

Comprehensive Family Assessment in Ramsey County Minnesota:

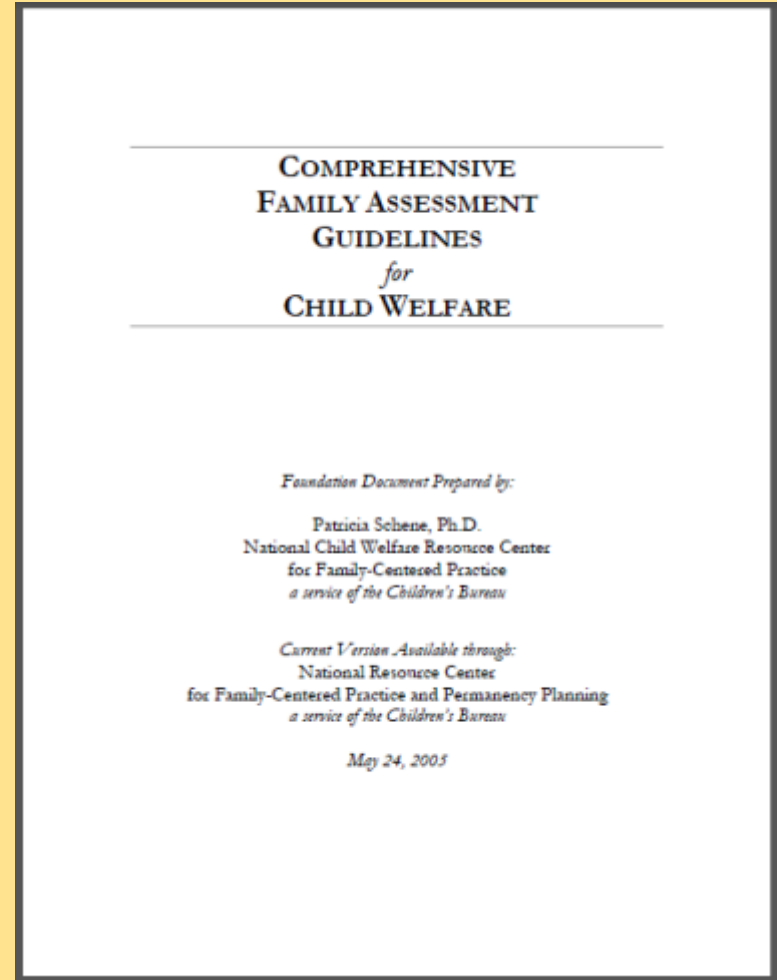
A New Model for Child Protection
Practice

Focus of the Module

- Overview of Comprehensive Family Assessment
- Consideration of CFA module
- Walkthrough our Ramsey County's practice model

What is CFA?

- Published out of the NCWRC for Family-Centered Practice in 2005
- Written by Patricia Schene
- 10 Guidelines to provide a framework for best practice for assessment in child protection



CFA Framework

- Ten guidelines begin with the first meeting with a family and end with reassessment prior to case closure

Ten CFA Guidelines

- 1) Review of existing documentation
- 2) Meet with the family
- 3) Interview children
- 4) Meet with staff of other agencies
- 5) Obtain specialized assessments
- 6) Make judgments and decisions
- 7) Document information
- 8) Conduct ongoing assessment of progress and needs
- 9) Disseminate information to the family and other providers and update the service plan
- 10) Reassess prior to case closure

1. Review of Existing Documentation



2. Meet with the family



3. Interview children



4. Meet with staff of other agencies



Center for Advanced Studies
in **Child Welfare** **20** YEARS

5. Obtain specialized assessments



6. Make judgments and decisions:

- Link Comprehensive Family Assessment to the development of a service plan



7. Document Information



8. Conduct ongoing assessment of progress and needs



9. Disseminate information to the family and other providers and update the service plan



10. Reassess prior to case closure



Exploration of the CFA model

- Is CFA the right fit your jurisdiction?
- Ramsey County, Minnesota's experience developing and implementing a CFA practice model in child protection

Ramsey County CFA

Core Values:

- Engagement and relationship building
- Cultural grounding
- Involving families in decision-making

“Golden Thread”

Ramsey County CFA: A Shift in Practice

- Shift from incident-based approach to assessment based approach
- Shift in from compliance-based assessment approach to a behaviorally based assessment approach

Case Process

1. Review of information from intake screeners (reporting hotline)
2. Conduct Safety Assessment
3. Safety Decision-Making Process
4. Safety Planning and Safety Management
5. Case Transfer Meeting
6. Comprehensive Family Functional Assessment
7. Behaviorally Based Case Plan and On-Going Services
8. Ongoing Assessment
9. Case Closure

1. Review of Information



2. Conduct Safety Assessment

Information about the family is gathered in 9 domains through interviews during visits

Comprehensive Family Assessment
Safety and Functional Assessment

I. Identifying Information

A. Family Name: _____

B. Address: _____ Phone: _____

C. Traditional: ____ Family Assessment: ____ Child Welfare: ____

D. Case received on the following date: _____

E. Because of the following allegation (Screeners Report): _____

F. Case Synopsis: _____

List all family members/kin/collaterals involved in the initial assessment process?

| Name | Relationship to Child/Family |
|------|------------------------------|
| | |
| | |
| | |
| | |
| | |
| | |

1 | Page June 2013

2. Conduct Safety Assessment:

Nine Domains of Individual and Family Functioning

1. Behavioral Health/Mental Health
2. General Parenting
3. Substance Use/Abuse
4. Housing/Environment/Physical and Medical Needs of Caregivers
5. Family Relationship/Social Supports
6. Child Characteristics/Child Functioning
7. Caregivers' Day-to-Day Life Skills and Level of Functioning
8. Trauma/Violence
9. Caregivers' Employment/Financial Stability

3. Safety Decision-Making Process

- 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.

3. Safety Decision-Making Process: Protective Capacities



3. Safety Decision-Making Process: Five Criteria

1. 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.
2. Vulnerability: the child is dependent upon others for protection
3. 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.
4. 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
5. Observable: the danger is real; can be seen; can be reported; in evidenced in explicit, unambiguous ways.

4. Safety Planning and Safety Management

Safety Decision: are there threats?

Yes or No

If a safety threat is identified, describe the Safety Plan to control and manage safety threat(s):

In Home or Out of Home

Describe the Safety Plan:

1. Describe the safety threat behaviorally
2. What specified actions have been taken to protect each child? (who, when, where, how).
3. How will the plan be monitored and by whom?

5. Case Transfer Meeting



6. Comprehensive Family Functional Assessment

Comprehensive Family Assessment
Safety and Functional Assessment

I. Identifying Information

A. Family Name: _____

B. Address: _____ Phone: _____

C. Therapist: _____ Family Assessment: _____ Child Welfare: _____

D. Case received on the following date: _____

E. Review of the following regulations (Screen's Report):

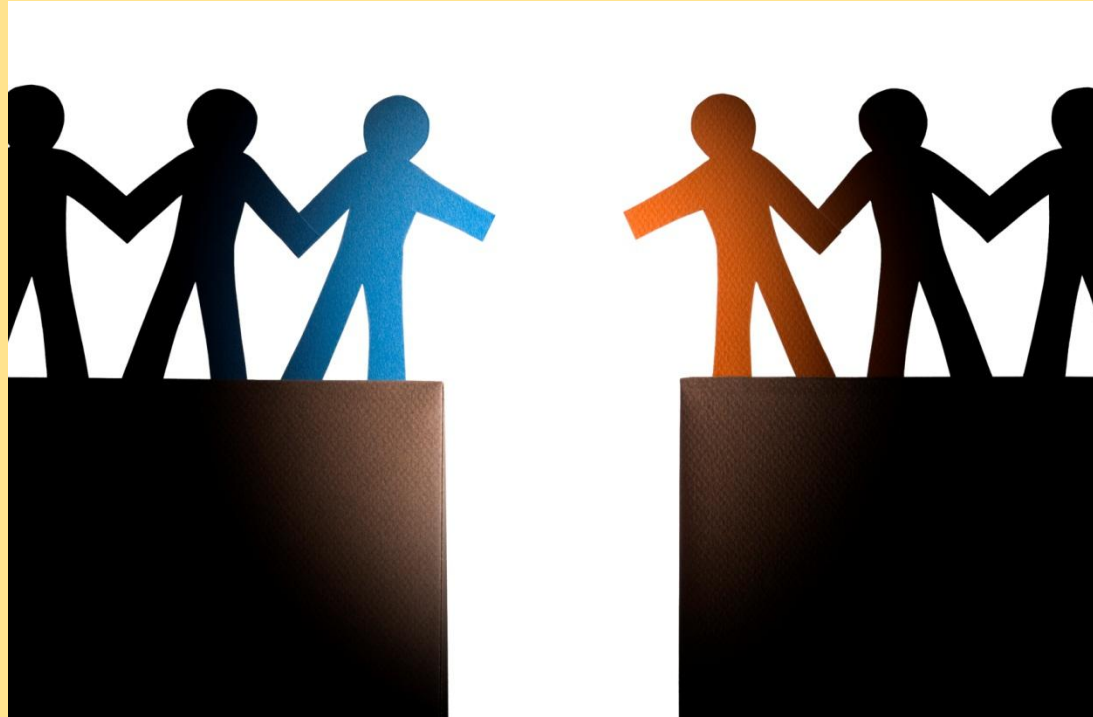
F. Case Synopses:

List all family members/individuals involved in the initial assessment process?

| Name | Relationship to Child/Family |
|------|------------------------------|
| | |
| | |
| | |
| | |
| | |
| | |

Page June 2011

7. Behaviorally Based Case Plan and On-going Services



8. Ongoing Assessment



Center for Advanced Studies
in **Child Welfare** **20** YEARS

9. Case Closure



The Golden Thread



Center for Advanced Studies
in Child Welfare **20** YEARS

External Providers

4-25-12

**Ramsey County Child Protection Services
Parenting and Mentoring Services Monthly Progress Report**

Community Agency Worker: _____ Date of Progress Report: _____
 Reporting Period: _____ to _____ County Social Worker: _____
 Case Name: _____ DOB: _____ Referral Date: _____
 Case/RID Number: _____ Contact Information: _____

Child (ren) Name(s): 1. _____ DOB: _____ 2. _____ DOB: _____
 3. _____ DOB: _____ 4. _____ DOB: _____ 5. _____ DOB: _____

Reason(s) for Referral: _____

Dates of this month's contacts: _____, _____, _____, _____, _____, _____, _____, _____, _____, _____, _____, _____

Total hours serviced this reporting period _____ **Cumulative number of hours of service** _____

Please describe all goals and behavioral changes met by each participant:
PARENTING SERVICES:

| Parent(s) goal(s): | Behavior changes observed: |
|--------------------|----------------------------|
| | |
| | |
| | |
| | |
| | |

MENTORING SERVICES:

| Child (ren) goal(s): | Behavior changes observed: |
|----------------------|----------------------------|
| | |
| | |
| | |
| | |
| | |

Family (Parenting Services) or Child's (Mentoring Services) Strengths: _____

4-25-12

Are there any current safety concerns? Yes No If yes, please describe: _____

If yes, date and name(s) of person your reported concerns for: / / Name(s) _____
(All urgent child maltreatment and safety concerns should be reported to the Ramsey County Human Services Services 651-204-4900)

Referral(s) made to community resources and purpose of the referral: _____

Other needs identified by family or service provider: _____

Goals for the next 30 days (describe behaviorally): _____

Level of Cooperation: Excellent Good Fair Needs Improvement Not Cooperating

REPORT NARRATIVE:
 Summarize activities and behavioral observations each visit. Indicate observed behavioral changes and how client is doing in meeting the identified goals. Describe how you assigned the level of cooperation.

RECOMMENDATIONS: List any recommendations you have regarding service and frequency of contact, based on progress or lack of progress in making the identified behavioral changes and meeting the identified goals.

Report Submitted By: _____ Title: _____ Date: _____
 Supervisor/Manager: _____ Title: _____

Please fax, email or mail bills and monthly progress reports to:
 Julie Jones at 160 East Killeag St. Room 6000 Saint Paul MN. 55102
 Email: julie.jones@cs.ramsey.mn.us Fax: 651-204-3702

1

Review and Conclusion



Center for Advanced Studies
in **Child Welfare** **20** YEARS