

Practice Guide for Caseworkers

Assessment

MITEAM COMPETENCY

Assessment is an ongoing process of information gathering, analysis and collaborative decision-making that includes parents, children, extended family members, caregivers and professionals as partners. A comprehensive family assessment is a compilation of evaluations used to design plans and provide children and parents services that focus on safety, permanency and well-being.

FIDELITY MEASURES

Observation:

- Acknowledges his/her authority and the disproportionate amount of power in the relationship.
- Helps the individual(s) identify people who are supportive.
- Prepares the family team members (informal or formal) for participation on the team.
- Facilitates teaming.
- Accesses skilled team members (formal and informal) to serve the family's goal.
- Asks the individual(s) what the team member(s) (informal or formal) have done to provide support.
- Evaluates strengths.
- Evaluates needs.
- Asks the individual(s) about events experienced by primary/key family members that are potentially traumatic.
- Requests individual(s) input regarding the effectiveness of services.
- When developing or adjusting the plan, asks for team member's input.
- Asks individual(s) their perspective on the parent's ability to keep the child(ren)/youth safe.
- If child(ren)/youth is not residing with custodial parent: Asks individual(s) their perspective on the caregiver's ability to keep the child(ren)/youth safe.
- If child(ren)/youth is not residing with custodial parent: Inquires about the caregiver's perspective on the impact of traumatic events on the child.
- Inquires about the individual(s) perspective on the safety of all family/household members (both physical and psychological).

Documentation:

- A team that provides support to the child(ren)/youth and family has been formed.
- The worker prepares the family team members (informal or formal) for participation on the team.
- The family's suggestions and comments are documented in the case file.
- The team member's suggestions and comments are documented in the case file.
- Documentation indicates the worker maintained contact with the family and support persons between in-person meetings.
- The family's team meets within the required timeframes (FOM 722-6B).
- There is evidence in the documentation that the team implements specific safety activities to address safety concerns of the child(ren)/youth.
- There is evidence in the documentation that the team addresses specific permanency plans.
- There is evidence in the documentation that the team addresses specific issues of well-being for the child(ren)/youth.
- The history of the family's involvement with MDHHS is thoroughly reviewed and outlined in the case file.

	<ul style="list-style-type: none"> • The case file contained documentation of a trauma screening for the child(ren)/youth. • The case file contained documentation of completion of a mental health screening as noted on the child’s well child exam form. • The worker documented a thorough assessment of the family’s circumstances. <p><u>Interview:</u></p> <ul style="list-style-type: none"> • The individual(s) was able to identify helpful activities of the worker. • The individual(s) reports being satisfied with services offered and/or referred. • The individual(s) reports the worker acknowledged the unique culture of the family/household. • The individual(s) described specific examples where his/her input was utilized in decision making. • The individual(s) reports the worker provided education on how early traumatic experiences may impact parenting. <p><u>In Supervision:</u></p> <ul style="list-style-type: none"> • The worker was able to identify: <ul style="list-style-type: none"> ○ What is most important to the individual/family. ○ How trauma has potentially impacted each individual. ○ How trauma is addressed in the case plan. ○ How the parent participates in the process of change. ○ Positive supports for the individual. ○ What progress has been made so the family’s team is taking ownership of the case planning process and participating in the shared decision-making. ○ How he/she educates the family about the importance of teaming. ○ How committed the family team is to supporting the family’s plan.
<p>POLICY REQUIREMENTS</p>	<ul style="list-style-type: none"> • Conduct a thorough inquiry of family background; focusing equal attention on the mother and father’s history. • Follow the Forensic Interviewing Protocol (MDHHS Pub 779) when interviewing children. • Complete a CPS safety assessment as early as possible in MiSACWIS following the initial face-to-face, but no later than the initial disposition. Update or complete new assessments as required. • Complete the initial family assessment of needs and strengths (FANS-CPS) and a child assessment of needs and strengths (CANS–CPS) in cases where a preponderance of evidence of child abuse and neglect exists. • Determine likely hardship to the child if he or she were to be separated from his or her parents or caregivers. • Schedule a medical examination of alleged victims and any other children residing in the household as appropriate (PSM 713-4). • Complete a Risk Assessment (PSM 713-11) as required. • Complete a Risk Re-Assessment (MDHHS 258) as required. • Complete Foster Care Family Assessment/Reassessment of Needs and Strengths (MDHHS145) and age appropriate Foster Care Child Assessment of Needs and Strengths, (MDHHS-432, 433, 434, 435), initially by the 31st day after the child is removed and 90 days thereafter. Each child must be screened for educational needs within 30 calendar days of entry into foster care.

	<ul style="list-style-type: none"> • Complete the Foster Care Reunification Assessment (MDHHS-147). • Complete the Foster Care Safety Assessment (MDHHS-149). • Use family team meeting process to assess progress. • Determine recommendations for court. Assess the benefits and risks of a child remaining out of home and continuing in placement, returning home with monitoring or closing the case and terminating court jurisdiction. • Complete the Child Adoption Assessment (MDHHS-1927) within 45 calendar days of case acceptance. • Complete the Child Adoption Assessment Addendum (MDHHS-606) on an annual basis if the child has not been placed for adoption and when there is a change in placement or other significant event. • Complete Preliminary Adoptive Family Assessment (MDHHS-1926) to assess prospective adoptive families. • Complete the Initial Foster Home/Adoption Evaluation (BCAL-3130) on interested family once it has been determined adoption with the prospective family is in the child’s best interest. • Complete the Adoptive Family Assessment Addendum (MDHHS-612) for approval of adoption when a specific child has been identified for a family. 	
<p>HOW TO USE YOUR SUPERVISOR</p>	<p>Schedule, prepare and actively participate in regular case conferences with your supervisor to discuss:</p> <ul style="list-style-type: none"> • Information and findings collected from formal risk and safety assessments and evaluations as well as informal interviews and analysis of the information collected as it relates to the child’s safety, permanency and the child and family well-being and child welfare practice and intervention. • How assessment findings can inform the development of the case plan that centers of building resiliency and what decisions need to be made. • Specific barriers and their solution to involving the family in the assessment process. 	
<p>KEY CASEWORKER ACTIVITIES</p>	<p>WHERE IN THE LIFE OF THE CASE</p>	<p>PRACTICE GUIDANCE TECHNIQUES</p>
<p>KCA 6 ASSESSMENT</p> <p><i>Utilize formal and informal assessment techniques to collect information.</i></p>	<p>Ongoing.</p>	<ul style="list-style-type: none"> • Conduct safety and risk assessments to help understand the extent to which children and youth are safe and the types of services that may be needed to support them. See DPG conduct safety assessments. • Reduce the trauma of the initial investigation and assessment. See DPG reduce trauma initial investigation. • Request and review prior substantiations, services, court documents, school reports, police reports, medical and mental health evaluations and other historical case information, including Soundex, Bridges, ICHAT and LEIN to inform assessment findings. • Assess for the presence of patterns coercive control and domestic violence in every case regardless of the presenting allegations.

		<ul style="list-style-type: none"> • Explore American Indian heritage by asking the child and family questions about American Indian affiliation. • Talk with relatives, noncustodial parents, other relevant caregivers, collaterals, school staff, service providers or other support people to collect information about the families current and past functioning. • As needed, refer for additional evaluations (i.e. psychological, trauma assessment, psychiatric, substance abuse, urinalysis testing, FASD pre-screening, early on, etc.) to gather relevant information on the strengths, traumatization, needs, risks, underlying issues, and future goals of the child and family. • Observe and note conditions in the home, attitudes and behaviors of the child and parent, relationships and interactions between each family member and their interactions with the caseworker to inform safety and risk determinations. • Assess the impact of the caregiver’s behavior and decisions on child and family functioning. • Explore the child, parent and caregiver’s connections with other individuals that may affect future case planning. • Complete trauma screening. • Explore through conversation and observation: <ul style="list-style-type: none"> ○ Parents’ developmental expectations of children. ○ Parents’ empathy of children’s needs. ○ Parents’ belief in the use of corporal punishment as a means of discipline. ○ Parents’ roles with child. ○ Extent to which parents’ are flexible or demand strict obedience to their demands. • Explore the presence of parental protective capacities and resiliency. Assess their ability to be reliably activated to protect their children by talking with team members and parents and observing parental behavior. Consider whether one parent is impeding, undermining or interfering with another parent’s protective efforts. • Gather information on the child and family relationships/dynamics using eco-maps and genograms.
<p>KCA 7 ASSESSMENT</p> <p><i>Collaborate with team members to identify child and family strengths, trauma and needs.</i></p>	<ul style="list-style-type: none"> • Prior to developing case plan. • At all caseworker visits with family members. • At assessment updates and prior to 90 day case plan updates. 	<ul style="list-style-type: none"> • Meet with the team to discuss the purpose of assessment, what information is beneficial and how the information will be used. • Review initial safety/risk assessment and discuss strengths, past traumatization, safety concerns, and risk issues to be included in the assessment. Ask for the parent’s input and perspective about the initial assessment. • Ask children/youth to identify family strengths and needs in accordance with their developmental and intellectual capacity. • Solicit parent’s input on each member’s strengths, needs and ways to address past traumatization. • Acknowledge and document the parent’s perspective of strengths, needs and assessment findings. Identify and build on mutually agreed upon strengths and needs. • Have open, honest and respectful dialogue around the department’s findings and assessment findings with team members.

KCA 8 ASSESSMENT

Organize and analyze all of the information that is collected to develop a comprehensive family assessment.

- Prior to developing case plan.
- When assessments and case plans are updated.
- As new information is discovered.
- Develop a comprehensive family assessment in partnership with the parents, children, youth, extended family members, and other support persons and use this information to inform planning. See [DPG develop comprehensive fam assessmt.](#)
- Organize and analyze the information that was collected to determine areas of strength and need.
- Brainstorm and formulate ideas about possible underlying causes for safety and risk issues, if the causes are unknown.
- Determine the prognosis for change by evaluating the parent's readiness to change. Be able to articulate and justify this reasoning.
- Determine the following if the family has prior history:
 - Patterns in abuse history for both the victim and the parent(s).
 - Parental compliance, participation and benefit of prior services.
 - Identification of relatives or significant others that could be used as a support system to the child or as possible placement.
- Apply critical thinking skills to support the gathering and synthesizing of information which will support effective decision making.¹
- When domestic violence is a concern, use a perpetrator pattern based approach to formulate the concerns about child and family functioning.

¹ In domestic violence cases, assessment of danger and risk should stem from the perpetrator's pattern of coercive control and abusive behaviors and the risk the perpetrator poses to the children and not the adult survivor's decision making, i.e. if she/he chooses to stay or leave the relationship.

KCA 9 ASSESSMENT

Update comprehensive family assessment on a regular basis and prior to case closure.

- At least every 90 days.
- Prior to updating case plan.
- Whenever family or individual circumstances change substantially.
- Assessing and gathering of information are ongoing processes that occur during each contact with the child, parents and caregivers (including appropriate non-custodial parents) and both informal and formal supports. The results from the assessment process are documented in the various tools, which are used by MDHHS staff including safety and risk assessments, FANS and CANS.
- Assess for coercive control and domestic violence.
- Regularly meet with parents, family and team members to observe and discuss changes in strengths and needs relative to parenting capacity and identify emerging issues that may need assessing.²
- Track and make referrals for ongoing periodic screenings and assessments, EPSDT, and follow-up assessment activities for other screenings/evaluations, re-testing for educational status, re-evaluation of mental health issues.
- Make prompt and clearly defined referrals for additional or updated specialized evaluations needed as circumstances change or new needs emerge.
- Obtain copies of new/updated screenings/evaluations and use in revising plans and goals.
- Make direct contacts with providers of assessments/evaluations (with family's consent) to evaluate progress, identify needs and clarify recommendations.
- Update the FANS/CANS tools whenever there is a major change in the child and/or family's circumstances or a placement disrupts but at a minimum at least every 90 days prior to the updating of the case plan.
- Gather information from child, family, caregivers, and service providers on progress in achieving goals and correcting past trauma and other underlying issues contributing to needs.
- Meet with child, parents and caregivers to discuss readiness and preparation for proposed case closure. Ensure the discussion with the child is developmentally-appropriate and sensitive to his or her individualized needs.
- Identify presenting safety/risk issues and future risk of harm in the foreseeable future relating to the child's living situation and responsible caregivers.
- Obtain needed supports and make referrals for services that can ensure the safety and stability of the child and family when the case is closed.
- Provide documents to the child, parents and/or caregiver regarding health, education, identification and entitlements to services that can assist in the future.
- Utilize skills of crucial conversations.

² In domestic violence cases, every effort should be made to keep the perpetrator visible throughout the life of the case, even if the relationship has ended and/or the perpetrator does not reside in the home. This includes meeting with the perpetrator, observing the perpetrator on visits with the children, etc.