

# Comprehensive Family Assessment in Ramsey County Minnesota:

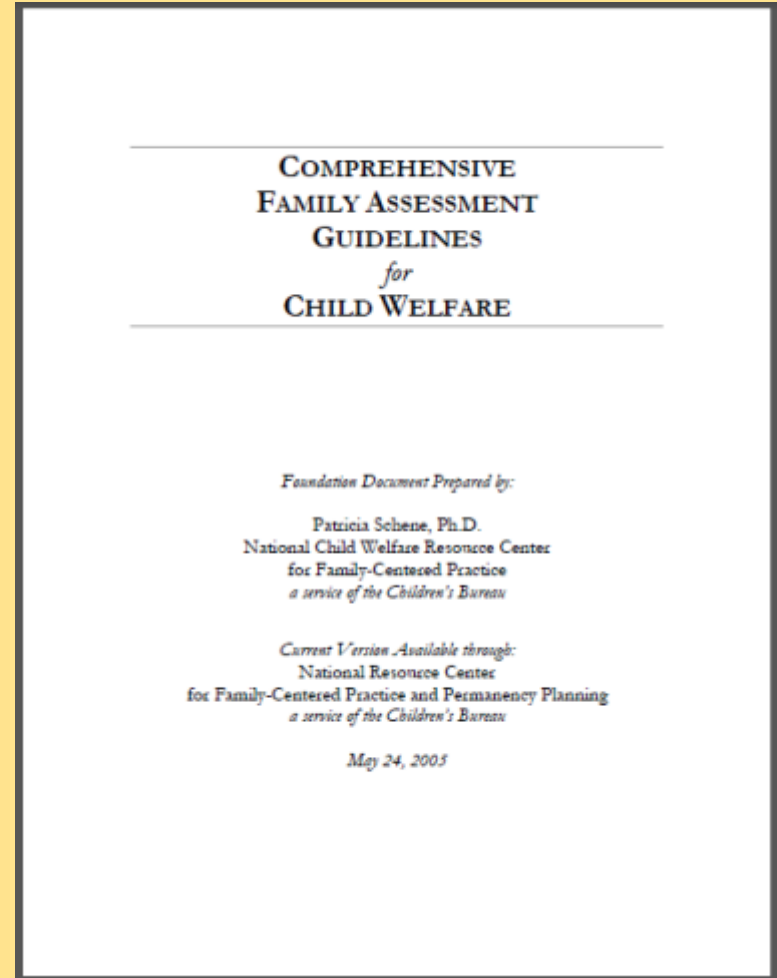
## A New Model for Child Protection Practice

# 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



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# 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; is 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):

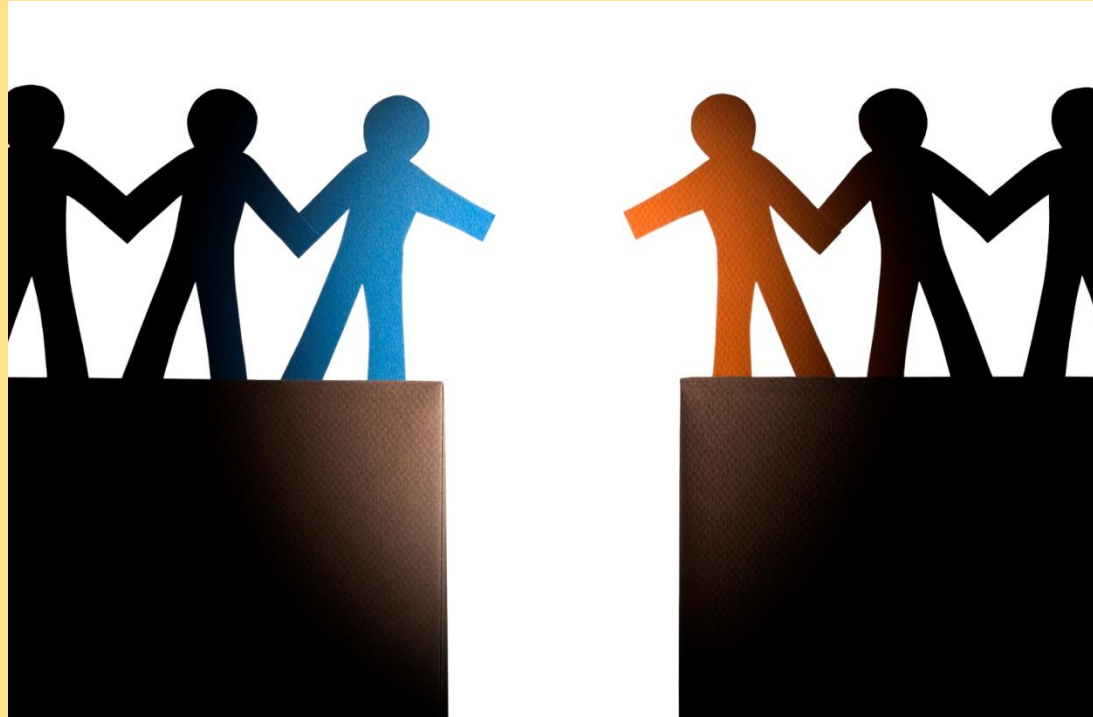
F. Case Synopses:

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



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# 9. Case Closure



# The Golden Thread



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# External Providers

4-25-12

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

Community Agency Worker: \_\_\_\_\_ Date of Program 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: 651-206-3702

1

# Review and Conclusion



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