

# Center for Advanced Studies in Child Welfare

## Comprehensive Family Assessment Intake & Case Management Fidelity:

### Findings, Implications, and Recommendations

Center for Advanced Studies  
in Child Welfare

COLLEGE OF EDUCATION  
+ HUMAN DEVELOPMENT

UNIVERSITY OF MINNESOTA

**Driven to Discover<sup>SM</sup>**

School of Social Work

*Leadership for a just and caring society*

Ramsey County Community Human Services Department &  
Center for Advanced Studies in Child Welfare (CASCW) at the  
School of Social Work  
University of Minnesota

# Fidelity Phase 2

- Ongoing evaluation of CFA implementation
- Random selection of intake (n=5) and case management (n=10) cases

Worker interviews

Case record reviews

# Fidelity Phase 2

Looked at areas of strength & areas in need of improvement for each of the 5 Stages in intake and case management, as well as overarching themes.

## Conclusions and Recommendations

	<u>Stage 1</u>	<u>Stage 2</u>	<u>Stage 3</u>	<u>Stage 4</u>	<u>Stage 5</u>
<b>Intake</b>	Information Review	Safety Assessment	Decision Making	Safety Planning	Case Transfer/ Closure
<b>Case Management</b>	Information Review & Transfer Meeting	Family Functional Assessment	Case Plan Development	Ongoing Assessment & Monitoring	Case Closure

# Stage 1: Information Review

- Areas of Strength:

Most workers reported reviewing information prior to meeting with the family

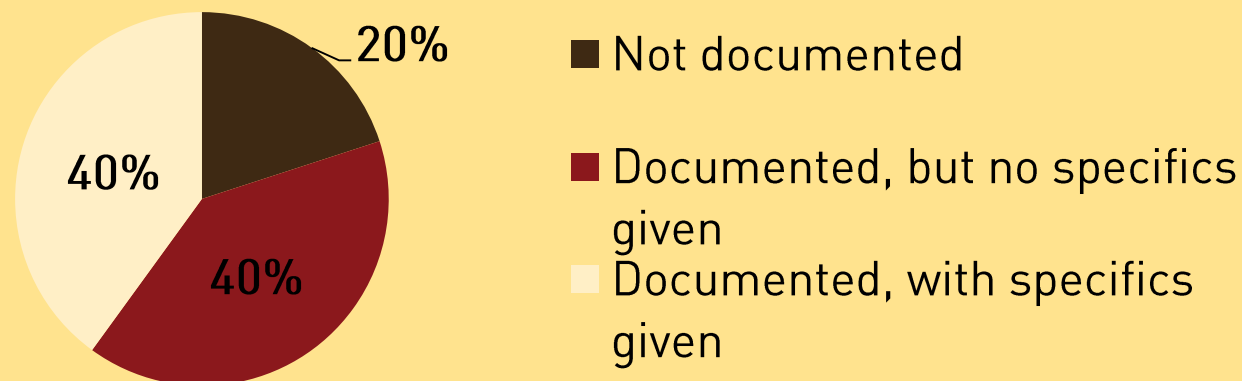
- Areas in need of improvement:

The specific sources of information reviewed and relevant findings were not documented in at least half of all cases reviewed.

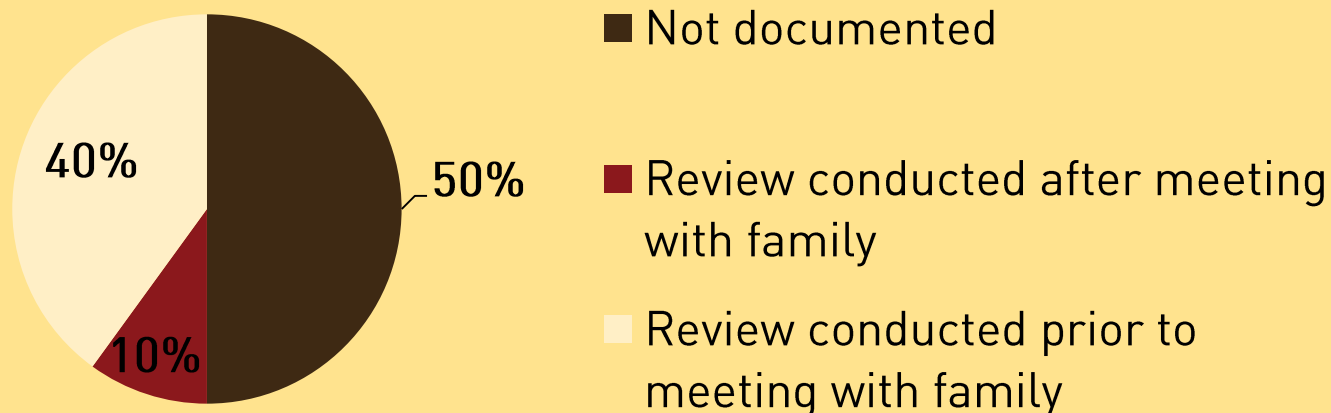
## Percentage of workers reporting review of information

	Not Applicable		Not reviewed		Reviewed prior to meeting family		Reviewed after meeting family	
	Intake	CM	Intake	CM	Intake	CM	Intake	CM
Reviewed current police assignment*	60%	---	0%	---	40%	---	0%	---
Reviewed current screening information	0%	0%	0%	0%	100%	100%	0%	0%
Read other reports (police, school)	25%	0%	0%	0%	75%	90%	0%	10%
Reviewed screener's report from SSIS or other pub system	20%	0%	0%	20%	80%	80%	0%	0%
Reviewed past closing/narrative summary	80%	0%	0%	20%	20%	70%	0%	10%
Reviewed past screening reports/allegations	80%	0%	0%	30%	20%	60%	0%	10%
Read past assessments/findings	80%	0%	0%	20%	20%	70%	0%	10%
Reviewed past services for children/caregivers	60%	0%	0%	40%	20%	40%	20%	20%
Sought information about family's attitude re: CP involvement	40%	0%	0%	10%	20%	60%	40%	30%
Conducted BCA if sexual/ serious physical /domestic violence	80%	10%	0%	80%	0%	0%	20%	10%
Contacted previous workers/systems	60%	10%	20%	50%	20%	20%	0%	20%

## Overall case file documentation of intake review of information (n=5)



## Case management information review rates prior to first meeting with the family (n=10)



## Stage One: Overview

- Discrepancy between documentation and interview reporting
  - Workers adequately reviewed existing information, yet were not fully documenting their process or findings

## Stage 2: Engagement: *Comprehensive Assessment of Child Safety* (Intake), *Family Functional Assessment* (Program)

- Areas of Strength:

Completion of *Comprehensive Assessment of Child Safety* for intake (especially regarding mother and subject child)

Documentation of engagement with stakeholders, family members and community supports for both intake and case management



## Stage 2: Engagement: *Comprehensive Assessment of Child Safety* (Intake), *Family Functional Assessment* (Program)

- Areas in need of improvement:

### Intake & Case Management:

- Documentation of protective capacities of caregiver(s)
- Engagement with fathers in relevant assessment
- Documentation and assessment of cultural concerns: documented in 20% of all cases reviewed

### Case Management :

- Documentation of Family Functional Assessment
  - 40% of cases documented a connection between identified safety threat(s) and functional assessment domain areas

Table 2. Stage 2: *Comprehensive Assessment of Child Safety* Documentation Rates (n=5)

	Mother				Father				Subject Child				Other Children in Home**			
	NA	ND	NS	SP	NA	ND	NS	SP	NA	ND	NS	SP	NA	ND	NS	SP
1. Behavioral issues	0	0	0	100	0	60	0	40	0	0	40	60	0	0	25	75
2. Caregiver: style	0	0	0	100	0	40	40	20								
3. Caregiver: discipline	0	0	0	100	0	60	0	40								
4. Substance use/abuse *	0	0	0	100	0	60	0	40	80	20	0	0	75	25	0	0
5. Housing needs	0	0	0	100	0	60	20	20	0	20	0	80	0	25	0	75
6. Family supports	0	0	0	100	0	60	0	40	0	0	0	100	0	0	25	75
7. Child functioning									0	0	0	100	0	0	0	100
8. Caregiver day-to-day	0	0	0	100	0	60	0	40								

Stage 2: Family Functional Assessment Documentation Rates (n=10)

	Mother				Father				Child(ren)				Other Children in the Home*			
	NA	ND	NS	SP	NA	ND	NS	SP	NA	ND	NS	SP	NA	ND	NS	SP
1. Kinship care, etc	0	30	10	60	0	80	20	0	0	50	0	50	0	50	0	50
2. Housing / basic needs	0	50	0	50	0	100	0	0	0	50	20	30	0	33	0	67
3. Caregiver's medical needs	0	60	30	10	0	100	0	0								
4. Caregiver's mental health	0	50	20	30	0	90	10	0								
5. Caregiver's substance use	0	50	20	30	0	80	0	20								
6. Violence in the home	10	40	40	10	10	60	10	20	0	70	30	0	0	33	67	0
7. Day-to-day caregiving	0	60	0	40	10	70	10	10								
8. Child's well-being									0	50	0	50	0	33	17	50

## Stage 3: Decision Making (Intake) or Case Plan Development (Case Management)

- Areas of Strength:
  - Intake:
    - Identification and analysis of safety threats and/or risk of future harm
    - Completion of Intake Assessment Narrative Form
  - Case management:
    - Developing behaviorally-based case plan

## Stage 3: Decision Making (Intake) or Case Plan Development (Case Management)

- Areas in need of improvement:
  - Case Management:
    - Documentation of process of contracting with client, describing goals and measuring progress (80% of cases undocumented)
    - Conducting Family Team Meetings (90% of cases not documented)
    - Use of genograms, ecomaps or ethnographic interviewing
    - Utilization & documentation of intentional visitation practices (100% of cases not documented)

# Stage 4: Safety Planning (Intake)

- Areas of strength:
  - 5 intake case records reviewed
    - 2 required a safety plan
    - 1 required a temporary working agreement
  - 1 detailed documentation of reviewing expectations with family members, and the assessment of the suitability of the individuals responsible for monitoring safety.
  - 1 documentation (without specifics) of feasibility of the safety plan
  - Effort to incorporate family culture into the safety planning stage (though case documentation did not reflect this consideration).
    - 2 discussed safety planning specifically in regards to the family's racial and cultural community, noting differences in expectations for supervision and values around accepting help from outside agencies.

# Stage 4: Safety Planning (Intake)

- Areas in need of improvement:
  - Neither safety plan addressed all hours of the day or evidenced ongoing monitoring and review by the worker.
  - Documentation of protective capacities

## Stage 4: Ongoing Assessments & Monitoring (Case Management)

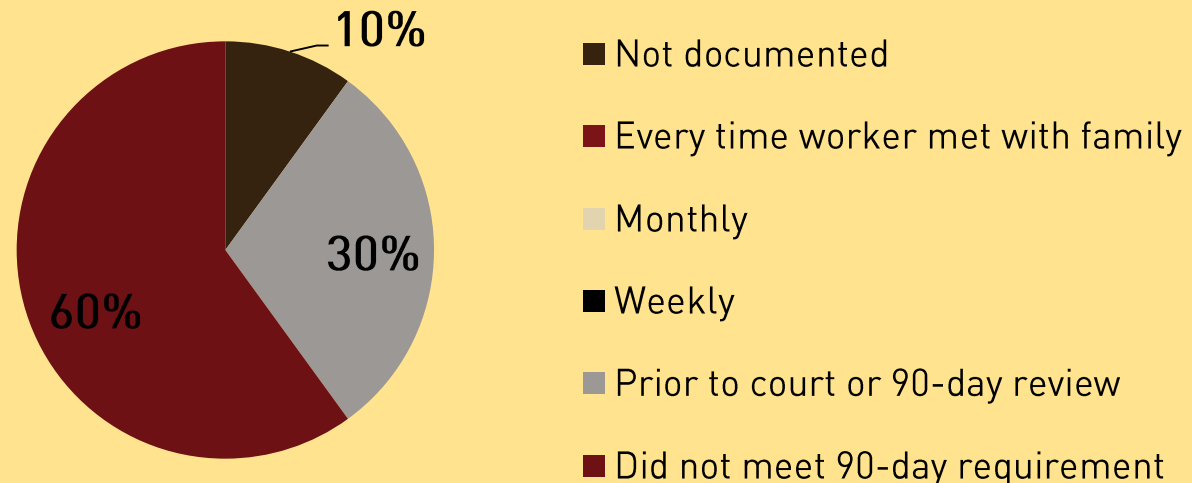
- Area of strength:
  - Conducting informal ongoing assessments (80% of cases reviewed documented some form of ongoing assessment)



# Stage 4: Safety Planning (Intake) or Ongoing Assessments & Monitoring (Case Management)

- Areas in need of improvement:
  - Formal ongoing assessments did not meet the minimum 90 day requirement or were not documented in 70% of the cases reviewed

Stage 4: Pattern of case management ongoing formal assessments (n=10)



## Stage 5: Case Transfer (Intake)

- Areas of strength:
  - All documented transfer meetings took place face-to-face

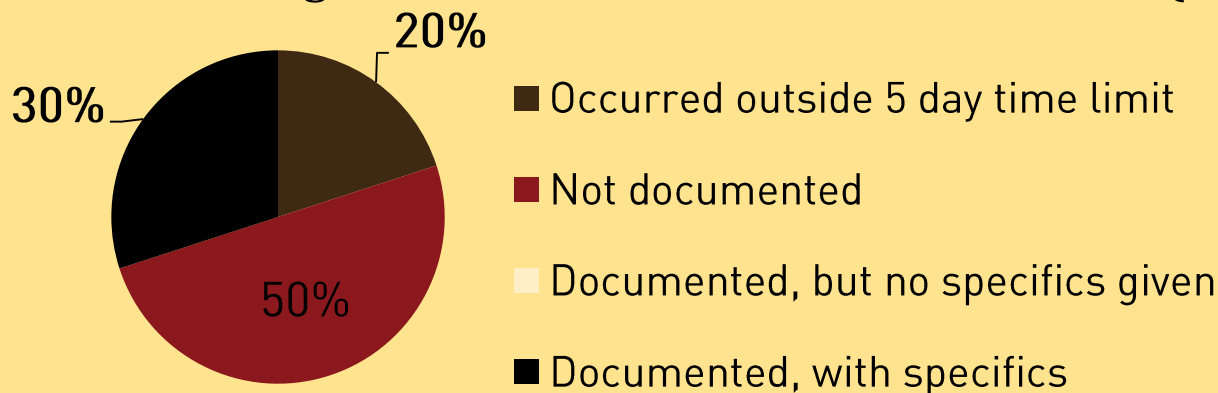
## Stage 5: Case Closure (Intake & Case Management)

- Areas of strength:
  - All CM cases documented kinship & community supports available to family
  - Closing narrative forms were completed for 75% of case management cases that had closed

# Stage 5: Case Closure (Intake & Case Management)

- Areas in need of improvement:
  - Documentation of the transfer meeting

Stage 5: Transfer meeting timeliness and documentation rates (n=10)



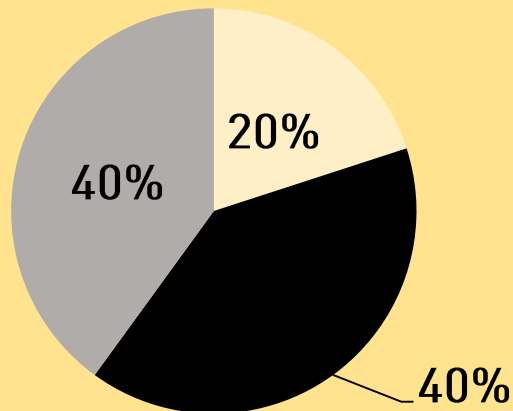
- Documentation of consultation with supervisors prior to case closure/transfer (intake and case management)
- Only one in four case management cases that had closed documented the elimination of safety threats and parental protective capacities

# Overarching Themes

- Areas of strength:
  - Workers were positive in regards to the CFA practice model.
    - An opportunity to engage with families on a deeper level to gather social histories and information on the whole family functioning.
  - Use DAP documentation
    - CM used DAP (all or most of the time) in 70% of the case files reviewed; Intake 40%.
  - CM workers report that supervision has increased, with more structured and focus under the CFA practice model
  - Timeliness of documentation

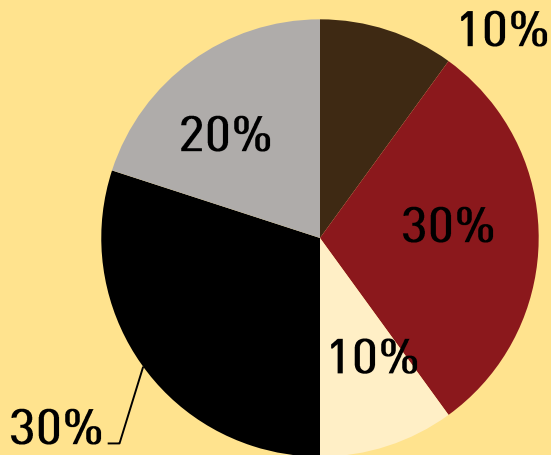
# Documentation Timeliness

Intake case documentation timeliness rates (n=5)



- Never (0% of the time)
- Rarely (25% of the time)
- Sometimes (50% of the time)
- Mostly (75% of the time)
- Always (100% of the time)

Case management documentation timeliness (n=10)



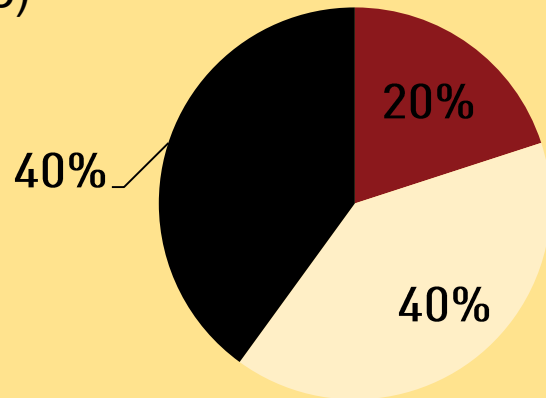
- Never (0% of the time)
- Rarely (25% of the time)
- Sometimes (50% of the time)
- Mostly (75% of the time)
- Always (100% of the time)

# Overarching Themes

- Concerns:
  - Increased time spent gathering information from families during assessment & planning
  - CFA practice model does not fit every case, specifically cases of educational neglect and working with parents with developmental/cognitive disabilities.
  - Some challenges with the implementation of the CFA practice model
  - Need for increased supervisory support to assist cases in moving from intake to case management.
    - “Right now there are lots of cases with discrepancies. [Intake and case management] may have another perception of CFA and closing cases with working family plans”.
- Areas in need of improvement:
  - Thoroughness of documentation

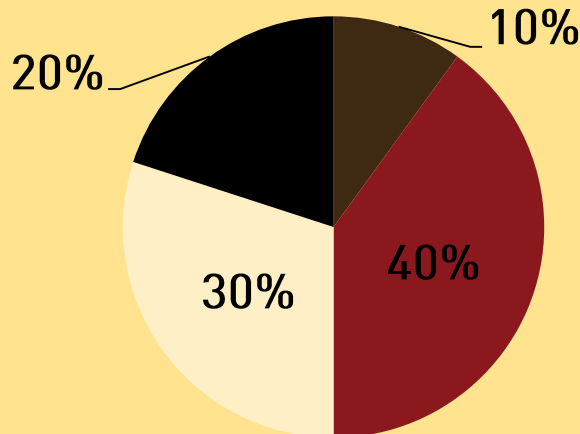
# Documentation Quality

Overall quality of intake worker documentation: Comparison of record review and interview (n=5)



- Rarely matched or unclear documentation
- Minimally matched
- Somewhat matched
- Almost always matched

Overall quality of case management documentation: Comparison of record review and interview (n=10)



- Rarely matched or unclear documentation
- Minimally matched
- Somewhat matched
- Almost always matched



# CONCLUSIONS & RECOMMENDATIONS

Center for Advanced Studies  
in Child Welfare

Areas of strength	Areas in need of improvement
<b>Intake</b>	
<ul style="list-style-type: none"> <li>• Documenting and completing initial review of information</li> <li>• Engagement with family members, stakeholders and community supports</li> <li>• Completing the Comprehensive Assessment of Child Safety</li> <li>• Identification and analysis of safety threats</li> <li>• Face-to-face transfer meetings</li> <li>• Documentation of parental capacities and/or elimination of safety threat prior to case closure</li> <li>• DAP documentation in case file</li> <li>• Timeliness of documentation</li> </ul>	<ul style="list-style-type: none"> <li>• Inclusion of fathers in the Comprehensive Assessment of Child Safety</li> <li>• Documentation of caregiver's protective capacities</li> <li>• Incorporation of cultural considerations</li> <li>• Consistent documentation of elements of safety planning</li> <li>• Documentation of supervisory consultation prior to case closure</li> <li>• Overall quality of documentation: breadth &amp; depth</li> </ul>

Areas of strength	Areas in need of improvement
<b>Case Management</b>	
<ul style="list-style-type: none"> <li>• Completing a review of information</li> <li>• Engagement with family members, stakeholders and community supports</li> <li>• Development of a behaviorally-based case plan</li> <li>• Conducting ongoing assessments</li> <li>• Face-to-face transfer meetings</li> <li>• Documentation of activities leading to case closure</li> <li>• DAP documentation in case file</li> <li>• Timeliness of documentation</li> </ul>	<ul style="list-style-type: none"> <li>• Documentation and completion of the Family Functional Assessment</li> <li>• Connecting safety threat to functional assessment domain areas</li> <li>• Engagement with fathers in case plans, functional assessment</li> <li>• Incorporation of cultural considerations</li> <li>• Utilization of Family Team Meetings</li> <li>• Utilization of genograms, ecomaps or ethnographic interviewing</li> <li>• Utilization of intentional visitation for children in out of home placements</li> <li>• Documentation of review of information, formal ongoing assessments within timelines, transfer meetings, supervisory consultation prior to case closure, parental capacities and/or elimination of safety threat prior to case closure, and overall quality of documentation: breadth &amp; depth</li> </ul>

# Conclusions

- Discrepancies between ways that workers *reported* implementing the CFA practice model components in comparison to ways in which components were *documented*.

In general, workers fidelity to the CFA practice model is stronger based on worker interviews versus case record reviews.

- Engagement with fathers, incorporation of cultural concerns throughout the process and overall depth and breadth of documentation are areas that continue to need improvement in the current evaluation.

# Conclusions

## Supervision & Training

- Workers reported that increased consultation and practice using the model would be more beneficial than further trainings on CFA components that have already been trained.
- Workers reported generally positive experiences with supervision under the CFA practice model
  - Some workers noted concern with the supervisors' level of experience with the CFA practice model
  - Workers reported that supervision under the CFA model occurs more frequently and is more structured

# Focus on Culture:

## Safety Assessment & Culture (How Culture Factored into the Safety Assessment):

- Some workers asked about strengths and/or had caregivers identify supports
- One worker talked about cultural differences and loss of family support, but was not “sure if they were factored into the assessment”
- A couple of workers reported that “[Culture] wasn’t an issue”

## Key Themes:

- Most common theme was regarding social and family supports
- Workers identified family culture such as history of domestic violence and mental health problems, age of the caregiver, whether the caregiver had a history of child protection involvement
- Range of response was evident

# Focus on Culture:

## Working agreement/Safety plan & Culture:

- Defining culture
  - “Family and family relationships, and proximity of relationships” as well as religion and race
  - A family’s racial and cultural community has different expectations for supervision and how families protect each other than the worker’s racial/cultural community
- Culture is often discussed but not often specifically tied to services or the working agreement – if it is tied to services, sometimes families refuse those services
- Sometimes culture is not discussed

## Key Themes:

- Intake workers tended to define culture through family relationships
- Range of response was evident

# Focus on Culture:

## FFA & culture:

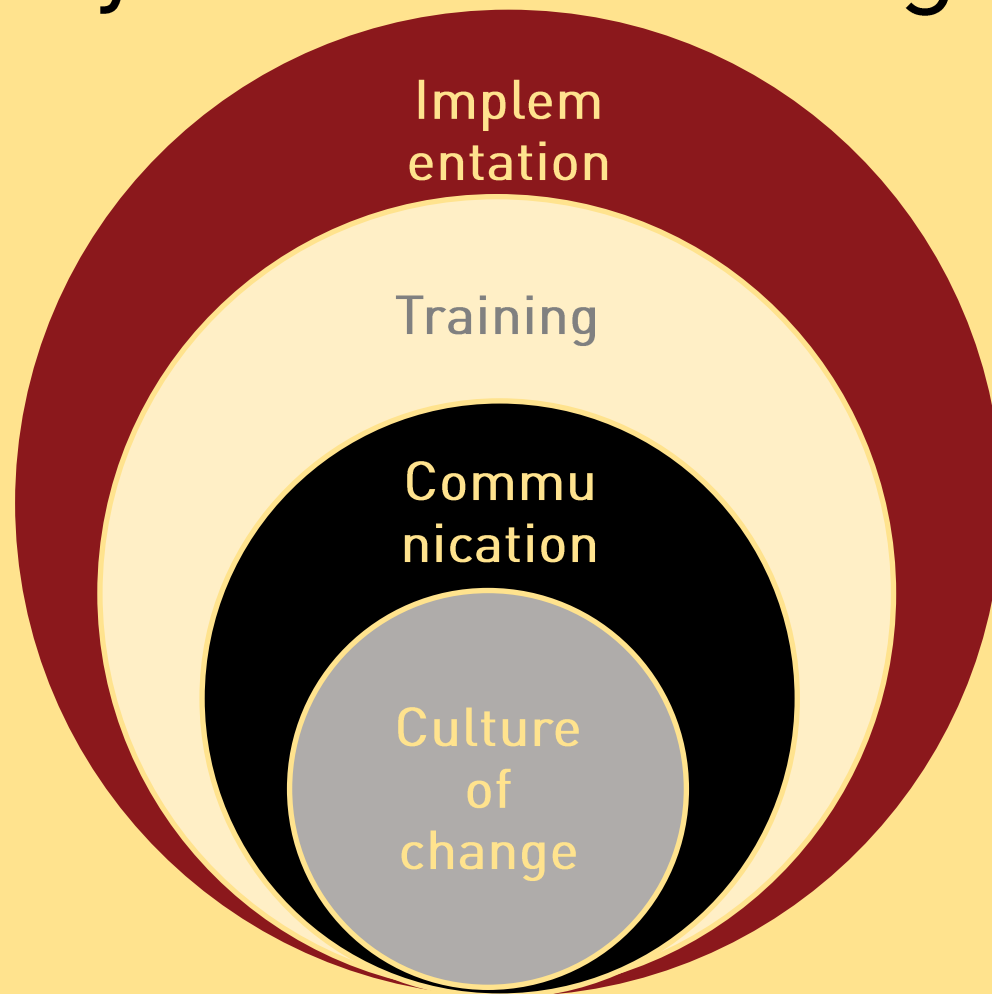
- Culture was a concern for services and placements but not factored in functional assessment
- “If the model has the cultural component within the questions, then it got asked. I ask just as it is written.”
- Focused on culture of the family, without directly tying it to race, religion, etc. Cultural piece addressed because mom had a lot of family support
- Anticipation of family's need for culturally appropriate services, even before FFA is completed.

## Key Themes:

- Assumption that if family had family supports, cultural supports were addressed
- Assumption that cultural components were incorporated into the model and that the worker did not need to ask further.
- Some workers focused on race and/or ethnicity
- Range of response was evident



# Systems of Change



Center for Advanced Studies  
in Child Welfare

# Tier 1 – Culture of Change

- Demonstrate ongoing commitment to the CFA practice model
  - On-going updates and displays of commitment from agency leaders
  - Utilize the CFA practice model as the foundation from which practice may be further developed through new initiatives and incorporation changes in policy
  - Further creating and communicating a plan for sustaining CFA practice beyond the federally-funded period.
  - Facilitating a culture of learning across all levels of Ramsey County staffing

# Tier 2 - Communication

- Clear and frequent communication between and across levels
  - Use communication to connect new information to the “big picture”
  - Create a clear process that dictates roles and responsibilities for managing information from inside and outside the agency
  - Identify and utilize key CFA consultants within the agency & delegate a person who is responsible for managing the on-going receipt of information about new initiatives or policies that may affect CFA practice and conveying this information to staff
  - Update the CFA guides to include information that helps workers incorporate other child welfare practice components

# Tier 3 - Training

- Developing a training plan to ensure future training is thorough, thoughtful, and on-going, especially as it pertains to
  - Understanding which portions of the CFA practice model should be a focus of upcoming trainings (e.g., Family Team Meeting)
  - Training newly hired managers, supervisors, workers and case aides
  - Training finer skills required of staff in the current CFA practice model (e.g., engaging fathers, incorporating family culture, etc.)
  - Developing specialized training for supervisors and case aides (e.g., intentional visitation, clinical supervision, etc.)
  - Training plan could include strategies and timelines for providing on-going “refresher” training for all staff to ensure CFA practice is consistent within and among units long term

# Tier 4 - Implementation

- Develop a clear process for decision making and clarifying practice direction when it is not clearly outlined in the model (e.g., educational neglect)
- Revisit current responsibilities of supervisors to determine a good balance between supervisor expectations and available resource
- Create a plan to continue to keep stakeholders consistently updated and involved throughout the process of model modification, training, and implementation.