

Site Visit Report: Developing, Implementing and Evaluating a Comprehensive Family Assessment to Improve Child Welfare Outcomes in Alamance County, North Carolina

Award #: 90CA1754

Cluster: Using Comprehensive Family Assessments to Improve Child Welfare Outcomes

Grantee: Alamance County Department of Social Services

Contact: Adrian Daye, Child Welfare Program Manager, Adrian.Daye@alamance-nc.com

Project Website: <http://www.alamance-nc.com>

Last Update: October 2013

SUMMARY

In 2004, North Carolina's Child and Family Services Reviews (CFSR) demonstrated a clear need for more accurate and comprehensive assessments of the strengths and needs of children and families served by child welfare. Specifically, ongoing risk and safety assessments were not conducted, and families were often not involved in case planning. In addition, CFSR findings in 2007 indicated that families receiving in-home services were struggling to connect with or receive appropriate services. Using a 5-year Children's Bureau discretionary grant that began in 2007, The Alamance County Department of Social Services (ACDSS) is implementing a Comprehensive Family Assessment project to improve safety, permanency, and well-being for the children and families it serves.

Data from 2005–2006 showed that of the children having maltreatment reports, 48 percent had a prior report with ACDSS. Roughly one-fifth of children with initial reports had a second report within 1 year. Findings from the 2007 CFSR showed a disparity in services provided to in-home cases, compared to foster care cases, and children receiving in-home services had higher rates of repeat maltreatment. ACDSS identified the lack of ongoing and comprehensive assessment and planning as directly related to the frequency and purpose of caseworker visits. Its policies did not specifically address the frequency, purpose, or approach for visits and ACDSS cited this lack of clarity as a barrier to caseworker ability to comprehensively assess family functioning.

The target population for this project was children and families receiving in-home family support or family preservation services. Prior to the onset of the CFA grant, Alamance County was one of three pilot sites in North Carolina for a System of Care (SOC) infrastructure grant awarded by the Children's Bureau in 2003. The SOC grant provided an opportunity to move the agency and the community toward a family-centered approach, and the CFA grant helped achieve that goal by enhancing assessment practices for children and families receiving in-home services.

As part of the CFA project, ACDSS developed assessment tools and family engagement and caseworker visit policies that were implemented with a pilot team in 2008. A randomly selected intervention team was implemented in 2009. Pilot and intervention staff members were trained and coached to utilize motivational interviewing (MI) to develop partnerships and engage families in assessment and case planning. Efforts to improve father engagement also were part of the project.



A number of new and modified assessment tools were developed and utilized to more comprehensively gauge families' needs. A comprehensive risk and safety guide was completed at initial visits and followed by the North Carolina DSS Risk Assessment within 48 hours, in addition to the mandated completion at case closure. At subsequent visits, social workers assessed multiple domains individually using SEEMAPS (social, economic, environmental, mental health, activities of daily living, physical health, and strengths) and screened for possible issues with substance abuse, domestic violence, and depression to obtain a holistic picture of family strengths and needs. Lastly, ACDSS implemented new policies for home visits to provide a consistent purpose, process, and approach (low risk – monthly visits; moderate risk – bi-weekly; high risk– weekly; this visit schedule is identical to the mandated policy for home visits for cases receiving in-home services).

Alamance County leveraged existing research findings to implement a long-term multilevel approach, utilizing MI and ongoing coaching to increase family engagement in order to obtain a truly comprehensive assessment.

Findings indicate that, overall, the CFA process has been implemented with an acceptable degree of fidelity. For the vast majority of cases:

- The comprehensive risk and safety guide was completed at case initiation.
- Assessment of at least one life domain area was completed at subsequent visits.
- Caseworkers appeared to be maintaining high levels of contact with primary caregivers during the assessment process, especially with low- and moderate-risk cases.

Administrative data were analyzed to examine possible differences in child welfare outcomes between the CFA intervention and control teams:

- Compared to the control team, the CFA intervention team spent more time on assessment of cases.
- Compared to the control team, the CFA intervention team had a higher proportion of substantiated cases. They also had a higher proportion of cases with findings of services provided that were no longer needed or recommended.
- CFA implementation did have an effect on the long-term safety of children. After 18 months from the initial case decision, intervention team cases were significantly less likely to return for another maltreatment assessment. However, significant differences between intervention and control teams were not found at 6 or 12 months on these measures.
- Significant differences were not found between the two teams for foster care entry or length of time in foster care.

Reprinted from *Children's Bureau Express*, "Site Visit: Comprehensive Family Assessment in North Carolina" (<https://cbexpress.acf.hhs.gov>)

PROJECT DESCRIPTION

Abstract

The Alamance County Department of Social Services (ACDSS) utilized the Comprehensive Family Assessment (CFA) Guidelines to develop and implement new caseworker visit policies, procedures, and protocols for both assessment and in-home services. The guidelines provided information as to the frequency, purpose, and approach of visits to ensure that accurate and comprehensive family assessment begins when the maltreatment report is first received and continues until the case is closed. Participating staff receive ongoing training on Motivational Interviewing (MI) to develop partnerships and engage families in the assessment and case

planning process. The ACDSS CFA process also includes a full-time clinical coach to ensure that newly learned skills are incorporated into practice. CFA is used to guide decision-making and service planning by addressing the major factors that affect safety, permanency, and child well-being over time, prioritizing interventions and identifying and securing services that link assessed needs and desired outcomes.

A new database was developed by the evaluation team to document information and track the completion of assessment forms using laptops. The laptops were used during caseworker visits and phone calls with families. The laptops digitized written notes and narratives through the use of a stylus pen and reduced time spent completing paperwork and narratives after visits. This ensured clear and full documentation.

ACDSS is partnering with the Center for Child and Family Policy at Duke University to evaluate the development and implementation of its CFA model. Findings indicate that, overall, the CFA process has been implemented with an acceptable degree of fidelity during the evaluation period (July 1, 2009, through June 30, 2012).

Need for This Service

In 2004, findings from the initial round of Child and Family Services Reviews (CFSR) demonstrated a clear need for more accurate and comprehensive assessments of the strengths and needs of the children and families served by the child welfare system. Specifically, risk and safety assessments were not conducted in an ongoing manner, and families were often not involved in their case planning, or monitored consistently. However, when these events did occur, children were more likely to be safely maintained in their home. ACDSS identified the lack of ongoing and comprehensive assessment and planning as directly related to the frequency and purpose of caseworker visits. Agency policies did not specifically address the frequency, purpose, or approach for worker visits during the assessment period. ACDSS cited this lack of clarity as a barrier to caseworker ability to comprehensively assess family functioning. ACDSS also identified major gaps in services and delivery that included the lack of comprehensive substance abuse assessment and treatment, and the lack of availability of individualized parenting classes, family advocacy, and family supports. In addition, CFSR findings for North Carolina in 2007 clearly indicated that families receiving in-home services were having difficulty connecting with or receiving appropriate services. Findings also revealed a lack of consistent effort toward identifying, locating, and engaging fathers in child welfare services. As a result of the CFSR findings and the growing research on the importance of fatherhood involvement, ACDSS sought to increase their efforts to meaningfully involve fathers in child welfare services through the use of the CFA guidelines, which also emphasized father engagement as a critical component of a comprehensive family assessment.

Target Population

Alamance County is one of 100 counties in North Carolina and part of a State supervised, county administered system of public social services provided by the Division of Social Services under the Department of Health and Human Services. For the 2005–2006 State fiscal year (SFY)¹, Alamance County investigated 950 reports of child abuse and neglect, which involved 1,703 children. Of those reports, 130 were substantiated while 72 were found to be in need of services. Of the 1,703 children having a maltreatment report in SFY 05–06, 813 children (48 percent) had a prior report with ACDSS. Moreover, of the remaining 890 children (52 percent) without a prior report, 170 (19 percent) had a second report within 1 year, indicating that one-fifth of children with initial reports are coming back into contact with ACDSS within 1 year. Therefore, for many families seen by ACDSS, it was thought there may be underlying, less obvious issues missed by current assessments.

¹ The most recent data available to ACDSS when writing the CFA grant proposal in summer 2007.

Alamance County data also indicated that of the 153 children in foster care at some point during the 2006 calendar year (this includes emergency placements), 62 (41 percent) entered foster care from in-home services. This indicated a need to improve comprehensive efforts to provide services to families to prevent children's entry into foster care. Findings from the second CFSR (2007) showed a disparity in services that were provided to in-home cases compared to foster care cases, and children receiving in-home services were found to have a higher rate of repeat maltreatment. Thus, the target population served by this project was children and families receiving in-home family support or family preservation services due to the identified need in their CFSR findings.

SITE VISIT HIGHLIGHTS

Background

The site visit took place on August 22, 2012, at the offices of the Alamance County Department of Social Services. ACDSS leadership staff articulated that an initial and important component in place prior to the onset of the CFA grant was that Alamance County was one of three pilot sites in North Carolina for a System of Care (SOC) infrastructure grant awarded by the Children's Bureau in 2003. The entire ACDSS agency felt that this is one of the most effective and sustainable initiatives they have engaged in, and the SOC infrastructure grant provided an opportunity to move the agency and the community toward a truly family-centered approach. Based on evaluation data conducted by the Center for Child and Family Policy at Duke University between 2005 and 2006, ACDSS staff and supervisors demonstrated significant improvements in the incorporation of the SOC principles—family partnership, interagency collaboration, individualized strengths-based services, community-based services, cultural competence, and accountability—in their practice. Project staff believed that by implementing the CFA guidelines, these principles would serve to extend and enhance the agency's child welfare practices related to family engagement.

In 2004, findings from the initial round of Child and Family Services Reviews (CFSR) demonstrated a clear need for more accurate and comprehensive assessments of the strengths and needs of the children and families served by child welfare. Specifically, risk and safety assessments were not conducted in an ongoing manner, and families were often not involved in their case planning, or monitored consistently. However, when these events did occur, children were more likely to be safely maintained in their home. Based on the CFA guidelines, the ACDSS project developed assessment tools and protocols and family engagement and caseworker visit policies that were implemented with a pilot team in 2008. A randomly selected intervention team was implemented in 2009. With assistance from the Duke Addictions Program and a full-time CFA coach, pilot and intervention team staff members were trained and coached to utilize Motivational Interviewing (MI) to develop partnerships and engage families in the assessment and case planning process. CFA is designed to be a continuous assessment process, with multiple sources, to facilitate the identification of needs and corresponding services that will impact a family's ability to care for its children and allow workers to better develop appropriate and prioritized interventions.

The development and implementation of the CFA process at ACDSS included two main components aimed at better assessing a family's strengths and needs and increasing family engagement: (1) new and modified assessment tools and policies and (2) support for caseworkers to translate newly learned skills to assessment practice. ACDSS also surveyed staff and refocused its efforts to support father involvement in child welfare cases throughout the CFA project.

Assessment Tools and Policies

A number of new and modified assessment tools were developed and used in order to more comprehensively gauge families' needs. The tools included a Comprehensive Risk and Safety Guide to be completed at initial visits, followed by the NCDSS Risk Assessment within 48 hours of an initial visit, in addition to the mandated completion at case closure. At subsequent visits, social workers can assess multiple domains individually using SEEMAPS (social, economic, environmental, mental health, activities of daily living, physical health, and strengths). They can screen for possible issues with substance abuse, domestic violence (DV), and depression to obtain a holistic picture of family strengths and needs. Lastly, ACDSS implemented new policies for home visits during the assessment/investigation process to provide a consistent purpose, process, and approach to visits and family risk level (low risk – monthly visits; moderate risk – biweekly visits; high risk– weekly visits. This visit schedule is identical to the mandated policy for home visits for cases receiving in-home services). The goal is to utilize motivational interviewing skills when implementing these tools in order to gain more accurate and comprehensive information from families. The following tools were used:

Comprehensive Risk and Safety Guide (RSG)

- Covers multiple domains broadly (social, environmental, economic, mental health, physical health, activities of daily living (ADLs), strengths), substance abuse (SA) screen, and other items pertaining to risk and child well-being
- Optional: depression screen and State domestic violence screens
- Administered at case initiation

SEEMAPS

- Social, environmental, economic, and mental health strengths
- Administered during follow-up visits

CAGE-AUDIT

- Substance abuse issues (also included in RSG)
- Administered at case initiation and during follow-up visits

CES-D

- Depression screen (also included in RSG)
- Administered at case Initiation and during follow-up visits

NC DV Tools

- Adults (non-perpetrator, perpetrator) and child
- Administered at case initiation and during follow-up visits

NCDSS Risk Assessment

Support for Casework

According to the CFA guidelines, formal training, clinical supervision, and mentoring are required to support caseworkers. The CFA process in ACDSS begins with the caseworker initiating contact with the family, conducting follow-up visits, and providing in-home services with workers trained in MI and practices that support family engagement throughout the lifecycle of the case. ACDSS implemented MI, a technique to support and encourage individuals in moving through the change process, through trainings and ongoing consultation and support from the Duke Addictions Program (DAP), and hiring a full-time clinical coach to ensure newly learned skills were transferred to daily practice. While MI has been successfully used for individuals with substance abuse issues, ACDSS had never utilized it within child welfare beyond an initial 1–2 day training session. For this project, the central goal of utilizing MI is to allow social workers to explore clients' ambivalence or resistance to change and learn to express empathy.

Father Involvement

As part of the Comprehensive Family Assessment evaluation, the Center for Child and Family Policy at Duke University surveyed ACDSS staff about their perceptions of the agency as a

whole, and of themselves as workers, regarding the engagement of fathers in child welfare. The purpose of the survey was to assess individual beliefs regarding the importance of father involvement, and the degree to which the organization and its staff are emphasizing and encouraging the responsible involvement of fathers in child welfare cases. Findings from this survey revealed important distinctions between frontline staff and supervisors and administrators around attitudes, training, and expectations for working with fathers. While the majority of all three groups agreed that the agency expects them to work with fathers, other responses indicated that staff may not know what that expectation looks like in practice. As a result, ACDSS sought to improve practice around fatherhood involvement through the use of agency roundtable discussions with staff to address discrepancies, increase communication around expectations and policies, provide training to target identified needs, and utilize tools to hold staff accountable for their work with fathers.

Site Visit Participants

The following individuals were interviewed during site visit:

Adrian Daye, Children's Services Program Manager, CFA Project Manager

Angela Cole, Children's Services Supervisor: supervises Child Protective Services (CPS) intake, after hours CPS, and in-home services. Angela currently supervises the pilot team.

Callie McBroom, Children's Services Supervisor: supervises foster care, adoption, postadoption and foster home licensing services. Callie was the previous supervisor for the pilot team.

Nikita Whitehead, CPS Social Worker. Nikita is an original member of the intervention team.

Carole Allison, CPS Social Worker. Carole is a member of the pilot team.

Laura Ingalls, CPS Social Worker. Laura is a member of the intervention team.

Mary McGinty, CFA Coach, member of MINT (Motivational Interviewing Network of Trainers).

Paul Nagy: Clinical Associate in the Department of Psychiatry and Behavioral Sciences at Duke University Medical Center, Member of MINT.

LESSONS LEARNED

Unique and Innovative Features

A key factor cited for the success of the CFA implementation was the considerable collaborations built among community partners and services from the Systems of Care initiative, which leveraged and sustained a full-time staff person to support the work of the CFA project. Other innovative features of the project include:

Data Collection and Accountability

Participating staff used laptops to input data collected during visits into a CFA database, reducing the amount of time spent on duplicative data entry and paperwork, while ensuring better fidelity and accountability to the CFA process. The CFA database includes: (1) a substance abuse (SA) screening; (2) a depression screening; and (3) a domestic violence screening (for perpetrating adult, non-perpetrating adult and child). ACDSS staff found the database to be a useful tool in collecting information about the family and updating information throughout the case lifecycle.

Assessment of Father Involvement and Engagement

ACDSS and evaluators from the Center for Child and Family Policy (CCFP) at Duke University chose to utilize the *Father Friendly Check-Up*™ for Child Welfare Agencies and Organizations. Developed by the federally funded National Quality Improvement Center on Non-Resident Fathers and the Child Welfare System, the survey is a fatherhood engagement survey designed to help child welfare agencies assess the degree to which their organization's operations encourage father involvement in the activities and programs they offer.

The survey examined staff beliefs concerning:

- The current level of effort and competency that the agency as a whole is making toward engaging fathers in child welfare case activities
- The current level of effort and competency that individual caseworkers, supervisors, and program managers are making toward engaging fathers in child welfare case activities
- Individual beliefs regarding the importance of fathers' presence and involvement in children's lives

The survey responses led to several key recommendations to improve ACDSS efforts to emphasize the role fathers play in the lives of children involved with child welfare. These included increasing communication among staff, providing training on critical fatherhood components, and implementing a system of accountability and evaluation to gain certainty that the agency and staff are committed to serving fathers.

Motivational Interviewing as a Sustainable Practice Tool to Assess Family Readiness for Change

Participating staff received training on the Stages of Change, Motivational Interviewing techniques, the CFA process, the implementation of coaching, case teaching sessions, and feedback meetings. Universally, caseworker staff stated that the high-quality training resulted in practice change. Staff were enthusiastic and eager to learn new techniques that were strength-based and offered an approach that explored their client's capacity vs. incapacity for behaviors toward change. Further, staff indicated that the coaching and mentoring component of MI has resulted in strengthening their caseworker skills to ask questions and guide clients to reflect upon their readiness for change, while emphasizing the client's personal choice and control. This high-quality training was initiated for the CFA project and is now embedded in their daily practice.

Challenges and Successful Strategies

Caseworker Experience

ACDSS includes child welfare staff whose clinical experience ranges from a very limited background to a more experienced understanding of assessment. One key strategy the team sought in order to create worker buy-in for the CFA process was to provide training in the area of substance abuse through the framework of MI. Introducing a science-based model of addiction and recovery and addressing myths and misperceptions helped child welfare staff to gain a better understanding of change theory that they were able to transfer and apply to the CFA process. Staff universally agreed that the MI training resulted in practice change that was reinforced through coaching and mentoring.

Lessons learned from the MI training included adopting a slower pace with more practice opportunity during the initial training, training subgroups based on readiness, and adding more structure to the large group follow-up sessions.

Adopting a Holistic Approach to Families

A challenge identified by the ACDSS leadership was the lack of a holistic approach to viewing families. A critical component of the CFA process is to assess multiple domains with families in order to obtain a holistic picture of their strengths and needs. Therefore, SEEMAPS, an existing recommended tool by NCDSS, was modified into individual assessments for each domain. Social workers determine with their supervisor and coach which domain(s) should be completed with their clients. The goal is to utilize MI skills when implementing these tools in order to gain more accurate and comprehensive information from families.

Enhanced Training Capacity

Additional training was provided with regard to assessment, schizophrenia and bipolar disorders, domestic violence, and the neurological impact of trauma on children. The training on assessment focused on the components of comprehensive assessment and its utility. A broad data-driven (local and national data) training on domestic violence was provided to workers, along with ways to utilize MI when domestic violence is evident. Training on the neurological impact of trauma was designed to give staff a MI framework for conversations with family members to provide information about the impact of DV on their children's developing brains, whether the DV is witnessed or "just heard" by the children. The training on schizophrenia and bipolar disorder reviewed the characteristics of each mental illness, and available interventions for persons with either diagnosis. Throughout this grant process, the CFA coach received formalized training in MI, which in addition to her experience utilizing MI, led to her acceptance into and completion of training by the Motivational Interviewing Network of Trainers (MINT) held in Asheville, NC, in November 2011. The training was cosponsored by and the North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services.

OUTCOMES

Summary of Accomplishments

In order for MI to be successfully implemented, caseworkers must be effectively trained in MI techniques and provided with ongoing support to utilize these newly acquired skills in their daily practice. The traditional training for MI is a 1- or 2-day workshop. However, research shows that gains in MI skills are mostly seen post-training but not maintained at follow-up assessments. While training alone is not sufficient for the successful transfer of skills into continuous practice, combining initial training with ongoing support, or coaching, significantly enhances the implementation of the skills learned during training. The addition of coaching provides workers with opportunities to discuss issues and problems that occur during real-life implementation. The provision of feedback and modeling from a coach enables workers to readjust and improve their practice. Alamance County leveraged existing research findings to implement a long-term multilevel approach for this grant, utilizing MI and ongoing coaching to serve as the vehicle to increase family engagement in order to obtain a truly comprehensive assessment. To date, few studies have examined MI training with the addition of coaching, and none have explored this method for use by social workers to engage families in child welfare cases (Barwick et al., 2012). Thus the CFA process implemented by Alamance County is truly innovative practice in child welfare.

Since a majority of the training received by staff was presented by the in-house CFA coach and the MI trained substance abuse expert, staff knowledge and understanding of mental illness and substance abuse was greatly enhanced. Child welfare workers began to understand substance abuse from a disease model, which changed the manner in which they provided services to parents. Staff had the benefit of questioning and learning about client mental health diagnoses and/or substance abuse histories through consults with the CFA coach and Duke Addictions Specialist. Staff access to this in-depth understanding enhanced their ability to comprehensively

assess families and child safety issues and better determine which services would provide greater benefit to families.

Evaluation

Findings indicate that, overall, the CFA process has been implemented with an acceptable degree of fidelity during the evaluation period (July 1, 2009, through June 30, 2012). For the vast majority of cases:

- The comprehensive risk and safety guide has been completed at case initiation
- Assessment of at least one life domain area (social, environmental, economics, mental health and strengths) has been completed at subsequent visits
- Caseworkers appear to be maintaining high levels of contact with primary caregivers during the assessment process, especially with low and moderate risk cases

Data also indicate that implementation of some program components is improving over time:

- Completion of the North Carolina Division of Social Services (NCDSS) risk assessment within 48 hours of initiation in order to determine a visit schedule during assessment
- The assessment of multiple domains (as opposed to just one) with families during these subsequent visits

Administrative data were analyzed to examine possible differences in child welfare outcomes between the CFA intervention and control teams:

- Timeliness – Compared to the control team, the CFA intervention team spent more time on assessment of cases.
- Case findings – Compared to the control team, the CFA intervention team had a higher proportion of substantiated cases and cases with findings of services provided where services were no longer needed or recommended.
- Safety – CFA implementation did have an effect on the long-term safety of children. After 18 months from the initial case decision, intervention team cases were significantly less likely to return for another maltreatment assessment. However, significant differences between intervention and control teams were not found at 6 or 12 months on these measures.
- Permanency – Significant differences were not found between the two teams for foster care entry or length of time in foster care.

The findings for improved long-term safety likely reflect a difference in the kinds of information that the intervention caseworkers are able to ascertain from families by making more frequent contact and using new assessment tools and motivational interviewing. The CFA process may allow caseworkers to build stronger relationships with parents, leading parents to become more invested in receiving services during the assessment and/or in-home phase, thus reducing risk levels for future maltreatment. Continued evaluation of implementation and outcome data will provide additional insight regarding the impact of CFA on child welfare outcomes.

Dissemination

Dissemination activities included the following:

- PCA NC invited project to submit a proposal to the Learning and Leadership Summit: Enhancing Child Well-Being Through Effective Prevention. The proposal was accepted and was presented in March 2013.
- Facilitated a “learning collaborative” regarding CFA process, findings, and lessons learned with other interested county departments of social services, the NCDSS, and Prevent Child Abuse NC.
- Presented grant findings to the ACDSS Board and the Children’s Executive Oversight Committee of Alamance County (CEOC).
- Shared information learned on processes and grant outcomes with Motivational Interviewing Network of Trainers (MINT), Inc. with regards to using MI within child welfare and the impact on families.
- Provided quarterly updates to the ACDSS Governing Board.
- Made a presentation to stakeholders for the Partnering for Excellence Initiative in North Carolina on July 10, 2012 (included participants from NCDSS, other NC county DSS staff and leaders, and the Duke Endowment).
- Reports on this project are published at www.childandfamilypolicy.duke.edu

Articles and reports included the following:

Snyder, E., Lawrence, C.N., Weatherholt, T., & Nagy, P. (in press). The benefits of motivational interviewing and coaching for improving the practice of comprehensive family assessments in child welfare. *Child Welfare*.

Snyder, E. (2012). *Comprehensive family assessments to improve child welfare outcomes: The impact on job satisfaction for frontline staff*. Report to the Alamance County Department of Social Services and U.S. Department of Human Services, ACF, Children’s Bureau.

Snyder, E., Weatherholt, T., & Hadley, M. (2012). *Fatherhood engagement and comprehensive family assessments*. Report to the Alamance County Department of Social Services and U.S. Department of Health and Human Services, ACF, Children’s Bureau.

Snyder, E., Weatherholt, T., Rosanbalm, K., & Lawrence, C.N. (2011). *Comprehensive family assessments to improve child welfare outcomes in Alamance County: Interim evaluation report*. Report to the Alamance County Department of Social Services and U.S. Department of Health and Human Services, ACF, Children’s Bureau.

Snyder, E., Frenk, S., & Lawrence, C.N. (2010). *Comprehensive family assessments in Alamance County: Social worker perspectives on implementation and practice*. Report to the Alamance County Department of Social Services and U.S. Department of Health and Human Services, ACF, Children’s Bureau.

Holder, T., Gordon, J., Daye, A., & Snyder, E. (2012, April). *Implementing comprehensive family assessment: Lessons learned in changing behavior, adapting organizational structures and redefining relationships with stakeholders*. Paper presentation at the 18th National Conference on Child Abuse and Neglect, Washington, DC.

Sage, M., Daye, A., Snyder, E., Sullivan, R., & Rivera, M. (2012, April). *Evaluation Communication Strategies*. Children’s Bureau Grantee Webinar hosted by James Bell and Associates.

Smithgall, C., Snyder, E., Daye, A., McGinty, M., & Jarpe-Ratner, E. (2011, March). *Comprehensive family assessment: Collaborative models for improving clinical assessment and engagement skills*. Paper presented at the Child Welfare League of America National Conference, Washington, DC.

Snyder, E., Nagy, P., Daye, A., & McGinty, M. (2011, March). *DSS comprehensive family assessment: Benefits of coaching and motivational interviewing*. Paper presented at Prevent Child Abuse North Carolina's Learning & Leadership Summit on Evidence-Based Programs & Family Strengthening Practice, New Bern, NC.

Sustainability

Having supervisors as purveyors of CFA work is critical to ensure CFA implementation continues past the project end date in 2013. Project leadership has sought to increase supervisors' understanding and "buy-in" to the benefits of the CFA process and motivational interviewing. This work is paramount to CFA's sustainability. All supervisors have been trained in MI and began their own application group to bring MI into supervisory styles within the carry-over funding period. This will be particularly important as the control team and foster care teams begin to implement CFA after the project period ends.

There is a countywide emphasis and desire to increase and emphasize MI as a method across providers for engaging families in services. Clear efforts have been taken on the part of Alamance Alliance and the System of Care in Alamance County to support this emphasis and additional avenues are being explored to create a comprehensive assessment that would include educational needs and interventions.