

Pilot Implementation of the Family Assessment and Planning Model (FAPM) in Four Ohio Public Children Services Agencies

An Evaluative Review

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Child Welfare Institute

In Partnership With:

**Ohio Department of Job and Family Services
Office for Children and Families**



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Many parties came together in partnership to support and implement the Pilot of the Family Assessment and Planning Model (FAPM). Initial work began with the review of the original Hornby/Zeller evaluation study of the Family Decision-Making Model (FDMM) and the subsequent formation of two workgroups. These workgroups were created to review the available assessment research and professional literature, review other States' assessment applications, and then consider necessary revisions and new adaptations that would address the Hornby/Zeller findings and build new decision support constructs. The ultimate goal was to promote improved case practice, evaluate and respond to child safety throughout the life of the case, help children meet their well-being needs and attain timely child permanency. Design of the Model was centered on the work of two workgroups that worked both separately and together.

The first workgroup was named the Safety Assessment Workgroup. Their vision to develop a more robust approach to the identification and response to present danger, safety threats, protective capacities, child vulnerability, and the promotion of effective safety plans was outstanding. They consistently demonstrated clear thinking, constructive and challenging debate and most importantly, a determination to improve the protection of all children that come to the attention of public child welfare in the State of Ohio.

The Safety Assessment Workgroup included the following members:

Denielle Ell - Pike Co. Children Services Board
Helene Stulley - Pickaway Co. Dept. of Job and Family Services
Warne Edwards - Jefferson Co. Children Services Board (presently Harrison Co. Dept. of Job and Family Services)
Colleen Gerwe - Hamilton Co. Dept. of Job and Family Services
Brenda Bloom - Greene Co. Children Services Board
Laura Esposito - Portage Co. Dept. of Job and Family Services
Lori O'Brien - Lake Co. Dept. of Job and Family Services
Roger Sessor - Scioto Co. Children Services Board
Lisa Swisher - Washington Co. Children Services Board
Stacie Gillespie - Muskingum Co. Children Services Board
Aaron Voltz - Erie Co. Dept. of Job and Family Services
Todd Wehrmann - Franklin Co. Children Services Board
Roger Watson - ODJFS Cincinnati/Columbus Field Office
Priscilla Howell - ODJFS Cincinnati/Columbus Field Office
Susan Drummond - ODJFS FACSIS/FAPT
Ken Meeks - ODJFS Central Office - CPS Unit
Julie Wirt - ODJFS Central Office - CPS Unit
David Thomas - ODJFS Central Office, CPS Unit
Leslie McGee - ODJFS Central Office, CPS Unit
Frances Rembert, ex officio - ODJFS Central Office, Protective Services
Barry Salovitz - Child Welfare Institute

The second workgroup was named the Risk Assessment Workgroup. Their vision to develop a more efficient, less redundant, change focused approach to case decision-making led to the development of a state-of-the-art and comprehensive assessment and case planning approach. They consistently met all standards of hard work, dedication and willingness to raise the bar and promote high practice standards and expectations.

The Risk Assessment Workgroup included the following members:

Nancy Griffiths - Lorain Co. Children Services Board
Sarah Hay - Guernsey Co. Children Services Board
Laura Esposito - Portage Co. Dept. of Job and Family Services
Dianne Solembrino - Ashtabula Co. Children Services Board
Steven Bodey - Summit Co. Children Services Board
Ken Bender - Medina Co. Dept. of Job and Family Services
Stacie Gillespie - Muskingum Co. Children Services Board
Brenda Bloom - Greene Co. Children Services Board
Lisa Swisher - Washington Co. Children Services Board
Deanna Robb - Logan Co. Children Services Board
Diana Hoover - Hancock Co. Dept. of Job and Family Services
Kara Edwards - Morrow Co. Dept. of Job and Family Services
Mary Ann Trimarco - ODJFS Canton Field Office
Karen Demangos - ODJFS Toledo Field Office
Nan Beeler - Ohio Child Welfare Training Program (OCWTP)
Susan Drummond - ODJFS FACSIS/FAPT
Ken Meeks - ODJFS Central Office, CPS Unit
Julie Wirt - ODJFS Central Office, CPS Unit
David Thomas - ODJFS Central Office, CPS Unit
Barbara Parker - ODJFS Central Office, CPS Unit
Leslie McGee - ODJFS Central Office, CPS Unit
Frances Rembert, ex officio - ODJFS Central Office, Protective Services
Barry Salovitz - Child Welfare Institute

An important resource for Pilot implementation was the Technical Assistance Specialists (TAS) and their managers, the Technical Assistance Managers (TAM). Their contributions to the technical assistance efforts in the Pilot sites and their participation in the evaluation activities were invaluable. In addition, their participation, insight and recommendations as members of the Pilot Implementation Committee (PIC) were always beneficial.

Participating Technical Assistance Specialists and Technical Assistance Managers included:

Mary Ann Trimarco - TAS - Canton Field Office
Lynette Way - TAS - Canton Field Office
Veronica Butler - TAS - Cincinnati/Columbus Field Office
Priscilla Howell - TAS - Cincinnati/Columbus Field Office
Karen Demangos - TAS - Toledo Field Office

Marcia Naugle - TAM - Toledo Field Office

The most important participants in the FAPM Pilot were undoubtedly the Pilot site participants. All of them volunteered to participate and the time, effort and enthusiasm they willingly brought to each and every day of the Pilot preparation and implementation never lagged. Everyone involved in any aspect of the Pilot knows how important and dedicated all the staff have been in Greene, Hancock, Muskingum and Lorain. Their willingness to learn, struggle, and celebrate success was inspiring. Starting with the leadership in these four Pilot sites, thanks to:

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Rhonda Reagh, Executive Director - Greene Co. Children Services Board
Steven Thomas, Executive Director - Hancock Co. Dept. of Job and Family Services
Gary Crow, Executive Director - Lorain Co. Children Services Board

The Pilot Implementation Managers (PIMs) were the Pilot's linchpin. Everyday they supported FAPM implementation. Committed to decision-making excellence, they supported the Pilot and their staff by encouraging, re-assuring, interpreting, refining, teaching, and mentoring. Their feedback to the rest of the Pilot design and implementation support team, their willingness to innovate and their adaptability to change was the vital component that made the Pilot successful. Without their commitment, none of this would have been possible. A standing ovation was earned by the following PIMs:

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Diana Hoover, Administrator of Child Protective Services - Hancock Co. DJFS
Sandra Hamilton, Assistant Director of Social Services - Lorain Co. Children Services Board

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Barry Salovitz, Vice-President
Child Welfare Institute

Executive Summary

Introduction

In January 2002, the Ohio Department of Job and Family Services (ODJFS) initiated an in-depth response to the Family Decision-Making Model (FDMM) findings and recommendations included in the Hornby/Zeller Associates evaluation study (2001). At the same time, ODJFS recognized additional challenges in relationship to the requirements of the Adoption and Safe Families Act and the Federal Child and Family Services Review outcomes.

The subsequent response included a review of national trends and research associated with safety assessment, risk assessment, family assessment, child maltreatment dynamics, behavioral change strategies and documentation. This compilation of information and knowledge was examined in relationship to State of Ohio rules, policies, procedures, practice expectations and local processes.

Facilitated by the National Resource Center on Child Maltreatment (NRCCM), a service of the Children's Bureau, U.S. Department of Health and Human Services, ODJFS joined with twenty-one (21) Public Children Services Agencies (PCSAs) to form two Workgroups to guide this initiative. The Workgroups represented a broad range of large, small, urban, suburban and rural agencies.

The Workgroups' efforts culminated in the development of a revised assessment and decision support protocol, collectively named the **Family Assessment and Planning Model (FAPM)**. The formal Piloting of the FAPM began on July 1, 2003 and concluded on March 31, 2004. Lorain County was a later addition to the Pilot, and their participation began on November 1, 2003.

The final design of the FAPM included practice expectations, field manuals, guides, implementation training, policy and procedure adjustments and the design and conduct of the Pilot itself. All these components of the Piloted FAPM, and this culminating Report, were a collaborative effort between the National Resource Center on Child Maltreatment (NRCCM), the Child Welfare Institute (CWI) and ODJFS, with full cooperation and participation of the four Pilot sites in Greene, Hancock, Muskingum and Lorain counties.

The NRCCM's facilitation, background briefings and model sharing activities were essential components of the Workgroups' activities and the FAPM's evolution. With NRCCM's time-limited participation, the ability to transition seamlessly to the next stage of the initiative was enabled via a consultant contract with CWI. This contract permitted the continued involvement of the project's lead NRCCM consultant and, most importantly, provided ODJFS with a cost efficient and conceptually consistent consultation and technical assistance strategy throughout the entire project.

Evaluation Plan

The evaluation plan was built on a simple and efficient formative design, necessarily taking into account the length of the Pilot, limited evaluation team resources and the lack of an automated data collection system. The plan primarily relied on caseworker and supervisor self-reported surveys, two stages of case record reviews and on-going key informant observations. Findings were collected for each individual Pilot site and also aggregated to provide data for all Pilot sites combined.

The following questions formed the foundation for the evaluation:

1. Was the FAPM validly applied? In other words, was the Model implemented as designed?
2. What was the Model's perceived utility? In other words, did Model users believe it was helpful to their work?
3. What did the Pilot findings reveal about the sampled cases concerning child safety, family assessment, emerging danger, case determination, case planning and child reunification?
4. Should the Model's implementation be expanded and what type of modifications would enhance its conceptual underpinnings, efficacious application or utility?

Pilot Questions

- **Was the FAPM validly applied?**

Some components of the FAPM are very different than the existing FDMM. For example, the Pilot FAPM uniquely provides a distinct safety assessment and safety decision, emphasizing the relationship of safety factors, child vulnerability and the family's protective capacities to the safety of children.

Also, the FAPM includes a safety plan that designed to exclusively focus on the control of active safety threats and the supplementation of insufficient protective capacities.

The Case Review is applied every 90 days (compared to every six months) to promote more active family involvement and timely case plan adjustments, if needed. The Case Review emphasis is centered on behavior change and case progress. It is also sensitive to *emerging danger*, a condition in which danger-loaded risk factors are escalating or protective capacities are deteriorating.

The Reunification Assessment is a distinct assessment that frames reunification decisions based on the resolution of safety threats and increases in protective capacities to safe thresholds.

Safety Assessments

Evaluative findings, primarily derived from the case record reviews, suggest that safety constructs are being incorporated within case practice and decision-making and safety plan adequacy is progressing. The most vital elements are being applied: assessing and identifying safety factors, evaluating child vulnerability and protective capacities and reaching a safety decision that features the least intrusive response possible, but still adequate to provide immediate protection from serious harm.

Findings suggest that some Pilot users need to enhance their ability to identify and evaluate the significance of protective capacities in relation to child safety. It is also necessary to more consistently document a follow-up plan to complete a safety assessment in the occasional instances when all children cannot be assessed within the four-day time period.

The most significant finding is that workers are primarily focusing their assessment and safety response decisions on actual or threatened immediate danger of serious harm and are not obscuring this focus, or compromising their diligence, with other concerns or needs that are not immediate and serious. In this manner, children that need a safety intervention are more likely to receive it. This conclusion is clearly supported by case record review findings that reveal high ratings in response to the adequacy of the safety decision and the need for a safety plan.

Safety Plans

Accurate application of the child safety plan is critical if children assessed to need immediate protection are in fact, adequately protected. What we have learned is that the application of the reviewed safety plans are not quite as strong as the associated safety assessment, but most workers are able to differentiate the purpose and composition of a safety plan from a case plan. One area that must be improved is the inclusion of a feasible and adequate monitoring plan to assure that the safety plan stipulations and commitments are being followed and to offer back-up contingencies if the plan is violated.

Family Assessment

Overall, accurate application of the Family Assessment was good. While far more efficient and less workload burdensome than the statewide FDMM, there are many

key elements within this comprehensive, clinically oriented safety review and family assessment. Some elements have been readily applied with high accuracy and others would benefit from further training, technical assistance, and internal quality control processes.

Reviewers assigned high ratings to compliance and efficacy questions pertaining to the assessment and documentation of child harm, risk elements and the identification of services. Questions associated with family strengths and underlying conditions were rated comparatively lower. Accurate and appropriately descriptive emerging danger identification showed mixed results across the respective Pilot sites.

A structured review of safety, for all cases, is an important new feature of the Family Assessment. It helps the Pilots re-examine their initial safety assessment conclusions for all children in the household. In addition, when a safety threat has been recognized, the safety review features a status report on safety threat resolution and changes in child vulnerability and protective capacities.

These are critically important considerations to ensure that child safety is in the forefront of all workers' minds throughout the life of the case. Application of the safety review constructs, as evidenced in the case record reviews, suggests that safety is being re-assessed in a manner congruent with Model definitions and decision criteria and rules.

Case Review

Designed for completion every three months, the Case Review tool also provides required information for the Semiannual Administrative Review (SAR) at the six-month period. It serves to support a thorough assessment of changes in the family prior to case closure. In addition to including a child safety review, the focus is on significant family changes and case progress.

Adherence to qualitative and procedural requirements was very high. Most components were correctly applied. Only the case record review question associated with description of the family's perceptions was rated comparatively lower. In some instances, there is room for improvement associated with emerging danger, describing new safety threats, changes or additional information in protective capacities and/or child vulnerability and progress toward resolving identified safety threats.

Reunification Assessment

The Reunification Assessment is a new assessment and decision support tool that has been overwhelmingly embraced by all Pilot participants. Singularly focused on readiness for reunification and future support needs, it was the most accurately completed FAPM tool. It is readily apparent that workers are assessing the original safety related reasons for out-of-home placement, the safety resolution status, the

development of protective capacities, the impact of reunification on the child and family, and future safety considerations.

- **What was the Model's perceived utility?**

The primary data source for this question was the 105 surveys completed by 84 caseworkers and 21 supervisors across all the Pilot sites. Secondary data sources included staff interviews, technical assistance sessions and Q & A forums. Utility or usefulness was examined across multiple dimensions. The primary dimensions included:

- ◆ Provision of sufficiently clear expectations and guidelines
- ◆ Usefulness to document case practice, assessment and decision-making
- ◆ Impact of the FAPM on various aspects of work (morale, workload, accountability, assessment, documentation, and case decision-making)

From the caseworkers' perspective, their responses were somewhat positive. In almost all instances their ratings fell between 3 and 4 on a 5-point satisfaction scale. No one reported that they preferred the previous FDMM model to the new FAPM.

From the Supervisors' perspective, in almost all instances, their ratings fell between 3 and 4 on a 5-point satisfaction scale. One exception was the questions related to impact of the FAPM on their unit's work. In this instance, supervisor responses were rated even more favorable than comparable caseworker responses.

In conclusion, the FAPM is mostly viewed similarly across Pilot sites. Supervisors offered responses somewhat more positive than their caseworkers, and overall the Model is viewed favorably. The Model is much easier to complete than the FDMM, less burdensome, more congruent with case practice and more focused on key case decisions.

By the same token, responses suggest that the Model is not perceived, nor intended to be a solution to an array of other issues that affect morale, supervision, case practice competency, policy understanding and the challenges presented by an increasingly difficult and complex set of family problems and challenges. The bottom line is that, almost universally, all Pilot participants want to continue applying the FAPM and incorporate suggested revisions currently under consideration through the Pilot Implementation Committee.

- **What do the sampled cases from the Pilot sites reveal about child safety, family assessment, emerging danger, case determination, case planning and child reunification?**

In addition to the compliance and qualitative focus of the case record review, the evaluation team also collected data to learn more about the characteristics of the Pilots' sampled cases and how the FAPM tools and constructs were being applied to these cases. Some highlights are presented here, with a more complete description and discussion available in the full Report.

Child Safety

- ◆ For initial Safety Assessments that are required for every child protective service (CPS) report within four days, a “safe” decision was reached in 85% and 89% (Stage 1 and 2 respectively) of the reports.
- ◆ This finding is not unexpected. Nationally we know that most referrals related to abuse and neglect do not constitute immediate danger of serious harm. The most relevant form of alleged maltreatment is inadequate supervision, with no apparent immediate and serious danger consequences.
- ◆ This finding does not diminish the criticality of the 15% and 11% of the reports where some form of a safety response is necessary to protect a child from further serious harm or threatened serious harm.
- ◆ When a safety response is necessary for these cases, the Pilot sites' responses represent a consideration of the least restrictive, but appropriately safe response. An immediate rush to place all children in need of immediate protection in a legally authorized out-of-home placement is not occurring.
- ◆ For children that needed immediate protection, only 36% of these sample cases in Stage 1, and 42% in Stage 2, relied on a legally authorized out-of-home placement. There is no evidence in the associated qualitative case record reviews to suggest that dangerous safety response options were being selected.
- ◆ Depending on statewide and Pilot-specific placement rates prior to the Pilot, initial analysis may suggest that the new Model is helping the Pilot counties make better safety decisions that allow fewer children to enter care. We suggest that ODJFS undertake a more detailed examination of child placement rates.

- ◆ For sampled cases that had been open for services three months or longer, safety plans or legally authorized out-of-home placements were active in approximately 1/3 of these sampled cases. (Note: This sample includes cases not part of the sample used to examine safety plan decisions completed for the initial Safety Assessment).

Family Assessment

- ◆ The most commonly identified risk contributor is the child's "self protection." Other commonly identified risk contributors in one or both review stages included: "caretaker's abuse/neglect as a child," the child's "emotional/behavioral functioning" and "parenting practices." Also commonly selected was "family roles, interactions and relationships."
- ◆ For the assessment of strengths, adult "cognitive abilities" was most often identified.

Case Determination

- ◆ "Case determination," responses suggest that approximately 75% of cases are not being opened for on-going services. Statewide, in 2002, 26.1% of cases received post-investigative services (Child Maltreatment 2002, U.S. Department of Health and Human Services, 2004). This is roughly comparable to the 25% within the Pilot sample cases.

Case Planning

- ◆ In the case progress review section of the Case Review tool, data was collected that provided an observation window into the direction of case plans generated from safety reviews, family assessments and re-assessments. For individual case plan concerns that had been previously established as part of an earlier case plan, progress was noted for 52%, progress was not identified for 43%, and the concerns were reportedly becoming worse for the remaining 5%.
- ◆ For these same concerns, the decision to either "modify" or "terminate" the case plan was selected for 9%. One might expect that assessments specifying, "no progress" would be more closely associated with a higher rate of plan modifications. We suggest that ODJFS examine cases with "no progress" and "no modification" of the

case plan to better understand why the existing plan is being continued without modification.

Emerging Danger

- ◆ Emerging danger identification in the sample Case Review cases revealed that the likelihood of serious harm was starting to surface or was escalating in slightly more than 25% of the cases. This means that an assessment has identified new or changing circumstances, conditions, dynamics or other important considerations present in the case that are approaching the safety threshold. This is a vitally important recognition for workers to make so that they can take necessary actions to try to prevent serious harm before it occurs.

Child Reunification

- ◆ For the twenty-six (26) reunification decision recommendations, in 73% of the sampled cases, the reunification assessment helped the worker reach the conclusion that the child could be reunified with their caregiver or other family member. For the remaining 27%, the reunification assessment may have helped prevent an unsafe reunification recommendation.

- **Should the Model’s application be expanded and what type of modifications would enhance its conceptual underpinnings, efficacious application or utility?**

Modifications

At the same time this Report has been written, the Pilot Implementation Committee (PIC) has begun developing enhancements and clarifications to further improve FAPM utility and increase valid applications. For example, the “safety review” questions and their sequencing have been modified to promote better understanding and easier documentation. Similar changes have been proposed for the “emerging danger” sections. More direct questions that better clarify practice and documentation expectations have been recommended for the “case plan review.”

Although completed very accurately, some modifications have been proposed for the Case Review to clarify “change/progress” expectations. More extensive changes are being worked on for the SAR so that it is more compatible with the accompanying Case Review and to ensure the incorporation of compatible FAPM language and constructs.

Formatting improvements and language enhancements are also expected for the Safety Plan and Safety Assessment. In total, with the exception of the SAR, none of the anticipated changes are broader than the normally expected enhancements Pilots are designed to detect.

Lastly, the Case Plan was never examined by the design Workgroups. This form would benefit from a reformulation to better integrate the case plan with the FAPM constructs and to produce a more family-friendly document.

Pilot Model Expansion

There are multiple considerations affecting the decision to expand the use of the FAPM and how quickly and broadly this might occur. Many of these considerations are outside the realm of the Pilot experiences and therefore will not be addressed here. The question will be answered by summarizing what the Model brought to practice that was not there before.

First and foremost, the FAPM introduced rigor, discipline, criteria and practice expectations to child safety decision-making.

For the first time, clear operationally specific definitions of key constructs and terms were introduced. Practice expectations and decision guidelines for making safety assessments and safety decisions were featured, including, but not limited to: a theory of child safety that provided a framework for distinguishing safety from simple future risk of maltreatment, safety threats from the consequences of those threats, and safety plans that control threats from case plans that seek to change the underlying conditions and contributing factors that fuel safety threats.

A child safety review is now a routine component of every assessment, throughout the life of the case. Safety is no longer the sole domain of the intake worker and safety related roles and responsibilities are now expected of everyone with case responsibilities.

Responding to active safety threats is now based on a specific and focused understanding of what a safety plan requires and what purpose it needs to meet. Safety plans are no longer established for all cases even when safety threats are not posing an immediate danger of serious harm to a child. Conversely, when immediate and serious harm does need an urgent response, the action taken is no longer the provision of long-term services.

When safety threats have been resolved or sufficiently diminished to the stage where the families own protective capacities can protect their child, safety plans are now discontinued. They no longer go on forever or fade away as a result of inattention or ambiguity.

Secondly, the family assessment features a succinct, comprehensive and fully integrated set of variables related to maltreatment occurrence that reinforce best practice and provide a suitable documentation vehicle for the case opening decision and an examination of the nature of the maltreatment as a precursor to a targeted case plan.

Unlike other models that may only serve to suggest a case opening decision or provide a simple problem/need assessment framework, the Family Assessment featured in the FAPM integrates multiple elements within one tool: a safety review, a child harm analysis, a risk/strengths matrix, an emerging danger assessment, an identification of the family's perception, an analysis of the underlying conditions that influence the maltreatment dynamic, an integrative rationale for opening or closing the case and a summary of provided and/or needed services. All these crucial assessment considerations are documented within 10 pages, a 55% reduction from the FDMM's Risk Assessment.

A key finding from the Hornby/Zeller FDMM study was that the Family Risk Assessment Matrix (FRAM - a component of the FDMM) was not responsive to case changes and did not reflect the actual decisions that were being made at the time of the SAR. This criticism has been addressed directly by designing the FAPM Case Review to not permit a pro forma repeat of the previous assessment. The Piloted Case Review guides workers to transition their focus to a change/progress perspective that reinforces new information and what actions are necessary to facilitate continued or initial progress. Pilot site application of the Case Review has been very positive, with high compliance and qualitative proficiency identified.

The FAPM has achieved greater efficiency and less paperwork.

Although the current SAR consists of only five pages, the requirement to update the FRAM at that time increases the paperwork that must be completed to at least 28 pages. The Case Review/SAR tool in the Pilot Model has been efficiently reduced to 11 pages. Caseworkers and supervisors alike appreciate the new documentation reduction.

The Reunification Assessment represents the first time the State of Ohio has a tool that brings together the key assessment variables associated with successful reunifications.

The Reunification Assessment is based on resolution of safety threats and improvements in protective capacities rather than simply re-applying the initial present danger protocol used initially in the investigation. Although an additional tool, its acceptance has become a cornerstone of the reunification recommendation

process and has been a significant aid to some workers when they present their recommendations in court.

Conclusion

Based on the Pilot experience in total, there is sufficient evidence to promote continuation and expansion of the Model.

The FAPM can be validly applied and its utility is recognized and can be readily enhanced with some key modifications. The FAPM prioritizes child safety and adds a more robust strengths and family focused perspective. The clinical attributes of the former Risk Assessment have been preserved, yet redundancy and workload have been significantly reduced.

More specifically, the new FAPM:

- ◆ Bases safety decision-making on an examination of the interaction of threats of serious harm, protective capacities and child vulnerability. This reflects a considerable conceptual enhancement over other models.
- ◆ Adapts the three main safety constructs over the life of the case so as to be sensitive not only to present danger, but also to emerging danger and the prospective evaluation of safety necessary at reunification.
- ◆ Provides a clinical risk assessment that includes a more comprehensive list of variables and decision support considerations linked to the etiological research on child maltreatment occurrence and prevention.
- ◆ Provides a reunification assessment that builds on the research associated with successful reunifications and features, safety threat resolution, family dynamics, prospective danger assessment and reunification support needs.

In all respects, the Pilot met expectations conceptually, practice validity was confirmed and its perceived utility was positive. The FAPM Model's readiness for broader application in Ohio has been demonstrated.

Glossary

CA/N – Child Abuse and Neglect

CWI – Child Welfare Institute

FAPM – Family Assessment and Planning Model (Model Piloted in Greene, Hancock, Muskingum, Lorain)

FDMM – Family Decision-Making Model (Model currently being implemented in non-Pilot counties, excluding Cuyahoga County)

FRAM – Family Risk Assessment Matrix (Risk assessment matrix portion of the FDMM)

NRCCM – National Resource Center on Child Maltreatment

ODJFS – Ohio Department of Job and Family Services

Pilot Implementation Committee – PIC

Pilot Implementation Managers – PIMs

SAR - Semiannual Administrative Review – SAR

Technical Assistance Specialist – TAS

Technical Assistance Manager – TAM

An Overview of the Family Assessment and Planning Model (FAPM)

The Tools

Safety Assessment

Assists workers in identifying signs of present danger and immediate safety threats, the family's ability or inability to control identified threats and the level of immediate intervention necessary to ensure child safety.

- Assessment of 15 safety factors, child vulnerability and protective capacities
- Tool is completed within four working days of receipt of a report

Safety Plan

Describes activities necessary to control threats of serious harm and provide immediate child protection when existing protective capacities are insufficient.

- Developed and implemented ASAP when threat is identified
- Must directly address the threats identified in a safety assessment or subsequent safety review

Risk Assessment

Assists workers in determining the likelihood of future maltreatment or re-maltreatment and identifies the conditions or circumstances which must change in order to resolve safety threats, reduce risk, promote child well-being and attain timely permanency.

- Completed 30 days from receipt of a report (extension to 45 days with justification)
- Assesses contributing factors and underlying conditions
- Establishes clear distinctions between future risk and active safety threats

Case Review

Assists workers in re-assessing emerging danger and risk contributors; reviewing the impact of services on reducing risk; and determining the need for continuing, modifying or terminating services.

- Completed every 90 days; first review due 90 days from date of disposition/case resolution, placement or court filing (whichever occurs first)
- Every other review is completed in combination with the Semiannual Administrative Review

Reunification Assessment

Assists workers in identifying when significant changes have occurred that would allow the child to safely return home (i.e., increase in protective capacities, decrease in child vulnerability or threats of harm).

- Completed 30 days prior to planned reunification
- Identifies services needed to support reunification
- Provides documentation for court when recommending or opposing reunification

Evaluation Process

Evaluation Time Period

The Pilot began for three Pilot sites (Hancock, Muskingum and Greene) on July 1, 2003. Unforeseen circumstances prevented Summit County from participating soon after they received initial implementation readiness training. Consequently, a new fourth Pilot site was selected and following implementation training: Lorain County Children Services Board began implementation on November 1, 2003. For all Pilot sites, the formal evaluation period concluded on March 31, 2004. For the initial three Pilot sites, the Pilot time period was nine months. For Lorain, the Pilot duration was five months.

Evaluation Responsibilities

ODJFS assumed managing responsibility for the evaluation scope and design, data collection instrument development, preparation of data collectors for the case record reviews, data collection, and data aggregation.

The four Pilot sites, following guidelines offered by ODJFS, Office for Children and Families, identified and made available sample cases and distributed and collected caseworker and supervisor surveys. They also shared in the planning and agenda for all on-site technical assistance and interviews conducted in their agency.

The Child Welfare Institute (CWI) assisted in the design of the evaluation, the development of data collection instruments and the preparation of case record review readers (ODJFS, Office for Children and Families project staff). CWI also performed secondary data aggregation and primary data analyses. Development and production of this Report was the primary responsibility of CWI, with review and input from the Ohio Department of Job and Family Services, Office for Children and Families.

Key Evaluation Questions

The following questions formed the foundation for the evaluation:

1. Was the Family Assessment and Planning Model (FAPM) validly applied? In other words, was the Model implemented as designed?
2. What was the Model's perceived utility? In other words, did Model users believe it was helpful to their work?
3. What did the Pilot findings reveal about the sampled cases concerning child safety, family assessment, emerging danger, case determination, case planning and child reunification?
4. Should the Model's implementation be expanded and what type of modifications would enhance its conceptual underpinnings, efficacious application or utility?

Methods

Specific evaluation activities were conducted to collect information needed to inform the four identified questions. These activities included:

1. Caseworker surveys
2. Supervisor surveys
3. Case record reviews (Stage 1 and Stage 2)
4. ODJFS provided outcome data
5. Key informant observations and conclusions

Findings

Surveys

The purpose of the caseworker and supervisor surveys was to provide Pilot participants the opportunity to offer a context for their Pilot implementation and to provide an anonymous feedback opportunity across several domains including their perceptions of their own abilities and the suspected impact of the FAPM on key work responsibilities. In addition, the survey served as one method to provide direct commentary regarding Model strengths and needed improvements.

Specifically, the caseworker survey collected background demographic information, caseload data, perceptions of case practice and decision-making abilities, perceived FAPM utility and impact, training adequacy, and perceptions concerning the nature and adequacy of supervisory support.

The supervisor survey was somewhat similar and collected background information, caseworker caseload data, perceptions of caseworker practice and decision-making abilities, staffs' use of the FAPM protocols, and FAPM impact.

On 2/20/04, ODJFS Central Office sent surveys to each Pilot site for their distribution to participating caseworkers and supervisors. Upon receipt, the Pilot Implementation Manager coordinated the actual distribution of the surveys and established a 3/12/04 return date. Local processes were established to ensure that responses were anonymous within the Pilot agency and during subsequent ODJFS and CWI data aggregation and analysis.

In order to encourage a high return yet retain response anonymity, only a simple tracking procedure was permitted. Within each respective Pilot site, a tally was maintained that tracked staff that had completed a survey. Nevertheless, survey completion remained voluntary and no consequences were established for anyone who declined to participate. In all sites, the survey completion rate was very high, despite the surveys' length and time required. It is likely that the high participation percentage reflected the enthusiasm of the Pilots to test the FAPM and provide frank and constructive input. Table 1 depicts the number of surveys returned and the completion percentage in relation to all surveys distributed.

Table 1: Surveys Completed as Percentage of Distributed Surveys

Pilot Sites	Supervisors	Caseworkers	Total
Greene	7 (100%)	31 (94%)	38 (95%)
Hancock	2 (100%)	9 (82%)	11 (85%)
Lorain	7 (88%)	26 (74%)	33 (77%)
Muskingum	5 (100%)	18 (82%)	23 (85%)
All Pilot Sites	21 (95%)	84 (83%)	105 (85%)

A. Caseworker Survey Findings

Appendix 1 includes the Caseworker Survey that was distributed and completed across all Pilot sites.

For analytic purposes, some sets of related questions were clustered and mean scores were derived based on the valid responses to all the questions within the cluster. The six specific clusters are identified in Table 2.

Table 2: Caseworker Survey Cluster Questions

Cluster Description	Question #'s
1. High Caseload Impact	9-11
2. Perception of Case Practice	12-23
3. FAPM Utilization	24-29
4. FAPM Documentation	30-38
5. Supervision	43-46
6. FAPM Impact	51-56

For each respective question cluster, aggregated findings and summative descriptions are presented in the respective question findings and description section below.

Question Findings and Summary:

Question 1: How long have you worked in child welfare?

The mean range of child welfare experience was between 4-7 years. Greene's experience level was the lowest with 40% of the respondents reporting 12 months or fewer child welfare experience and only three respondents (10%) with child welfare experience exceeding 7 years. There was no Hancock respondents, and only one Muskingum respondent, with 12 months or fewer experience. Lorain caseworkers have the most child welfare experience with 46% reporting more than 7 years of child welfare experience.

Question 2: How long have you been in your present position?

The mean range of experience in one's present position was between 1-3 years. Greene respondents had the least experience in their present position. 43% of respondents have been in their present position 12 months or fewer. In contrast, 50% of Lorain respondents have been in their present position for 4 years or more.

Question 3: In which unit do you work?

Table 3: Caseworker Survey Respondents By Unit

		County				All Pilot Sites
		Greene	Hancock	Lorain	Muskingum	
Unit	Intake/Assmnt	14	4	14	9	41
	Ongo/Protect	14	5	11	8	38
	Reso/Placement	1	0	1	0	2
	Other	1	0	0	1	2
	N/A	1	0	0	0	1
Total		31	9	26	18	84

As Table 3 indicates, the percentage of Intake/Assessment Units and Ongoing/ Protective Units was almost evenly distributed.

Question 4: What is your highest educational level?

For all the Pilot sites, 34% of respondents have received an advanced college degree. In Lorain, an advanced degree is held by 85% of respondents. In contrast, 10% of Greene, and 11% of Muskingum and Hancock respondents reported an advanced degree.

Question 5: What licensure/certifications do you hold?

For all the Pilot sites, 30% of respondents have received some form of licensure and/or certification. In Hancock, no respondents held a license and/or certification. In Lorain, all respondents held at least one license and/or certification.

Question 6: How many cases do you have now?

For all the Pilot sites, 36% of respondents reported under 10 cases and 46% reported between 10-16 cases. In Greene, 43% of respondents reported fewer than 10 cases and 30% reported between 10-16 cases. Greene’s caseload size, at the time of survey completion, was slightly higher than the other Pilot sites. In Hancock, 33% of respondents reported under 10 cases and 56% reported between 10-16 cases. In Muskingum, 47% of respondents reported under 10 cases and 29% reported between 10-16 cases. In Lorain, 21% of respondents reported under 10 cases and 71% reported between 10-16 cases. Lorain’s caseload size, at the time of survey completion, was slightly lower than the other Pilot sites.

Question 7: What is your average caseload size over the year?

For all the Pilot sites, 15% of respondents reported fewer than 10 cases and 64% reported between 10-16 cases. In Greene, 23% of respondents reported fewer than 10 cases and 39% reported between 10-16 cases. Greene’s self-reported average caseload size, at the time of survey completion, was higher than the other Pilot sites and 38% higher than Muskingum. In Hancock, 25% of respondents reported fewer than 10 cases and 63%

reported between 10-16 cases. In Lorain, 4% of respondents reported fewer than 10 cases and 87% reported between 10-16 cases. In Muskingum, 13% of respondents reported fewer than 10 cases and 87% reported between 10-16 cases. Muskingum’s self-reported average caseload size, over the course of the year, was slightly lower than the other Pilot sites.

Question 8. Do you believe your caseload is (too high, average, below average)?

Table 4: Caseworker Perceptions of Caseload Size

	Too High	Average	Below Avg.
Greene	17%	63%	20%
Hancock	22%	78%	0%
Lorain	33%	63%	4%
Muskingum	17%	78%	5%
All Pilot Sites	22%	68%	10%

For all the Pilot sites, 68% of respondents perceived their caseload as neither “too high” or “below average.” The relatively high percentage of “below average” responses from Greene was likely attributable to a temporary small caseload assigned to very new workers.

Survey Direction (Q. 9-11): If you believe your caseload is too high, identify the degree to which this impacts the following:

Question 9. Compliance with policy specific to the FAPM:

Question 10. Completion of the safety/risk tools in a complete and thorough manner.

Question 11. Ability to work directly with clients.

Table 5: High Caseload Impact

Scoring Key: 1= To A Great Degree 5=No Impact

County		Ques. 9-11
Greene	Mean	2.1
	N	5
Hancock	Mean	3.0
	N	2
Lorain	Mean	2.2
	N	8
Muskingum	Mean	2.8
	N	3
All Pilot Sites	Mean	2.4
	N	18

As expected, those respondents who perceived their caseload as “too high” tended to associate their caseload size with a negative impact. Insofar as the “N’s” for this question were small, real differences between Pilot sites may not be significant. The greatest impact for all Pilot sites was noted for *Question # 11: Ability to work directly with clients*. For this specific question, 72% of respondents rated the impact as “To a Great Degree” or one rating below.

Survey Direction (Q. 12-23): Rate these statements as they relate to your perception of your case practice. These statements are not specific to the FAPM tools or your documentation proficiency, but reflect your overall case practice.

- Question 12.** *Ability to assess safety factors.*
- Question 13.** *Ability to assess child vulnerability.*
- Question 14.** *Ability to assess protective capacities.*
- Question 15.** *Ability to make an accurate safety decision.*
- Question 16.** *Ability to develop and implement a safety plan that controls for safety threats.*
- Question 17.** *Ability to assess risk of future maltreatment.*
- Question 18.** *Ability to determine if safety and risk related behaviors or conditions are an expression of underlying conditions and/or contributing factors.*
- Question 19.** *Ability to identify the family’s strengths and resources, which can be utilized to reduce risk, attain permanency and promote child well-being.*
- Question 20.** *Ability to identify the family’s own perceptions.*
- Question 21.** *Ability to assess the service needs of the child and family.*
- Question 22.** *Ability to decide whether to open or close a case.*
- Question 23.** *Ability to evaluate case plan progress.*

Table 6: Caseworker Practice Perception

Scoring Key: 5= Excellent 1=Poor

County		Ques. 12-23
Greene	Mean	3.6
	N	31
Hancock	Mean	3.5
	N	9
Lorain	Mean	3.9
	N	23
Muskingum	Mean	3.8
	N	17
All Pilot Sites	Mean	3.7
	N	80

There was a high degree of response similarity across all four Pilot sites. On a five-point scale, most workers viewed the highlighted practice and decision-making abilities to be above a middle score. Another way to describe their perceptions of their own abilities might be “good.”

Although still within the range of “good” in relationship to ratings for all other questions in this cluster, somewhat lower ratings were observed for the following questions:

Question 16. Ability to develop and implement a safety plan that controls for safety threats.

Question 17. Ability to assess risk of future maltreatment.

Question 18. Ability to determine if safety and risk related behaviors or conditions are an expression of underlying conditions and/or contributing factors.

Question 23. Ability to evaluate case plan progress.

Again, although still within the range of “good” in relationship to ratings for all other questions, somewhat higher ratings were observed for the following questions:

Question 12. Ability to assess safety factors.

Question 13. Ability to assess child vulnerability.

Question 14. Ability to assess protective capacities.

Question 15. Ability to make an accurate safety decision.

Question 19. Ability to identify the family’s strengths and resources, which can be utilized to reduce risk, attain permanency and promote child well-being.

Question 20. Ability to identify the family’s own perceptions.

Question 21. Ability to assess the service needs of the child and family.

Question 22. Ability to decide whether to open or close a case.

Survey Direction (Q. 24-29): Rate these statements as they relate to your use of the FAPM tools to clearly document your case practice, assessment and decision-making.

Question 24. The Model sets sufficiently clear expectations and guidelines for making an accurate safety assessment.

Question 25. The Model sets sufficiently clear expectations and guidelines for making an accurate family assessment.

Question 26. The Model sets sufficiently clear expectations and guidelines for conducting an accurate case review.

Question 27. The Model sets sufficiently clear expectations and guidelines for making an accurate reunification assessment.

Question 28. The Model sets sufficiently clear expectations and guidelines for making an accurate analysis of all available case information.

Question 29. The Model sets sufficiently clear expectations and guidelines for making an accurate assessment of priorities for intervention in the family.

Table 7: FAPM Use

Scoring Key: 5= Strongly Agree 1= Strongly Disagree

County		Ques. 24-29
Greene	Mean	3.2
	N	28
Hancock	Mean	3.0
	N	9
Lorain	Mean	3.6
	N	24
Muskingum	Mean	3.9
	N	16
All Pilot Sites	Mean	3.4
	N	77

For all Pilot sites, the mean ratings in this section could be described as “between neutral and agree.” The highest mean rating for this set of questions was received in Muskingum and then Lorain. Comparatively, somewhat lower mean scores were reported in Greene and then in Hancock.

Survey Direction (Q. 30-38): Rate these statements as they relate to your use of the FAPM tools to clearly document your case practice, assessment and decision-making.

Question 30. *Assess immediate safety threats.*

Question 31 *Assess emerging danger.*

Question 32. *Assess child vulnerability.*

Question 33. *Assess protective capacities.*

Question 34. *Develop and implement a safety plan, which controls all identified safety threats.*

Question 35. *Assess level of risk across the four factors: child functioning and capacities; adult functioning and capacities; family functioning and capacities; and historical.*

Question 36. *Evaluate the significance and interaction of the risk factors, strengths, resources, perceptions, underlying conditions and/or contributing factors sustaining risk related behaviors or conditions.*

Question 37. *Assess progress with the case plan.*

Question 38. *Assess the service needs of the child and family.*

Table 8: Documentation

Scoring Key: 5= Strongly Agree 1= Strongly Disagree

County		Ques. 30-38
GREENE	Mean	3.6
	N	30
HANCOCK	Mean	3.2
	N	9
LORAIN	Mean	3.8
	N	23
MUSKINGUM	Mean	3.9
	N	17
ALL PILOT SITES	Mean	3.7
	N	79

For all the Pilot sites, the mean response for this set of questions was 3.7, or somewhat closer to “agree.” Responses from Muskingum, Lorain and Greene were closer to the rating equivalent of “agree” while responses from Hancock were closer to the rating of “neutral.” Noteworthy differences in ratings were not observed across the nine questions.

Question 39. Did you participate in the initial training provided prior to Pilot implementation or did you receive training on the model at a later date?

Table 9: Training Provision

County	Initial Training	Later Training
Greene	61%	39%
Hancock	100%	0%
Lorain	83%	17%
Muskingum	94%	6%
All Pilot Sites	79%	21%

Probably due to high turnover following Pilot initiation in July 2003, 2/5 of Greene respondents did not receive the initial Pilot implementation training. These new staff either received ad hoc training by their supervisor or learned Model constructs and documentation expectations from their colleagues.

Question 40. Do you believe the Pilot training you received adequately prepared you to accurately use the model?

Table 10: Training Adequacy

County	Yes	Partially	No
Greene	8%	73%	19%
Hancock	33%	56%	1%
Lorain	48%	39%	13%
Muskingum	59%	35%	6%
All Pilot Sites	35%	52%	13%

Across all Pilot sites, 87% viewed the training provided as adequate or partially adequate. The perceived adequacy of the Pilot training was most likely directly associated with the information provided in the immediately preceding question (Q39). Insofar as such a large percentage of Greene County caseworkers never received the structured Pilot implementation training curriculum, it is not surprising that their perception of Pilot training adequacy was primarily less than satisfactory, and for five caseworkers, unfavorable.

Question 41. Do you believe you need additional training to use these tools?

Table 11: Need for Additional Training

County	Yes	No
Greene	78%	22%
Hancock	55%	45%
Lorain	39%	59%
Muskingum	18%	82%
All Pilot Sites	51%	49%

In a consistent manner, Greene respondents expressed the greatest need for additional training. Insofar as many of Greene caseworkers did not receive the original implementation training, additional training needs is a realistic conclusion.

Question 42. Do you believe the manual and/or guides have been helpful as you implement the Model?

Table 12: Manual/Guides

County	Yes	No
Greene	83%	17%
Hancock	78%	22%
Lorain	86%	14%
Muskingum	94%	6%
All Pilot Sites	86%	14%

Very high satisfaction was expressed in relation to the various implementation, policy and practice field guides and manuals that were developed and distributed to support Pilot implementation. Many recommendations have been received across the duration of the Pilot to further enhance these materials, provide more comprehensive guidance and add additional case examples.

Survey Direction (Q. 43-46): Rate these statements as they relate to your assessment of the individual supervision you receive from your supervisor on both the FAPM concepts and the completion of supporting documentation.

Question 43. *The degree to which your supervisor has made clear what she expects regarding the use of the model.*

Question 44. *The usefulness of the feedback that you receive from your supervisor on your use of the model.*

Question 45. *The level of personal recognition you receive from your supervisor for completing the model tools in an accurate and timely manner.*

Question 46. *The degree of consequences you receive from your supervisor for completing or not completing the model tools in an accurate and timely manner.*

Table 13: Supervision

Scoring Key:

#43	5= Very Clear	1= Not Clear
#44	5= Very Useful	1= Not Useful
#45	5= Lots of Recognition	1= No Recognition
#46	5= Extensive Consequences	1= No Consequences

County		Ques. 43-46
Greene	Mean	3.3
	N	29
Hancock	Mean	3.4
	N	9
Lorain	Mean	3.9
	N	24
Muskingum	Mean	3.8
	N	17
All Pilot Sites	Mean	3.6
	N	79

For all Pilot sites, the mean rating in this section could be described as “slightly positive.” The highest mean rating for this set of supervisory related questions was received in Lorain, and then Muskingum. Comparatively lower mean scores were reported in Hancock, and then Greene.

Question 47. Rate how frequently you have individual supervision.

Table 14: Individual Supervision Frequency

Scoring Key:
 1= Never 2= Monthly 3= Bi-Weekly 4= Weekly 5= Daily

County		Question 47
Greene	Mean	3.1
	N	30
Hancock	Mean	3.3
	N	9
Lorain	Mean	3.3
	N	23
Muskingum	Mean	3.4
	N	17
All Pilot Sites	Mean	3.3
	N	79

Individual supervision frequency was markedly consistent across all Pilot sites with a mean response slightly more frequent than bi-weekly.

Question 48. The frequency you receive individual supervision in reviewing or discussing the information gathered through model implementation.

Table 15: Individual FAPM Supervision Frequency

Scoring Key:
 1= Almost Never 2= Infrequent 3= Somewhat Frequent 4= Frequent

County		Question 48
Greene	Mean	2.7
	N	29
Hancock	Mean	3.7
	N	9
Lorain	Mean	3.6
	N	22
Muskingum	Mean	3.2
	N	17
All Pilot Sites	Mean	3.2
	N	77

For all Pilot sites, the mean rating for Model related individual supervision was “somewhat frequently” or 3 on a 4-point scale. Supervision frequency ratings were lower in Greene and then Muskingum, and higher in Hancock and Lorain.

Question 49. *Are there components of the Model, or specific parts thereof, that you find difficult to understand or implement?*

Table 16: Understanding/Implementation Difficulty

County	Yes	No
Greene	46%	54%
Hancock	55%	44%
Lorain	43%	57%
Muskingum	47%	53%
All Pilot Sites	47%	53%

For all Pilot sites, responses to this question were fairly consistent. The intent of this question was to prompt caseworkers to record in the comments section of this question what specific Model components were difficult in order to provide greater understanding of Model components in relation to caseworker implementation fidelity. There were no specific components identified that were clearly more difficult than others. Not surprisingly, some of the newer constructs were identified, i.e., safety plans, emerging danger, protective capacities and underlying conditions. For some, the construction of the Case Review and its relation to Semiannual Administrative Review (SAR) was noted.

Question 50. *Identify the components of the Model that are easy to understand and implement.*

For all Pilot sites, responses to this question were fairly consistent. The intent of this question was to prompt caseworkers to record in the comments section of this question what specific Model components were easy in order to provide greater understanding of Model components in relation to caseworker implementation fidelity. There were no specific components that were clearly easier than others. Workers who answered this question included: safety assessment, safety decision, family assessment, and reunification assessment.

Survey Direction (Q. 51-56): Answer the questions to reflect your assessment of the impact of the FAPM on your work.

Question 51. *Morale*

Question 52. *Workload*

Question 53. *Accountability*

Question 54. *Assessment*

Question 55. *Documentation*

Question 56. *Case decision-making*

Table 17: FAPM Impact

Scoring Key:

1=Negative 2=Mostly Negative 3=Neutral 4=Mostly Positive 5=Positive

County		Ques. 51-56
Greene	Mean	3.8
	N	30
Hancock	Mean	2.9
	N	8
Lorain	Mean	3.7
	N	23
Muskingum	Mean	4.5
	N	17
All Pilot Sites	Mean	3.8
	N	78

These last six questions were included to offer respondents the opportunity to offer a concluding assessment of their perception of the impact of FAPM implementation on their work. For all Pilot sites, the mean ratings in this section could be described as “mostly positive.” Muskingum respondents provided the highest mean ratings and their ratings could be described as “positive.” The lowest mean ratings were provided by Hancock respondents and could be described as mainly “neutral.”

A Sample of Caseworkers' Survey Comments:

- ◆ The model is a comprehensive and clear tool for looking at family risk and strengths and needs.
- ◆ The average worker could read through the entire record without having to spend too much time reading redundant information.
- ◆ The Safety Assessment and Family Assessment are very useful when used on cases of “true abuse and neglect.” The problem is “cases we accept” for investigation. Many cases are taken and do not fall under abuse/neglect and therefore makes this tool not useful. A screening issue!
- ◆ The new model allows more time to be spent with working face to face with families and less time spent on paperwork. It also is easy to follow and paints a clear picture to the reader what the true issues/solutions are in the case.
- ◆ The model was very useful and quickly assisted in suggesting what other steps needed to be taken by our agency.
- ◆ I feel the model is a very good and informative tool.
- ◆ FAPM created less paperwork. It's easier to stay current now and that creates less stress and frees up more time to work with families. That makes me feel better about my job.
- ◆ The reviews give us a chance to really look at the case and review its progress/status. Gives me a chance to evaluate if the services I have planned are benefiting the family or not and this opens the door to amend the case plan.

Discussion

Throughout the Pilot, most workers took advantage of numerous opportunities to share their opinions. This certainly occurred regularly with their supervisors and in many instances during technical assistance sessions led by either the Child Welfare Institute or ODJFS. However, the caseworker surveys provided a unique opportunity for workers to anonymously convey their perceptions of their job and the FAPM.

For all the cluster questions, mean scores across all the Pilots were within the range of 3.4–3.8. This reflects a highly stable rating across different domains including worker’s perceptions of their own practice abilities, clarity of Model expectations and guidelines, documentation clarity, and Model impact. Overall, the survey findings suggest that for most staff, worker attitudes toward the Pilot FAPM are favorable and even highly favorable in Muskingum.

During the course of the Pilot, the Model was not readily hampered by large caseloads and, by some reports, its use, especially in relation to the former FDMM, may have contributed to reduced backlog, significantly less paperwork and lower caseloads. Interestingly, a higher percentage of Lorain respondents viewed their caseload as “too high,” even though Lorain’s caseload size, at the time of survey completion, was slightly lower than the other Pilot sites. It may be possible, based on more experience overall and a higher education level, that some Lorain workers have elevated intervention expectations for themselves with their clients and therefore, this influences their perception of caseload size.

While Greene’s ratings of their casework abilities and use of the Model were not readily divergent from the other Pilot sites, less child welfare experience and lack of exposure to the original Pilot implementation training may be having an impact. Additional training to workers, especially to these workers that did not receive the initial implementation training, may be helpful and well received.

B. Supervisor Survey Findings

Appendix 2 includes the Supervisor Survey that was distributed and completed across all Pilot sites.

For analytic purposes, some sets of questions were clustered and mean scores were derived based on the valid responses to all the questions within the cluster. The three specific clusters are identified in Table 18.

Table 18: Supervisor Survey Cluster Questions

Cluster Description	Questions
1. Caseworkers' Case Practice	9-20
2. Caseworkers' Use of FAPM	21-24
3. FAPM Impact	33-38

For each respective question cluster, aggregated findings and summative descriptions are presented in the respective question findings and description section below.

Question 1: How long have you worked in child welfare?

In all Pilot counties, all respondents reported child welfare experience equal to 4 years or longer. 57% of respondents reported 15 years or more of child welfare experience.

Question 2: How long have you worked in your present position?

Almost all respondents reported that they have held their present position for at least one year. For all Pilot sites, 62% have held their position for four years or more.

Question 3. In which unit do you work?

Table 19: Supervisor Survey Respondents By Unit

		County				Total
		Greene	Hancock	Lorain	Muskingum	
Unit	Intake/Assmnt	2	1	1	1	5
	Ongo/Protect	4	1	3	3	11
	Res/Placement	1	0	0	1	2
	Other	0	0	1	0	1
	N/A	0	0	2	0	2
Total		7	2	7	5	21

More than twice as many Ongoing/Protective Units supervisors responded to the survey than supervisors in Intake/Assessment Units, reflecting the larger number of on-going units in all counties except Hancock.

Question 4: What is your highest educational level?

In Lorain, an advanced degree is held by 100% of respondents. In contrast, 14% of Greene and 20% of Muskingum respondents reported an advanced degree. In Hancock, none of the two respondents reported an advanced degree.

Question 5: What licensure/certifications do you hold?

For all Pilot respondents, 52% held at least one license. In Greene and Lorain, 57% of respondents hold a professional license or certification. One or more are held by 50% in Hancock and 40% in Muskingum.

Question 6: How many caseworkers do you supervise?

All respondents, except one, reported that they supervise 8 or fewer caseworkers.

Question 7: What is your average caseload size per worker over the year?

For all the Pilot sites, the average caseload size per worker over the year was reported as less than 10 by 11%; 10-16 cases by 67%; 17-27 cases by 22%. Greene reported the highest average caseload with 57% reporting a caseload of 17-27 cases. No other Pilot sites reported average caseloads exceeding 16 cases.

Question 8. Do you believe the caseloads are usually (too high, average, below average)?

Table 20: Supervisor Perceptions of Caseload Size

	Too High	Average	Below Avg.
Greene	29%	57%	14%
Hancock	0.0%	100%	0%
Lorain	33%	67%	0%
Muskingum	20%	80%	0%
All Pilot Sites	24%	70%	6%

For all the Pilot sites, 76% of respondents perceived their caseload as either “average” or “below average.”

Survey Direction (Q.9-11): Rate these statements as they relate to your perception of your average worker’s case practice. These statements are not specific to the FAPM tools, but reflect your workers’ overall case practice.

- Question 9.** Ability to assess safety factors.
- Question 10.** Ability to assess child vulnerability.
- Question 11.** Ability to assess protective capacities.
- Question 12.** Ability to make an accurate safety decision.
- Question 13.** Ability to develop and implement a safety plan that controls for safety threats.
- Question 14.** Ability to assess risk of future maltreatment.
- Question 15.** Ability to determine if safety and risk related behaviors or conditions are an expression of underlying conditions and/or contributing factors.
- Question 16.** Ability to identify the family’s strengths and resources, which can be utilized to reduce risk, attain permanency and promote child well-being.
- Question 17.** Ability to identify the family’s own perceptions.
- Question 18.** Ability to assess the service needs of the child and family.
- Question 19.** Ability to decide whether to open or close a case.
- Question 20.** Ability to evaluate case plan progress.

Table 21: Perception of Caseworkers Case Practice

Scoring Key: 1= Poor 5= Excellent

County		Ques. 9-20
Greene	Mean	3.6
	N	7
Hancock	Mean	3.5
	N	2
Lorain	Mean	3.8
	N	5
Muskingum	Mean	4.0
	N	5
All Pilot Sites	Mean	3.7
	N	19

There was a high degree of response similarity across all four Pilot sites. On a five-point scale, most supervisors viewed their staff’s highlighted practice and decision-making abilities to be above a middle score. Another way to describe their perceptions of their average caseworkers’ abilities might be “good.” The comparison of workers’ own perceptions to the perceptions of their supervisors is strikingly similar.

Somewhat lower ratings were observed for the following three questions:

- Question 11.** Ability to assess protective capacities.
- Question 15.** Ability to determine if safety and risk related behaviors or conditions are an expression of underlying conditions and/or contributing factors.
- Question 17.** Ability to identify the family’s own perceptions.

Somewhat higher ratings were observed for these four questions:

- Question 12.** *Ability to make an accurate safety decision.*
- Question 18.** *Ability to assess the service needs of the child and family.*
- Question 19.** *Ability to decide whether to open or close a case.*
- Question 20.** *Ability to evaluate case plan progress.*

Survey Direction (Q.21-24): Rate these statements as they relate to your staff’s use of the FAPM protocols. Please take into account both the conceptual model for making key case decisions and the tools used to document these decisions.

- Question 21** *The FAPM protocols set clear expectations and criteria in making an accurate safety and risk assessment.*
- Question 22.** *The FAPM protocols set clear expectations and criteria in making an accurate analysis of all available case information.*
- Question 23.** *The FAPM protocols set clear expectations and criteria in making an accurate assessment of priorities for intervention in the family.*
- Question 24.** *The FAPM protocols provide clear and succinct documentation for key case information and decision rationales.*

Table 22: FAPM Use

Scoring Key: 1= Strongly Disagree 5= Strongly Agree

County		Ques. 21-24
Greene	Mean	3.3
	N	5
Hancock	Mean	3.9
	N	2
Lorain	Mean	3.3
	N	6
Muskingum	Mean	3.9
	N	4
All Pilot Sites	Mean	3.5
	N	17

For all Pilot sites, the mean ratings in this section could be described as “between neutral and agree.” The highest mean rating for this set of questions was received in Hancock and Muskingum. Somewhat lower mean scores were reported in Greene and Lorain. The comparison of workers’ own perceptions to the perceptions of their supervisors is strikingly similar. The one exception is Hancock where the two supervisors rated their staff higher than staff’s own mean rating for their use of the FAPM.

Question 25. *Do you believe the Pilot training you received has adequately prepared you to supervise caseworkers' use of the FAPM protocols?*

Table 23: Training Adequacy

County	Yes	Partially	No
Greene	43%	43%	14%
Hancock	100%	0%	0%
Lorain	43%	57%	0%
Muskingum	80%	20%	0%
All Pilot Sites	57%	38%	5%

Across all Pilot sites, 95% were either completely or partially satisfied with the adequacy of the training to prepare them to assist their staff in the implementation of the FAPM.

Question 26. *Do you need additional training to use and supervise the FAPM protocols?*

Table 24: Need for Additional Training - Supervisors

County	Yes	Partially	No
Greene	33%	33%	33%
Hancock	0%	0%	100%
Lorain	57%	29%	14%
Muskingum	40%	0%	60%
All Pilot Sites	40%	20%	40%

A clear preference was not expressed in response to a perceived need for additional training for supervisors. Across all Pilot sites, 60% identified some level of need.

Question 27. *Do you believe the Pilot training your staff received has adequately prepared them to accurately use the FAPM protocols?*

Table 25: Training Adequacy for Caseworkers

County	Yes	Partially	No
Greene	17%	66%	17%
Hancock	100%	0%	0%
Lorain	43%	43%	14%
Muskingum	100%	0%	0%
All Pilot Sites	55%	35%	10%

Across all Pilot sites, 90% viewed the training provided as adequate or partially adequate to prepare their staff in the implementation of the FAPM protocols.

Question 28. *Does your staff need additional training to use the FAPM protocols?*

Table 26: Need for Additional Training - Caseworkers

County	Yes	Partially	No
Greene	43%	43%	14%
Hancock	0%	0%	100%
Lorain	57%	29%	14%
Muskingum	0%	60%	40%
All Pilot Sites	33%	38%	29%

Across all Pilot sites, 71% identified a need for some additional training for caseworkers. However, in Hancock, none of the two supervisors perceived the need for additional training at the time the survey was completed. Greene and Lorain’s higher perceived need for additional training may reflect the high number of Greene caseworkers that did not receive the original implementation training and in Lorain, the relatively short 4 month Pilot experience leading to a fuller understanding of the Model and its myriad applications with various case types and case circumstances.

Question 29. *Is the worker manual and field guides clear and complete enough regarding the expected use of the FAPM tools?*

Table 27: Manual/Guides - Supervisors

County	Yes	Partially	No
Greene	86%	14%	0%
Hancock	100%	0%	0%
Lorain	43%	57%	0%
Muskingum	100%	0%	0%
All Pilot Sites	76%	24%	0%

High satisfaction was expressed in relation to the various implementation, policy and practice field guides and manuals that were developed and distributed to support Pilot implementation. Many recommendations have been received across the duration of the Pilot to support further enhancement of these materials, provide more comprehensive guidance and add additional case examples.

Question 30. *Do the Pilot worker manual and tool instructions set clear expectations for the time requirements for each individual instrument?*

Table 28: Time Requirement Expectations

County	Yes	Partially	No
Greene	71%	29%	0%
Hancock	100%	0%	0%
Lorain	86%	14%	0%
Muskingum	100%	0%	0%
All Pilot Sites	86%	14%	0%

High satisfaction was expressed in relation to time requirement expectations for each FAPM instrument.

Question 32. *Are there tools or specific parts thereof that you find difficult to understand and supervise?*

Table 29: Understanding/Supervision Difficulty

County	Yes	No
Greene	71%	29%
Hancock	100%	0%
Lorain	67%	33%
Muskingum	100%	0%
All Pilot Sites	76%	24%

For all Pilot sites, responses to this question were consistent. The intent of this question was to prompt supervisors to record in the comments section of this question what specific Model components were difficult to understand and supervise in order to provide greater understanding of Model components in relation to caseworker implementation fidelity and supervisor confidence. Compared to their workers', supervisors more readily reported some level of difficulty (76% vs. 47%). This may reflect the supervisors' greater comfort level with self-reporting or it may reflect high supervisory expectations.

Survey Directions (Q. 33-38): Answer these questions to reflect your assessment of the impact of the FAPM protocols on your unit's work.

- Question 33.** *Morale*
- Question 34.** *Workload*
- Question 35.** *Case decision-making*
- Question 36.** *Accountability*
- Question 37.** *Assessment*
- Question 38.** *Documentation*

Table 30: FAPM Impact - Supervisors

Scoring Key:
 1=Negative 2=Mostly Negative 3=Neutral 4=Mostly Positive 5=Positive

County		Ques. 33-38
Greene	Mean	3.9
	N	7
Hancock	Mean	4.5
	N	2
Lorain	Mean	3.9
	N	7
Muskingum	Mean	4.9
	N	5
All Pilot Sites	Mean	4.2
	N	21

These last six questions were included to offer respondents the opportunity to offer a concluding assessment of their perception of the impact of FAPM implementation on their unit's work. Across all Pilot sites, the mean ratings in this section could be described as "mostly positive." Muskingum supervisors provided the highest rating with a "positive" 4.9 rating. There were no meaningful differences in ratings across the six questions.

Sample Supervisors' Survey Comments:

- ◆ The case review tool could use some revisions. All of the tools are more clear in the decision making process than using the FRAM. The tools do require more supervisory involvement in paperwork to make sure that workers are using the tools properly. I believe this to be good for child welfare as a whole. I also think the tools help to more clearly describe safety issues and progress.
- ◆ I think that it gives a clear focus for safety and helps to keep important issues before the worker and supervisor. It has helped us tremendously to keep up on paperwork.
- ◆ It is forcing workers to think more about the family's capacities as well as what is real danger.
- ◆ The tool gives a better picture of what has happened during an assessment. Much easier to follow and I really like the narrative format.
- ◆ Backlog has decreased, morale is increased and accountability is increased.
- ◆ I find that my staff is current in regarding to documentation despite more frequently reviewing case status on a formal basis.
- ◆ Staff feels as though the documentation tools allow for more information to be expressed – easier to maneuver.
- ◆ I find it helpful in almost all areas.
- ◆ Well done – I believe the FAPM tools and protocols to be beneficial to families and workers. Workers spend less time on paperwork and more time with families in need.

Discussion

Supervisors' assessment of the impact of the FAPM protocols on their unit's work was uniformly "mostly positive." For the most part, Pilot supervisors' overall mean rating of the Model's impact on their staffs' work was slightly higher than the caseworkers' own ratings (4.2 vs. 3.8). Muskingum's level of satisfaction was highest for both groups (4.9 vs. 4.5). In Greene and Lorain, the impact assessment was very close (Greene - 3.9 vs. 3.8 and Lorain 3.9 vs. 3.7). In Hancock, the level of supervisor satisfaction exceeded their staff (4.5 vs. 2.9).

Perhaps what is most striking about the supervisor survey findings is the congruency between their perceptions of caseload, worker practice, FAPM utility and FAPM impact. It appears that all staff - caseworkers and supervisors alike - has accepted the Piloted FAPM and universally prefers its use to the Ohio FRAM.

Caseworkers and supervisors have recognized that coupled with overall approval, some adjustments need to be made in protocol design, tool construction and/or local policies and procedures. In some situations, additional training and/or technical assistance is needed. Nonetheless, perceptions are positive despite the continuing "learning curve affect" commonly expected in any change initiative that is coupled with a relatively short Pilot introduction and implementation schedule (nine months in Greene, Muskingum and Hancock, five months in Lorain).

C. Case Record Reviews

The case record review was a valuable method to gather information regarding the FAPM tools and protocols and their efficacious use. It provided significant feedback on assessment and decision-making tool utilization, ability to assist the worker in decision support documentation, and the identification of the Pilot sites' technical assistance needs throughout the course of the Pilot period. The review directly examined the Model's documentation instruments (and supporting case documentation) in order to assess compliance with instrumentation requirements, implementation proficiency and Model understanding and application.

Case review rating data collection instruments were designed and used to assess both Model documentation compliance and the more qualitative aspects of Model assessment and decision-making practice. For each of the two case record review stages conducted as part of the review methodology, virtually identical review instruments were used. In a few exceptions, minor adjustments were made that added a question in the Stage 2 review for one tool. In the safety plan review instrument, an additional question was added. However, all the other changes comprised clarifications in wording and were not viewed as significant enough to invalidate rating comparisons between Stage 1 and Stage 2 reviewed cases.

Two types of questions were included in the case record review instruments, separately constructed for each FAPM tool. The purpose of the compliance-oriented questions was to examine:

- ◆ Completion of designated cases
- ◆ Completion by designated time frames
- ◆ Completion per the tools' instructions
- ◆ Assessment of all household members

The qualitative related questions examined, but was not limited to the following type of considerations:

- ◆ Clear, succinct rationales
- ◆ Rationales supported with evidence
- ◆ Rationales specific to the family and written in behavioral terms
- ◆ Case changes reflected throughout the life of the case
- ◆ Documentation congruent with dictation and other source materials
- ◆ Congruence between safety threats and safety plan
- ◆ Safety factors and associated safety threats correctly identified
- ◆ Safety decisions congruent with identified safety factors, child vulnerability and family protective capacities
- ◆ Congruence between risk element ratings and case analysis
- ◆ Evidence that future risk, family needs and dynamics were identified
- ◆ Evidence of congruence between risk assessment, safety threats, and the case plan

- ◆ Instrument documentation reflected an understanding of risk of child maltreatment, timely permanency attainment, and/or child well-being, depending on case circumstances
- ◆ Understanding of the protocols' key concepts (i.e., understanding the difference between safety and risk, safety plan and case plan and emerging danger)

A case record scoring scheme was established to support the review. Insofar as some of the case record review questions included in the review instrument were compliance related while others were more qualitative, two different scoring systems were developed. In the Appendix section of this Report are copies of the respective case record review instruments that were used in Stage 2. As previously noted, only minor adjustments were made in these instruments after the Stage 1 reviews.

The review ratings used a three-point scale.

Compliance Rating:

1. Not Compliant
(Directions, procedures and/or timeframes not followed)
2. Partially Compliant
(Incomplete or inconsistent compliance)
3. Fully Compliant
(Directions, procedures and/or timeframes followed)

Qualitative Rating:

1. Unsatisfactory
(Misapplication of the protocol and tool, rationales do not support judgments, misunderstanding of the difference between safety and risk or safety plan and case plan, etc.)
2. Needs Improvement
(Inconsistent application of the protocol and tool; i.e., improvement needed in the rationales, minimal understanding of the difference between safety and risk or safety plan and case plan, etc.)
3. Satisfactory
(Consistent application and understanding; decisions supported)

Central Office staff of the Ohio Department of Job and Family Services, Office for Children and Families, conducted the reviews, usually joined by Technical Assistance Specialists within the ODJFS Field Offices. For the Stage 1 review, the sampling period was 7/1/03 to 10/31/03 with the reviews occurring in 11/03. All Pilot sites were

represented with the exception of Lorain, taking into account their November start-up. The Stage 2 review covered the time period from 11/1/03 to the date of the actual 2/04 case reviews. This review included cases in Lorain based on their approximately 3-month Pilot experience.

The Safety Assessment, Safety Plan and Family Assessment sample pool consisted of all families who had a reported incident of CA/N during the sampling period. The Case Review and Reunification Assessment sample pool consisted of all cases open for in-home supportive services, protective supervision or substitute care during the sampling period.

Cases that contained two or more Pilot tools were also reviewed as one case, even when more than one tool was reviewed. Following these guidelines for case selection and case review, the Pilot agencies were responsible for selecting the cases in accordance with their own internal case identification processes and systems.

Tables 31-33 specify exactly how many unique cases and individual FAPM tools were reviewed for each of the case record review stages and both stages combined.

Table 31: Cases & Tools Reviewed – Stage 1

Key	
SA -	SAFETY ASSESSMENT
SP -	SAFETY PLAN
FA -	FAMILY ASSESSMENT
CR -	CASE REVIEW
RA -	REUNIFICATION ASSESSMENT

ALL COUNTIES (I)

Review	SA	SP	FA	CR	RA
GREENE (98 cases)	71	12	63	24	10
HANCOCK (36 cases)	30	4	28	9	1
MUSKINGUM (55 cases)	42	8	42	15	3
TOTAL (189 cases)	143	24	133	48	14

Table 32: Cases & Tools Reviewed – Stage 2

ALL COUNTIES (2)

Review	SA	SP	FA	CR	RA
GREENE (86 cases)	66	6	57	21	3
HANCOCK (37 cases)	30	2	30	8	0
LORAIN (65 cases)	50	3	46	15	1
MUSKINGUM (57 cases)	44	6	44	13	8
TOTAL (245 cases)	190	17	177	57	12

Table 33: Cases & Tools Reviewed – Stage 1 & 2

ALL COUNTIES (1 & 2)

Review	SA	SP	FA	CR	RA
1 (3 COUNTIES)	143	17	133	48	14
2 (4 COUNTIES)	190	24	177	57	12
TOTAL (434 cases)	333	41	310	105	26

For the combined Stage 1 and Stage 2 reviews, 434 distinct cases were examined and 815 FAPM assessment and decision support tools were reviewed and evaluated.

Table 34: Safety Assessment (1)

SAFETY ASSESSMENT: CASE RECORD REVIEW INSTRUMENT - ALL COUNTIES (1)

	N	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	AVG. SCORE/ CASE**
GREENE	71	2.8	2.5	2.6	2.7	2.3	2.3	2.5	2.2	2.7	2.3	2.9	2.5
HANCOCK	30	2.8	2.6	2.8	2.8	2.2	3.0	2.5	2.2	2.9	2.2	2.5	2.6
MUSKINGUM	42	2.6	2.4	2.6	2.9	2.2	2.9	2.6	2.0	2.8	2.7	2.4	2.6
AVERAGE SCORE/ITEM		2.7	2.5	2.7	2.8	2.2	2.7	2.5	2.1	2.8	2.4	2.6	2.6
TOTAL # N/A RESPONSES		1	64	0	0	65	0	0	0	0	112	0	Total # N/A responses = 242

**Avg. scores do not include N/A responses.

Across all three Pilot sites for the Stage 1 case record review, the mean score for the Safety Assessment was 2.6, approximately halfway between “needs improvement” and the highest rating. There were no overall differences between Pilot sites.

For individual questions, relatively lower ratings were associated with the following questions:

- Question 5.** *Were the plans for further assessment of any safety factor realistic?*
- Question 8.** *Does the statement(s) for Protective Capacities clearly describe emotional, cognitive and behavioral capacities of individual adults and children and/or resources available to the family?*

Table 35: Safety Assessment (2)

SAFETY ASSESSMENT: CASE RECORD REVIEW INSTRUMENT - ALL COUNTIES (II)

	N	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	AVG. SCORE/CASE**
GREENE (II)	66	2.8	2.6	2.9	2.9	2.4	2.8	2.5	2.3	2.9	2.1	2.8	2.7
HANCOCK (II)	30	2.8	2.5	2.8	3.0	2.5	3.0	2.3	2.1	3.0	2.6	2.5	2.6
LORAIN	50	2.5	2.3	2.8	2.9	1.9	2.6	2.2	2.0	2.8	1.8	2.4	2.4
MUSKINGUM (II)	44	2.9	2.8	2.9	3.0	2.9	3.0	2.6	2.1	3.0	3.0	2.6	2.8
AVERAGE SCORE/ITEM		2.8	2.6	2.9	2.9	2.4	2.8	2.4	2.1	2.9	2.4	2.6	2.6
TOTAL # N/A RESPONSES		0	79	4	18	74	0	0	0	0	172	0	Total # N/A responses = 345

**Avg. scores do not include N/A responses.

Similar to the Stage 1 Safety Assessment review, the total mean rating was close across counties, but slightly lower in Lorain. Lorain’s ratings would clearly have been much higher if not for relatively low scores in the following three questions:

- Question 5.** *Were the plans for further assessment of any safety factor realistic?*
- Question 8.** *Does the statement(s) for Protective Capacities clearly describe emotional, cognitive and behavioral capacities of individual adults and children and/or resources available to the family?*
- Question 10.** *Is the listing and explanation regarding children not included in the safety plan clear and appropriate (if the listing and explanation were necessary)?*

For individual questions, relatively higher ratings across all Pilot sites were associated with the following questions:

- Question 1.** Was the Safety Assessment completed within 4 (four) working days from the date of the report or the timeframe waived per agency policy?
- Question 3.** Did the explanations clearly support each safety factor and the Yes/No response?
- Question 4.** Are the explanations described in behavioral terms, specific and unique to this family as opposed to general or global descriptions?
- Question 6.** Does the historical statement clearly describe any previous serious harm committed by a caretaker or other having access to the child and/or any previous serious harm inflicted upon any child in the household?
- Question 9.** Does the safety response decision logically flow from the analysis of the identified safety factors, vulnerabilities of the child(ren) and family’s protective capacities?

Table 36: Safety Plan (1)

SAFETY PLAN: CASE RECORD REVIEW INSTRUMENT - ALL COUNTIES (I)

	N													AVG. SCORE/CASE**	
		Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9		Q10	Q11		Q12
GREENE (I)	12	2.8	2.8	2.5	2.3	2.9	2.2	2.0	***	2.6		2.7	2.3	1.3	2.4
HANCOCK (I)	4	2.3	2.8	2.8	2.8	2.3	2.3	1.5	***	2.5		3.0	2.8	1.5	2.4
MUSKINGUM (I)	8	2.4	2.5	2.5	2.3	2.8	2.0	2.1	***	2.0		3.0	3.0	1.7	2.4
AVERAGE SCORE/ITEM		2.5	2.7	2.6	2.4	2.6	2.1	1.9	***	2.4		2.9	2.7	1.5	2.4
TOTAL # N/A RESPONSES		0	0	0	0	0	0	0	***	0		0	0	0	Total # N/A responses = 0

**Avg. scores do not include N/A responses.

***Question #8, "If implemented appropriately, is the plan sufficient to ensure child safety?" was not included in the first round of reviews.

For the Stage 1 case record review, the mean score for the Safety Plan, across all three Pilot sites was 2.4 or approximately halfway between “needs improvement” and the highest rating. There were no overall differences between Pilot sites.

The three highest rated questions were:

- Question 2.** Are the names of all adults and children included in the safety plan listed?
- Question 10.** Does the safety plan employ the least restrictive (least disruptive to the children) strategies possible, while assuring the safety of the child(ren)?
- Question 11.** Does the safety plan build on the protective capacities of the family and include community and extended family supports that are available or are already in place?

The two lowest rated questions were:

Question 7. *Does the monitoring plan clearly describe how, how often, and who will monitor the safety plan, and is it sufficient to ensure child safety?*

Question 12. *Is there documentation on the safety plan that any or all action steps are no longer in effect?*

Table 37: Safety Plan (2)

SAFETY PLAN: CASE RECORD REVIEW INSTRUMENT - ALL COUNTIES (II)

	N													AVG. SCORE/CASE**	
		Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9		Q10	Q11		Q12
GREENE (II)	6	1.8	2.2	1.5	1.3	2.3	1.7	1.8	1.3	2.3		2.5	2.3	1.5	1.9
HANCOCK (II)	2	3.0	2.0	3.0	3.0	3.0	3.0	2.0	3.0	3.0		3.0	3.0	2.0	2.8
LORAIN	3	3.00	1.00	3.00	1.33	2.00	2.33	2.00	2.33	2.33		2.3	2.00	2.00	2.2
MUSKINGUM (II)	6	2.7	2.0	2.3	2.3	2.3	2.2	1.7	2.5	2.7		2.8	2.2	3.0	2.4
AVERAGE SCORE/ITEM		2.6	1.8	2.5	2.0	2.4	2.3	1.9	2.3	2.6		2.7	2.4	2.1	2.3
TOTAL # N/A RESPONSES		1	1	0	0	0	0	0	0	0		0	0	10	Total # N/A responses = 2

**Avg. scores do not include N/A responses.

The mean overall rating across all Pilot sites was very comparable to the Stage 1 Safety Plan review. Hancock received close to the highest possible rating for a mean overall score, although the number of Safety Plans reviewed was very small (N=2). Greene's mean overall rating dropped from 2.4 to 1.9.

For individual questions, the highest ratings were identified for the following three questions:

Question 1. *Was the safety plan developed and implemented immediately (prior to leaving the home) after determining that a child was unsafe?*

Question 9. *Were the signatures and dates for each parent/guardian/other responsible person(s) named in each action step of the safety plan obtained?*

Question 10. *If the safety plan was implemented by a verbal commitment, is there documentation of the specific date and time of the verbal commitment and were signatures obtained within one working day?*

Lower rated questions included:

Question 2. *Are the names of all adults and children (in the household or involved in the safety plan) included in the safety plan listed?*

Question 7. *Does the monitoring plan clearly describe how, how often and who will monitor the safety plan?*

Table 38: Family Assessment (1)

FAMILY ASSESSMENT: CASE RECORD REVIEW INSTRUMENT - ALL COUNTIES (I)

	N															AVG. SCORE/CASE
		Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Q13	Q14	
GREENE (I)	63	2.3	2.7	2.6	2.9	2.8	2.9	2.2	2.2	2.4	2.6	2.35	2.5	2.7	2.3	2.5
HANCOCK (I)	28	2.6	2.6	2.7	2.9	2.7	2.9	1.9	1.6	2.2	2.6	1.8	2.8	2.8	2.9	2.5
MUSKINGUM (I)	42	2.5	2.5	2.8	2.9	2.8	2.9	2.2	2.2	2.4	2.9	2.1	2.6	2.7	2.9	2.6
AVERAGE SCORE/ITEM		2.5	2.6	2.7	2.9	2.7	2.9	2.1	2.0	2.3	2.7	2.1	2.7	2.7	2.7	2.5
TOTAL # N/A RESPONSES		4	2	0	0	0	0	34	116	0	0	0	0	0	0	Total # N/A responses = 156

†Avg. scores do not include N/A responses.

For the Stage 1 Family Assessment review, mean overall ratings were almost exactly the same for all three Pilot sites. These ratings could be characterized as between “needs improvement” and “satisfactory” (the highest rating). Ratings for individual questions were mostly stable across Pilot sites. High ratings were found to be closely associated with questions related to the assessment and documentation of child harm, risk elements and the identification of services. Questions associated with family strengths, emerging danger and underlying conditions were rated comparatively lower.

Table 39: Family Assessment (2)

FAMILY ASSESSMENT: CASE RECORD REVIEW INSTRUMENT - ALL COUNTIES (II)

	N															AVG. SCORE/CASE **
		Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Q13	Q14	
GREENE (II)	57	2.4	2.8	2.8	3.0	2.9	3.0	2.3	2.8	2.4	2.7	2.2	2.8	2.1	2.6	2.6
HANCOCK (II)	30	2.6	2.7	3.0	3.0	2.7	3.0	2.2	2.3	2.3	2.8	2.5	2.9	2.9	2.9	2.7
LORAIN	46	2.4	2.4	2.6	2.9	2.6	3.0	2.2	2.0	2.2	2.6	2.1	2.6	2.5	2.7	2.5
MUSKINGUM (II)	44	2.2	2.7	2.9	2.9	2.7	3.0	2.1	2.6	2.4	3.0	2.2	2.8	2.9	2.9	2.7
AVERAGE SCORE/ITEM		2.6	2.7	2.9	3.0	2.8	3.0	2.2	2.4	2.4	2.8	2.2	2.8	2.6	2.7	2.6
TOTAL # N/A RESPONSES		0	1	0	0	0	0	33	159	0	0	4	1	0	1	Total # N/A responses = 199

**Average scores do not include N/A responses.

For the Stage 2 Family Assessment review, mean overall ratings were again almost the same for all four Pilot sites. These ratings could be characterized as between “needs improvement” and “satisfactory” (the highest rating). Ratings for individual questions were mostly stable across Pilot sites. High ratings were found to be closely associated with questions related to the safety review, assessment and documentation of child harm, risk elements, emerging danger, risk analysis and the identification of services. Questions associated with family strengths and underlying conditions were rated comparatively lower.

Table 40: Case Review (1)

CASE REVIEW: CASE RECORD REVIEW INSTRUMENT - ALL COUNTIES (I)

	N																					AVG. SCORE/CASE**
		Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Q13	Q14	Q15	Q16	Q17	Q18	Q19	Q20	
GREENE (I)	21	2.9	2.8	2.1	2.5	3.0	2.4	2.0	3.0	2.9	3.0	2.9	2.9	3.0	3.0	3.0	3.0	3.0	2.8	2.8	3.0	2.8
HANCOCK (I)	9	3.0	2.8	2.7	2.8	3.0	2.5	2.3	2.9	2.8	3.0	2.6	2.2	3.0	2.8	3.0	3.0	xxx	3.0	3.0	3.0	2.8
MUSKINGUM (I)	15	2.9	2.9	2.8	2.5	3.0	2.5	2.0	3.0	3.0	3.0	3.0	2.9	3.0	2.8	2.8	3.0	3.0	3.0	2.8	2.8	2.8
AVERAGE SCORE/ITEM		2.9	2.8	2.5	2.6	3.0	2.5	2.1	3.0	2.9	3.0	2.8	2.7	3.0	2.9	2.9	3.0	3.0	2.9	2.9	2.9	2.8
TOTAL # N/A RESPONSES		3	0	1	1	7	30	2	0	0	0	0	0	0	5	23	31	44	25	26	23	Total # N/A responses = 221

**Average scores do not include N/A responses

For the Stage 1 Case Review, mean overall ratings were exactly the same for all three Pilot sites. These ratings were close to the highest rating possible. Ratings for individual questions were fairly stable and at the highest level or between the middle and highest rating. Only the question associated with description of the family’s perceptions was rated comparatively lower.

Table 41: Case Review (2)

CASE REVIEW: CASE RECORD REVIEW INSTRUMENT - ALL COUNTIES (II)

CASE NAME	TOTAL # CASES	Qualitative Review - Expectations for Completing the Case Review																		AVERAGE SCORE/CASE**		
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18		19	20
GREENE (II)	21	2.4	2.5	2.1	2.6	2.9	2.1	1.9	2.7	2.9	2.9	2.9	2.9	2.9	3.0	3.0	3.0	3.0	2.6	3.0	3.0	2.7
HANCOCK (II)	8	2.7	2.6	2.3	2.7	3.0	2.7	2.3	2.9	2.9	2.9	3.0	2.6	2.9	3.0	3.0	3.0	X	3.0	3.0	3.0	2.8
LORAIN	15	3.0	2.5	1.7	2.0	2.8	2.0	1.7	2.8	2.8	2.9	2.9	2.8	2.9	2.5	3.0	1.8	3.0	2.2	3.0	2.9	2.6
MUSKINGUM (II)	13	2.4	2.7	2.4	2.5	2.9	2.3	2.2	3.0	3.0	3.0	2.9	2.9	3.0	2.9	3.0	X	X	2.0	2.0	2.0	2.7
AVERAGE SCORE/ITEM		2.6	2.6	2.1	2.5	2.9	2.3	2.0	2.8	2.9	2.9	2.9	2.8	2.9	2.9	3.0	2.6	3.0	2.5	2.8	2.7	2.7
TOTAL # N/A RESPONSES		0	0	2	2	2	33	1	0	0	0	0	0	0	17	27	48	52	31	31	28	Total # N/A responses = 274

Total # Cases = 57

**AVERAGE SCORES do not include N/A responses.

For the Stage 2 Case Review, mean overall ratings were very similar across all four Pilot sites. These ratings were close to the highest rating possible. Ratings for individual questions were fairly stable and uniformly at the highest level or between the middle and highest rating. As observed in the Stage 1 review, the question associated with “description of the family’s perceptions” was rated comparatively lower. Also, rated comparatively lower were the questions related to emerging danger, describing new safety threats, changes or additional information in protective capacities and/or child vulnerability and progress toward resolving identified safety threats. All of the other 17 Case Review questions had higher ratings.

Table 42: Reunification (1)

REUNIFICATION ASSESSMENT: CASE RECORD REVIEW INSTRUMENT - ALL COUNTIES (I)

	N	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Q13	Q14	Q15	Q16	Q17	AVG SCORE/ITEM**	
GREENE (I)	10	3.0	3.0	3.0	2.9	2.9	2.8	2.9	2.8	2.6	2.8	2.9	2.8	2.7	3.0	2.9	2.9	3.0	2.9	
HANCOCK (I)	1	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	2.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	2.9
MUSKINGUM (I)	3	2.7	2.7	3.0	2.3	2.3	3.0	3.0	2.7	3.0	3.0	3.0	2.7	3.0	2.7	3.0	3.0	2.3	2.8	
AVERAGE SCORE/ITEM		2.9	2.9	3.0	2.7	2.7	2.9	3.0	2.8	2.5	2.9	3.0	2.8	2.9	2.9	3.0	3.0	2.8	2.9	
TOTAL # N/A RESPONSES		0	0	0	0	0	1	0	0	0	0	2	0	0	0	0	2	0	Total # N/A responses = 5	

Total # Cases = 14

**Average scores do not include N/A responses

With the exception of Greene (N=10), the number of Reunification tools reviewed in Stage 1 was small (N=4). As a result, findings may not be as definitive compared to other FAPM assessment and decision support tools. Nonetheless, mean overall ratings were very similar across all three Pilot sites. These ratings were very close to the highest rating possible. For Greene, ratings for individual questions were stable and uniformly at or near the highest rating.

Table 43: Reunification (2)

REUNIFICATION ASSESSMENT: CASE RECORD REVIEW INSTRUMENT - ALL COUNTIES (II)

	N	Qualitative Review: Expectations for Completing the Reunification Assessment																	AVERAGE SCORE/CASE**	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17		
GREENE (II)	3	1.7	3.0	3.0	3.0	3.0	2.0	3.0	3.0	2.7	3.0	3.0	3.0	3.0	3.0	2.3	1.7	3.0	2.7	
HANCOCK (II)	0	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
LORAIN	1	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	1.0	2.9	
MUSKINGUM (II)	8	2.7	3.0	3.0	2.7	3.0	2.5	3.0	3.0	2.7	2.7	3.0	3.0	3.0	3.0	3.0	3.0	3.0	2.9	
AVERAGE SCORE/ITEM		2.4	3.0	3.0	2.9	3.0	2.5	3.0	3.0	2.8	2.9	3.0	3.0	3.0	3.0	2.8	2.6	2.3	2.8	
TOTAL # N/A RESPONSES		0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	Total # N/A responses = 2	

Total # Cases = 12

**AVERAGE SCORES do not include N/A responses

For the Stage 2 Case Review, mean overall ratings were very similar across all four Pilot sites. These ratings were close to the highest rating possible. Ratings for individual questions were fairly stable and uniformly at the highest level or between the middle and highest rating. As observed in the Stage 1 review, the question associated with “description of the family’s perceptions” was rated comparatively lower. Also rated comparatively lower were the questions related to emerging danger, describing new safety threats, changes or additional information in protective capacities and/or child vulnerability and progress toward resolving identified safety threats. All the other seventeen Case Review questions had higher ratings.

With the exception of Muskingum (N=8), the number of Reunification tools reviewed in Stage 2 was small (N=4). As a result, findings may not be as definitive compared to other FAPM assessment and decision support tools. Nonetheless, mean overall ratings were very similar across all four Pilot sites. These ratings were very close to the highest rating possible. For Muskingum, ratings for individual questions were fairly stable and uniformly at or near the highest rating.

Discussion

The case record review directly examined the Model's documentation instruments (and supporting case documentation) in order to assess compliance with policies, procedures and documentation expectations. Qualitative questions focused on implementation proficiency, Model understanding and assessment and decision-making congruence with Model constructs and principles.

Based on the case review ratings, the FAPM's Reunification assessment was extremely well understood and applied. On a 3-point rating scale, Stage 1 and Stage 2 review findings were at 2.9 and 2.8 respectively. The Reunification component of the FAPM has a critical role in decision-making associated with child safety and reunification readiness. The accurate understanding of these two constructs is essential to support current and prospective child safety, promote permanency and manage agency liability. All indications suggest that the Reunification protocol has been well received, properly applied and an invaluable addition to the Pilot sites' decision support efficacy.

The Case Review component of the FAPM also received very high ratings. In both Stage 1 and Stage 2, the overall mean ratings across all Pilot sites were 2.8 and 2.7 respectively. These findings were somewhat surprising albeit gratifying for several reasons. First, unlike the Ohio Risk Re-Assessment that is required every six months, the FAPM Case Review is completed every 3 months. Doubling the perceived assessment tool requirements associated with this tool may have created insurmountable backlog and other compliance issues and worker/supervisor resentment. However, these concerns were not reported and the tools completion demonstrated no evidence that these negative consequences resulted. One possible reason is that the length of the Case Review has been reduced from 28 pages to only 11 and/or because staff recognize the importance of accelerated re-assessments and case plan progress reviews in recognition of the need for timely permanency and case resolution.

Secondly, some survey responses and some feedback received through technical assistance contacts indicated that some staff found the Case Record Review to be occasionally redundant, and difficult to integrate assessment information and Semiannual Administrative Review (SAR) requirements. Although the Pilot Implementation Committee is making revisions, one might expect that design and integration issues would affect Case Review compliance and qualitative proficiency. As case record review findings suggest, these difficulties have been overcome. In fact, the emphasis on frequent safety reviews, the identification of emerging danger and an accelerated emphasis on family strengths and case progress has been recognized and accepted.

The Safety Assessment and the Family Assessment reviews have both been adequately applied. Many specific positive indicators have been identified. Regarding the Safety Assessment, safety factors are usually accurately identified, child vulnerability and protective capacities are often recognized and the inter-relationship of safety factors, vulnerability and protective capacities is generally understood in relationship to safety decision-making. The short time frame for completing the safety assessment has been adopted through changes in policies and procedures, motivated by its critical relationship to child protection within the first few days of report acceptance for investigation/assessment. Improvements are needed in understanding the range of protective capacities that are relevant to safety decision-making.

The Family Assessment has undergone a shift from concluding with a case risk rating to a focus on the nature of the risk to a child and what needs to occur to promote child safety, permanency and well being. For the most part, this transition from quantifying risk to understanding the nature of the “risk” and the intervention needed has been well accepted. Staff is not reporting that the absence of a risk rating impedes their ability to decide which cases to open.

New or more heavily emphasized family assessment and on-going child safety constructs have been accepted by staff including: resolution of safety threats, differentiating safety threats from the consequence of the safety threat (serious harm), emerging danger, family strengths, family perceptions and change priorities. While the application and documentation of these constructs has not achieved the level of mastery desired, the duration of the Pilot coupled with the on-going learning, quality assurance activities underway and gradual internalization within case practice and decision-making, has met reasonable expectations across all four Pilot sites.

The component of the Pilot FAPM that has arguably undergone the most significant transformation from its former pre-Pilot use is the Safety Plan. Since safety plans were being developed and implemented prior to the Pilot, a significant degree of re-conceptualization, adjusted operational definitions and changes in policy and procedure has been required. This significant transformation and the time usually required for these changes to be understood and consistently applied is a likely reason why the case review ratings for the Safety Plan tool were somewhat lower than other tools and their associated constructs.

Case record review findings suggest that valid safety decisions are being made and that, when safety plans are needed, the appropriate intensity of controlling intervention is being selected. These are perhaps the two most critical considerations and therefore it is reasonable to conclude that children are being protected when necessary. One important component of Safety Plan development and implementation that appears to require additional technical assistance and/or training includes safety plan implementation monitoring in order to insure that the Safety Plan is sufficient over time and necessary changes are quickly identified and implemented.

D. Model Application

In addition to the compliance and qualitative focus of the case record review, evaluation team reviewers concurrently collected selected data to help learn more about the characteristics of the Pilots' sampled cases and how the FAPM tools and constructs were being applied to these cases.

Safety Assessment

For the Safety Assessment (Tables 44-45), two variables were examined. The first included a frequency count for all fifteen "safety factors" that are to be assessed to help identify signs of present danger and guide child safety decisions. By tallying this information, interested parties can know which safety factors are most prevalent in the Pilot sample cases.

The second variable includes the "safety response." The safety response represents the caseworker and supervisor's decision whether a child needs to be protected from immediate danger of serious harm and, if necessary, what form of safety intervention is sufficient. By collecting this information, the frequency of the various safety decision and response options can be identified.

Table 44: Safety Factors/Safety Decision (1)

N = 143 Cases

Safety Factor	Frequency	Percentage
1. A child has received serious, inflicted, physical harm.	5	3.5%
2. Caretaker has not, cannot, or will not protect the child from potential serious harm, including harm from other persons having familial access to the child.	17	11.9%
3. Caretaker or other person having access to the child has made a credible threat, which would result in serious harm to a child.	3	3.2%
4. The behavior of any member of the household or other person having access to the child is violent and/or out of control.	21	14.7%
5. Any member of the household or other person having access to the child describes or acts toward the child in predominantly or extremely negative terms and/or has extremely unrealistic expectations of the child.	5	3.5%
6. Drug and/or alcohol use by any member of the household or other person having access to the child suggests that the child is in immediate danger of serious harm.	10	7.0%
7. Behavior(s) of any member of the household or any person having access to the child is symptomatic of mental or physical illness or disability that suggests the child is in immediate danger of serious harm.	6	4.2%
8. Caretaker is unwilling or unable to meet the child's immediate needs for sufficient supervision, food, clothing, and/or shelter to protect child from immediate danger of serious harm.	11	7.7%

Safety Factor	Frequency	Percentage
9. Household environmental hazards suggest that the child is in immediate danger of serious harm.	4	2.8%
10. Acts of family violence pose an immediate and serious physical and/or emotional danger to the child.	14	9.8%
11. The family refuses access to the child or there is reason to believe the family will flee.	0	0%
12. Caretaker has an unconvincing or insufficient explanation for the child's serious injury or physical condition.	2	1.4%
13. Caretaker is unwilling or unable to meet the child's immediate and serious physical or mental health needs.	7	4.9%
14. Child sexual abuse/sexual exploitation is suspected and circumstances suggest that child may be in immediate danger of serious harm.	12	8.4%
15. Other Safety Threats	6	4.2%

Safety Response

Safe	In-Home Plan	Out-of-Home Plan	Legally Authorized Out-of-Home Plcmt.
121	5	9	8

In the Stage 1 review, 143 safety assessments were evaluated and 123 safety factors were identified (Note: more than one safety factor can be identified per case).

The most frequently identified safety factor was: “The behavior of any member of the household or other person having access to the child is violent and/or out of control.” The second most common was: “Caretaker has not, cannot, or will not protect the child from potential serious harm, including harm from other persons having familial access to the child.” The third most frequently identified safety factor was: “Acts of family violence pose an immediate and serious physical and/or emotional danger to the child.”

The least frequent safety factor was: “The family refuses access to the child or there is reason to believe the family will flee.” This was followed by: “Caretaker or other person having access to the child has made a credible threat, which would result in serious harm to a child” and then, “Caretaker has an unconvincing or insufficient explanation for the child’s serious injury or physical condition.”

For the 143 safety responses, 85% of the safety decisions came to the conclusion that no safety response was needed (Note: more than one safety factor can be identified per case). For the remaining 15% where one or more safety factors were identified and a safety plan was deemed necessary, 23% of all children requiring immediate protection were protected with an in-home safety plan. An out-of-home safety plan - often voluntary placement with a friend or relative – was selected for 41% and 36% could only be protected with a legally authorized out-of-home placement.

Table 45: Safety Factors/Safety Decision (2)

N = 186 Cases

Safety Factor	Frequency	Percentage
1. A child has received serious, inflicted, physical harm.	5	2.7%
2. Caretaker has not, cannot, or will not protect the child from potential serious harm, including harm from other persons having familial access to the child.	14	7.5%
3. Caretaker or other person having access to the child has made a credible threat that would result in serious harm to a child.	3	1.6%
4. The behavior of any member of the household or other person having access to the child is violent and/or out of control.	13	7.0%
5. Any member of the household or other person having access to the child describes or acts toward the child in predominantly or extremely negative terms and/or has extremely unrealistic expectations of the child.	7	3.8%
6. Drug and/or alcohol use by any member of the household or other person having access to the child suggests that the child is in immediate danger of serious harm.	17	9.1%
7. Behavior(s) of any member of the household or any person having access to the child is symptomatic of mental or physical illness or disability that suggests the child is in immediate danger of serious harm.	13	7.0%
8. Caretaker is unwilling or unable to meet the child's immediate needs for sufficient supervision, food, clothing, and/or shelter to protect child from immediate danger of serious harm.	18	9.7%
9. Household environmental hazards suggest that the child is in immediate danger of serious harm.	7	3.8%
10. Acts of family violence pose an immediate and serious physical and/or emotional danger to the child.	10	5.4%
11. The family refuses access to the child or there is reason to believe the family will flee.	3	1.6%
12. Caretaker has an unconvincing or insufficient explanation for the child's serious injury or physical condition.	3	1.6%
13. Caretaker is unwilling or unable to meet the child's immediate and serious physical or mental health needs.	6	3.2%
14. Child sexual abuse/sexual exploitation is suspected and circumstances suggest that child may be in immediate danger of serious harm.	9	4.8%
15. Other Safety Threats	2	1.1%

Safety Decision

Safe	In-Home Plan*	Out-of-Home Plan*	Legally Authorized Out-of-Home Plcmt.
165	6	6	9

In the Stage 2 review, 186 safety assessments were evaluated. Safety assessments conducted during the Stage 2 time period identified 130 safety factors (Note: more than one safety factor can be identified per case).

The most frequently identified factor was: “Caretaker is unwilling or unable to meet the child’s immediate needs for sufficient supervision, food, clothing, and/or shelter to protect child from immediate danger of serious harm” followed by “ Drug and/or alcohol use by any member of the household or other person having access to the child suggests that the child is in immediate danger of serious harm.”

The least frequently identified safety factors were: “The family refuses access to the child or there is reason to believe the family will flee”; “Caretaker or other person having access to the child has made a credible threat, which would result in serious harm to a child” and “Caretaker has an unconvincing or insufficient explanation for the child’s serious injury or physical condition.”

For the 186 safety responses, 89% of the safety decisions came to the conclusion that no safety response was needed (Note: In most, but not all instances, no safety factors were identified for these cases.) For the remaining 11% where one or more safety factors were identified and a safety plan was deemed necessary, 29% were protected with an in-home safety plan, 29% received an out-of-home safety plan - often voluntary placement with a friend or relative - and 42% could only be protected with a legally authorized out-of-home placement.

Family Assessment

For the Family Assessment (Tables 46-47), three variables were examined. The first included a frequency count for the sixteen “risk elements” that are assessed to be “risk contributors” and are associated with child maltreatment, permanency and well-being and are assessed to help identify and interpret relevant contributing factors and underlying conditions in each respective case.

The second variable considers the same assessment elements and identifies whether their presence and interaction within the case and family system represents a strength. Strengths are important assessment variables insofar as their presence can mitigate threats to children, reduce the potency of actual or threatened harm and may reflect positive functioning and/or significant case progress. Also, strengths may be utilized as effective change levers in the construction and implementation of case plans. By tallying this information, interested parties can know which assessment elements are most frequently identified as strengths in the Pilot sample cases.

The last selected variable includes the three primary response options for “Case Determination.” “Case Determination” is a section of the Family Assessment that requires the worker to reach a case conclusion regarding what should occur next. The three primary options are:

- ◆ Family Not in Need of Agency Services
- ◆ Family in Need of Agency Services
- ◆ Family in Need of Agency Services (not provided)

The latter option is only chosen under the following circumstances:

- ◆ Family Moved/Unable to Locate
- ◆ Family Refused Services
- ◆ Court Petition Denied

The “Case Determination” variable is important to consider insofar as this provides the clearest window available regarding what case opening or closing decision the Pilot sites are making for the reviewed sample cases.

Table 46: Risk Matrix/Case Determination (1)

N = 132 Family Assessments

Risk Element	Risk Contribution Identified	Strength Identified*
Child Functioning and Capacities		
1. Self Protection	116	27
2. Physical/Cognitive/Social Development	32	62
3. Emotional Behavioral Functioning	44	52

Risk Element	Risk Contribution Identified	Strength Identified*
Adult Functioning and Capacities		
4. Cognitive Abilities	24	67
5. Physical Health	11	64
6. Emotional/Mental Health Functioning	38	53
7. Domestic Relations (Domestic Violence)	40	49
8. Substance Use	22	57
9. Response to Stressors	38	51
10. Parenting Practices	35	60
Family Functioning and Capacities		
11. Family Roles, Interactions, and Relationships	40	52
12. Resource Management and Household Maintenance	20	57
13. Extended Family, Social and Community Connectedness	18	62
Historical		
14. Caretaker's Victimization of Other Children	17	59
15. Caretaker's Abuse/Neglect as a Child	44	49
16. Ability to Benefit from Past Services	18	50

(Note: more than one risk element and strength can be identified per case)

Case Determination

Family Not in Need of Agency Services	Family in Need of Agency Services (Provided)	Family in Need of Agency Services (Not Provided)
98 (74%)	34 (26%)	0 (0%)

Risk elements were identified using the Family Assessment tool by noting “RC” or Risk Contributor for one of more family members individually. The only exception to the individual assessment requirement is for the Family Functioning and Capacities related elements, where only a single-family risk contributor or strength evaluation is appropriate for each one of the applicable three elements. In all instances, workers have the option to consider an assessment element as neither a risk contributor nor strength. In these instances, the response selection “NRC” or No Risk Contribution is permitted.

A finding of the Stage 1 review was that the most frequently identified risk contributor was the child specific risk element “Self Protection.” Tied for the second most common risk element selected was “Caretaker’s Abuse/Neglect As a Child” and the child’s “Emotional/Behavioral Functioning.” Within the Family Functioning and Capacities section, where only one rating is permitted to address the whole family system, the most frequent risk contributor was “Family Roles, Interactions and Relationships.” The least frequently identified risk contributor across all categories was adult “Physical Health.”

In the identification of strengths, the most common risk element was adult “Cognitive Abilities” followed by adult “Physical Health.” Other commonly identified strengths were child “Physical/Cognitive/Social Development,” adult “Parenting Practices,” and “Extended Family, Social and Community Connectedness.”

The least frequently identified strengths were child “Self-Protection,” adult “Domestic Relations” and “Caretaker’s Abuse/Neglect as a Child.”

For the “Case Determination” decision, it can be presumed that most, if not all, of the cases not opened for on-going services were because the assessment concluded that the “Family (is) Not in Need of Agency Services.” For the remaining 26%, it is expected that most of these cases were probably opened for on-going services as a result of the case determination that the “Family (is) in Need of Agency Services (Provided).” No assessed cases were judged to need services, which were not going to be provided.

Table 47: Risk Matrix/Case Determination (2)

N = 177 Cases

Risk Element	Number of Times Identified	Strengths Identified*
Child Functioning and Capacities		
1. Self Protection	130	62
2. Physical/Cognitive/Social Development	42	93
3. Emotional Behavioral Functioning	73	87
Adult Functioning and Capacities		
4. Cognitive Abilities	27	98
5. Physical Health	23	92
6. Emotional/Mental Health Functioning	56	84
7. Domestic Relations (Domestic Violence)	53	70
8. Substance Use	52	82
9. Response to Stressors	58	88
10. Parenting Practices	71	84
Family Functioning and Capacities		
11. Family Roles, Interactions, and Relationships	60	66
12. Resource Management and Household Maintenance	36	74
13. Extended Family, Social and Community Connectedness	32	93
Historical		
14. Caretaker's Victimization of Other Children	30	80
15. Caretaker's Abuse/Neglect as a Child	58	70
16. Ability to Benefit from Past Services	35	75

(Note: more than one risk element and strength can be identified per case)

Case Determination

Family Not in Need of Agency Services	Family in Need of Agency Services (Provided)	Family in Need of Agency Services (Not Provided)
125 (73%)	42 (25%)	3 (2%)

In the Stage 2 review, the most frequently identified risk element was the child specific risk element “Self Protection.” The second most common risk element was the child’s “Emotional/Behavioral Functioning” followed by “Parenting Practices. For the Family Functioning and Capacities section, where only one rating is permitted to address the whole family system, the most frequent risk contributor was “Family Roles, Interactions and Relationships.” The least frequently identified risk contributor across all categories was adult “Physical Health.”

In the identification of strengths, the most common was adult “Cognitive Abilities.” Other commonly identified strengths were adult “Physical Health,” child “Physical/Cognitive/Social Development,” adult “Parenting Practices,” and “Extended Family, Social and Community Connectedness.” The least frequently identified strengths were child “Self-Protection” and “Family Roles, Interactions, and Relationships.”

For the Case Determination decision, it can be presumed that most, if not all, of the assessed cases were not opened for on-going services because the assessment concluded that the “Family (is) Not in Need of Agency Services.” For 42 cases or 25%, cases were probably opened for on-going services as a result of the case determination that the “Family (is) in Need of Agency Services (Provided).” For 3 reviewed cases, or 2%, it was determined that services were needed but were not going to be provided.

Tables 48-49 highlights 3 variables. The first is “Safety Action” which describes the current safety status of cases that have been open for services at the time the Family Assessment is completed. On the actual Case Review tool, workers conclude their Safety Review with a decision regarding a case safety response. There are four choices:

If the safety action is “maintain,” the current safety plan or authorized out of home intervention continues. If the action is “create/modify,” a safety related response must be developed or an existing one needs to be modified to protect one or more children from serious harm. If the action is “discontinue,” the safety response needs to be terminated insofar as previous active safety threats have been either resolved or protective capacities have been sufficiently developed. The choice “N/A” is only appropriate when no safety action exists and one is not needed.

The second variable that was examined was the “Case Plan Concern Risk Status.” Whenever the Review of Services section is completed on each Case Review tool, the impact of provided services is evaluated. Workers must assess what degree of “risk reduction” has taken place over the past assessment period in relation to the specific concern selected for intervention in the case plan. It is the expectation of the Model that the concern will be related to assessed issues pertaining to safety, future risk of maltreatment, permanency and/or child well-being.

The last variable is directly related to the case plan concern risk status and the case plan intervention. In this section, workers must decide if the case plan should be continued, modified or terminated.

Table 48: Case Review (1)

N=43

Safety Action

Maintain	14	Create/Modify	0	Discontinue	1	N/A	28
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Case Plan Concern Risk Status		Recommendation	
Reducing	77	Continue	135
No Change	63	Modify	7
Increasing	7	Terminate	6

Note: Multiple case plan concerns are permitted per case, therefore multiple associated case plan concern risk statuses and recommendations are also expected.

For the Stage 1 reviewed cases, 65% of the cases opened at least 3 months for on-going services, were not identified as safety related cases as signified by the “N/A” response. A safety action was active and needed to be continued in 33% of the cases. One case had an active safety response that had been or was now going to be discontinued. None of the 43 reviewed cases reported the intention to modify an existing safety action or create a new safety response at the time the Safety Review portion of the Case Review was being completed.

For the Review of Services section of the Case Review tool, 147 valid responses were examined. For 52%, it appears that progress was noted for the identified case concerns. For 43%, progress was not evident and the remaining 5% the concerns were considered to be getting worse.

A related variable was the workers’ decisions regarding the services provided/planned to address case plan concerns, taking into account progress or lack thereof. A total of 172 valid responses were identified. “Continue” was the selected decision in 91% of the responses. “Modify” was chosen in 4% of the selections and “Terminate” for the remaining 5%.

Table 49: Case Review (2)

N=43

Safety Action

Maintain	14	Create/Modify	1	Discontinue	2	N/A	34
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Risk		Recommendation	
Reducing	91	Continue	157
No Change	75	Modify	7
Increasing	8	Terminate	8

Note: Multiple case plan concerns are permitted per case, therefore multiple associated case plan concern risk statuses and recommendations are also expected.

For the Stage 2 reviewed cases, 67% of the cases opened at least 3 months for on-going services, were not identified as safety related cases as signified by the “N/A” response. A safety action was active and needed to be continued in 27% of the cases. Two cases had an active safety response that had been or was now going to be discontinued. Only one of the 51 reviewed cases reported the intention to modify an existing safety action or create a new safety response at the time the Safety Review portion of the Case Review was being completed.

For the Review of Services section of the Case Review tool, 174 valid responses were examined. For 52%, it appears that progress was noted for the identified case concerns. For 43%, progress was not evident and the remaining 5% the concerns were considered to be getting worse.

The second variable was associated with the Case Progress Review section of the Case Review tool. For each identified “Case Plan Concern” workers were required to assess risk status associated with case plan concern progress and then make an associated “Services Recommendation” (Note: Each reviewed case could have multiple “case plan concerns” but only one risk status and one services recommendation was permitted per case plan concern). A total of 174 risk status decisions were made. Progress was reported in 52%, no change was reported in 43%, and a worsening status was identified for the remaining 5%.

A related variable was the workers’ decisions regarding the services provided/planned to address case plan concerns, taking into account progress or lack thereof. A total of 172 valid responses were identified. “Continue” was the selected decision in 91% of the responses. “Modify” was chosen in 4% of the selections and “Terminate” for the remaining 5%.

Emerging danger is a key safety related component of the case assessment and is documented within the Family Assessment and each time a Case Review is completed. The examination of this particular component focused on its assessment as documented in all the sampled Case Review tools. When emerging danger is identified, workers are asked to select the relevant characteristics that best summarize the nature of the construct for each particular case. A set of eight possible characteristics is presented and workers are asked to select each emerging danger characteristic that applies to their case. Therefore, in some instances, more than one characteristic may apply in a single case.

Table 50: Case Review/Emerging Danger (1)

N = 41 Cases

Emerging Danger

Yes	11	No	30
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Emerging Danger Characteristics	Yes
1. Decrease caretakers' protective capacity	4
2. Increase in child vulnerability	6
3. Increasing frequency	2
4. Increasing duration	1
5. Increasing seriousness or intensity	3
6. Increasing affect on child (level of harm)	2
7. Increasing unwillingness to follow case plan and/or allow access to child	2
8. New emerging danger threats exist which necessitate a priority response	1

For Stage 1 reviewed cases, emerging danger was identified as presently active for 27% of the cases reviewed.

The “Emerging Danger Characteristics” variable provides a prompt and an opportunity for the worker to identify the most salient characteristics of the identified emerging danger. For the eight specific options, all were selected at least once for the 11 emerging danger identified cases. For 55% of these cases, an “increase in child vulnerability” was selected as an emerging danger characteristic, followed by a “decrease in caretakers’ protective capacity.”

Table 51: Case Review/Emerging Danger (2)

N = 38 Cases

Emerging Danger

Yes	10	No	28
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Emerging Danger Characteristics	Yes
1. Decrease caretakers' protective capacity	6
2. Increase in child vulnerability	5
3. Increasing frequency	1
4. Increasing duration	0
5. Increasing seriousness or intensity	3
6. Increasing affect on child (level of harm)	3
7. Increasing unwillingness to follow case plan and/or allow access to child	3
8. New emerging danger threats exist which necessitate a priority response	1

For Stage 2 reviewed cases, emerging danger was identified as presently active for 26% of the cases reviewed.

For Stage 2 reviewed cases, emerging danger was identified as presently active for 26% of the cases reviewed.

For the eight specific emerging danger characteristics options, all were selected at least once for the 10 emerging danger identified cases, except “increasing duration.” For 60% of these cases, a “decrease in caretakers’ protective capacity” was identified. An “increase in child vulnerability” was identified in 50% of the cases.

The Reunification Assessment is a completely new assessment tool designed to support workers’ decision regarding the safe return of a child home. The assessment is completed when a reunification or alternative permanent placement is being considered. In some instances, this particular assessment may help support a decision to not proceed or conversely, it may support the reunification decision. The assessment emphasizes safety threat resolution, current family dynamics, reunification readiness and family needs.

Table 52: Reunification (1)

N = 14 Cases

	YES	NO	N/A
Original threats sufficiently reduced?	9	4	0
Were other issues identified?	6	8	0
Have identified safety issues (above) been altered or reduced?	4	2	8
Are parents in compliance with court orders?	9	4	1
Is child accepting of reunification?	10	5	1
Is parent accepting of reunification?	12	2	0
Does parent/caretaker have the capacity to provide for child's basic needs?	9	4	1
Is the family willing/able to use protective capacities, etc.?	9	5	0
Has caretaker shown an ability to meet child's needs during visits?	12	2	0
Are there issues or concerns related to other children or adults in the home?	5	9	0
Is the family able to cope with stress of reunification?	10	4	0
Is reunification recommended?	10	4	0
Are interventions needed to support each child's reunification?	9	5	1
TOTAL	114	58	12

For the Stage 1 review, 14 Reunification assessments were reviewed. For these cases, completion of the tool supported an affirmative reunification recommendation in 71% of the cases. Reunification support interventions were identified as needed for 64% of these cases.

For 29% of the cases reviewed, the reunification recommendation was to not proceed, potentially averting an unsafe decision. Responses to individual questions appeared to be congruent overall with the percentage of affirmative reunification recommendations.

Table 53: Reunification (2)

N = 12 Cases

	YES	NO	N/A
Original threats sufficiently reduced	8	3	1
Were other issues identified	7	4	1
Have identified safety issues (above) been altered or reduced	4	3	5
Are parents in compliance with court orders	9	1	2
Is child accepting of reunification	9	3	0
Is parent accepting of reunification	10	2	0
Does parent/caretaker have the capacity to provide for child's basic needs	10	2	0
Is the family willing/able to use protective capacities, etc.	9	3	0
Has caretaker shown an ability to meet child's needs during visits	9	3	0
Are there issues or concerns related to other children or adults in the home	5	6	1
Is the family able to cope with stress of reunification	9	3	0
Is reunification recommended	9	3	0
Are interventions needed to support each child's reunification	5	6	1
TOTAL	103	42	11

For the Stage 2 review, 12 Reunification assessments were reviewed. For these cases, completion of the tool supported a recommendation to proceed in 75% of the cases. Reunification support interventions were identified as needed for 45% of the cases.

For 25% of the cases reviewed, the reunification recommendation was to not proceed, potentially averting an unsafe decision. Responses to individual questions appeared to be congruent overall with the percentage of affirmative reunification recommendations.

Discussion

The Model Application Examination component of the Evaluative Review provided the opportunity to examine several important ways that the FAPM has been applied across all the Pilot sites. Collected information provided several insights into the application of some key Model constructs including: safety assessment, safety decisions, risk contributors, strengths, case determination, safety review, case plan review, emerging danger, and reunification readiness.

Child Safety

What did these findings reveal about safety application? We now know from the sample of cases reviewed in Stage 1 that the most readily identified signs of present danger are related to violent and/or out-of-control behavior and failure to protect the child from serious harm. In Stage 2 the most readily identified signs of present danger shifted to a failure to meet the child's basic needs and substance use. While the differences between Stage 1 and Stage 2 are not large, it might be possible that the initial focus on violent and/or out of control behavior and failure to protect may have been used as catch-all safety factors that were matched with other more specific signs of present danger. A more detailed data analysis would be necessary to confirm this suspicion.

By the time of the Stage 2 review, workers might have established a higher degree of confidence in their discriminatory abilities in relation to selecting specific safety factors. If this overlap occurred, it may not have been completely extinguished by Stage 2, but its utilization seems to have been reduced. Equally valid however is the possibility that the differences between State 1 and Stage 2 simply represent actual differences in the case composition from one review period to another, insofar as the review did not control for case characteristics.

Nonetheless, it may be reasonable to assume that significant safety issues are a caregiver's failure to meet the basic needs of his/her children, perhaps exacerbated by substance use. Both failure to protect the child from others and violent and/or out-of-control behavior appear to be either potentiating or singularly occurring signs of present danger as well.

Safety decision data from both Stage 1 and Stage 2 was very similar. We now know that when safety is assessed very soon after receiving a child abuse/neglect report (no longer than 4 days after report receipt), an initial safety assessment reaches the conclusion that there are no children in immediate danger of serious harm and protective capacities are sufficient to protect the child in 85% and 89% of the samples cases respectively. This finding is not unexpected in so far as nationally we know that most reports related to abuse and neglect do not constitute immediate danger of serious harm and that the most relevant form of alleged maltreatment is inadequate supervision with no apparent immediate and serious danger consequences. This fact does not diminish the criticality of the 11% to 15% of the referrals where some form of a safety response is necessary to protect a child from further serious harm or threatened serious harm.

When a safety response is necessary for these cases, we now know that the Pilot sites' responses represent a consideration of the least restrictive, but appropriately safe response, and that an immediate rush to place all children in need of immediate protection in a legally authorized out-of-home placement is not occurring. For children that needed immediate protection, only 36% in Stage 1 and 42% in Stage 2 relied on legally authorized out-of-home placement. There is no evidence in the associated qualitative case record reviews to suggest that dangerous safety response options were being selected.

Family Assessment

What did the Model application findings reveal about family assessment? We now know from the sample of cases reviewed in Stage 1 and Stage 2 that the most readily identified risk contributor is the child's self protection vulnerabilities. This is an expected finding. Children by definition are vulnerable to some degree in any family by the nature of their developmental status and familial roles vis a vis adults. In families marked by maltreatment or the risk thereof, a child's self-protection is frequently compromised even further. While inability to self-protect is not a risk contributor in all child abuse and neglect reports, it is present very frequently when other risk contributors are concurrently active.

Other commonly identified risk contributors in one or both review Stages included: "Caretaker's Abuse/Neglect As a Child," the child's "Emotional/Behavioral Functioning" and "Parenting Practices." Within the Family Functioning and Capacities section, where only one rating is permitted to address the whole family system, the most frequent risk contributor was "Family Roles, Interactions and Relationships." All of these four assessment elements are well supported in the child maltreatment etiology literature. In addition, three of the four are malleable and can be readily addressed through change interventions.

In the identification of strengths, the most common assessment element in both the Stage 1 and Stage 2 review was adult "Cognitive Abilities." This suggests that many adult caregivers have the intellectual capacities to not maltreat their children. If maltreatment or risk thereof is present, many of these adults may possess the potential to learn alternative means to get their own needs met without harming their children. The challenge for staff is to build off these cognitive abilities to help address the other contributing factors and underlying conditions that lead to child maltreatment and permanency obstacles.

Data from the "Case Determination" section of the Family Assessment suggests that approximately 75% of cases are not being opened for on-going services. The scope of this evaluative review and the duration of the Pilots themselves prevent a time study analysis of the appropriateness of this percentage. However, the qualitative case record review identified no evidence that children requiring a safety intervention are not also receiving case plan services. Therefore, between the approximately 15% of the cases with active safety plans and the 25% of the cases that are identified as "in need of agency

services,” a small percentage are receiving needed services for reasons other than child safety.

Case Review

Within the first portion of each Case Review is a section for a safety review. Data was collected from this section to identify how “Safety Action” status was being assessed. These assessments took place 3 months or longer after the initial Family Assessment was completed and/or every three months thereafter. At these various stages, approximately 66% of these still open cases did not have existing safety plans or legally authorized out-of-home placements, nor did they have either safety action over the course of the last assessment period. For those that did have either safety action, in almost all instances a decision had been made to maintain the safety action. Ultimately, the first priority of case plan intervention is to resolve or diminish the safety threat so that a safety plan is no longer necessary. It is very likely that the maximum eight month or four month duration of the Pilot did not provide sufficient time for workers to intervene with families to reflect this outcome through safety review data recording.

In the case progress review section of the Case Review, data was collected that provides an observation window into the direction of case plans generated from safety reviews, family assessments and re-assessments. Progress data revealed response option percentages exactly the same across both the Stage 1 and Stage 2 review periods. For 52%, progress was noted for the identified case concerns. For 43%, progress was not evident and the remaining 5%, the concerns were considered to be getting worse. These findings in and of themselves don’t seem to suggest concern. In many instances, progress takes time and unfortunately, in some instances, progress is very elusive.

When coupled with the additional data received from the review of workers’ decisions regarding the services provided/planned to address case plan concerns, taking into account progress or lack thereof, we have a more valuable set of data. An expectation of the FAPM is that when implementation of the case plan does not lead to progress, consideration should be given to revising the plan. Timeframes for permanency achievement, risk reduction and safety threat resolution are relatively short and caseload management all suggest that active and assertive case management and case planning is important. Therefore, the relationship between reported case progress and future case planning decisions is one opportunity to detect application of the assertiveness expectation.

In the same manner that case plan progress responses were at the same percentage for both Stage 1 and Stage 2 reviews, the same percentages were identified for future case planning decisions associated with each particular identified case plan concern. “Continue” was the selected decision in 91% of the responses. “Modify” was chosen in 4% of the selections and “Terminate” for the remaining 5%.

One would expect a relationship should exist between case plan concern progress and next steps for the case plan. Case record data reflects the fact that workers assessed

progress for individual case plan concerns as “no change” or “worse” 48% of the time. Relatedly, their decision to “continue” the previously developed and implemented case plan was chosen 91% of the time. Although there may be many reasons for the disparity between progress and trying something different, only a detailed examination of individual cases might shed enough light on this potential concern.

It may be possible that workers believe that they are using all the services they have access to and therefore there is nothing else to try. Other explanations include the desire to give existing case plans more time before making adjustments. In some jurisdictions, especially for court supervised cases, one may have to go back to court to change the case plan, thereby decreasing the desire or ability to make changes. Perhaps, workers are not as comfortable as they might be regarding how to re-evaluate the case when no progress is being made and therefore lack the confidence to ascertain why something is not working or what to do differently. As well, if one has decided to just monitor cases and not assume some responsibility for progress, blame for the family not getting better can be more readily diverted. These are important considerations and deserve more in-depth examination within the Pilot sites and maybe likely, across the entire State.

For the FAPM Pilot, emerging danger is defined as the likelihood of serious harm that is not immediate, but starting to surface or escalate in intensity, pervasiveness, duration and/or frequency, precipitated by one or more currently active safety threats. Although it has not reached the safety threshold, there is evidence that the identified case circumstances, conditions or family dynamics are moving on a course where serious harm may occur. The application of emerging danger identification in the sample Case Review cases revealed that emerging danger was identified as presently active for slightly more than 25% of the cases. What this means is that there are new or changing circumstances, conditions, dynamics or other important considerations now present in the case that are approaching immediate danger to any child.

Identifying emerging danger is a vitally important assessment for workers to make so that they can try to prevent serious harm before it is too late. While the qualitative case record review provided some evidence to suggest that not all workers are accurately identifying emerging danger, these same findings also suggest that misapplications were noted for both over-reporting and over-reporting. Consequently, the approximately 25% identified cases may be mostly accurate and reflects an important assessment and intervention priority construct.

The most common characteristics of identified emerging danger were “decrease in caretaker’s protective capacity” and an “increase in child vulnerability.” It is not uncommon to expect to see both these characteristics of emerging danger present simultaneously, as they tend to influence each other in many situations.

Reunification

While the number of Reunification tools that were reviewed was relatively low (N=26) due to low reunification occurrence across a short time span, some preliminary

observations may be warranted. For the 26 decision recommendations, 73% of the time the reunification assessment helped the worker reach the recommendation that the child could be reunified with their caregiver or other family member. For the remaining 27% the reunification assessment may have prevented an unsafe reunification recommendation.

E. Outcome Data

Although outcome data can be a key measure of impact, the length of the Pilot and the scope of the evaluative review serves to deter a headlong dive into definitive outcome measure analysis and not supportable by any reasonable cause and effect expectations. In study situations where a multi-year Pilot can be conducted and appropriate control mechanisms are established, there are certain outcome measures that might be of considerable interest and importance.

Repeat Maltreatment

With the emphasis on repeat maltreatment and its use as a proxy safety measure in the Federal Child and Family Services Review (CF SR) process, positive impact on this particular measure is highly desirable. However, as a recent study has pointed out (Child Maltreatment Recurrence, Fluke, Hollinshead & Walter R. McDonald & Associates, Inc., *National Resource Center on Child Maltreatment*, January 2003), there are many ways that re-maltreatment data can be interpreted, many ways that maltreatment is counted, and many policy, procedural and case management practices that can affect the maltreatment rate calculation. Insofar as none of these influences have received a systematic study in either the Pilot sites or statewide over the past three years, the use of any current re-maltreatment data to reach a hypothesis or conclusion regarding FAPM impact within the Pilot sites is not warranted.

Table 53 depicts repeat maltreatment data provided by ODJFS for each quarter for the past three years. As readers of this Report know, the actual Pilot began in the 3rd quarter of 2003 for Greene, Hancock and Lorain and the 4th quarter of 2003 for Lorain. Taking into account the insufficient time to expect any demonstrable impact on repeat maltreatment in one or two quarters, this Table has been included for illustrative purposes only.

Table 54: Repeat Maltreatment 2001-03

REPEAT MALTREATMENT (SECOND SI DISPOSITION W/IN 6 MONTHS) - 2001

	Q1		Q2		Q3		Q4		
	N	%	N	%	N	%	N	%	
GREENE	12	12.5%	4	3.1%	18	11.2%	17	11.3%	Avg. 9.5'
HANCOCK	4	10.3%	8	19.0%	1	2.9%	1	2.9%	Avg. 8.7'
LORAIN	0	0.0%	5	5.5%	3	2.6%	1	0.6%	Avg. 2.1'
MUSKINGUM	6	8.3%	2	3.4%	0	0.0%	2	3.4%	Avg. 3.7'
STATEWIDE	639	8.7%	707	8.2%	650	7.9%	624	8.0%	Avg. 8.2'

REPEAT MALTREATMENT (SECOND SI DISPOSITION W/IN 6 MONTHS) - 2002

	Q1		Q2		Q3		Q4		
	N	%	N	%	N	%	N	%	
GREENE	10	10.2%	22	12.1%	21	14.7%	20	14.0%	Avg. 12.1%
HANCOCK	1	3.4%	10	24.4%	1	14.8%	3	6.5%	Avg. 12.1%
LORAIN	7	4.5%	9	6.4%	5	2.7%	4	2.4%	Avg. 4.0%
MUSKINGUM	1	1.3%	3	2.9%	3	3.10%	1	1.7%	Avg. 2.2%
STATEWIDE	604	7.4%	689	8.1%	614	7.2%	557	7.5%	Avg. 7.5%

REPEAT MALTREATMENT (SECOND SI DISPOSITION W/IN 6 MONTHS) - 2003

	Q1		Q2		Q3		Q4		
	N	%	N	%	N	%	N	%	
GREENE	11	7.3%	10	7.6%	9	10.2%	9	9.5%	Avg. 8.6%
HANCOCK	5	16.1%	8	19.1%	1	2.9%	1	2.9%	Avg. 10.0%
LORAIN	7	4.6%	6	3.3%	10	4.6%	2	1.5%	Avg. 3.4%
MUSKINGUM	9	17.3%	0	0.0%	0	0.0%	0	0.0%	Avg. 4.3%
STATEWIDE	560	8.0%							

With the exclusion of Lorain, the repeat maltreatment table identifies a drop in re-maltreatment in Q3 and Q4 2003 vs. Q3 and Q4 2004 in Greene, Hancock and Muskingum. There is a similar decline for Q4 2003 vs. Q4 2004 in Lorain. The small number of cases for these counties further exacerbates the analytical deficiencies. We can also not tell, due to incomplete Statewide data in 2003 whether any improvements in repeat maltreatment represent a statewide trend or are unique to influences within the Pilot sites.

Foster Care Re-Entries

The other outcome measure that generates interest, and is also a CFSR measure, is foster care re-entries. States are urged to reduce the number of foster care re-entries based on two primary principles.

The first is that children should not be returned home prematurely, thus leading to a greater likelihood of re-entry and further trauma to the child and his/her family. The second principal is that when children are returned home. Their safety and other service needs should be addressed to prevent the need for re-entry. Consequently, one would like to see any decision-support model enhance case practice and policy applications that decrease foster care re-entry rates.

Not unlike repeat maltreatment, there are many variables that can influence foster care re-entries. For instance, if fewer children are placed in foster care in the first place, then any chance of these children re-entering care is less, even if they should have been placed for safety reasons, but were not. Also, how long children are kept in foster care can affect re-entries. For example, if very few children are discharged, this decreases the percentage of children whom are potentially eligible to re-enter foster care.

Table 55: Foster Care Re-Entries 2001-03

FOSTER CARE RE-ENTRIES (W/IN 1 YEAR OF EXIT) - 2001

	Q1		Q2		Q3		Q4		
	N	%	N	%	N	%	N	%	
GREENE	8	25.0%	5	25.0%	1	7.1%	0	0.0%	N=14
HANCOCK	1	20.0%	1	25.0%	0	0.0%	1	12.5%	N=3
LORAIN	8	11.3%	7	11.1%	1	1.5%	4	5.9%	N=20
MUSKINGUM	2	11.8%	5	19.2%	3	7.3%	3	13.6%	N=13
STATEWIDE	691	15.3%	692	15.1%	634	14.2%	688	16.5%	N=2,705

FOSTER CARE RE-ENTRIES (W/IN 1 YEAR OF EXIT) - 2002

	Q1		Q2		Q3		Q4		
	N	%	N	%	N	%	N	%	
GREENE	2	12.5%	1	4.20%	0	0.0%	0	0.0%	N=3
HANCOCK	0	0.0%	3	25.0%	0	0.0%	0	0.0%	N=3
LORAIN	1	2.6%	9	31.0%	3	8.6%	0	0.0%	N=13
MUSKINGUM	8	22.9%	5	13.9%	5	15.2%	4	17.4%	N=22
STATEWIDE	597	14.7%	634	15.1%	689	15.8%	595	16.1%	N=2,515

FOSTER CARE RE-ENTRIES (W/IN 1 YEAR OF EXIT) - 2003

	Q1		Q2		Q3		Q4		
	N	%	N	%	N	%	N	%	
GREENE	1	5.6	2	10.0%	4	12.5%	1	6.7%	N=8
HANCOCK	0	0.0%	0	0.0%	0	0.0%	0	0.0%	N=0
LORAIN	1	3.2%	7	13.0%	3	7.3%	0	0.0%	N=11
MUSKINGUM	6	26.1%	5	21.7%	1	3.1%	3	11.1%	N=15
STATEWIDE	565	16.0%	603	15.3%	554	15.4%	331	15.80%	N=2,053

Difficulties analyzing this data, especially in relation to the FAPM Pilot are numerous. In addition to the issues previously stated, the numbers of cases we have available to examine in the Pilot sites are far too few, and any attempt to interpret these numbers is fallacious and could be subject to idiosyncratic circumstances of a single family. The total N for three counties combined in Q3 and Q4 for 2002 and 2003 was only 18 re-entries. Lorain has no reported re-entries in Q4 2002 and Q4 2003.

Technical Assistance & Managers' Observations

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3. Sandra Hamilton – (Pilot Implementation Manager – Lorain County)
4. Stacie Gillespie - (Pilot Implementation Manager – Muskingum County)
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Ohio Department of Job and Family Services (ODJFS) Central Office staff provided technical assistance to each of the FAPM Pilot agencies (Greene, Hancock, Lorain and Muskingum) for the duration of the Pilot, beginning began July 1, 2003 and continuing through March 31, 2004. The technical assistance included:

- ◆ site visits with casework and supervisory staff to support implementation of the Pilot instruments
- ◆ on-going clarification on the intent of concepts and constructs contained in the model as well as expectations for documentation on the case recording instruments
- ◆ data collection via case record reviews to track the number of cases to which the instruments were applied and assess application of the model in practice.

ODJFS Central Office staff also participated on the Pilot Implementation Committee (PIC) that met monthly to discuss and resolve implementation issues identified by each of the Pilot sites.

Overall, we believe that the Pilot went very well. There were some successes and concerns that were common across all of the Pilot sites. Staff in each Pilot agency found the structure and organization of the model to be user friendly, logical, reflective of the “flow” of casework practice and efficient. They reported little difficulty in making the transition from the Family Decision Making Model (FDMM) to the Piloted Family Assessment and Planning Model (FAPM) or applying the Pilot model in practice. While the Safety Assessment, Safety Plan and Family Assessment are closely related to the current model and therefore somewhat familiar, casework and supervisory staff also found both the Case Review and Reunification Assessment tools to be valuable additions to the case management process.

Training on the concepts and tools was provided prior to beginning the Pilot, however, on-going technical assistance from ODJFS staff helped to identify the issues county staff were experiencing while implementing the model. Although the overt focus on safety throughout the life of the case was an easily applied concept within the FAPM, workers in each of the Pilot sites struggled with the identification of strengths (as defined in this model) and the new concepts of “emerging danger” and “underlying conditions.” There

was also a need for further training on writing safety plans that were not “promissory” in nature.

Another activity worth highlighting from the Pilot was the involvement of key community stakeholders in two of the Pilot counties. One agency invited their county prosecutor to Pilot implementation training and later held training for law enforcement, school personnel, CASA and Family and Children First representatives. A second Pilot agency hosted training on the FAPM for the magistrates and a representative from the county prosecutor’s office. Both agencies reported that providing the information to their community partners was helpful.

Observations from the FAPM Pilot

Greene County Children Services Board (GCCSB)

Workers’ initial reaction to the Pilot ranged from anxious and slightly skeptical to excited and open to change. After a month of using the tools, workers expressed satisfaction with the model, indicating that the tools saved them time and allowed for a clearer picture of the family’s functioning. Time saved using the FAPM tools resulted in workers having additional time to work with families and was a critical element in eliminating their paperwork backlog. Both workers and supervisors alike viewed the increased supervisory monitoring favorably and supervisors found the quality assurance review tools for the model helpful. Supervisors participated in the case reviews conducted during site visits whenever possible. This activity, combined with the quality assurance tools, provided useful feedback for supervisors to use in supporting their staff’s application of the Pilot concepts in practice.

In general, workers were successful in identifying and documenting safety threats and safety decisions. However, staff experienced the same issues as the other Pilot agencies in writing safety plan activities that would control the identified threats, including some difficulty in identifying alternatives to removal (enhancing protective capacities). For GCCSB staff, this was complicated by the agency’s Family Stability Plan that was similarly formatted to the FAPM Safety Plan tool and utilized for situations where the agency would have previously (prior to the Pilot) implemented a safety plan. The similarities in both design and purpose resulted in instances where Safety Plans were initiated when no safety threat was identified, and conversely, use of a Family Stability Plan when a Safety Plan was needed.

As noted previously, some workers struggled with the concepts of strengths, emerging danger and underlying conditions. In discussions with staff and supervisors, it became apparent that they had an understanding of the concepts, but were primarily struggling with documenting their impact on family functioning. As workers’ familiarity with the tools increased, content of the documentation improved and provided a clearer picture of the case situation.

GCCSB was one of the first counties to identify concerns with the format of the Case Review tool. While in agreement with the practice outcomes driven by the tool - increased frequency of structured case plan service reviews and highlighted attention on the family's progress and/or need for modifications to the case plan - GCCSB staff did not feel the tool was applicable to all case status types (e.g., PPLA cases). Although workers indicated that the format of the Case Review was an organized way to document case progress, staff felt the tool's design was not "family friendly." As a result, GCCSB staff chose use the tool to frame the discussion with the family, as opposed to reviewing the actual tool itself with the family. The Case Review instrument was then completed by the worker and supervisor and used to document the information from the discussion for the case record.

The Reunification Assessment was a particular favorite of GCCSB staff. They found the targeted focus on reunification issues (e.g., initial reason for removal, impact of reunification on family dynamics) allowed them to clearly document information to support the reunification decision - whether that was to return a child home or file for permanent custody.

Hancock County Department of Job and Family Services (HCDJFS)

Staff from HCDJFS successfully implemented the FAPM in their agency and stated that the transition from the Family Decision-Making Model (FDMM) to the FAPM was extremely smooth.

Staff was able to complete the Safety Assessment within the four working day requirement; however, some staff indicated they did not feel that the Safety Assessment was helpful mainly due to the time frame. This belief was based on the inability to gather the necessary information within four working days, especially when key family members had not been interviewed or the information for the Safety Assessment was gathered through a phone contact. Midway through the Pilot, the protocol was revised to require face-to-face contact with the alleged child victim (ACV) and a parent/caregiver prior to completion of the Safety Assessment. Although staff still has issues with the four working day requirement, supervisors indicate that staff is gathering more information earlier in the case, which helps to make better decisions. Supervisors like the Safety Assessment and find the tool to be very useful.

Positive feedback was provided regarding the other tools of the FAPM. Staff stated that although they felt they needed additional assistance with safety planning, the tool generates a thought process for development of safety plans that truly control safety threats instead of completing promissory safety plans, which had been their previous practice. The staff also found the Family Assessment, Case Review and Reunification Assessment to be valuable tools and efficiently implemented these tools into their case practice.

The one concern that staff repeatedly discussed was perceived repetition between the tools, especially the family assessment, and the case dictation required by the agency.

The supervisors recognized that agency procedures generated this redundancy and are currently discussing how to resolve this issue.

The focus on child safety has been embraced by HCDJFS. Although the agency has always emphasized child safety in their practice, the Pilot tools have provided staff with a method to document safety throughout the life of a case and have ensured that child safety remains the top priority in their casework practice. This enhanced focus is viewed as an improvement over the current model.

Lorain County Children Services Board (LCCSB)

LCCSB joined the Pilot in November 2003, four months later than the rest of the Pilot agencies. However, LCCSB was successful in quickly implementing the Pilot protocols and tools throughout their entire agency. Feedback from the staff included praise for all the tools, in particular the Safety Assessment and Family Assessment.

Staff reported the requirement to complete the Safety Assessment within four working days from receipt of the report required a more expedient face to face response, but is viewed as good casework practice to ensure child safety. Due to the agency policy that rationales were not required for “No” responses, the Safety Assessment did not always contain a lot of information. However, information gathered during the safety assessment could be identified in the Family Assessment. Staff shared that overall, they felt the Family Assessment was an improvement over the FDMM model in that it enables a more logical and efficient documentation of the family’s dynamics. Furthermore, the staff did not share any concerns with the Case Review or the Reunification Assessment tools.

The staff at LCCSB was inquisitive and very vocal in questioning the intent of various Pilot concepts and applying these concepts to case practice. In addition, they were outspoken in recommending changes. The staff understood their role as a Pilot agency and provided a great deal of constructive feedback regarding the FAPM protocols and tools.

LCCSB was very enthusiastic regarding participating in this Pilot. The staff, as a whole, is energetic, open to change, inquisitive and vocal in making both their opinions and their observations known. Their participation, though not as long as the other Pilot agencies, was a significant benefit to the overall Pilot.

Muskingum County Children Services Board (MCCSB)

From an implementation perspective, the Pilot in Muskingum County went very well. MCCSB was successful in implementing the Pilot protocols and tools, and did not express any trouble in understanding the concepts or applying the Pilot instruments to their case practice. Agency staff particularly liked the Safety Assessment and Reunification Assessment instruments. They reported the requirement to complete the Safety Assessment within four working days from receipt of the child abuse and neglect (CA/N) report required a more expedient face-to-face response, but was reasonable and

represents better practice for ensuring child safety. With the implementation of the Safety Assessment instrument, casework staff confirmed that more information is being gathered at the point of initial contact with family members. Although supervisors reported the timeframe for reviewing and approving completed safety assessments can pose challenges, they agree it is better practice to review this information in four days versus thirty. Consideration of the acts or conditions that have the capacity to seriously harm a child are assessed at the onset of investigation/assessment and featured throughout the life of the case. This is a practice improvement resulting from application of the FAPM Pilot.

The FAPM safety planning tool and protocol (i.e., accompanying instructions and field guide examples) appear to work better as a safety planning model for MCCSB which is evidenced by the reduction in the number of “promissory” safety plans and termination of the practice of closing cases with an active safety plan.

Similarly, staff appreciated the Reunification Assessment’s focus on safety and consideration of how family dynamics could change upon reunification of a child. Staff reported that concentrating on the reunification decision (not the overall level of risk in the family) is helpful and removes some of the intuitiveness from decision-making in practice.

Line staff also reported that the instruments are less redundant and correspond to practice decisions in a more efficient manner. Assessment/investigations of CA/N reports received after implementation of the Pilot were generally completed within 30 days, and during the Pilot period there was no backlog of assessments waiting to be “written up” on the instrument. Per agency managers, the issue of backlog had been problematic when workers were using the Family Risk Assessment Matrix (contained within the pre-Pilot FDMM) to document the assessment information.

Conclusions

Preliminary practice implications as a result of implementing the FAPM tools and protocols include documenting child safety early in the case, safety planning with a focus on controlling safety threats, completing comprehensive family assessments, assessing safety throughout the life of a case, and assessing and documenting reunification readiness for the child as well as the family. The focus on case specific safety decisions - supported by instruments designed to guide and support decisions from a safety perspective - is seen as an improvement in Ohio’s approach to child protective services.

Greene County Children Services

Prepared by:
Brenda Bloom
Pilot implementation Manager

Nature of Involvement

Greene County Children Services was involved in the first Risk Assessment Pilot from 1992 forward. This agency has always been interested in moving practice forward by becoming involved with innovative approaches to the work. Our agency first became involved in the current revisions to Risk Assessment when I was named to the Safety Assessment Workgroup. This group was responsible for developing a Safety Assessment, to work in concert with Risk Assessment, while meeting the federal requirements from the Adoption and Safe Families Act. The workgroup received in-depth training to distinguish between risk and safety issues. The workgroup met for over 11 months developing the Safety Assessment, revising the Safety Plan, and developing a Reunification Assessment.

Near the end of this developmental work, a Risk Assessment Workgroup was formed to make changes in the model due to recommendations from the Hornby/Zeller review and issues that had been identified through the Federal review of Ohio's practice. As part of this workgroup, I also hoped the revised model would reduce duplication in Ohio's model, make the paperwork more manageable, and retain the elements that assist in guiding caseworkers to complete a thorough assessment.

Once development was finished, this agency chose to Pilot the new forms. Staff was very involved in this decision. They had seen draft forms that the workgroups worked on and were excited to try the new process. The model we had been using took workers 3-4 hours to complete and the form itself was too compartmentalized. It was hoped that the new paperwork would be far less time consuming to allow caseworkers more time with clients. We began Piloting the new forms on July 1, 2003.

Strengths and Challenges of Pilot Implementation

As stated previously, staff was ready to begin utilizing a more streamlined risk assessment. As part of a Pilot, staff understood that their feedback would be used to make additional changes, if implementation issues arose. The Ohio Department of Job and Family Services provided training to casework and supervisory staff that explained the new concepts involved. Staff did not experience any problems understanding the new concepts, i.e., distinguishing the difference between risk and safety, emerging danger, protective capacities, etc.

The agency changed internal procedures to better implement this model. Because the Safety Assessment is due within four (4) working days of the receipt of the report, the agency changed attempted contact with the alleged child victim to twenty-four hours, and

if unsuccessful, every three calendar days until the child is seen. This was a major shift for the casework staff. Casework staff sees the value in gathering more information earlier, in order to document a safety decision.

Safety Plans are now utilized in the most serious of cases. They are time limited and must identify steps to monitor the plan. This has reduced the number of Safety Plans staff completes. Internally, we developed a Family Stability Plan, constructed similarly to the Safety Plan, for situations that do not rise to the level of serious harm. Staff has struggled with the differences between the two plans.

Through implementation, it was identified that supervisory staff needed to have systems in place to monitor the timely completion of the Safety Assessment. This paperwork also added to supervisory workloads, as it must be read and signed by the supervisor before it is considered complete. However, casework and supervisory staff agree that the supervisor is much more informed about each report at earlier points than in the past.

The paperwork itself, Safety Assessment, Family Assessment, Case Review, and Reunification Assessment has been easily understood and implemented by staff. They remain glad that this agency is participating in the Pilot, as they believe the paperwork they are using is easier to complete and does a better job of documenting the decisions that are made. It has been determined that the paperwork and processes are manageable, within the required timeframes.

Quality Control

With each of the newly developed forms, there is a quality assurance review form that the supervisor can utilize to determine where we have areas that need improvement or identify specific worker issues with the forms.

As a Pilot agency, representatives from the Ohio Department of Job and Family Services have regularly come to the agency to answer questions and read records. For the purposes of the evaluation, over 120 Safety Assessments, over 100 Family Assessments, nearly 40 Case Reviews, all Reunification Assessments, and all Safety Plans were reviewed by Department staff and agency personnel. Feedback that was given, regarding both quality and compliance, has helped to set the standard for what is expected. In addition, the four Pilot counties meet regularly to discuss situational issues to ensure consistent application of the model.

Model

The model itself is a great improvement over Ohio's current Risk Assessment. It was easily trained and understood by staff. The paperwork is less time consuming for staff to complete, yet documents well, how, and why certain decisions are made. Caseworkers and supervisors believe the forms read better and more clearly distinguish strengths and concerns. Caseworkers believe they are gathering more information up front and see

value in that process. Of the multitude of changes I have seen in over 30 years of child welfare work, this has been one of the easiest changes for staff to make.

With the Case Review, caseworkers are reviewing safety, emerging danger, risk factors, and the case plan every 90 days. With more current reviews, it is believed that the success, or lack of success, will be identified earlier for changes to occur more quickly.

The Reunification Assessment provides clear direction to the caseworker to know what needs to be accomplished in order to achieve reunification.

Recommendations

1. The forms should be part of a database in order to gather statistical data to help determine outcomes.
2. The Pilot should be extended and should include additional counties in order to assist with evaluation.
3. An evaluation of the model itself, should occur looking at validity and reliability, or at the very least, inter-rater reliability.

Muskingum County Children Services

Prepared by:
Stacie Gillespie
Pilot implementation Manager

Muskingum County Children Services is a medium sized county, which operates as a stand-alone Children Services agency. The agency consists of:

1. Assessment/Intake Unit of eight caseworkers, two Screeners and one Home Assessor.
2. Intervention/Ongoing Unit of six caseworkers and one Home Based Counselor.
3. Intervention/Ongoing Unit of six caseworkers including a mixture of abuse/neglect and unruly/delinquent cases.
4. Protection and Permanency/Foster Care-Adoption of four caseworkers including two Adoption/PPLA workers and two Foster Care Coordinators.
5. Avondale Youth Center/Residential Center-Capacity 22 children between ages of 12-18. Includes 14 Child Care Workers and two caseworkers.
6. Enhanced Services of six Family Stability workers and six Achievement Specialists (school social workers).
7. Support Staff of three Case Aides, Account Clerks and Clerical staff.

Since the hiring of our current director, David Boyer in 1996, the agency has nearly doubled our staff. We have also been involved in many initiatives, including the Federal Demonstration Project, Protect Ohio, Caseload Analysis (CLA), and Adopt Ohio.

With the development of the current statewide FRAM, we had a representative who served on the development and ongoing workgroups. When the opportunity presented itself to have a representative on the Family Assessment and Planning Model workgroup, we welcomed this.

For me, personally, this was a welcomed opportunity. As a previous Intake worker, I had four years of experience with the FRAM and also had the experience of supervising the use of the FRAM.

The agency, as a whole, was very interested in becoming a Pilot county. Staff saw a need for change and recognized that one tool could not be a multi-purpose tool. As the evaluation revealed (Hornby/Zeller), the FRAM was fairly reliable in the Intake phase, but was not driving decisions for the duration of the cases. It was viewed as cumbersome and ineffective, for the most part. Our agency did embrace the philosophy of risk assessment from the standpoint that we were no longer incident driven. We were looking more globally, however, the documentation of such was not practical. Our agency did utilize the risk assessment to document our “marginal notes,” which included our record of activities-observation, collateral information, etc. Our agency is not afraid of change and viewed the Pilot as an opportunity to provide input, positive and negative for future practice.

As stated previously, the staff was ready to be a part of the Pilot. There was very little resistance to actually implement the new model. Understanding that there would be a reduction in paperwork was very appealing to most caseworkers. This, however, was not the only attraction to being a part of the Pilot. Caseworkers were looking forward to the model being more designed to how they practice and not being uniform across the agency.

As the training was implemented, my perception was that the training was more widely accepted by the more seasoned staff. The newer workers had a harder time grasping some of the concepts. Criticism of the training by staff included differences in staff conducting the training, the length of the training (some felt that the information was redundant and assumed that all workers were newer workers), and no clear examples of good documentation. The technical assistance provided by the Child Welfare Institute (CWI) and ODJFS was very good and appreciated by all.

It was very helpful to have records reviewed and commented on and to focus on individual county needs on the TA days. I believe that our agency's input has been well taken and appreciated. I want to emphasize the structure of the trainings because this can make or break any model. I believe that this was one of the downfalls of the FRAM: emphasis in training was on Intake and the Structured Decision Making piece was never a solid training.

The length of the Pilot was concerning to the agency and was expressed during the workgroups. To truly utilize the model through the life of a case was next to impossible. This is proving to be a challenge, in that other counties want to see statistics on reduction in placements and moving towards permanency more quickly. I'm not sure that any of the counties can show the kind of numbers people are interested in seeing.

As far as the design of the model, staff has relatively embraced it. There have been suggestions such as making it more family friendly so that people can understand what is being shared with them and the risk matrix in the Case Review serving no real apparent purpose. Staff believes that there is little redundancy to any of the components. The Reunification Assessment was impressive to most workers. Overall, paperwork is being completed more timely and is more focused.

A setback for staff was the lack of a database, which would reduce the input of statistical information and include history all together. Most of the complaints were related to the computer template and these concerns have been corrected. Intake staff did express concern about the four day time frame of the Safety Assessment, however, they are being relatively successful with this. I believe that staff has provided any and all input that they have regarding the design and the usefulness of the model.

Overall, we have been very pleased with the Pilot process and will continue to provide input and be open to any and all suggestions. We feel we have been fortunate to have been a part of the workgroup process and also chosen as one of the Pilot counties. There has been concern expressed about the future of the Family Assessment and Planning

Model. Our agency does not want to return to the FRAM and is not interested in entertaining the Actuarial Model. We believe that the Family Assessment and Planning Model is a useful tool and has worked well for our agency. Our agency is willing to participate in any revisions and also the Piloting of those revisions. There has been a suggestion to incorporate more counties into future Pilot programs to help support the model and to provide valuable feedback. Providing good examples of the tools would be helpful at the onset of implementation as it takes the guesswork out of what is acceptable. Automation in the form of a database is highly suggested prior to statewide implementation.

In summary, our agency strives for best practice and is always open to new challenges and ideas. We believe that the Family Assessment and Planning Model is an improved tool that helps to support good practice. At the conclusion of the Pilot, we believe that the FAPM is a more efficient way of documenting casework without losing the philosophy of the FRAM and, incorporates the idea of safety and emerging danger. This model should be implemented statewide and fully supported by ODJFS.

Hancock County Job and Family Services

Prepared by:
Diana Hoover
Pilot implementation Manager

Hancock County Job and Family Services first became involved in the current Family Assessment and Planning Model through participation in the Risk Assessment work group. After several months of attending the work group and attending the three-day safety training, it was decided by the administrative staff at Hancock County that this project would be very beneficial in the protection of children. The Pilot began in Hancock County after the training and officially started for all child protective workers on July 15, 2003.

Hancock County Job and Family Services has participated in several Pilot projects including the Risk Assessment Pilot in the early 90s. This agency has always been very involved in assessing risk. Participating in the Pilot for the Family Assessment seemed to be a good option for the agency.

By participating in the Pilot, the agency hoped to achieve several things. First and foremost, it was hoped that the tools would help workers focus on safety and make safety related decisions. Secondly, it was hoped that the tool would give the workers the same quality of information received from using the state's risk assessment model while reducing the extreme paperwork burden the FRAM has placed on workers.

The work groups consisted of county and state staff representing a variety of positions and duties in child welfare. A consultant also was at each group to provide information from other states in the areas of risk assessment and safety. The result of the Hornby/Zeller study was also taken into consideration in the development of the Family Assessment piece. There was much time, input, and discussion put into the development of the tools from each group.

One of the strengths of this Pilot is that Ohio Department of Job and Family Services (ODJFS) and Child Welfare Institute (CWI) did an excellent job of preparing the workers and administrative staff for participation in the Pilot. ODJFS staff spent time coming to the agency answering questions to help the agency make the final decision and working with staff to accommodate all workers for the training.

Technical assistance with this Pilot was also a strength. The regular contact and discussions at monthly meetings were very helpful in implementing the tools and assisted the Pilot Implementation Managers in bringing information back to staff.

The transition from the FRAM to the Pilot tools was relatively smooth. It was easiest for investigative workers who were used to completing the FRAM on a regular basis. The agency decided to phase in all cases so the ongoing cases, which did not start with a

safety assessment or family assessment, were somewhat more challenging for ongoing workers.

Use of the safety assessment has been very helpful in cases where a child's safety is in question. Workers are able to identify extremely unsafe or extremely safe situations. It is the borderline cases which this tool is most helpful. The first week of the Pilot the agency had one such case. Some workers felt the child was safe to remain in the home and some workers felt the child needed to be removed. As a group, the workers went through the safety assessment. It became clear after completing it that the decision to remove was the right one.

A challenge for the investigators in working with the tools came after the Pilot started and the decision was made to require face-to-face contact with the alleged child victim and the caretaker prior to completing the safety assessment. This is very good case practice. However, it can be difficult for a county with few workers especially if many cases are screened in for investigation on the same day. We did notice an increase in waivers to complete the safety assessment after the safety assessment requirements changed to the face-to-face contact with the child and caretakers.

Supervisors and administrative staff are pleased with the tools and their effectiveness overall. The tools provide information in a more clear and concise fashion and make it easier to assure appropriate decisions are being made. The tools take between 30 and 45 minutes to complete which is a noticeable reduction in the amount of time it would take to complete the FRAM.

The agency Director is also supportive of the tools and the use of them in this county. The Director attended the initial training, some meetings regarding the tool for Directors and reviewed the materials. He believes that the support from ODJFS was good and that the implementation of the Pilot in this county has been beneficial to the Children Protective Services Unit.

The reunification tool is a new concept for Ohio. It helps to justify the agency's recommendation and guide the worker in key areas to look at when making a decision. The workers have found this to be useful in decision-making.

In summary, the tools have been useful and more meaningful than the previous FRAM. There are some minor revisions which would be helpful to make the tools more user friendly. The training has been very instrumental in helping workers to begin using the new forms and to shift thinking to a more safety focused practice.

Hancock County Job and Family Services would make the following recommendations regarding the Pilot. It is recommended that the tools be revised to include the suggestions from the implementation committee. Several more counties should be given the opportunity to use the tools and make comments. The training given to the Pilot counties should be given to workers statewide. Training specifically on assessing safety should be included in the Casework Core training regardless of the final outcome of these tools. Plans to implement these tools statewide should continue.

Lorain County Children Services

Prepared by:
Sandra Hamilton, MSSA, LISW
Pilot implementation Manager

Rationale for Pilot involvement:

Lorain County Children Services (LCCS) had a representative involved in the work groups that participated in the development of the Pilot model tools. LCCS has been interested in changing the Family Risk Assessment Matrix (FRAM) since its inception. LCCS staff found the FRAM form to be duplicative, confusing, and unwieldy. LCCS has worked with ODJFS several times to address concerns and staff remains vitally interested in having tools that are efficient and effective in their work. Thus, LCCS believed that the Piloting of a new model would be an opportunity to have some input into the change process and potentially some voice in the final outcome of the assessment tools that would be used statewide to replace the FRAM.

Strengths and challenges of Pilot implementation:

Strengths:

- ◆ ODJFS training and support was excellent
- ◆ Technical assistance has been useful and readily available
- ◆ Clarity of the forms
- ◆ 90 day reviews bring about more frequent natural decision/evaluation points in case, likely to hasten permanency
- ◆ Safety Assessment (4 day rule) presses workers to make and document safety decisions /develop adequate safety responses in a more reasonable time frame.
- ◆ All tools are over-all less cumbersome, while potentially as able to inform practice decisions
- ◆ It is shorter and less time consuming for the workers to complete
- ◆ Implementation of the Pilot provided comprehensive training of staff.

Challenges:

- ◆ Helping all counties stay focused on the safety factors throughout the life of the case rather than trying to force old thinking into new forms
- ◆ Helping all counties learn to write safety plans that do adequately control danger and learning to utilize tools only when there is a threat of serious harm. I find my workers wanting to use Safety Plans in situations in which there is no threat of serious harm or in times in which a short-term contract would suffice.
- ◆ Helping all counties to realize that the Pilot tools are not developed to be the only form of documentation of case work/assessment and rationale for decision making.

- ◆ For caseworkers that do Family Assessments, finding ways to help frame their thoughts, interviews and documentation to better inform the case plan that is to be developed. For those doing Family Assessment, it appears that case workers still try to write their rationale for ratings in a manner that backs up their assessment of risk, but fails to give the worker that assumes the case a good picture of the strengths, resources, that can be built upon to reduce risk.
- ◆ Additionally, to avoid inadequate case planning, we must assess whether deficiencies are result of lack of knowledge, lack of motivation to apply knowledge, or lack of resources to apply knowledge. The tools do not cue workers to assess deficiencies in this manner, but training could.

Sample Comments From Staff:

- ◆ It should be noted that on-going workers are responsible for case plans that are developed, agreed upon, and signed within 30-60 days of disposition with more rigorous time frames in the most unsafe situations which require court involvement. When Family Assessments do not adequately inform the case plan and the new worker is under the gun, the resulting case plan is likely to have a boiler plate/less helpful, more intrusive quality that decreases likelihood of success.
- ◆ 90-day Case Review—while over-all seen as strength, people in my agency are finding them cumbersome. I would suggest that ODJFS consider a review of services, safety review and place for comments re: emerging danger. The re-assessment, especially with the addition of narrative section to explain rationale, is likely to over burden workers, while provoking less analysis and more rote documentation of what is all ready known to the worker and likely contained in the case record. As a check and balance, the tool could also ask a question re: plan to address emerging danger or safety threat that is identified in review. I am surprised that there is no trigger for case plan amendment or safety response when new dangers or safety threats are identified. I am wondering if rule should be developed around this issue and whether form should cue worker as to time frame for appropriate response. I believe that this would be much more useful to workers, supervisors, and management.
- ◆ Overall, the model is much less cumbersome, while able to inform practice and decisions.
- ◆ Areas of focus are streamlined.
- ◆ The field manual does not well address case review, which is more of an on going than initial implementation issue.
- ◆ Some workers report feeling like they are writing the same information more than one time throughout the assessment.
- ◆ Reconsider case review requirements for 90-day reviews as mentioned above.
- ◆ Consider modifying the Field Manual and training to enable workers to write Family Assessments that better inform case planning.
- ◆ Reconsider creation of alternate to re-assessment for PC, PPLA and cases in which child is in LC of relatives. It is good for workers to consider risk to

children in placement and factors relating to permanency planning at 90-day reviews and at SAR.

- ◆ Continue the Pilot with recommended changes.
- ◆ Enhance the Field Manual.

Ohio Job and Family Services

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Prepared By:
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My observations regarding the Safety and Risk Assessment Pilot:

I have been a part of the Safety and Risk Assessment Pilot Team since the mid 2003. Greene County Children Services Board (CSB) is one of the Pilot counties, and I am the Technical Assistance Specialist assigned to that county. Greene CSB was one of the original Pilot counties back in 1993 for the initial development and implementation of risk assessment in Ohio. They are a county that readily volunteers to be a Pilot for innovative child welfare practices that they believe will ultimately improve their provision of services to families.

I sat in on the second training for Greene CSB staff in June 2003. Staff at the agency were receptive to the changes and as veterans of risk assessment, they asked many questions, both clarification and implementation issues. They seemed to understand the paradigm shift of separating the assessment of child safety from risk. For line staff, reduction in paperwork and the time for completing the current 38-page Family Risk Assessment Matrix (FRAM) was a key concern.

I attended as many of the Safety and Risk Assessment Pilot Team meetings in Columbus as my work schedule would allow. Due to other workload responsibilities, my co-worker Priscilla Howell and I sometimes took turns in attending the statewide meetings. County Pilot implementation issues were on the agenda to be discussed at each Columbus meeting. Often, an issue brought up by one county was an implementation issue also shared by the other Pilot counties. The Pilot counties discussed strengths and weaknesses in the everyday use of each Pilot form. Pilot county staff continue to be very interested in correcting and revising the forms to be more user friendly and to better capture desired information.

I attempted to attend most of the Safety and Risk Assessment Pilot Team on-site days at Greene CSB. In addition to the case record reviews, the on-site days often involved discussing county specific implementation issues and receiving feedback from supervisory and casework staff on their implementation progress. We tried to design the end of each on-site day to provide feedback to agency supervisors on their staffs' understanding and quality use of the forms. Whenever possible, agency supervisors sat in on the case reviews and made comments that the discussions held during the day were extremely helpful in their better understanding the process and quality use of the forms.

Ken Meeks, our on-site Team Leader, summarized the findings of the initial on-site case reviews and they were presented to Greene CSB intake and on-going staff in separate meetings. Agency staff have repeatedly commented on how helpful this was in their understanding and use of the forms. The second round of Pilot on-site case reviews evidenced an increase in the quality completion of the Pilot forms by agency staff.

In addition to technical assistance (TA) clarifications discussed during the county on-site and Columbus meetings, county agency staff were able to e-mail their questions to their team leader. T A responses were shared with all county team members and often discussed at the Columbus meetings to share with other county team members. Unusual case scenarios were often discussed for the statewide Pilot committee members' input and suggestions on how they would handle the situations were received.

I was conducting Greene CSB's CPOE on-site review during the same timeframe as the Pilot on-site activities were occurring. Their CPOE review period ended just prior to the July 1, 2003 implementation date of the Pilot in their county. However, Greene CSB was granted permission to complete the Pilot Family Assessment form instead of the FRAM on their backlog of intake cases awaiting paperwork completion. Staff found it more user friendly to complete the Family Assessment and were successful in reducing their backlog. Agency staff have repeatedly said during the Pilot process that they like the Pilot forms much better and do not want to go back to completing the current state required risk assessment forms.

My overall impressions are the Pilot forms are directing Ohio in a progressive direction to develop tools that will improve child welfare staff's overall assessment and child safety and risk.

Bob Taft
Governor



Tom Hayes
Director

Toledo District Office
One Government Center, Room 913
Toledo, Ohio 43604
www.state.oh.us/odjfs

May 12, 2004

Barry Salovitz
Child Welfare Institute

Re: Family Assessment Planning Model (FAPM)

Dear Mr. Salovitz:

I am writing this letter in response to your request for observations regarding the FAPM Pilot. My role has been to participate as a member of the Pilot Implementation Committee (PIC) and as a member of the Pilot Support Team (PST) for Hancock County Department of Job and Family Services (HCDJFS).

I have attended all but three PIC meetings. Unfortunately, due to mandated schedule changes to meet work assignments within the Toledo Field Office of the Bureau of Outcome Management, I was able to assist with only three on-site technical assistance days at HCDJFS. I was able to attend both sessions of the two-day safety Pilot training at HCDJFS. My comments are made based on the above limited contact with HCDJFS and the other PST members, and verbal reports during PIC meetings.

During the PIC meetings, I have observed the Pilot implementation managers (PIM) from each of the four Pilot counties express both positive and negative issues regarding the implementation of the Pilot and the use of the Pilot tools. Some have expressed that they believe the family assessment tool helps workers with documenting information more clearly and logically, and therefore, supervisors are receiving more useful information about families and children from their workers. PIMs have reported that their workers believe the grouping of elements in the family assessment tool allows them to describe the interaction of family members and the interaction of strengths and concerns for individuals and within and among family members better than with any other tool.

PIMs have also reported that the use of the safety assessment (SA) within four days of the receipt of a report of CA/N has helped and encouraged workers to gather more information about the subjects of the report more quickly than without using the SA. This facilitates faster decision-making in terms of protecting children.

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The PIM for HCDJFS has reported to me that the use of safety plans in her agency is much more focused. The workers understand the need to control the safety threats. They have changed their practice regarding the use of safety plans and have far fewer than they had in the past. The safety plans that are now executed with families are focused only on controlling current safety threats and not on future plans that may change behavior over a period of time.

The PIM reported at one on-site visit that her workers have told her that the way they used safety plans in the past would be totally inappropriate with what they now know about safety. In addition, in at least one case, the safety assessment and safety plan was brought to the court's attention by the agency and had at least some affect on the decision of the court.

PIMs have also reported the usefulness of the reunification tool. Workers have reported to at least one PIM that having to restate why a child was removed from the home helps workers to evaluate their reunification plan for probable success.

Every worker I have spoken with at HCDJFS has stated the Pilot tools are helpful because they take less time to complete. This appears to be at least one way the workers have bought into the implementation of the model in their county. Some workers have stated that the grouping of the risk assessment elements is helpful to them because they are better able to organize the information they have gathered from a family in a narrative that includes more than just one element.

At least one worker at HCDJFS, at the beginning of the Pilot, expressed frustration in having to learn new safety terms and safety language. Some workers felt more pressure because they had to complete the safety assessment within four days of the receipt of a report of CA/N, and this caused some scheduling and prioritizing difficulty for those workers. At least one worker has stated she did not find the SA useful because she had to complete the SA without having gathered all information about the family that would be gathered over the course of 30 days. The supervisors stated that this is a change for the agency from the previous risk assessment model and workers will most likely adjust to the safety decisions with further use of the SA.

At least one worker at HCDJFS has stated that the case review tool is useful for documenting the information to support decisions made for on-going cases. He does not have difficulty sharing the information on the case review tool with the families at the semi-annual administrative review.

I hope the above information is helpful. As stated previously, I have had limited contact with HCDJFS and the other PST members due to scheduling difficulties with prior work assignments.

Sincerely,

Karen J. Demangos, MSSA, LISW
Technical Assistance Specialist, Toledo Field Office
Bureau of Outcome Management
Office for Children and Families
Ohio Department of Job and Family Services

Ohio Job and Family Services

Prepared By:
Priscilla Howell, L.S.W./T.A.S
Technical Assistance Specialist
Bureau of Outcome Management, Columbus/Cincinnati Field Office

May 10, 2004

My Observations Regarding The FAPM Pilot:

I am a Technical Assistance Specialist with ODJFS, Bureau of Outcome Management, Columbus/Cincinnati Field Office. I have been a member of the Safety Assessment Pilot committee since its inception. One of my assigned counties became one of the Pilot counties for this project. Therefore, I believe sharing what I have learned could be of value to those reading the Pilot Evaluation Report.

Our committee spent many hours creating the initial tools to assist caseworkers and supervisors in making good decisions to ensure the safety of children. Having county employees on both this and the ensuing risk assessment revision committees was mandatory in helping us identify the numerous questions and practice issues that arose throughout this project. Final decisions were made by ODJFS, Office of Children and Families. Barry Salovitz provided us numerous tools utilized in other states, as well as expert guidance in the art of compromise when the group disagreed on which paths to take. At the very heart of our project and our activities was our vision and intense desire to make Ohio a safer place for children that come to the attention of PCSA's.

Perhaps the most difficult thing we encountered was recognizing the difference between risk and safety. It required a paradigm shift – both for us and for the employees in the Pilot counties. In the past, I had also been involved in the Risk Assessment Pilot, having had two of my [then] assigned counties as Pilots for that. As one of those involved in the Safety Assessment training and the Pilot evaluation teams, I saw the impressions of county staff change from reluctance to enthusiastic support. Indeed they have advised me they feel this is so much better that they do not wish to ever go back to what they did before. I have just begun to evaluate their Stage 5 CPOE performance, but so far it appears their performance has improved. One of the areas I evaluate is the quality of home visits, and these tools have enabled better, more effective documentation – especially on in-home cases.

I must note that I spent as much time as possible on this Pilot activity, but that I could not always be involved in each agency visit nor every meeting due to the numerous other priorities of my job. However, I remained available by phone and e-mail to committee members and to the county PCSA's. Other non-Pilot PCSA's have expressed much interest in Safety Assessment to me, and several want to utilize this as soon as possible.

My overall opinion is that this is an excellent set of tools that should be utilized statewide, as soon as training can be provided. Ohio's children cannot wait!

.

APPENDICES

Appendix 1

Key Term Definitions

Contributing Factors are social problems or conditions such as substance abuse, domestic violence, mental illness and unemployment that can enhance risk of child maltreatment or its severity, but may not be directly causal to them.

Control is the focus of the safety plan, in response to any child in immediate danger of serious harm that serves to manage immediate safety threats and supplement protective capacities.

Credible Evidence is a safety assessment standard used to help evaluate the presence of safety factors based on “information worthy of belief.”

Danger is the likelihood of serious harm precipitated by one or more currently active safety threats and/or arising from insufficient protective capacities.

Emerging Danger is the likelihood of serious harm that is not immediate, but starting to surface or escalate in intensity, pervasiveness, duration and/or frequency, precipitated by one or more currently active safety threats.

Harm refers to the nature of the injury or trauma affecting the child. Harm is the consequence of maltreatment.

Maltreatment is an act or failure to act by a parent, guardian or custodian that results in physical, sexual or emotional abuse or neglect.

No Risk Contribution is used to identify the conditions existing in the family that neither reduce nor increase the likelihood of maltreatment to a child.

Present Danger is the likelihood of immediate and serious harm precipitated by one or more currently active safety threats.

Protective Capacities are family strengths or resources that reduce, control and/or prevent threats of serious harm from arising or having an unsafe impact on a child.

Risk is the likelihood of any future maltreatment to any child.

Risk Contribution is used to identify the conditions existing in the family that create the likelihood of maltreatment to a child.

Safe Child is when there are no immediate threats of serious harm present or the protective capacities of the family can manage any identified threats to a child.

Safety Factors are a set of specific danger signs that combine with a child's vulnerability and directly contribute or reflect a child's present danger, unless offset or mitigated by suitable protective capacities.

Safety Plan is a specific and concrete strategy for controlling threats of serious harm, or supplementing protective capacities implemented immediately when a family's protective capacities are not sufficient to manage immediate and serious threats of harm.

Safety Response is an intervention designed to control a safety threat or supplement missing or insufficient protective capacities, required when the protective capacities of the family cannot manage immediate and serious threats of harm to any child.

Safety Review is a structured review to support and document decisions to maintain, create/modify, or discontinue a safety plan. It includes a review of new safety threats, changes in protective capacities and child vulnerability, and progress toward resolving safety threats.

Safety Threat is the acts or conditions that have the capacity to seriously harm any child.

Serious Harm is the actual or threatened consequence of an active safety threat that is significantly affected by a child's degree of vulnerability and

- ◆ is life threatening or risk thereof;
- ◆ substantively retards the child's mental health or development or risk thereof;
- ◆ produces substantial physical suffering, disfigurement or disability, whether permanent or temporary, or risk thereof.

Strength is a condition existing in the family that reduces risk of maltreatment to a child.

Underlying Conditions are the needs of the individual family members, perceptions, beliefs, values, feelings, cultural practices, and/or previous life experiences that influence the maltreatment dynamic within a family system.

Vulnerability is the degree to which a child can avoid, negate or modify the impact of safety threats.

Appendix 2

Caseworker Survey

Directions:

Prior to answering any questions, please read the entire survey so that you may recognize the nature of the questions and statements included and thereby avoid redundant responses. After each section, excluding Section 1, there is an opportunity for you to provide a narrative comment/explanation. This will allow you to explain any answer, or to specify a component of the Family Assessment and Planning Model (FAPM). If a question does not apply to your job, please select N/A "not applicable."

Section 1: Background**1. HOW LONG HAVE YOU WORKED IN CHILD WELFARE?**

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> Less than 6 months | <input type="checkbox"/> 4-7 years |
| <input type="checkbox"/> 6-12 months | <input type="checkbox"/> 8-15 years |
| <input type="checkbox"/> 1-3 years | <input type="checkbox"/> 15+ years |

2. HOW LONG HAVE YOU BEEN IN YOUR PRESENT POSITION?

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> Less than 6 months | <input type="checkbox"/> 4-7 years |
| <input type="checkbox"/> 6-12 months | <input type="checkbox"/> 8-15 years |
| <input type="checkbox"/> 1-3 years | <input type="checkbox"/> 15+ years |

3. IN WHICH UNIT DO YOU WORK?

- Intake/Assessment Unit
 Ongoing/Protective Services
 Resource/Placement Unit

Other: _____

4. WHAT IS YOUR HIGHEST EDUCATIONAL LEVEL?

- | | |
|---|-------------------------------|
| <input type="checkbox"/> Associate's Degree | <input type="checkbox"/> MSSA |
| <input type="checkbox"/> Bachelor's Degree | <input type="checkbox"/> MSW |
| <input type="checkbox"/> BSW | <input type="checkbox"/> DSW |
| <input type="checkbox"/> Some Graduate Work | <input type="checkbox"/> PhD |
| <input type="checkbox"/> Master's Degree | |

5. WHAT LICENSURE/CERTIFICATIONS DO YOU HOLD, IF ANY (CHECK ALL THAT APPLY)?

- | | |
|-------------------------------|--|
| <input type="checkbox"/> LSW | <input type="checkbox"/> ACSW |
| <input type="checkbox"/> LISW | <input type="checkbox"/> CCDC |
| <input type="checkbox"/> LPC | <input type="checkbox"/> OTHER (PLEASE SPECIFY): |
| <input type="checkbox"/> LPCC | _____ |

Section 2: Caseload

Directions:

Please answer these questions on the size of your caseload and your opinion as to the impact of the workload on your practice.

6. HOW MANY CASES DO YOU HAVE NOW?

- Under 10 17-22
 10-12 23-27
 13-16 More Than 27

7. WHAT IS YOUR AVERAGE CASELOAD SIZE OVER THE YEAR?

- Under 10 17-22
 10-12 23-27
 13-16 More Than 27

8. DO YOU BELIEVE YOUR CASELOAD IS:

- too high
 average
 below average (you are capable of additional cases without negatively impacting current caseload)

If you responded “average” or “below average,” skip to Section 3.

IF YOU BELIEVE YOUR CASELOAD IS TOO HIGH, IDENTIFY THE DEGREE TO WHICH THIS IMPACTS THE FOLLOWING:

9. COMPLIANCE WITH POLICY SPECIFIC TO THE FAPM.

To A Great Degree				No Impact
1	2	3	4	5

10. COMPLETION OF THE SAFETY/RISK TOOLS IN A COMPLETE AND THOROUGH MANNER.

To A Great Degree				No Impact
1	2	3	4	5

11. ABILITY TO WORK DIRECTLY WITH CLIENTS.

To A Great Degree				No Impact
1	2	3	4	5

OTHER (PLEASE DESCRIBE):

COMMENTS/EXPLANATIONS (FOR QUESTIONS 6 – 11):

Section 3: Case Practice

Directions:

Please rate these statements as they relate to your perception of your case practice. These statements are not specific to the FAPM tools or your documentation proficiency, but reflect your overall case practice. If a statement does not apply to your job, please select N/A “not applicable.”

On a scale of 1-5, with 5 representing “**excellent**” and 1 representing “**poor**,” please rate the following: (*circle your choice*)

12. YOUR ABILITY TO ASSESS SAFETY FACTORS.

Poor					Excellent	
1	2	3	4	5	N/A	

13. YOUR ABILITY TO ASSESS CHILD VULNERABILITY.

Poor					Excellent	
1	2	3	4	5	N/A	

14. YOUR ABILITY TO ASSESS PROTECTIVE CAPACITIES.

Poor					Excellent	
1	2	3	4	5	N/A	

15. YOUR ABILITY TO MAKE AN ACCURATE SAFETY DECISION.

Poor					Excellent	
1	2	3	4	5	N/A	

16. YOUR ABILITY TO DEVELOP AND IMPLEMENT A SAFETY PLAN THAT CONTROLS FOR SAFETY THREATS.

Poor					Excellent	
1	2	3	4	5	N/A	

17. YOUR ABILITY TO ASSESS RISK OF FUTURE MALTREATMENT.

Poor					Excellent	
1	2	3	4	5	N/A	

18. YOUR ABILITY TO DETERMINE IF SAFETY AND RISK RELATED BEHAVIORS OR CONDITIONS ARE AN EXPRESSION OF UNDERLYING CONDITIONS AND/OR CONTRIBUTING FACTORS.

Poor					Excellent	
1	2	3	4	5	N/A	

19. YOUR ABILITY TO IDENTIFY THE FAMILY’S STRENGTHS AND RESOURCES, WHICH CAN BE UTILIZED TO REDUCE RISK, ATTAIN PERMANENCY AND PROMOTE CHILD WELL-BEING.

Poor					Excellent	
1	2	3	4	5	N/A	

20. YOUR ABILITY TO IDENTIFY THE FAMILY’S OWN PERCEPTIONS.

Poor					Excellent	
1	2	3	4	5	N/A	

21. YOUR ABILITY TO ASSESS THE SERVICE NEEDS OF THE CHILD AND FAMILY.
- | | | | | | | |
|-------------|---|---|---|---|------------------|--|
| Poor | | | | | Excellent | |
| 1 | 2 | 3 | 4 | 5 | N/A | |
22. YOUR ABILITY TO DECIDE WHETHER TO OPEN OR CLOSE A CASE.
- | | | | | | | |
|-------------|---|---|---|---|------------------|--|
| Poor | | | | | Excellent | |
| 1 | 2 | 3 | 4 | 5 | N/A | |
23. ABILITY TO EVALUATE CASE PLAN PROGRESS.
- | | | | | | | |
|-------------|---|---|---|---|------------------|--|
| Poor | | | | | Excellent | |
| 1 | 2 | 3 | 4 | 5 | N/A | |

COMMENTS/EXPLANATIONS (FOR QUESTIONS 12 – 23):

Section 4: Family Assessment and Planning Model

Directions:

Please rate these statements as they relate to your use of the FAPM. If a statement does apply to your job, please select N/A “not applicable.”

On a scale of 1-5 with 5 representing “strongly agree,” and 1 representing “strongly disagree,” rate the following: (*circle your choice*)

24. THE MODEL SETS SUFFICIENTLY CLEAR EXPECTATIONS AND GUIDELINES FOR MAKING AN ACCURATE SAFETY ASSESSMENT.
- | | | | | | | |
|--------------------------|---|---|---|---|-----------------------|--|
| Strongly Disagree | | | | | Strongly Agree | |
| 1 | 2 | 3 | 4 | 5 | N/A | |
25. THE MODEL SETS SUFFICIENTLY CLEAR EXPECTATIONS AND GUIDELINES FOR MAKING AN ACCURATE FAMILY ASSESSMENT.
- | | | | | | | |
|--------------------------|---|---|---|---|-----------------------|--|
| Strongly Disagree | | | | | Strongly Agree | |
| 1 | 2 | 3 | 4 | 5 | N/A | |
26. THE MODEL SETS SUFFICIENTLY CLEAR EXPECTATIONS AND GUIDELINES FOR CONDUCTING AN ACCURATE CASE REVIEW.
- | | | | | | | |
|--------------------------|---|---|---|---|-----------------------|--|
| Strongly Disagree | | | | | Strongly Agree | |
| 1 | 2 | 3 | 4 | 5 | N/A | |
27. THE MODEL SETS SUFFICIENTLY CLEAR EXPECTATIONS AND GUIDELINES FOR MAKING AN ACCURATE REUNIFICATION ASSESSMENT.
- | | | | | | | |
|--------------------------|---|---|---|---|-----------------------|--|
| Strongly Disagree | | | | | Strongly Agree | |
| 1 | 2 | 3 | 4 | 5 | N/A | |

- CURRENT AND HISTORICAL CHILD HARM

Strongly Disagree					Strongly Agree	
1	2	3	4	5	N/A	
- Child Functioning and Capacities

Strongly Disagree					Strongly Agree	
1	2	3	4	5	N/A	
- Adult Functioning and Capacities

Strongly Disagree					Strongly Agree	
1	2	3	4	5	N/A	
- Family Functioning and Capacities

Strongly Disagree					Strongly Agree	
1	2	3	4	5	N/A	
- Historical

Strongly Disagree					Strongly Agree	
1	2	3	4	5	N/A	

36. EVALUATE THE SIGNIFICANCE AND INTERACTION OF THE RISK FACTORS, STRENGTHS, RESOURCES, PERCEPTIONS, UNDERLYING CONDITIONS AND/OR CONTRIBUTING FACTORS SUSTAINING RISK RELATED BEHAVIORS OR CONDITIONS.

- | | | | | | | |
|--------------------------|---|---|---|---|-----------------------|--|
| Strongly Disagree | | | | | Strongly Agree | |
| 1 | 2 | 3 | 4 | 5 | N/A | |

37. ASSESS PROGRESS WITH THE CASE PLAN.

- | | | | | | | |
|--------------------------|---|---|---|---|-----------------------|--|
| Strongly Disagree | | | | | Strongly Agree | |
| 1 | 2 | 3 | 4 | 5 | N/A | |

38. ASSESS THE SERVICE NEEDS OF THE CHILD AND FAMILY.

- | | | | | | | |
|--------------------------|---|---|---|---|-----------------------|--|
| Strongly Disagree | | | | | Strongly Agree | |
| 1 | 2 | 3 | 4 | 5 | N/A | |

COMMENTS/EXPLANATIONS (FOR QUESTIONS 30 – 38):

Section 6: Pilot Training and Implementation Manual and Guides

Directions:

Please answer these questions to reflect your opinion of the training provided to support your use of the FAPM and the documentation requirements.

39. DID YOU PARTICIPATE IN THE INITIAL TRAINING PROVIDED PRIOR TO PILOT IMPLEMENTATION OR DID YOU RECEIVE TRAINING ON THE MODEL AT A LATER DATE?

- Initial training
 Training at a later date

40. DO YOU BELIEVE THE PILOT TRAINING YOU RECEIVED ADEQUATELY PREPARED YOU TO ACCURATELY USE THE MODEL?

- Yes
 No
 N/A
 Partially

48. RATE THE FREQUENCY YOU RECEIVE INDIVIDUAL SUPERVISION IN REVIEWING OR DISCUSSING THE INFORMATION GATHERED THROUGH MODEL IMPLEMENTATION.
___Almost Never ___Infrequent ___Somewhat Frequent ___Frequent N/A

COMMENTS/EXPLANATIONS (FOR QUESTIONS 43 – 48):

Section 8: Policies and Procedures

Directions:

Please answer these questions to reflect your assessment of policies and procedures in effect to support and clarify the implementation of the FAPM.

49. ARE THERE COMPONENTS OF THE MODEL, OR SPECIFIC PARTS THEREOF, THAT YOU FIND DIFFICULT TO UNDERSTAND OR IMPLEMENT? ___ Yes ___ No

If "yes," please explain:

50. PLEASE IDENTIFY THE COMPONENTS OF THE MODEL THAT ARE EASY TO UNDERSTAND AND IMPELEMENT:

Section 9: Conclusion

Directions:

Please answer the questions to reflect your assessment of the impact of the FAPM on your work.

51. MORALE

___POSITIVE ___NEUTRAL ___NEGATIVE ___NOT SURE

52. WORKLOAD

___POSITIVE ___NEUTRAL ___NEGATIVE ___NOT SURE

53. ACCOUNTABILITY

___POSITIVE ___NEUTRAL ___NEGATIVE ___NOT SURE

54. ASSESSMENT

POSITIVE NEUTRAL NEGATIVE NOT SURE

55. DOCUMENTATION

POSITIVE NEUTRAL NEGATIVE NOT SURE

56. CASE DECISION-MAKING

POSITIVE NEUTRAL NEGATIVE NOT SURE

COMMENTS/EXPLANATIONS (FOR QUESTIONS 51 – 56):

Appendix 3

Supervisor Survey

Directions:

Prior to answering any questions, please read the entire survey so that you may recognize the nature of the questions and statements included and thereby avoid redundant responses. After each section, excluding Section 1, there is an opportunity for you to provide a narrative comment/explanation. This will allow you to explain any answer, or to specify a component of the Family Assessment and Planning Model (FAPM). If a question does not apply to your job, please select N/A "not applicable."

Section 1: Background

1. HOW LONG HAVE YOU BEEN IN CHILD WELFARE ?

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> Less than 6 months | <input type="checkbox"/> 4-7 years |
| <input type="checkbox"/> 6-12 months | <input type="checkbox"/> 8-15 years |
| <input type="checkbox"/> 1-3 years | <input type="checkbox"/> 15+ years |

2. HOW LONG HAVE YOU WORKED IN YOUR PRESENT POSITION?

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> Less than 6 months | <input type="checkbox"/> 4-7 years |
| <input type="checkbox"/> 6-12 months | <input type="checkbox"/> 8-15 years |
| <input type="checkbox"/> 1-3 years | <input type="checkbox"/> 15+ years |

3. IN WHICH UNIT DO YOU WORK?

- Intake/Assessment Unit
 Ongoing/Protective Services
 Resource/Placement Unit

Other: _____

4. WHAT IS YOUR HIGHEST EDUCATIONAL LEVEL?

- | | |
|---|-------------------------------|
| <input type="checkbox"/> Associate's Degree | <input type="checkbox"/> MSSA |
| <input type="checkbox"/> Bachelor's Degree | <input type="checkbox"/> MSW |
| <input type="checkbox"/> BSW | <input type="checkbox"/> DSW |
| <input type="checkbox"/> Some Graduate Work | <input type="checkbox"/> PhD |
| <input type="checkbox"/> Master's Degree | |

5. WHAT LICENSURE/CERTIFICATIONS DO YOU HOLD, IF ANY (CHECK ALL THAT APPLY)?

- | | |
|-------------------------------|--|
| <input type="checkbox"/> LSW | <input type="checkbox"/> ACSW |
| <input type="checkbox"/> LISW | <input type="checkbox"/> CCDC |
| <input type="checkbox"/> LPC | <input type="checkbox"/> OTHER (PLEASE SPECIFY): |
| <input type="checkbox"/> LPCC | _____ |

Section 2: Caseload

Directions:

This section asks you to comment on the size of the caseload of the unit.

6. HOW MANY CASEWORKERS DO YOU SUPERVISE? _____
7. WHAT IS YOUR AVERAGE CASELOAD SIZE PER WORKER OVER THE YEAR?
 ____ Under 10
 ____ 10-12
 ____ 13-16
 ____ 17-22
 ____ 23-27
 ____ More Than 27
8. DO YOU BELIEVE THE CASELOADS ARE USUALLY:
 ____ too high
 ____ average
 ____ below average (caseworkers are capable of additional cases without negatively impacting current caseload)

COMMENTS/EXPLANATIONS (FOR QUESTIONS 6 - 8):

Section 3: Case Practice

Directions:

Please rate these statements as they relate to your perception of your average worker's case practice. These statements are not specific to the FAPM tools, but reflect your workers' overall case practice. If a statement does not apply to their jobs, please select N/A "not applicable."

On a scale of 1-5, with 5 representing "excellent" and 1 representing "poor," please rate the caseworkers you supervise in the following areas of case practice: (*circle your choice*)

9. ABILITY TO ASSESS SAFETY FACTORS.
- | | | | | | | |
|-------------|---|---|---|---|------------------|--|
| Poor | | | | | Excellent | |
| 1 | 2 | 3 | 4 | 5 | N/A | |
10. ABILITY TO ASSESS CHILD VULNERABILITY.
- | | | | | | |
|-------------|---|---|---|------------------|-----|
| Poor | | | | Excellent | |
| 1 | 2 | 3 | 4 | 5 | N/A |
11. ABILITY TO ASSESS PROTECTIVE CAPACITIES.
- | | | | | | |
|-------------|---|---|---|------------------|-----|
| Poor | | | | Excellent | |
| 1 | 2 | 3 | 4 | 5 | N/A |

12. ABILITY TO MAKE AN ACCURATE SAFETY DECISION.
- | | | | | | | |
|-------------|---|---|---|---|------------------|--|
| Poor | | | | | Excellent | |
| 1 | 2 | 3 | 4 | 5 | N/A | |
13. ABILITY TO DEVELOP AND IMPLEMENT A SAFETY PLAN THAT CONTROLS FOR SAFETY THREATS.
- | | | | | | | |
|-------------|---|---|---|---|------------------|--|
| Poor | | | | | Excellent | |
| 1 | 2 | 3 | 4 | 5 | N/A | |
14. ABILITY TO ASSESS RISK OF FUTURE MALTREATMENT.
- | | | | | | | |
|-------------|---|---|---|---|------------------|--|
| Poor | | | | | Excellent | |
| 1 | 2 | 3 | 4 | 5 | N/A | |
15. ABILITY TO DETERMINE IF SAFETY AND RISK RELATED BEHAVIORS OR CONDITIONS ARE AN EXPRESSION OF UNDERLYING CONDITIONS AND/OR CONTRIBUTING FACTORS.
- | | | | | | | |
|-------------|---|---|---|---|------------------|--|
| Poor | | | | | Excellent | |
| 1 | 2 | 3 | 4 | 5 | N/A | |
16. ABILITY TO IDENTIFY THE FAMILY'S STRENGTHS AND RESOURCES, WHICH CAN BE UTILIZED TO REDUCE RISK, ATTAIN PERMANENCY AND PROMOTE CHILD WELL-BEING.
- | | | | | | | |
|-------------|---|---|---|---|------------------|--|
| Poor | | | | | Excellent | |
| 1 | 2 | 3 | 4 | 5 | N/A | |
17. ABILITY TO IDENTIFY THE FAMILY'S OWN PERCEPTIONS.
- | | | | | | | |
|-------------|---|---|---|---|------------------|--|
| Poor | | | | | Excellent | |
| 1 | 2 | 3 | 4 | 5 | N/A | |
18. ABILITY TO ASSESS THE SERVICE NEEDS OF THE CHILD AND FAMILY.
- | | | | | | | |
|-------------|---|---|---|---|------------------|--|
| Poor | | | | | Excellent | |
| 1 | 2 | 3 | 4 | 5 | N/A | |
19. ABILITY TO DECIDE WHETHER TO OPEN OR CLOSE A CASE.
- | | | | | | | |
|-------------|---|---|---|---|------------------|--|
| Poor | | | | | Excellent | |
| 1 | 2 | 3 | 4 | 5 | N/A | |
20. ABILITY TO EVALUATE CASE PLAN PROGRESS.
- | | | | | | | |
|-------------|---|---|---|---|------------------|--|
| Poor | | | | | Excellent | |
| 1 | 2 | 3 | 4 | 5 | N/A | |

Section 5: Pilot Training

Directions:

Please answer these questions to reflect your opinion of the training provided to support your use and supervision of the FAPM protocols and associated documentation requirements.

25. DO YOU BELIEVE THE PILOT TRAINING YOU RECEIVED HAS ADEQUATELY PREPARED YOU TO SUPERVISE CASEWORKERS' USE OF THE FAPM PROTOCOLS?

Yes No N/A Partially Other _____

26. DO YOU NEED ADDITIONAL TRAINING TO USE AND SUPERVISE THE FAPM PROTOCOLS?

Yes No N/A Partially Other _____

27. DO YOU BELIEVE THE PILOT TRAINING YOUR STAFF RECEIVED HAS ADEQUATELY PREPARED THEM TO ACCURATELY USE THE FAPM PROTOCOLS?

Yes No N/A Partially Other _____

28. DOES YOUR STAFF NEED ADDITIONAL TRAINING TO USE THE FAPM PROTOCOLS?

Yes No N/A Partially Other _____

COMMENTS/EXPLANATIONS (FOR QUESTIONS 25 – 28):

Section 6: Policies and Procedures

Directions:

Please answer these questions to reflect your assessment of the policies and procedures in effect to support and clarify the implementation of the FAPM protocols.

29. ARE THE WORKER MANUAL AND FIELD GUIDES CLEAR AND COMPLETE ENOUGH REGARDING THE EXPECTED USE OF THE FAPM TOOLS?

Yes No N/A Partially Other _____

30. DO THE PILOT WORKER MANUAL AND TOOL INSTRUCTIONS SET CLEAR EXPECTATIONS FOR THE TIME REQUIREMENTS FOR EACH INDIVIDUAL INSTRUMENT?

Yes No N/A Partially Other _____

31. PLEASE SPECIFY AND EXPLAIN THE CIRCUMSTANCES WHEN THE TIMELINE FOR THE FAPM IS NOT FOLLOWED:

CIRCUMSTANCES: _____

EXPLANATIONS: _____

32. ARE THERE TOOLS OR SPECIFIC PARTS THEREOF, THAT YOU FIND DIFFICULT TO UNDERSTAND AND SUPERVISE?

_____ YES _____ NO

IF "YES," PLEASE EXPLAIN.

Section 7: Conclusion

Directions:

Please answer these questions to reflect your assessment of the impact of the FAPM protocols on your unit's work.

33. MORALE

____ POSITIVE ____ NEUTRAL ____ NEGATIVE ____ NOT SURE

34. WORKLOAD

____ POSITIVE ____ NEUTRAL ____ NEGATIVE ____ NOT SURE

35. CASE DECISION-MAKING

____ POSITIVE ____ NEUTRAL ____ NEGATIVE ____ NOT SURE

36. ACCOUNTABILITY

____ POSITIVE ____ NEUTRAL ____ NEGATIVE ____ NOT SURE

37. ASSESSMENT

____ POSITIVE ____ NEUTRAL ____ NEGATIVE ____ NOT SURE

38. DOCUMENTATION

___ POSITIVE ___ NEUTRAL ___ NEGATIVE ___ NOT SURE

COMMENTS/EXPLANATIONS (FOR QUESTIONS 33 – 38):

Section 8: Optional

Directions:

Please complete this section if you have any additional comments, observations or recommendations.

39. ADDITIONAL COMMENTS, OBSERVATIONS AND/OR RECOMMENDATIONS:

Appendix 4

SAFETY ASSESSMENT - CASE RECORD REVIEW

PCSA:
Sample Number:

Reviewer:	Case Name:	Caseworker:
Review Date:	Case Type:	Supervisor:

Qualitative Review

Expectations for Completing the Safety Assessment	Rating
1. Was the Safety Assessment completed within 4 (four) working days from the date of the report or was the timeframe waived per agency policy?	
Explanation for the rating:	
2. Were the next steps for contact clearly written and realistic (If next steps were not necessary, please write N/A)?	
Explanation for the rating:	
3. Did the explanations clearly support the presence and/or absence (if agency policy requires it) of each safety factor and the YES/NO response?	
Explanation for the rating:	
4. Are the explanations for the safety factors described in behavioral terms, specific and unique to this family as opposed to general or global descriptions?	
Explanation for the rating:	

Expectations for Completing the Safety Assessment	Rating
5. Were the plans for further assessment of any safety factor realistic (If not applicable, write N/A)?	
Explanation for the rating:	
6. Does the historical statement clearly describe any previous serious harm committed by a caretaker or other having access to the child AND/OR any previous serious harm inflicted upon any child in the household?	
Explanation for the rating:	
7. Does the child vulnerability statement clearly describe each child's unique vulnerabilities or capacities?	
Explanation for the rating:	
8. Does the statement(s) for Protective Capacities clearly describe emotional, cognitive and behavioral capacities of individual adults and children and/or resources available to the family?	
Explanation for the rating:	
9. Does the safety response decision logically flow from the analysis of the identified safety factors, vulnerabilities of the child(ren) and family's protective capacities?	
Explanation for the rating:	
10. Is the listing of children not included in the safety plan and the explanation for why they are not included clear and appropriate (if the listing and explanation were necessary)?	
Explanation for the rating:	
11. Are all required areas of the tool completed per instructions (e.g., Identification of ACV, Type of contact, Response to each safety factor, Signature of caseworker and supervisor, etc.)?	

Appendix 5

SAFETY PLAN - CASE RECORD REVIEW

PCSA:
Sample Number:

Reviewer:	Case Name:	Caseworker:
Review Date:	Case Type:	Supervisor:

Qualitative Review

Expectations for Completing the Safety Plan	Rating
1. Was the safety plan developed and implemented immediately (prior to leaving the home) after determining that a child was unsafe?	
Explanation for the rating:	
2. Are the names of all adults and children (in the household or involved in the safety plan) included in the safety plan listed?	
Explanation for the rating:	
3. Did all involved parent(s)/guardian(s)/custodian(s) initial the appropriate line as to whether he/she/they read the "Important Information About Safety Plans" section or the section was read to them OR did the caseworker check this box if parent(s)/guardian(s)/custodian(s) were not available?	
Explanation for the rating:	
4. Are the safety threat(s) clearly identified and described (including the name of the child to be protected) and do they correspond to those identified in the Safety Assessment?	

Expectations for Completing the Safety Plan	Rating
Explanation for the rating:	
5. Are action steps in the safety plan clear in describing what activity will be conducted, by whom (responsible parties) and under what circumstances?	
Explanation for the rating:	
6. Does the explanation clearly describe how the activity(ies) will immediately control the identified safety threat(s)?	
Explanation for the rating:	
7. Does the monitoring plan clearly describe how, how often and who will monitor the safety plan?	
Explanation for the rating:	
8. If implemented appropriately, is the plan sufficient to ensure child safety?	
Explanation for the rating:	
9. Were the signatures and dates for each parent/guardian/other responsible person(s) named in each action step of the safety plan obtained?	
Explanation for the rating:	
10. If the safety plan was implemented by a verbal commitment, is there documentation of the specific date and time of the verbal commitment and were signatures obtained within one working day?	
Explanation for the rating:	
11. Does the safety plan employ the least restrictive (least disruptive to the children) strategies possible, while assuring the immediate safety of the child(ren)?	

Expectations for Completing the Safety Plan	Rating
Explanation for the rating:	
12. Does the safety plan build on the protective capacities of the family and include community and extended family supports that are available or are already in place?	
Explanation for the rating:	
13. Is there documentation on the safety plan that any or all action steps are no longer in effect?	
Explanation for the rating:	

Appendix 6

FAMILY ASSESSMENT - CASE RECORD REVIEW

PCSA:

Sample Number:

Reviewer:	Case Name:	Caseworker:
Review Date:	Case Type:	Supervisor:

Qualitative Review:

Expectations for Completing the Family Assessment	Rating
1. Did each description in the safety review clearly address any new safety threats, changes or additional information in protective capacities and/or child vulnerability and progress toward resolving identified safety threats?	
Explanation for the Rating:	
2. Does the safety response in Part B of the Safety Review logically flow from the analysis of the description of new safety threats, description in changes to child vulnerability or protective capacities and progress toward resolving identified safety threats?	
Explanation for the Rating:	
3. Does the Child Harm description clearly identify and describe the type, degree and frequency of actual or threatened harm for each child in the household?	
Explanation for the Rating:	
4. Are the child(ren), adult(s) and family rated for each appropriate risk element?	

Expectations for Completing the Family Assessment	Rating
Explanation for the Rating:	
5. Do the rationales for each risk element support the rating given?	
Explanation for the Rating:	
6. Are the rationales behavioral and specific to each child or adult in the household or family (as opposed to general or global descriptions)?	
Explanation for the Rating:	
7. If strengths are identified for any child, adult or family, are the strengths discussed in the rationale and are they appropriate and described as useable resources to support child safety (If no strengths are identified, please write N/A)?	
Explanation for the Rating:	
8. Does the description clearly identify and describe the specific nature and affect of identified emerging danger in the family and the affect this danger has on child safety? (If no emerging danger is identified, write N/A)	
Explanation for the Rating:	
9. Does the description of the family perception include the family's views of their ability and willingness to protect their children?	
Explanation for the Rating:	
10. Does the Case Analysis contain key information obtained through the family assessment (e.g., safety review, child harm, risk contributors, emerging danger, family perceptions and strengths)?	
Explanation for the Rating:	

Expectations for Completing the Family Assessment	Rating
11. Were underlying conditions appropriately identified?	
Explanation for the Rating:	
<p>12. If case is being closed, were the following services clearly described: those in existence prior to the assessment process, those in existence during the assessment and/or those that the family were referred to at case closing?</p> <p style="text-align: center;">Or</p> <p>For cases needing continued agency involvement, were the services and/or interventions suggested clearly documented? Do the services or interventions take into account the priority matrix?</p>	
Explanation for the Rating:	
13. Are all required areas of the tool completed per instructions, including the signature of the caseworker and supervisor?	
Explanation for the Rating:	
14. Was the Family Assessment completed within 30 days (45 days if waiver was obtained) from the date of the report?	
Explanation for the Rating:	

Appendix 7

CASE REVIEW - CASE RECORD REVIEW

PCSA:
Sample Number:

Reviewer:	Case Name:	Caseworker:
Review Date:	Case Type:	Supervisor:

Reason for Completion of the Case Review:

- 90 Day Case Review**
- Semiannual Administrative Review**
- Case Closure**

Qualitative Review:

Expectations for Completing the Case Review	Rating
1. Was the Case Review completed timely?	
Explanation for the rating:	
2. Are all sections of the Case Review completely filled out?	
Explanation for the rating:	
3. Did each description in the safety review clearly address any new safety threats, changes or additional information in protective capacities and/or child vulnerability and progress toward resolving identified safety threats?	
Explanation for the rating:	

Expectations for Completing the Case Review	Rating
4. Does the safety response in Part B of the Safety Review logically flow from the analysis of the description of new safety threats, description in changes to child vulnerability or protective capacities and progress toward resolving identified safety threats?	
Explanation for the rating:	
5. Is each risk element rated?	
Explanation for the rating:	
6. When reassessing emerging danger, were all emerging danger characteristics identified and did the explanation clearly address each question? If Emerging Danger was not identified in the reassessment, please write N/A.	
Explanation for the rating:	
7. Does the description of the family's perception include their views regarding their strengths and problems area?	
Explanation for the rating:	
8. Are the case plan services that were provided and/or planned clearly identified?	
Explanation for the rating:	
9. Is there a description as to whether or not these services are addressing safety, emerging danger and risk issues? If appropriate, is there a description of any barriers to services?	
Explanation for the rating:	
10. Is there a recommendation of whether these services are to be continued, modified or discontinued?	

Expectations for Completing the Case Review	Rating
Explanation for the rating:	
11. Is the most significant new information, changes and progress that has occurred since the last assessment clearly described using behavioral terms? Are the descriptions specific to the family?	
Explanation for the rating:	
12. Does the description include the most important issues, case dynamics and needs that require continued agency involvement or justify case closure?	
Explanation for the rating:	
13. Does the Case Status accurately reflect information documented in the change/progress summary?	
Explanation for the rating:	
14. Was the Case Review signed and dated by both the caseworker and the supervisor	
Explanation for the rating:	
Semiannual Administrative Review Only	
Were the required participants notified by U.S. mail?	
Explanation for the rating:	
Was the JFS 01443 reviewed and discussed for each child? If the child is not in substitute care, please write N/A.	
Explanation for the rating:	
Was progress with the child's independent living service provision indicated? If the child is not in substitute care and/or is not 16 years of age or older, please write N/A.	

Expectations for Completing the Case Review	Rating
Explanation for the rating:	
Did the explanation clearly address the questions regarding Placement/Protective Supervision Issues?	
Explanation for the rating:	
Did the explanations clearly address the questions regarding Permanency Planning?	
Explanation for the rating:	
Did all required panel members and participants sign the case review?	
Explanation for the rating:	

Appendix 8

REUNIFICATION ASSESSMENT - CASE RECORD REVIEW

PCSA:
Sample Number:

Reviewer:	Case Name:	Caseworker:
Review Date:	Case Type:	Supervisor:

Qualitative Review:

Expectations for Completion of the Reunification Assessment	Rating
1. Are all sections of the Reunification Assessment completely filled out?	
Explanation for the rating:	
2. Was the Reunification Assessment completed in response to: Safety Review Court Hearing When deemed appropriate	
Explanation for the rating:	
3. Are the original safety threats clearly identified and described?	
Explanation for the rating:	
4. Does the explanation clearly address and support an alteration/reduction in the safety threats, which presented at the time of the child's placement?	
Explanation for the rating:	

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Expectations for Completion of the Reunification Assessment	Rating
5. Do the explanations clearly address and support whether other safety issues were identified after the child came into placement and whether these safety issues have been altered or reduced?	
Explanation for the rating:	
6. Does the explanation clearly address and support whether or not parent(s) are in compliance with court orders?	
Explanation for the rating:	
7. Do the explanations clearly address and support whether the child and the parent/caretaker demonstrate a willingness and acceptance of the reunification plan?	
Explanation for the rating:	
8. Does the explanation clearly address and support whether the parent/caretaker has the capacity to provide for the child's basic needs?	
Explanation for the rating:	
9. Does the explanation clearly address and support whether or not the family is willing and able to use their protective capacities?	
Explanation for the rating:	
10. Does the explanation clearly address and support whether the caretaker has demonstrated the ability to meet the child's needs for safety during visitation?	
Explanation for the rating:	
11. Does the explanation clearly address and support the whether or not there are any issues or concerns related to other children or adults in the family?	

Expectations for Completion of the Reunification Assessment	Rating
Explanation for the rating:	
12. Does the description of how the family dynamics will change when the child returns appear logical based on the information presented?	
Explanation for the rating:	
13. Does the explanation clearly address and support the response given whether the family's capability to cope with stress and/or crises?	
Explanation for the rating:	
14. Does the explanation clearly address and support the reunification recommendation?	
Explanation for the rating:	
15. Does the decision to reunify logically flow from the analysis of the assessments of past and present safety and of reunification readiness?	
Explanation for the rating:	
16. Does the explanation clearly address and support what, if any, interventions are needed to maintain child safety?	
Explanation for the rating:	
17. Did the caseworker and the supervisor sign the Reunification Assessment?	
Explanation for the rating:	