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Ramsey County Model of Comprehensive Family Assessment

I. Overview

The Ramsey County Comprehensive Family Assessment Model is predicated on core values of engagement and relationship-building; cultural grounding; and involving families in decision-making. It strives to individualize children and to individually tailor the approach for each family. A key feature of the model is that it seeks to align each stage in the case process with the stages that follow, so that all stages of the case follow a “golden thread” toward the goal of determining the most effective possible interventions for the family (see Section III below). The model incorporates the Minnesota Structured Decision-making concepts and tools. (See attached tools.)

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

II. Case Process (Stages)

1. Review Information from Intake Screeners (Hotline)
2. Conduct safety Assessment and complete all “Intake” sections of the Comprehensive Family Assessment Safety and Functional Assessment form (see attached form). Through interviews with the parents/caregivers, children, kin and collateral contacts information is gathered in the following nine domains of individual and family functioning. These domains have been shown to be closely associated with child safety:
 - The Behavioral Health Issues of the Family
 - The Parenting Skills of the parents (Including Discipline)
 - Substance Abuse/Use of the parents/caregivers and how this impacts the family’s ability to provide a safe environment for the child(ren)
 - The Housing/Environmental/Physical Needs of the family
 - Family Relationships/social Supports

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- Child Characteristics/Child Functioning, looking at the child's cognitive abilities, behaviors, school performance, attachment to parents, peer/social/sibling relationships, significant traumatic events etc.
 - Caregiver's Day to Day Life Skills/Functioning ,and medical issues that may impact parenting
 - Historical/Individual Trauma/Violence in the Home or Community/Other Significant Events That May be Impacting Behavior
 - Caregiver's Employment/Financial Stability; Income Management
3. Safety Decision-Making Process: a decision about the safety of the child is made based on analysis and applying a critical thinking process to the information gathered in the nine domains above. Consultation with the supervisor is key at this point in the case. 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.

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.

Following an assessment of the nine domains of individual and family functioning 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 child(ren). 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.

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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; in evidenced in explicit, unambiguous ways.

The results of the decision-making process are entered in Sections III, IV, and V of the Comprehensive Family Assessment Safety and Functional Assessment Form. In addition Structured Decision-Making tools are completed (see attached tools as well as attached safety decision diagram.)

4. Safety Planning and Safety Management

If all five of the safety criteria are present, then a safety threat exists and an in-home or out of home safety plan is developed immediately. Consultation with the supervisor is key at this point. 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 a written arrangement between the family and child protection that clearly states how the identified safety threats will be controlled and managed.

5. Case Transfer Meeting for transfer to On-going Program Services when a case needing on-going services requires a transfer to a different worker. The Intake and On-going Program worker meet to hand off the case. The Golden Thread form is used as a guide for these meetings.(See Attached)

6. Comprehensive Family functional Assessment

When a safety threat or the risk level in the family is high and the family receives ongoing child protection services, an assessment of family functioning is done and a case plan is developed that addresses the safety threats and risk. A Family Functional Assessment is a process of gathering and analyzing information across the nine domains listed above at a deeper and more comprehensive level than was done in the safety assessment. It is through the Family Functional Assessment that the Child Protection worker learns how the 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 the 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. 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.

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The results of the functional assessment should be entered in the “Case Management” sections and in Section VI of the Comprehensive Family Assessment Safety and Functional Assessment form.

7. Behaviorally Based Case Plan and On-going Services

The development of a strong behavioral case plan is a key element of the Comprehensive Family Assessment model. 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.

Behaviorally 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.

When Child is in Placement

- Concurrent planning and permanency options should be explored in consultation with the supervisor.
- Intentional Visitation Practices: when children are placed in foster care, either relative or non-relative, intentional visitations will be scheduled frequently and used to 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 the behaviors that caused their children to be unsafe or at risk of future harm. Intentional visits provide an opportunity for parents to practice and demonstrate the new and/or changed behaviors that are necessary for the child to be safe. They also provide 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 home to them.

8. Ongoing Assessment

The assessment process is ongoing under the Comprehensive Family Assessment model. Together, once a case plan is developed and implemented,

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the child protection worker, the service providers, and the family continually assess

- If the case plan services are helping to bring about the behavioral changes needed in order for the parent(s) to safely 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.

9. Case Closure:

- When the desired behavioral changes have been made and child is safe, the decision to close the case can be made in consultation with the supervisor.
- If behavioral changes have not been made, modifying services has not been successful, an adequate wrap-around plan is not possible, and the child is still unsafe, then permanency decisions will be made, once again in consultation with the supervisor.

III. The Golden Thread

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

- 1) Gather information in the 9 domains of individual and family functioning
- 2) Based on the information gathered, determine if a safety threat exists
- 3) Create a safety plan to manage the safety threat
- 4) Determine which parental behaviors create the safety threat or high risk
- 5) Determine the underlying causes of the parental behaviors using the functional assessment
- 6) Create the case plan targeting the causes of the behaviors with appropriate interventions
- 7) Reassess the safety of the child and the effectiveness of the interventions in resolving the parental behaviors
- 8) Close case when 1) the behaviors are resolved 2) if the behaviors are not resolved, then a successful wrap-around plan can be created or 3) when neither is possible then an appropriate permanency option can be established.

IV. Expectations for External Providers

Contracted parenting services are in alignment with the Comprehensive Family Assessment model. The services provided by contracted vendors are identified by Child Protection staff to help parents make the behavioral changes necessary

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to resolve identified safety threats and or reduce the risk of future harm. The services 1) address the factors that are part of the initial Intake safety assessment, 2) address the elements that need to be included in any safety plans that are in place to manage any identified safety threats, and 3) assist the family in making the behavioral changes included in the family's case plan designed to resolve the identified threats and risks.

Both the referral form for contracted services and the reporting form used by contracted vendors reflect the safety status of the child and the needed behavioral changes. (See attached forms.)