

**APPENDIX B14**

**Ramsey County**

**Phase I: CFA Continuous Quality Improvement Tool**

*This tool has been structured to ensure that the elements of the CFA are in place and being practiced with consistency.*

*Phase II of the CQI process will move into the quality of the decision making.*

Case Information:

Worker ID: \_\_\_\_\_

Date: \_\_\_\_\_

Reviewer: \_\_\_\_\_

Case type:    Intake            FA            Program Traditional

**I.    SCREENING**

- Did we obtain information on family strengths?
- Are we able to obtain information on kin or networks of support?

Comments:

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**II.    SAFETY ASSESSMENT**

This section of the review is to evaluate the comprehensive nature of the assessment process; information compiled in all domain areas, safety threats were reviewed through the lens of the

danger threshold criteria ( Out of control, vulnerable child, severity of harm, imminence, and observable). The goal is not to second guess the decision making by the workers.

Did the worker document the following?

- Safety threat described behaviorally?
- How the safety threat met the danger threshold criteria?
- Risk?

Comments:

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### III. SAFETY PLAN

If a safety threat was identified a safety plan must be developed. Safety plans can range from in home to in home with out of home times during the day or evening hours to out of home. This section is to assess if a safety threat was identified if a safety plan that was developed controlled and managed the safety threats.

Did the safety plan include the following?

- Safety threat and how the safety threat occurs in the family?
- How the safety threat will be managed?
- Who
- When
- How

Comments:

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#### **IV. CASE TRANSFER MEETING**

This section is to understand the quality of the transfer meeting.

- Did the transfer occur within 5 days of being sent to program?
- How was the transfer meeting conducted (face to face, phone)?
- Was the case transfer tool (chart) in the file?
- Did the documentation contain behavioral descriptions of the safety threat/risk to the child(ren)?
- Did the documentation include a specific description of how the safety threat(s) are being managed/controlled?
- Did the documentation contain a description of what the family behavior should look like in order to eliminate the safety threat or reduce the risk?
- Was the family involved in the Case Transfer meeting?

Comments:

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#### **V. FUNCTIONAL ASSESSMENT**

The purpose of a family functional assessment is to assess the family's strengths and 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.

Was information complied in the following domains?

- 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

Comments:

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## VI. BEHAVIORALLY FOCUSED CASE PLANS

The purpose of the behaviorally focused case plan is to 1) clearly describe what the behaviors of the caregivers will look like when the safety threat is eliminated and the risk reduced. 2) describe the interventions that will occur to support the behavioral change, and 3) to serve as the foundation for assessment of progress in behavioral change.

- Were the behaviors that need to change clearly described?
- Was there a description of what the behaviors in the family need to change to?
- Were the interventions clearly tied to behavioral changes described above?

Comments:

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## VII. INTENTIONAL VISITATION

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.

- Did intentional visitation occur?
- If so, who set up the visitation, who supervised and planned activities, how were case aides or other providers prepared to supervise the visits.
- Based on the documentation is it clear that the individual supervising the visit understood the safety threats and the behaviors that had to change? Did the activities reflect this understanding?

Comments:

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### **VIII. CASE PLAN REVIEW**

The worker is required to 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

Comments:

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### **IX. CASE CLOSURE**

Case closure is a significant decision that is required to reflect the achievement of behavioral change in the family.

**Did the case documentation clearly depict the following:**

- Elimination of safety threats resulting from the development of protective capacities (change in behavior)?
- Reduction of risk resulting from the development of protective capacities?
- Status of initial risk factors/new risk factors
- Expansion of network of support

Comments:

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