

# Site Visit Report: A Model for Comprehensive Family Assessments in the Alabama Department of Human Resources

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**Cluster:** Using Comprehensive Family Assessments to Improve Child Welfare Outcomes

**Grantee:** Alabama Department of Human Resources

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## Summary

Through a 5-year Children's Bureau discretionary grant funded in 2007, Alabama's Department of Human Resources (ADHR) is implementing a family-centered comprehensive assessment process (CAP) aimed at shifting case planning from incident-driven to safety-focused. The structured intervention process in three pilot counties includes four objectives:

- Evidence-based documentation of results
- Evidence-based implementation of assessment methods
- Rigorous evaluation of the relationship between CAP and improved outcomes
- Implementation of a statewide CAP plan based on evaluation and outcomes

The three pilot counties—Baldwin, Escambia, and Mobile—represent varied populations and different socioeconomic and cultural issues and challenges. Baldwin County, considered one of the fastest growing counties in the State, has high rates of substance abuse, particularly crystal meth. Mobile County, Alabama's second largest county, experiences common urban issues such as violence, crime, and homelessness. Rural Escambia County is home to the State's only federally recognized Tribe and contends with a lack of resources and services.

The CAP process is composed of four evaluation stages:

- **The Intake Assessment (IA)** evaluates reported threats to child safety, identifies parental or caregiver protective skills, and assesses the prevalence of danger. The Intake process focuses on two service objectives—establishing a point of contact within the community to express concerns and identifying unsafe children and families.
- **The Family Functioning-Safety Assessment (FFA)** evaluates alleged maltreatment and drives the CAP process. During FFA, workers assess practice indicators to evaluate whether children are unsafe and need protection and whether parents or caregivers need continued services.
- **The Protective Capacity Family Assessment (PCFA)-Individual Service Plan**, which is concurrent with the FFA, serves as the State's Individual Service Plan and directly involves caregivers in case planning. Alabama's DHR believes raising awareness and

engaging in conversation with caregivers about needed change increases protective abilities.

- **The Protective Capacity Progress Assessment (PCPA)** follows case planning and measures progress toward increased protective capacities. The ongoing PCPA monitors case plan goal achievement, reconfirming safety plan sufficiency, caregiver motivational readiness, and stages of change, all of which are mutually agreed upon between workers and caregivers.

The State's new Statewide Automated Child Welfare Information System (SACWIS) and CAP were rolled out simultaneously—each using different terminology, definitions, and decision-making criteria—which proved to be a significant barrier in the pilot program. Additionally, worker turnover and budget constraints that prevented new hires were also challenges.

Keys to success included:

- Increased investment and collaboration with community leaders and judicial partners
- Training aimed at making supervisors experts on CAP prior to model rollout to ensure better guidance for workers
- An approach to teaching CAP that fosters greater understanding of how the intake process supports and is connected to case closures

A comprehensive evaluation of the CAP project is planned that will include comparisons to outcomes in three matched counties where standard comprehensive family assessment and individualized service plan practices were implemented. Other evaluation components will include focus groups, surveys, and interviews.

For more information about this project, contact Sue Ash, Child Protection Services Program Manager, at [sue.ash@dhr.alabama.gov](mailto:sue.ash@dhr.alabama.gov).

Reprinted from *Children's Bureau Express*, "Site Visit: Shifting Alabama's Assessment Focus to Safety" (<http://cbexpress.acf.hhs.gov>).

## Project Description

### Abstract

The Alabama Department of Human Resources (ADHR) was awarded a 5-year discretionary grant by the Children's Bureau to implement a comprehensive assessment process (CAP) comprising of four highly integrated assessment methods for a cohesive, standardized continuum of intervention with children and parents. The CAP includes:

- Intake assessment (IA)
- Family functioning–safety assessment (FFA)
- Protective capacity family assessment–individual service plan (PCFA)
- Protective capacity progress assessment (PCPA)

Three pilot counties (Baldwin, Escambia, and Mobile) are engaged in the CAP process, with three comparison counties. The comparison counties are Lauderdale, Lawrence, and Madison. Four principal objectives were identified for the ADHR project:

1. Document evidence-based results in case practice and case outcomes

2. Implement evidence-based, family-centered assessment methods as part of a CAP for children, youth, and families
3. Implement a rigorous evaluation of the relationship between comprehensive family assessment and improved case outcomes
4. Initiate a statewide implementation plan based on evaluation findings

The goal of the ADHR is to implement a comprehensive assessment that will result in a system of intervention that includes child protective services (CPS) operating all cases in a cohesive, progressive manner that works toward the achievement of specific intervention outcomes.

The ADHR formed collaborative new partnerships with ACTION for Child Protection and the Ruth H. Young Center for Families and Children at the University of Maryland School of Social Work to advance evidence-based child welfare practice and decision-making. This collaborative also extends to three other States (South Dakota, West Virginia, and Wisconsin) that are pursuing the same comprehensive assessment approach as part of a separately funded Federal demonstration project.

### **Need for This Service**

The need for an effective, comprehensive family assessment process was identified through a number of findings from the Federal Child and Family Services Review (CFSR) and from Alabama's R.C. Consent Decree.

The CFSR identified that local agencies were not consistently effective in:

- Maintaining children safely in their homes or providing sufficient services
- Assessing needs and providing services to children, parents, and foster parents
- Involving children and parents in case planning
- Establishing face-to-face contact with parents that is of sufficient frequency and quality to ensure child safety or promote the attainment of case goals

The R.C. lawsuit alleged that ADHR had not maintained systems to ensure that emotionally disturbed or behaviorally disordered foster children were adequately provided for when placed in the foster care system. The 1991 settlement required that the ADHR create a new system of care for the child welfare program. The R.C. Consent Decree also identified:

- The need for a continuum and process for assessment that includes different kinds of assessments for different purposes, all of which build toward achievement of case outcomes
- The importance of developing case plans based on a thorough understanding of the reasons for child protective services, family strengths, and unmet child and family needs
- The significance of case plans driving relevant service provision directed at pertinent case outcomes

ADHR's need to establish an evidence base for all components of its comprehensive assessment approach, combined with an opportunity to compare data from the comprehensive family assessment (CFA) with the FFA in pilot counties, was instrumental in driving the need for the CFA.

## **Target Population**

Since 2006, the statewide child abuse and neglect assessments recorded nearly 19,000 processed CPS reports, with 2,628 cases served by the State and 6,739 children in care.

Some of the issues affecting practice in the pilot counties included:

- In Baldwin County, 60 percent of children who entered care in fiscal year 2006 did so due to crystal meth use by a parent or caregiver. Baldwin County receives a high percentage of sexual abuse reports and is considered one of the fastest-growing counties in the State.
- Mobile County is the second-largest county in Alabama. It is confronted with many of the same issues as other urban areas, such as violence, juvenile crime, substance abuse, and homelessness.
- Escambia County, like other rural communities, lacks an array of services, including a public transportation system. The county is unique in that it is the location of the only federally recognized Tribe in Alabama, the Poarch Band of Creek Indians, with Indian Child Welfare Act–specific issues related to child welfare practice.

## ***Alabama's Comprehensive Assessment***

Alabama's comprehensive assessment is a structured intervention process that is consistent with the steps in the [Comprehensive Assessment Guidelines for Child Welfare](#).

The Alabama CAP involves the following practice objectives and decisions:

- To gather sufficient information regarding family functioning, child functioning, and caregiver performance, in order to determine whom CPS should serve based on a decision that children are unsafe and in need of protection
- To engage caregivers and children in an assessment approach that seeks mutual understanding and agreement regarding what must change in order to address safety threats and enhance caregiver protective capacities
- To develop individualized service plans (case plans) that include strategies for change that will address the strengths and needs of all family members and restore caregivers to their protective role
- To measure progress related to enhancing diminished caregiver protective capacities and establishing a safe, permanent home for children

## **The Four Stages of CAP**

### ***Stage 1: Intake Assessment (IA)***

The IA is the decision-making method concerned with evaluating reports of threats to child safety in order to identify families who may be in need of protection. It occurs as part of the intake function, with two service objectives:

- 1) Establish a point of contact within the community to express concerns

- 2) Begin the process (CAP) whereby unsafe children and their families are identified and served

The model for conducting the IA is customer service-oriented and requires a high degree of responsiveness to the person reporting the concern.

The IA identifies caregiver protective capacities. A protective capacity is a specific quality that can be observed, understood, and demonstrated. Protective capacities are emotional, behavioral, and cognitive characteristics that are specifically and directly associated with being protective of one's young.

There are three stages of the IA (introductory, exploration, and closing) that assess for conditions that reach a threshold for danger (severity, vulnerability, out of control, imminence) that is observable and qualified in areas such as duration, consistency, pervasiveness, influence, and continuance. If there is a present or impending danger, urgency protocols are facilitated to protect the safety of the children and family.

**Stage 2: Family Functioning–Safety Assessment (FFA)**

The FFA is a specialized, family-centered intervention service for alleged maltreating families that gathers and analyzes information to determine whether:

- Children are unsafe
- Children need protection
- Caregivers need continued CPS involvement

The FFA is viewed as the generator of the essential family system and family-centered information, which drives the CAP system of decision-making and intervention.

The following are the practice indicators and assessment categories for conducting the FFA:

FFA PRACTICE INDICATORS	FFA CATEGORIES
<ul style="list-style-type: none"> <li>• Families are engaged</li> <li>• Staff adhere to practice principles and protocol</li> <li>• Diligent and sufficient information collection associated with family, caregiver, and child functioning is necessary</li> <li>• Thorough documentation of significant information that justifies decisions is required</li> <li>• Decision-making is criterion based</li> <li>• Accurate identification of present and/or impending danger is assessed</li> <li>• Safety management (safety planning) is sufficient</li> <li>• Practice is standardized</li> </ul>	<ul style="list-style-type: none"> <li>• Extent of maltreatment</li> <li>• Circumstances surrounding maltreatment</li> <li>• Child functioning</li> <li>• Adult functioning</li> <li>• General parenting</li> <li>• Disciplinary practices</li> </ul>

When conducting the FFA, workers are guided to view individuals, situations, and issues as complex and dynamic, while considering contextual issues. FFA workers seek to understand the relationship and relevancy of pieces of information, including what is manifested, what can be inferred, and what is not immediately apparent. They are encouraged to clarify incomplete, nonspecific, or not significantly revealing information. Staff are cautioned against subjectivity, drawing conclusions on initial impressions, and not adhering to a systematic process.

There are five essential qualities that workers are guided to adhere to in the information collection protocol:

- Self-control
- Lower authority
- Respectful
- Genuine
- Empathetic

These qualities guide staff to recognize how information should be documented in the six assessment areas of the FFA.

### ***Stage 3: Protective Capacity Family Assessment (PCFA)–Individual Service Plan***

Safety is the primary basis for intervention throughout the life of an ongoing CPS case. It can be more clearly identified using specific safety concepts and criteria. The ADHR integrates the individualized service planning (ISP) process with the FFA in order to apply consistent concepts and safety criteria and focus the intervention.

The case planning process is structured to encourage and direct caregiver involvement and establish consistent intervention objectives and decisions. The CAP process incorporates the information from the protective, safety, and case plan. The PCFA is an approach that meets Federal requirements for case planning and case evaluation and seeks to address impending danger.

Caregiver protective capacities are the fundamental concept driving the PCFA intervention. PCFA reinforces caregiver involvement in the case planning process through family engagement and well-reasoned, change-oriented and flexible case plans. Individualized strategies and actions seek to address caregiver and child needs and demonstrate parental/caregiver behavior change.

The prime objective of the PCFA is to ensure that children are protected from maltreatment; that caregivers protect their children on their own; and that threats to safety are eliminated, reduced, or effectively managed by enhancing caregiver protective capacity. This is done by identifying the problem, ensuring protection, and determining what must change.

Influencing change and measuring progress are two important components of the PCFA. When implementing treatment, the enhancement of caregiver protective capacities associated with impending danger is reinforced. Treatment is complete when caregiver protective capacities are sufficient to protect against threats to child safety and ensure a safe home.

The PCFA is designed to engage and build collaborative partnerships and direct conversations with caregivers regarding identified safety threats. By raising awareness and seeking agreement with caregivers regarding "what must change," case plans (change strategies) are focused on enhancing diminished caregiver protective capacities.

The PCFA structure includes the four intervention stages of preparation, introduction, discovery, and change strategy/case planning. Overall, this structure reinforces areas of mutuality, addresses issues that are most urgent in areas of least resistance, and seeks the greatest impact for change.

#### ***Stage 4: Protective Capacity Progress Assessment (PCPA)***

The Protective Capacity Progress Assessment (PCPA) is a formal, ongoing intervention that follows the PCFA and implementation of the case plan. It measures progress toward enhancing caregiver protective capacities.

The PCPA is intended to provide a standardized approach for measuring progress related to:

- Case plan goal achievement (enhancing caregiver protective capacities)
- Reconfirming safety plan sufficiency (e.g., least intrusive and most appropriate)
- Caregiver motivational readiness and stages of change

PCPA criteria guide workers on how to assess progress, consider change, and judge achievement. The caseworker uses the following skills for facilitating change:

- Listen to and learn about caregiver motivations, values, and concerns
- Raise caregiver self-awareness
- Seek to create discretion in planning
- Evaluate caregiver stage of change and progress toward change
- Educate and empower caregivers
- Coordinate, plan, and guide

Criteria-based goals are developed that are behaviorally stated, understandable, specific, measurable, and mutually agreed upon, ensuring the least intrusive safety plan. Changes in circumstances and progress toward ISP goal achievement are carefully monitored for reunification and post reunification oversight.

### **Site Visit Highlights**

The site visit took place January 24, 2011, at the Alabama Department of Human Resources (ADHR) (3103 Airport Boulevard, Mobile, AL, 36606). The visit consisted of presentations from project leadership, pilot site directors, supervisors, and line staff implementing the comprehensive family assessment (CFA) model. A number of intake, child protective services (CPS), in-home services, and foster care line workers also attended and gave their views on successful strategies and lessons learned.

Participants included the following:

State Office Staff:

Freida Baker, Deputy Director for Family and Children's Service  
Lisa Diaz, Program Supervisor, CAP Implementation  
Cathy Martin, Program Specialist, CAP Implementation Consultant  
Wanda Richardson, Program Specialist, CAP Implementation consultant  
County Staff:

Lynn Barnes, Director, Escambia County Department of Human Resources (DHR)  
Latonya Wells, Interim Director, Baldwin County DHR  
Rose Johnson, Director, Mobile County DHR  
Hank Jordan, Assistant Director, Mobile County DHR

Mobile County Staff:

Beth Nelson, CPS Program Manager  
Bill Smith, In-home Program Manager  
Yvonne Sharp, Foster Care Program Manager  
Darlene Clark, Foster Care Program Supervisor

Selina Huff, Intake Supervisor  
Sharmine Hamilton, CPS Supervisor  
Lloyd Formby, CPS Supervisor  
Karen Ferrell CPS Supervisor  
Diane Wharton, CPS Supervisor  
Tanya Gray, In-home Supervisor  
Rogest Carstarphen, In-home Supervisor  
David Haynes, In-home Supervisor  
Carolyn Davis, Foster Care Supervisor  
Jeanne Faye Berman, Foster Care Supervisor  
Margret Bryson, Foster Care Supervisor  
Susan Haggerty, Foster Care Supervisor  
Natasha Cromwell, Foster Care Supervisor  
Yolanda Williams, Foster Care Supervisor

Baldwin County Staff:

Belinda Harris, Program Manager  
Niki Whitaker, In-home Supervisor  
Ruthie McCarty, CPS Supervisor  
Keith Stewart, Intake Supervisor  
Shayla Smith, Foster Care Supervisor

Escambia County Staff:

Kathy Mccollough, CPS Supervisor  
Gail Cooper, Foster Care/In-home Supervisor

## Lessons Learned

**At the time of the site visit, the CFA project was in Year 4 of the 5-Year discretionary grant project period. Descriptive information in this site visit report is a point-in-time document. Reports, findings, or implications of the work of this demonstration project will be made available by the grantee at the conclusion of the project.**

## Challenges

Some barriers faced by all three pilot counties included:

- Alabama Department of Human Resources (ADHR) initiatives and implementation
- Priorities such as the integration of the State's data collection system (FACTS/SACWIS) were rolled out at the onset of implementing CAP. CAP uses different terminology, definitions and decision-making criteria, and the system could not be enhanced to incorporate the changes.
- Worker turnover. Staff have retired or resigned from their positions and the sites have been unable to fill the positions due to the budget concerns.
- Losses in key management positions. There have been changes to management at the pilot sites level as well as the State Office level.
- Variation in caseworker competency skill levels

## Successful Strategies/Keys to Success

- Engagement at all levels is critical. More investment at the start of the project with community leaders and judicial partners would have created a smoother transition for project implementation.
- Effective supervisory skills are important to help line staff to implement the model and develop necessary interpersonal skills. It is difficult for a supervisor to guide staff when they are unfamiliar with the process. More time should be spent helping the supervisor become the expert in safety assessment.
- Key internal agency implementation purveyors must be strategic and well versed in the practice model prior to initiating communication with stakeholders and service providers.
- The State implementation team should be flexible and willing to take feedback from counties.
- Regular, structured meetings with county administration helps maintain focus and provide ongoing communication.
- Strongly consider a continuum approach as it relates to teaching CAP. Clear understanding from the beginning of training and implementation as to how the initial intake supports and is connected to case closure was suggested by staff in all three pilot counties.

## Unique and Innovative Features

The goal of the ADHR is to implement a comprehensive assessment that will result in a system of intervention of CPS functions (i.e., screening, initial assessment, and ongoing protective services) and associated activities and tasks (i.e., information collection, safety

assessment and planning, family assessment, and case planning) that operates in a cohesive, progressive manner to achieve specific outcomes.

The Alabama CAP accomplishes this in a four-stage process:

Stage 1: Intake Assessment (IA)

Stage 2: Family Functioning–Safety Assessment (FFA)

Stage 3: Protective Capacity Family Assessment (PCFA)–Individualized Service Plan

Stage 4: Protective Capacity Progress Assessment (PCPA)

The CAP considers the family's cultural context when engaging and interacting with caregivers, gathering and analyzing information, and reaching decisions. The context in which the behavior occurs within families is considered in order to understand the meaning of the behavior and its impact on the children. The information standard for decision-making is highly dependent on including all family members who have a stake in the safety and permanency of the children such as fathers, household members, and absent parents.

## Outcomes

### Summary of Accomplishments

Alabama Department of Human Resources (ADHR) identified that training staff in the comprehensive family assessment (CFA) model has resulted in case information that is more behaviorally specific and detailed. Caseworkers have stated that the comprehensive assessment process (CAP) supports more direction in their casework with families, more focused visits, and improved monitoring of case progress.

The following practice results were shared:

*As the pilot sites continue to implement the Comprehensive Assessment Process (CAP), the line workers and supervisors are using the language and the approach with more ease. The Focus for case staffings between workers and supervisors has shifted from being incident driven to safety driven. Staff are able to communicate how a child is safe in his or her own home, with a relative or in a foster home.*

Case Examples from ADHR Caseworkers:

#### Case 1

*The family came to the agency's attention due to the child threatening suicide at school. She tried to choke herself with a shoe string. Mom was not responsive to the school. The child had extreme behavior problems to the point that she had no friends as other children were scared of her. The child entered care for treatment. The worker and supervisor worked with the mother to raise her awareness regarding her relationship with her child. The worker and supervisor were able to help the mother recognize that the child's problems were a result of their strained relationship. Mother*

*admitted to the child and worker that she did not have a bond with this child and the child would be better off being adopted by someone.*

#### Case 2

*The mother had been in foster care for four years. While in care she had issues with anger management and running away. She asked to be emancipated at age 19. Within a month of turning 19, she became pregnant. She was in a violent relationship and it was brought to the agency's attention. The baby entered care. The worker engaged with the mother to gain agreement on what needed to change. After months of raising her awareness, the mother realized she needed to find other ways of expressing her anger. She was provided counseling and within a short time, she gained control of her emotions got her own place, and a job. The baby was returned to her. She has since had another baby and is doing well.*

### Evaluations

[The Ruth H. Young Center \(RYC\) for Families and Children](#), in collaboration with [ACTION for Child Protection](#) and the Alabama Department of Family Services (State and local agency representatives), is evaluating the effectiveness of Alabama's use of Comprehensive Family Assessments to Improve Child Welfare services. The evaluation will include process, practice, and outcome components. A quasi-experimental nonequivalent comparison group design will be used to evaluate the effectiveness of the Protective Capacity Family Assessments (PCFAs) as implemented in three pilot counties compared to three matched sites where the standard comprehensive family assessment and individualized service plan practices are implemented. The purpose of the evaluation is to implement a process, practice, and program evaluation of the Alabama Comprehensive Assessment Process (CAP). The mixed-method evaluation will use administrative and archival data; focus groups with workers, supervisors, and other stakeholders; surveys with workers and supervisors; interviews with families; and integrate the evaluation of the process and outcomes in Alabama's ongoing Child and Family Services Review process.

#### Process Evaluation

*Alabama CAP 2010 Workforce Assessment Survey.* The online Workforce Assessment Survey was redesigned to capture elements that the project leadership team identified as major impediments to successful implementation of CAP: motivation/readiness for change, leadership capacity to lead change, and competing priorities within the pilot counties. The online workforce survey was administered in April 2010 and completed by 195 (67 percent) of 289 child welfare workers and supervisors.

In May 2010, ACTION and the project leadership team completed a case review and implementation progress (fidelity) assessment with the three pilot sites. The case review was based on the CAP intervention standards and fidelity criteria. The assessment measured progress in implementing CAP with fidelity at the midpoint of the demonstration project.

*Implementation Log.* The implementation log is an online tracking system that documents training and consultation activities within pilot counties. This online system has been used 53 times between April 1, 2010, and September 29, 2010. It tracks target counties, types of audiences, types of activities, and training content. This documentation provides rich data that may be useful

for understanding the barriers and facilitators to program implementation. The implementation log was created for two purposes: Data for the University of Maryland i.e. # of hours spent training, # of materials developed, # of coaching and modeling sessions completed, etc. and a tracking tool for Alabama and ACTION to capture activities associated and/or developed to support implementation in the Pilot Sites. All of us kept this log including ACTION and University of Maryland. It was a way to see the level of effort required to successfully implement CAP

### ***Practice Evaluation***

*Baseline Case Record Review.* The baseline case record review was conducted between April and July 2010. The purpose of the case record review is to compare practice outcomes in the three pilot counties against three matched comparison counties. Case record data were collected at baseline to assess performance in pilot and comparison counties. In year 4, evaluators will collect case record data to assess fidelity of implementation in the pilot counties. In year 5, the data will be used to evaluate changes in practice in pilot counties relative to comparison counties. It is also anticipated that this analysis will reveal whether safety and permanency outcomes are related to the quality of practice in the pilot counties.

### **Dissemination**

#### County Activities:

- Baldwin County and Escambia County facilitated a preliminary meeting with local law enforcement agencies. The meeting was a roundtable discussion to share the concepts of CAP and how it will be implemented in the pilot sites. Meetings were also held with the judges in all three pilot sites to share information about CAP and how the counties are working with their families to achieve safety and permanence for their children. Meetings occurred also with the District Attorney in Baldwin County to share the concepts of CAP and possible implications around better screening of reports at intake as well as how CAP is being implemented in the pilot sites.
- Escambia County held meetings with local educators regarding the new model and their upcoming roles in implementation as it relates to planning, decision-making, screening referrals, etc. The Director also met with the local QA Committee, an important part of each county's development around strengths and needs. This Committee conducts reviews and provides feedback on cases throughout the year, and it is important that they understand how the County is working with families to achieve best outcomes.

#### State Activities

- A meeting was held with Alabama's D.H.R. State QA Committee in December 2009. This Committee is comprised of professional and other volunteer individuals who assess outcomes and give feedback to Administration at least quarterly. We discussed the CAP approach and the Committee was receptive and looking forward to seeing the casework.
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- In March 2010 an overview of CAP was presented to the Department Directors at the Alabama DHR State Office. Included in the meeting were individuals from policy, information systems, QA, consultation and training. The meeting also involved preliminary discussions regarding implications for phasing in CAP statewide. Information

about CAP was shared with all State Consultants in March 2010. A CAP overview was provided to all county directors and many high-level State Administrators through presentation at the directors' semiannual conference. Then all line supervisory staff in the state were introduced to the CAP approach by means of a day-and-a-half demonstration of how to use the CAP criteria to inform case decisions. Alabama's Annual Supervisory Conference included workshops around the CAP model and progress/outcomes thus far in the pilot sites. Further, roundtable discussions with providers of in-home services were conducted,

- August 3 through 4, 2010, at the ADHR Best Case Practice Seminar, CAP was presented in two workshops. Attendees were social workers, therapists, law enforcement and attorneys
- August 18, 2010, CAP was presented in a workshop at the annual Permanency Conference held in Alabama.

### **Sustainability**

While it was too early to fully assess sustainability at the time of the site visit, the pilot counties have reported the following with respect to implementation steps toward sustainability:

- **Escambia County, we believe**, has made the most progress in achieving full implementation with respect to the intake assessment and family functioning assessment. Escambia County also has been performing CAP assessments the longest of the three pilot counties. County leadership, including program supervisors, has worked to maintain a high level of commitment and ownership for the success of implementation. Casework staff are gaining confidence and remain committed to meeting the CAP intervention standards. The investment and commitment to succeed demonstrated by Escambia County management, and the consultation and technical assistance provided by the project leadership team, will help ensure the sustainability of implementation progress.
- In **Baldwin County**, implementation is progressing at a steady rate and has exceeded expectations, given the limited amount of time that staff have been practicing using the CAP approach. There has been a shift in the attitudes of managers and supervisors in Baldwin County. This new energy at the management level, along with guidance and support from the project leadership team, will contribute to the sustainability of changes in practice and decision-making.
- **Mobile County** has implemented the intake assessment, family functioning assessment, and protective capacity family assessment. Concerns include workload management and staff's ability to complete CAP assessments effectively. Staff have identified a legitimate issue around some duplication of work necessitated in the pilot project. It appears that some staff are seeing this as a helpful template and construct to analyze cases and articulate to families what needs to change, what protective capacities mean, etc. Some supervisors and staff have reported a greater level of confidence in their case decisions as a result of using the CAP approach. Investment and commitment to the CAP process is mixed. In order to address it and strengthen elements related to sustainability in CAP

right now, they have plans for a renewed emphasis on training and coaching from the CAP internal and external consultant staff.

## **Attachments**

### **Reports**

[Alabama Comprehensive Family Assessment Abstract](#)

[Alabama Comprehensive Assessment Proposal](#)

[Alabama Comprehensive Assessment Project](#)

[Project Implementation: Using Comprehensive Family Assessments to Improve Child Welfare](#)

[Outcomes](#)

[Alabama CAP Evaluation Summary \(2010\) A Preliminary Report](#)

[Alabama Fidelity Assessment Summary](#)

### **Resources**

Alabama Training Slides

[Intake, Family Functioning Assessment, Protective Capacity Assessment, Progress](#)

[Assessment, Protective Capacity Family Assessment, and Case Plan Process](#)