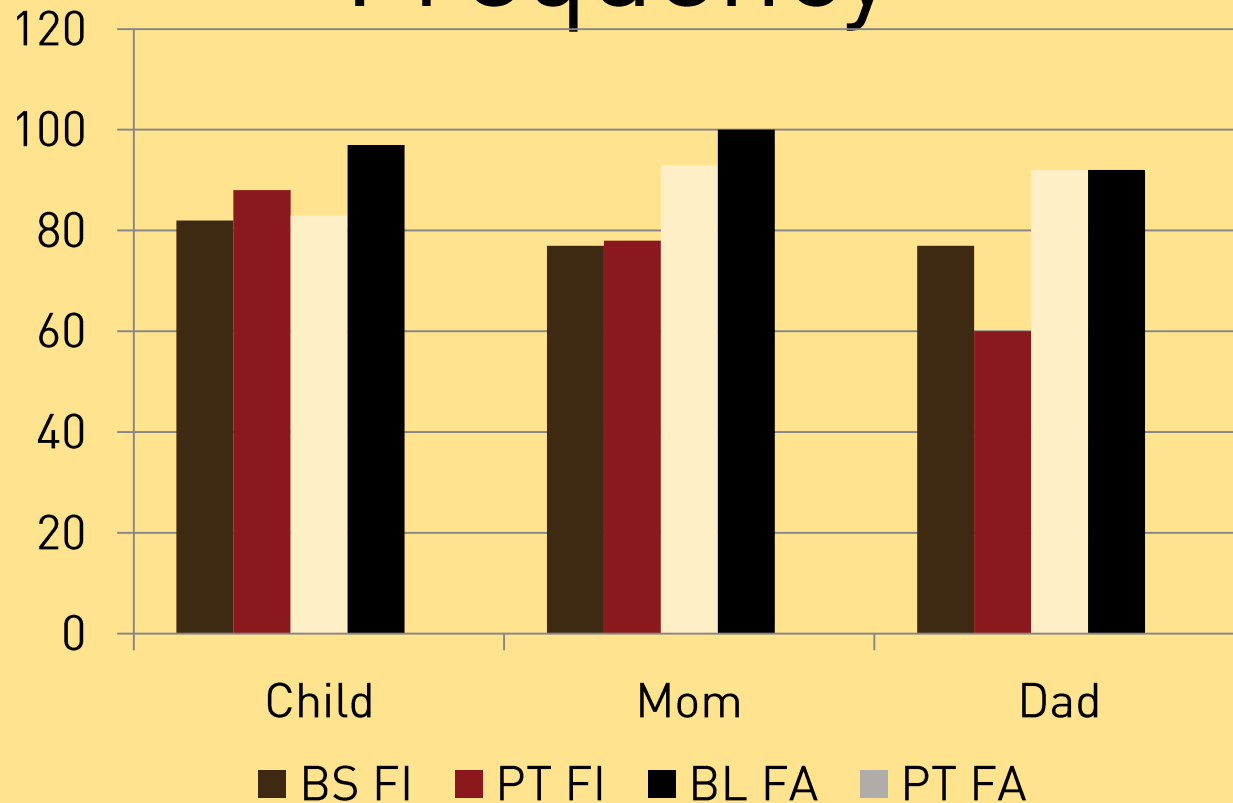
Intake - Assessments

Comprehensive Family Assessment



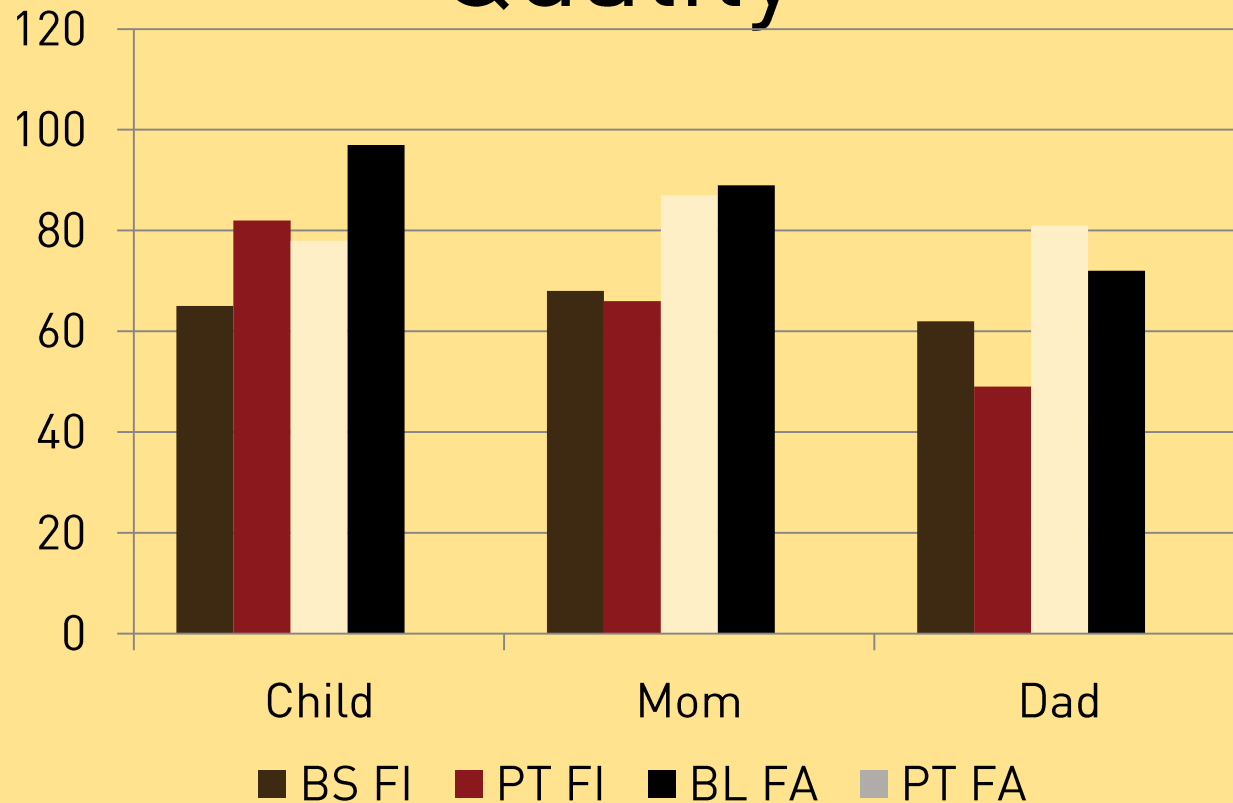
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Intake - Case Worker Visit Frequency



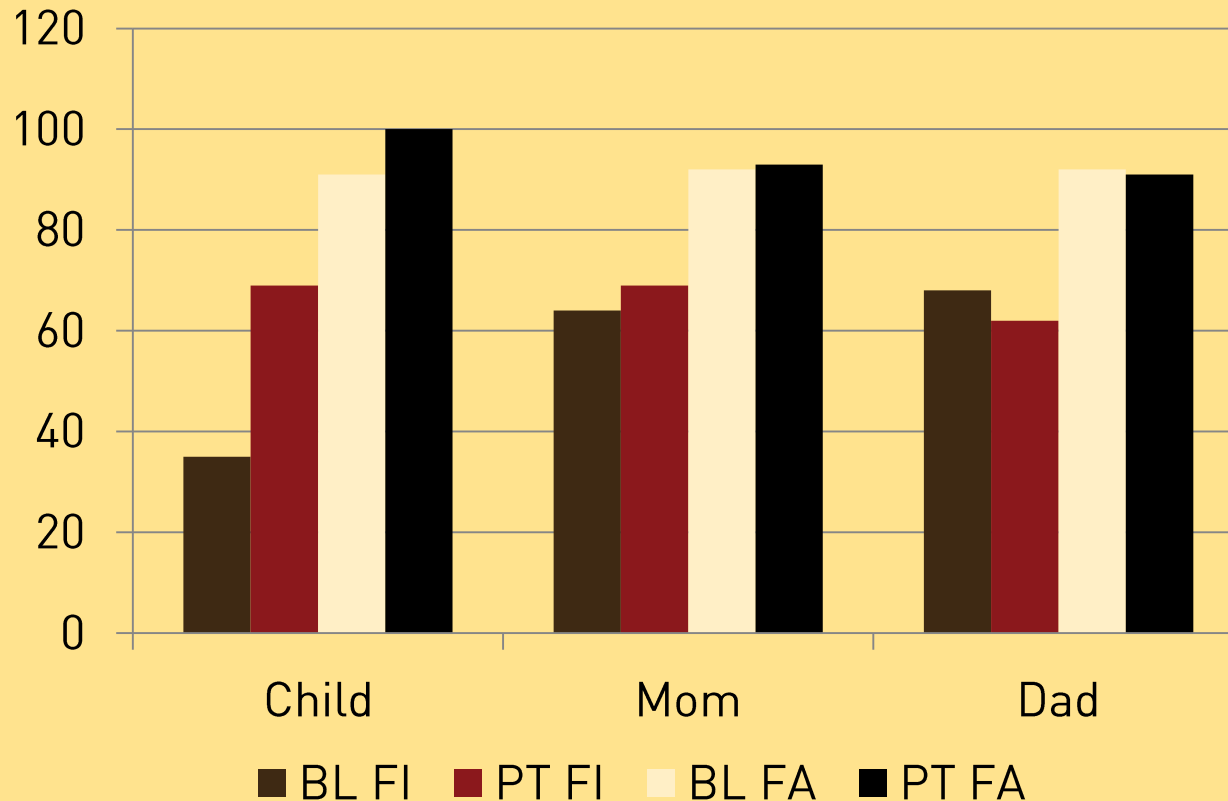
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Intake - Case Worker Visit Quality



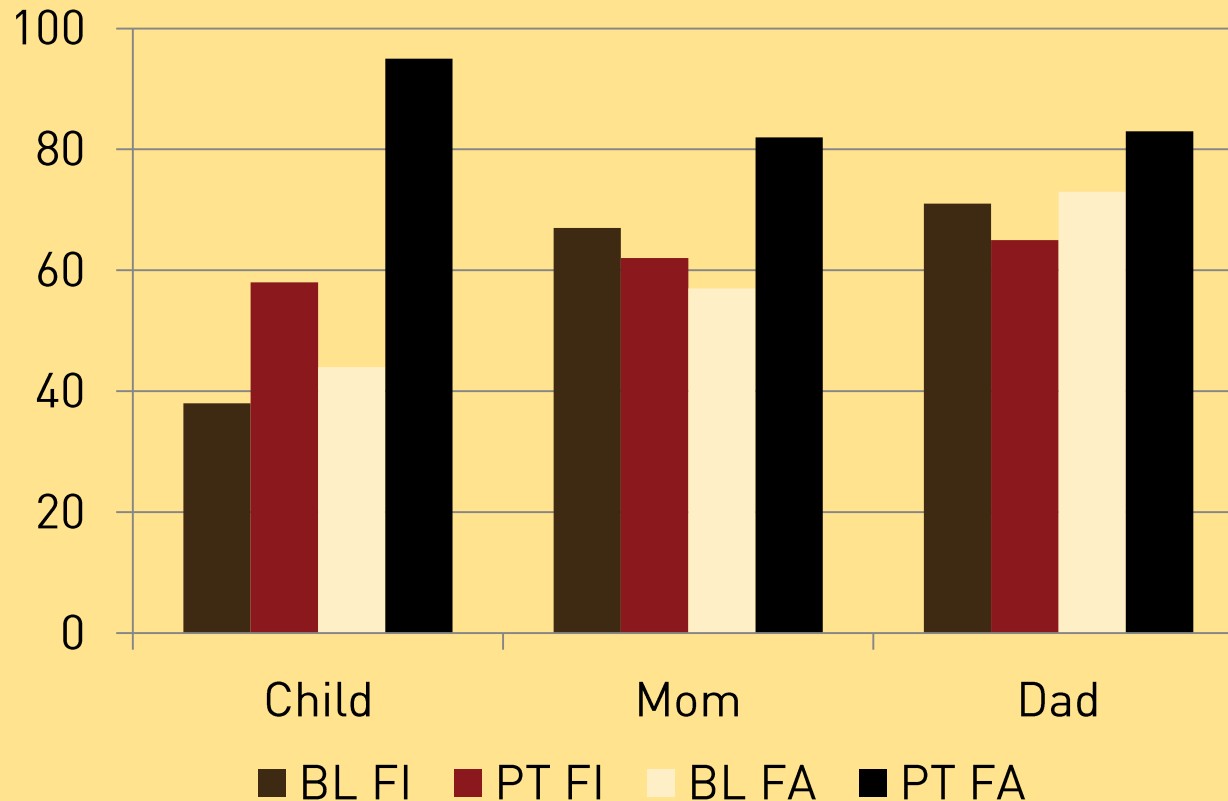
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Intake – Identification of Needs



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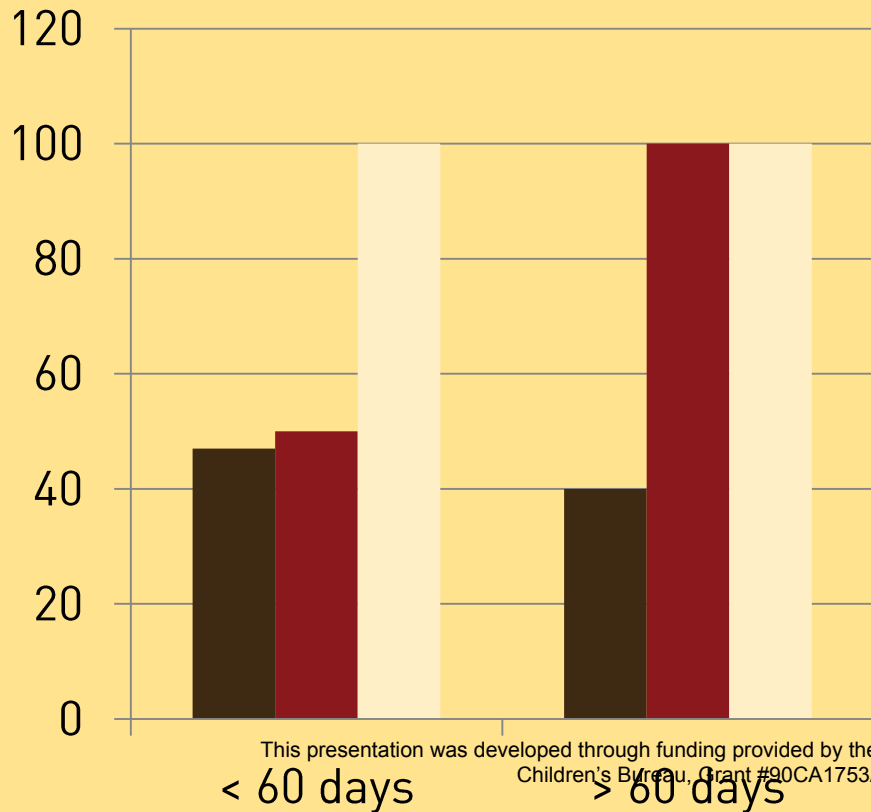
Intake - Service Provision



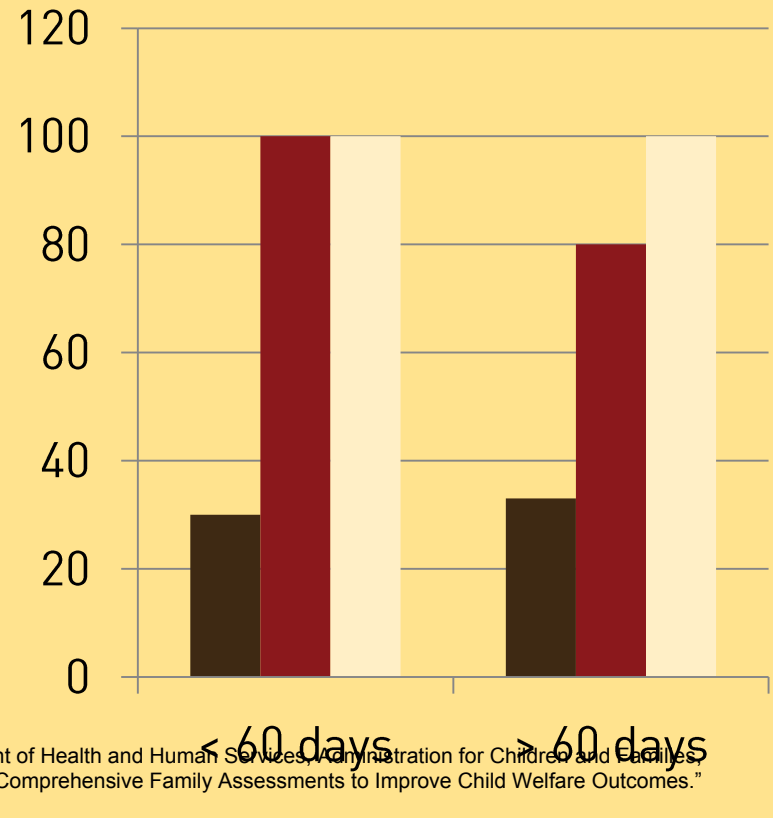
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Case Management Posttest – Safety & Risk

Assessment



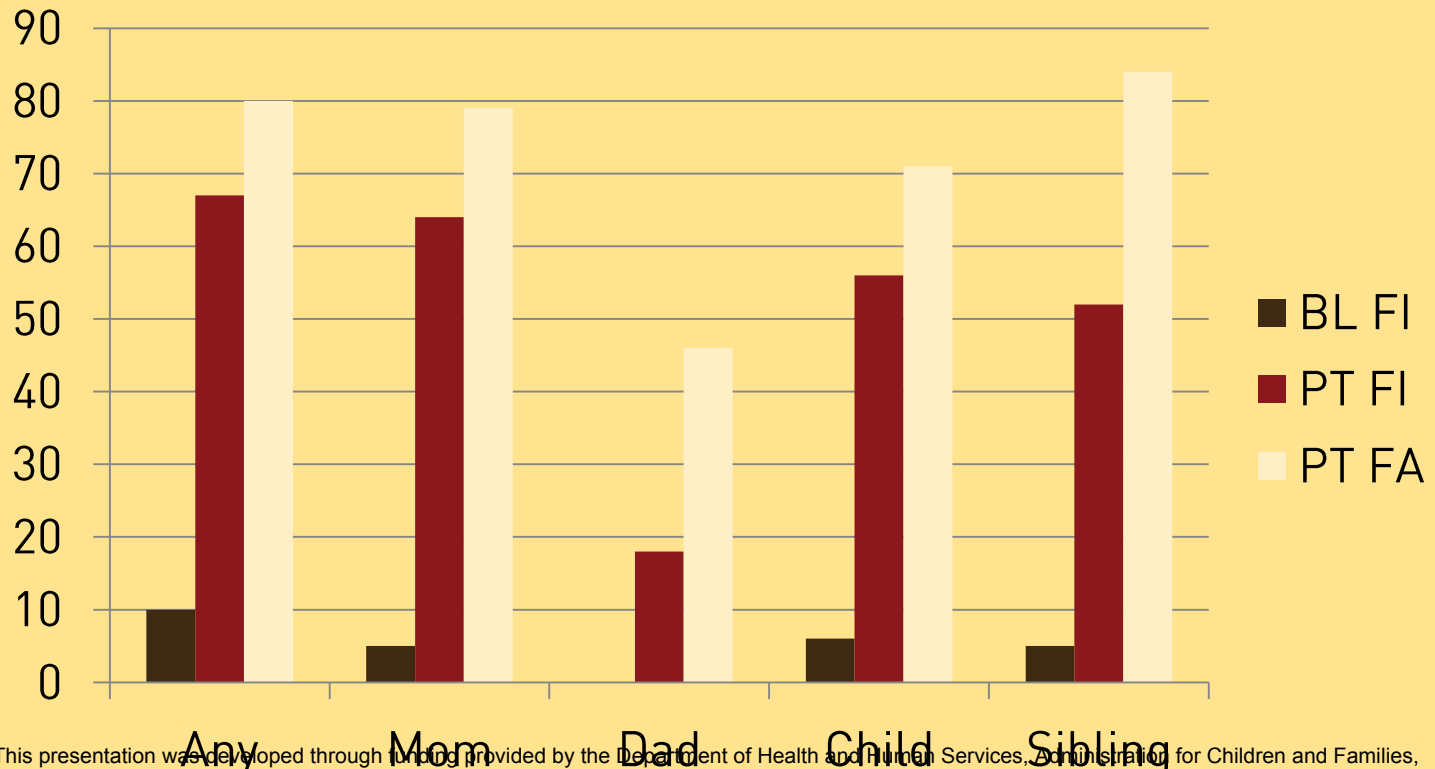
Safety Plan



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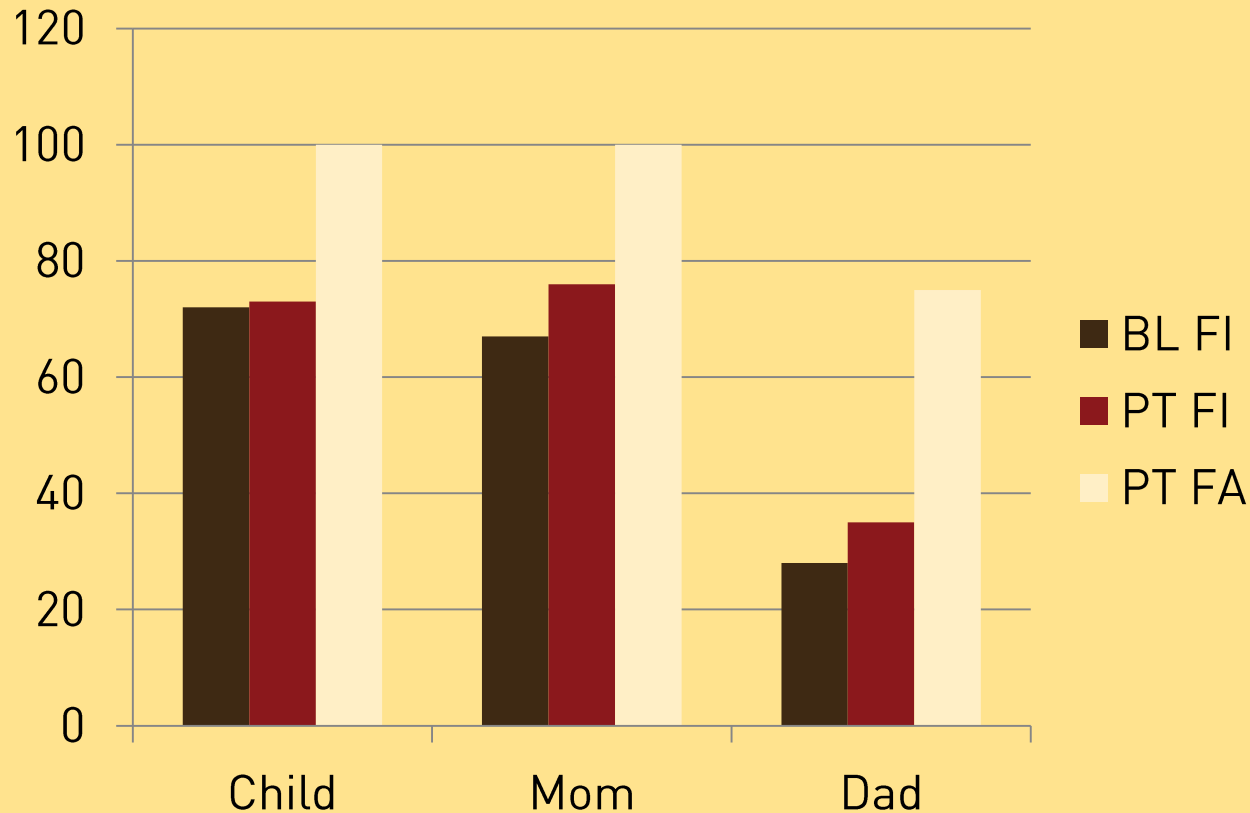
Case Management - Assessments

Received Full Comprehensive Assessment
(in 1st 60 days)



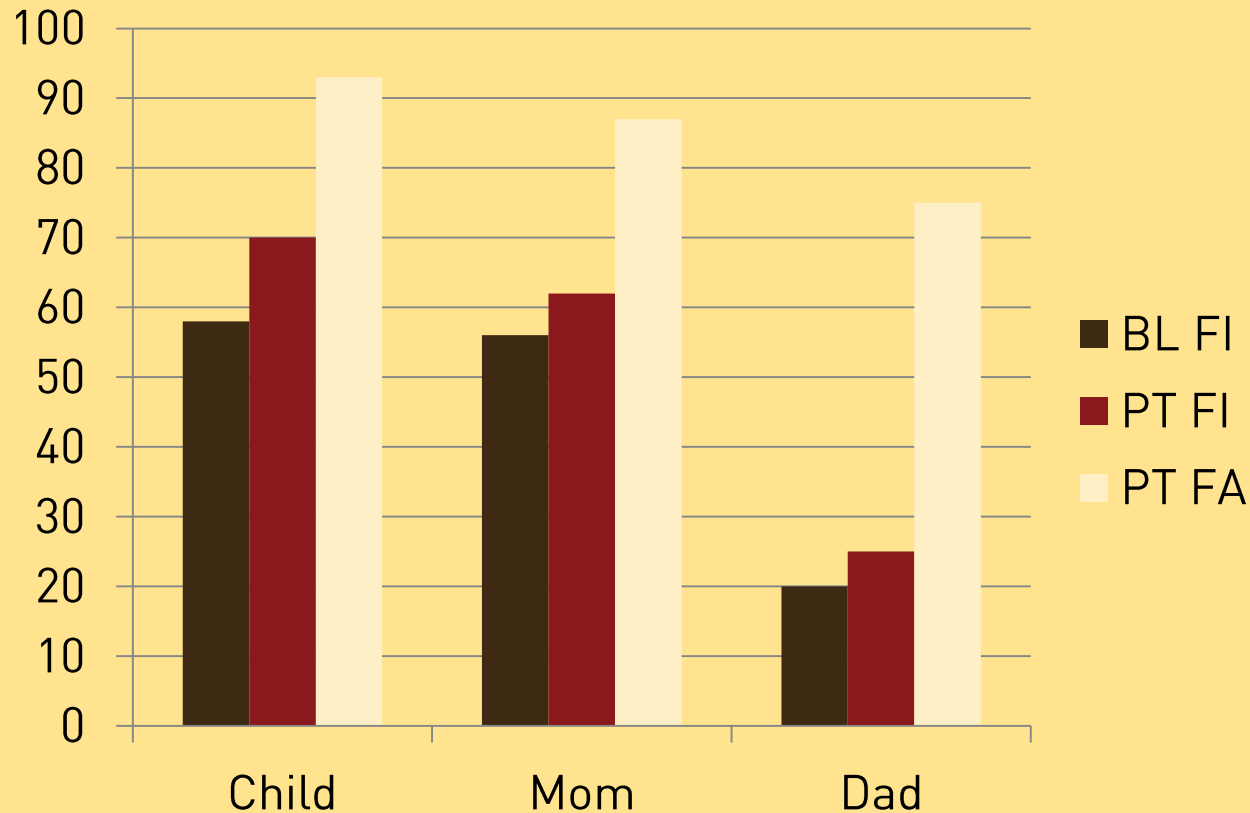
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Case Management – Case Worker Visit Frequency



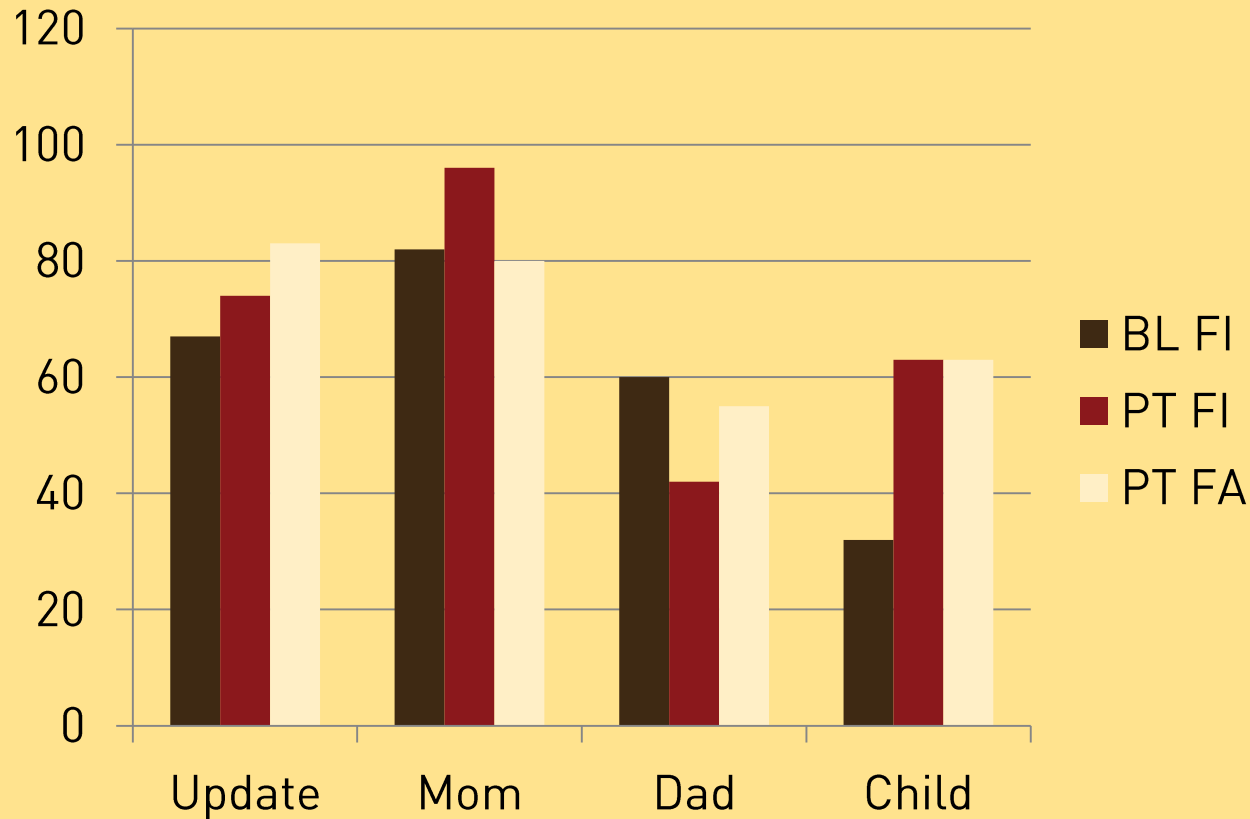
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Case Management – Case Worker Visit Quality



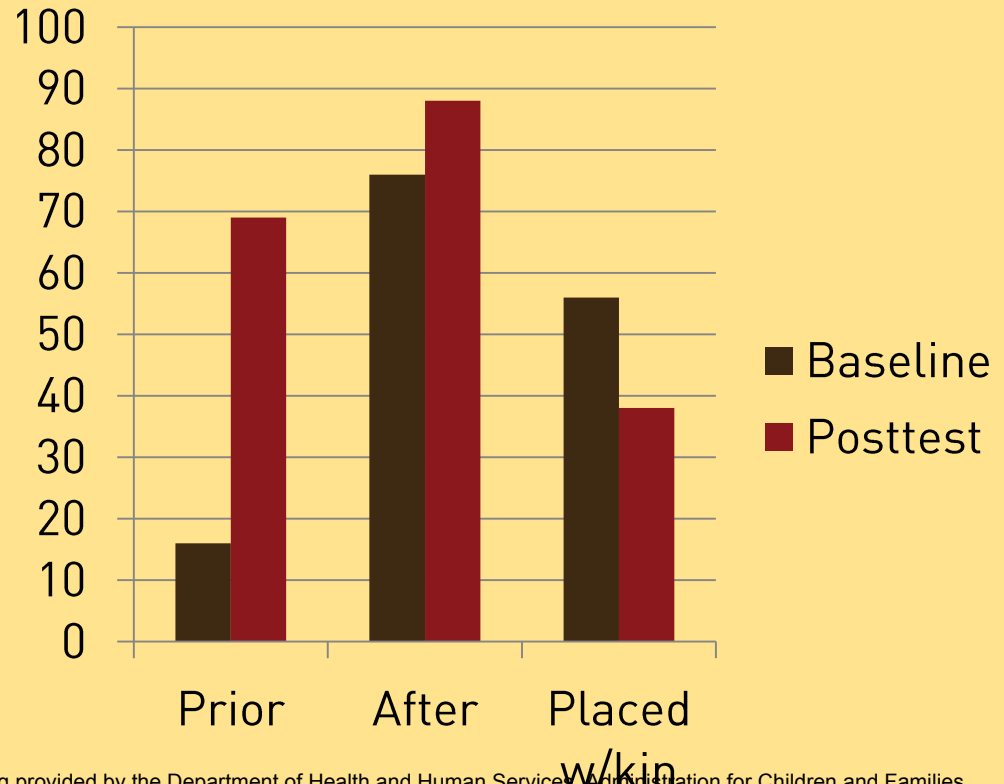
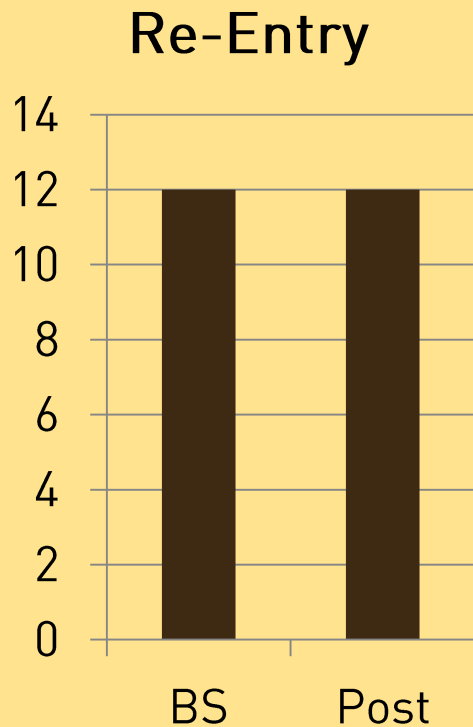
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Case Management – Case Planning



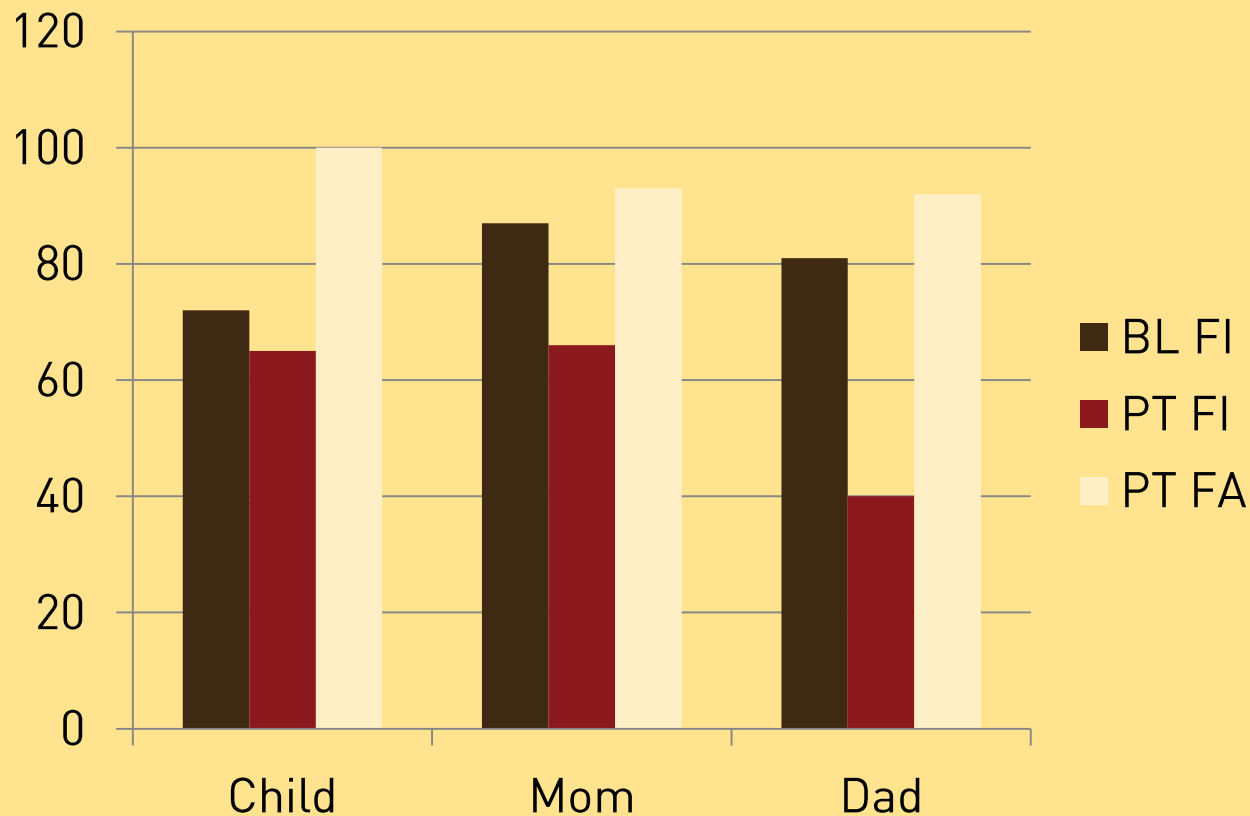
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Case Management - Permanency



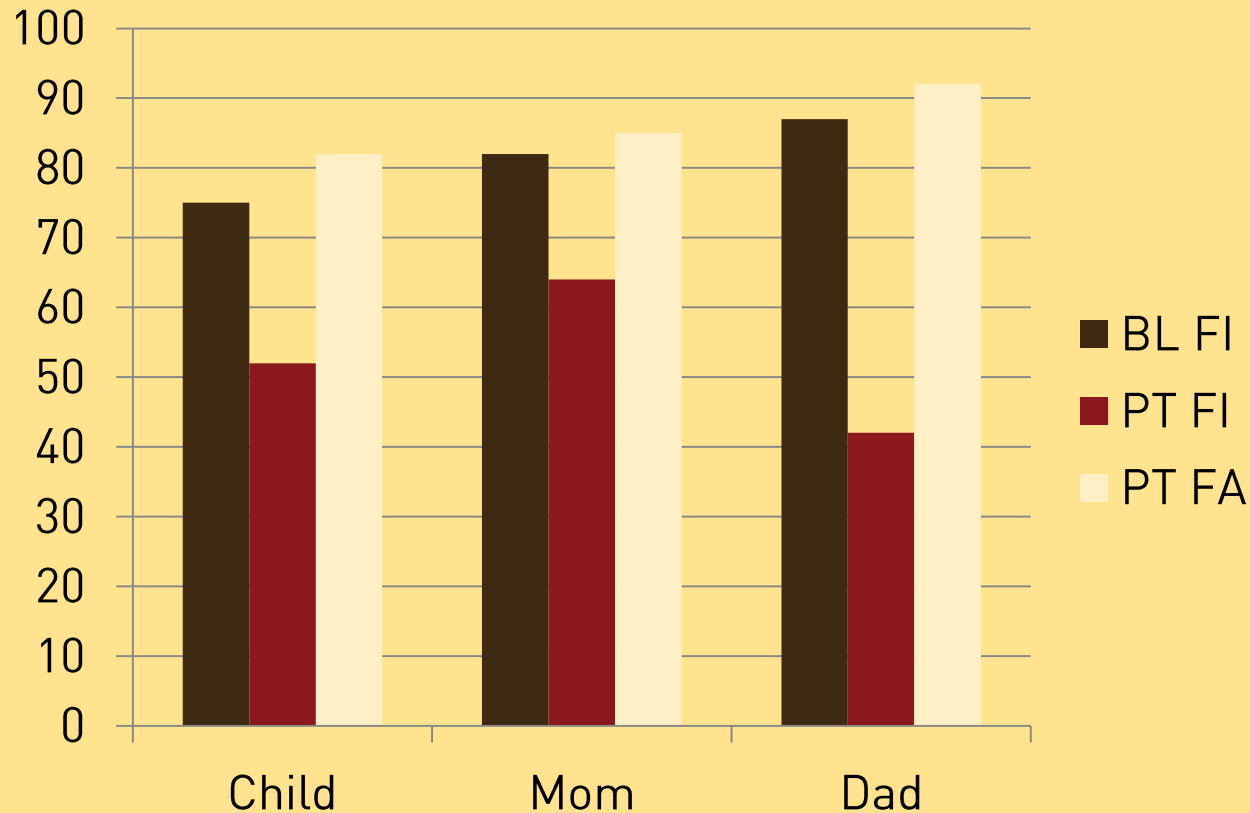
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Case Management – Identification of Need



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Case Management – Service Provision



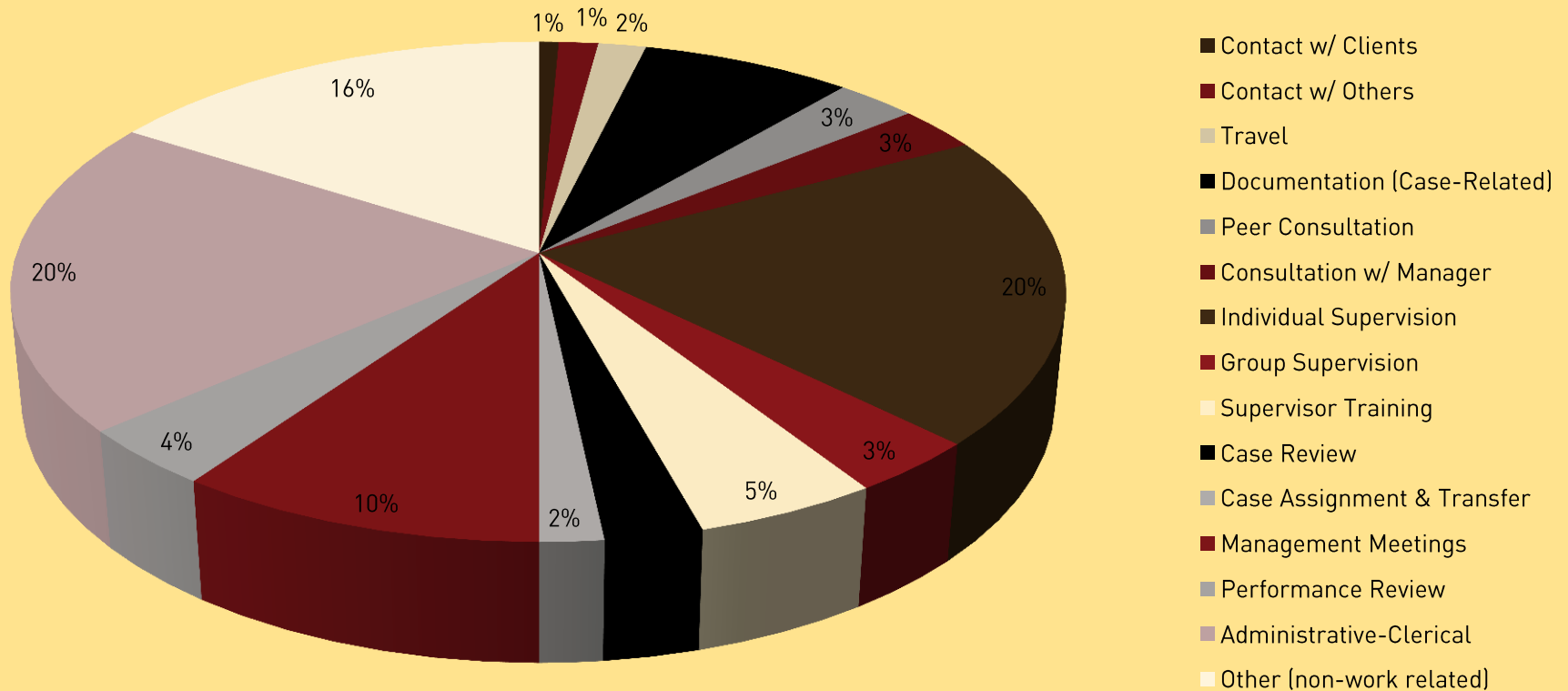
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SUPERVISION

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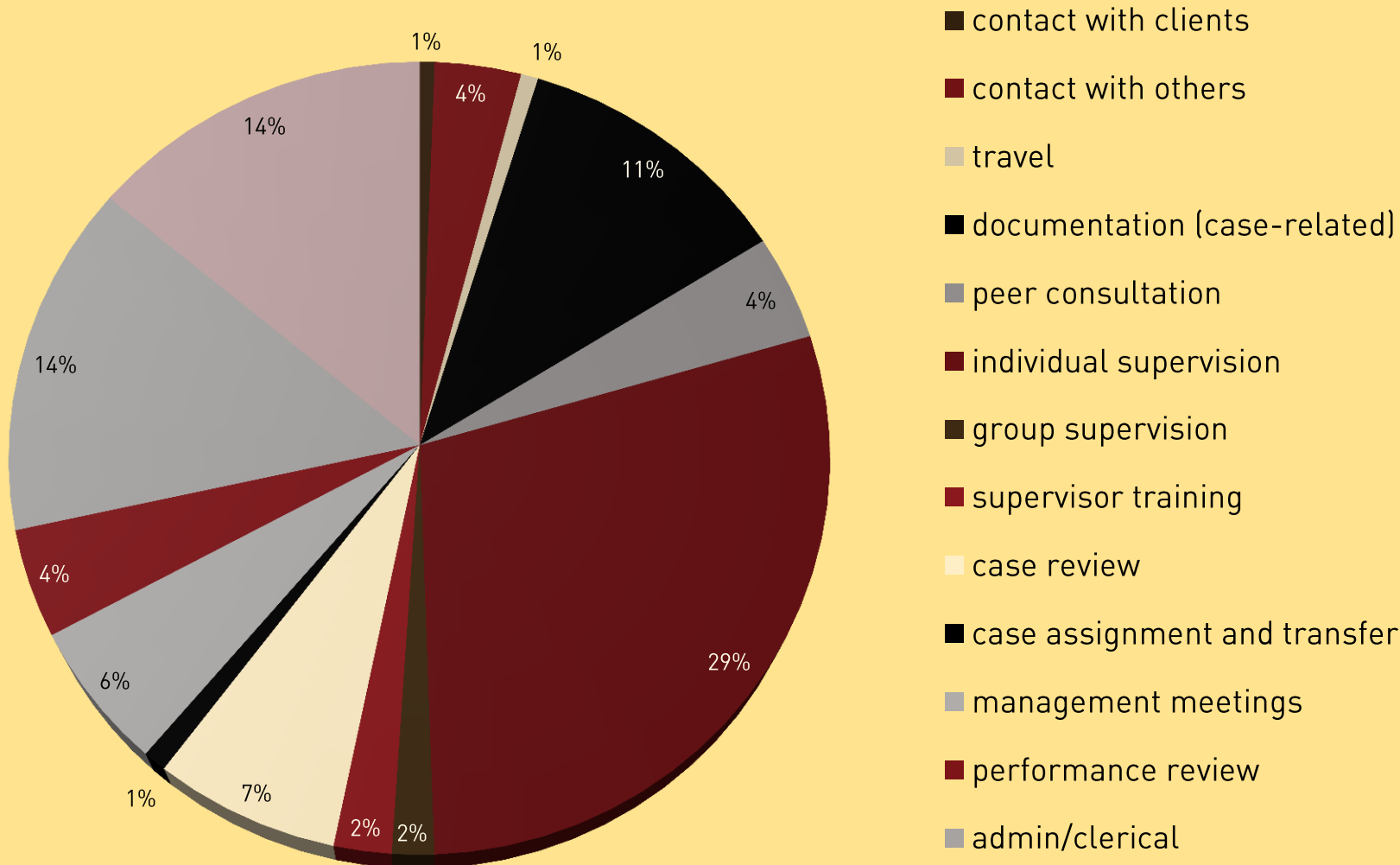
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Pre-test Supervisor Tasks (% time)



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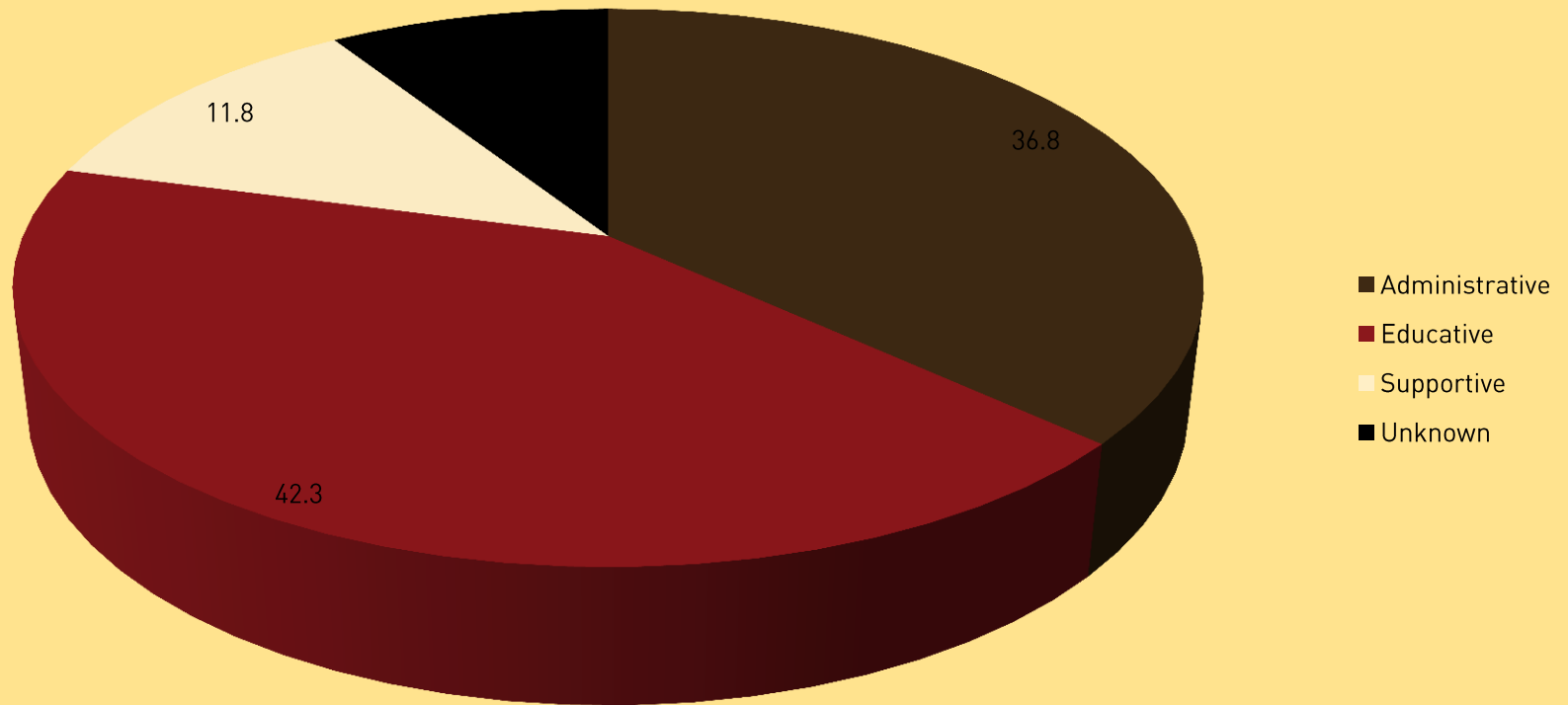
Post- test Supervisor weekly Tasks (% time)



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Pre-test Supervisor Observations: Direct Supervision Time

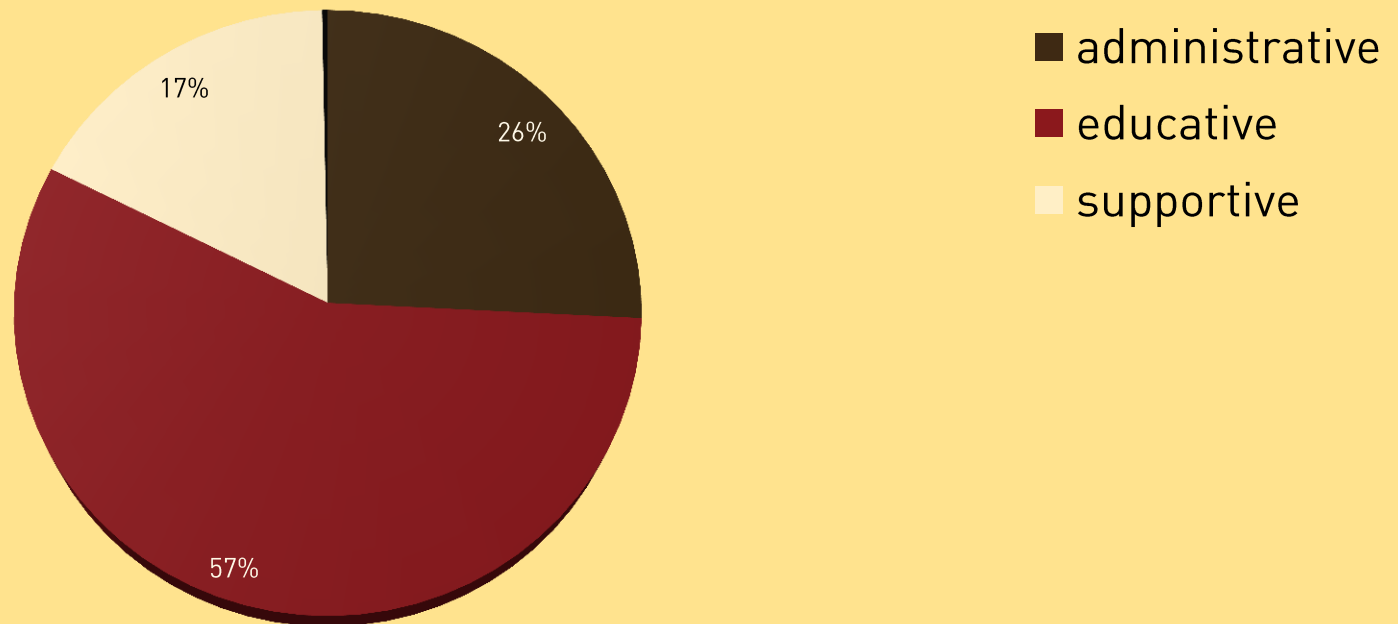
Aims of Supervision



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Post-test Supervisor Observations: Direct Supervision time

Aims of Supervision



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REFLECTIONS ON PRACTICE

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Areas of Strength

- Empowerment of families
- Behavior vs. compliance
- Strategies for managing worker bias
- Keeping kids safe in their homes with their families
- Sustained or improved performance on State CFSR outcomes

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Areas for Improvement

- Comprehensive Assessment and state and federal timelines conflict
- Inconsistencies in implementation across units
- Some staff still are not in support of CFA as a model for practice at RCCHSD
- Engaging fathers
- Difference between safety driven service provision vs. well-being driven service provision

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Lessons Learned

- Importance of champions (“purveyors”) and well-constructed teams
- Inclusive nature throughout implementation
- Training and communication approach
 - Sequencing and timing
 - Modes

Participants

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DISCUSSION

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Contact & Resources

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