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## 4-630 CONDUCTING THE ASSESSMENT OF FAMILY STRENGTHS AND NEEDS

### A. ASSESSMENT OF FAMILY STRENGTHS AND NEEDS

The assessment of strengths and needs should be completed as soon as possible, but it must be completed within 30 calendar days of the receipt of the report (ACCESS intake case) by the agency. This includes the contact with the reporter; client interviews; any collateral interviews; the assessments of safety (five days) and risk (30 days); the assessment summary; and, the case recommendations.

#### 1. Contacts with Persons Living in the Home

All persons living in the home are expected to be included in the process. Family interviews should include all family/household members and out of home parents, whenever possible. The family may want other persons to be involved in the assessment. Extended family members, friends, and other support persons may be included at the family's request. Any out of home adults included in the abuse/neglect report are also contacted. Depending on their relationship to the family, they may be included in the family interviews or interviewed individually.

#### 2. Contacts with Out of Home Parents


Out of home parents should be involved in the assessment when they are involved with their children. They must be included, if they were involved in the abuse/neglect report. Whether they participate in a family interview or are interviewed individually is determined by their relationship with the family and the family's willingness regarding their participation. When children do not have a relationship with their out of home parent, the parent is not available to the child, lives at a great distance from the child, and/or there is no reasonable expectation that they have information that may assist with the assessment of strengths and needs and/or the service plan, it is not necessary to interview them.

Although an out of home parent may not be involved with a child, the worker should explore whether the parent's family is involved with the child. When extended family is involved with the child and can be expected to be able to contribute to the assessment and/or services process, they should be interviewed.

Interviews with an out of home parent and/or extended family members are documented on the [OCS Form 42](#), Child Abuse/Neglect Investigation Interview Notes, and the [CR-8 \(CPI/FS\)](#).

#### 3. Contacts with Out of Home Adults Involved in the Report

Out of home adults involved in the ACCESS intake case (abuse/neglect report) are usually included in the assessment of strengths and needs, although it may not be appropriate to include them in family interviews. Depending on their relationship with the children and the abuse/neglect alleged in the report, the worker should determine with the family, their role with

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the assessment. In some cases, it may not be necessary to interview them. The worker should consult with the supervisor for the determination about a contact.

#### **4. Contacts with Collaterals**

Collateral contacts are appropriate to the assessment process when they can contribute to the understanding of the family's strengths and needs. For example, current and previous service providers may be able to contribute to the assessment and the development of plans for services. Although parental permission is not required for a collateral contact, it should be discussed with them prior to the contact. The parent/caretaker should have an opportunity to understand the reason for the contact and the information to be requested.

Interviews with collaterals are documented on the [OCS Form 42](#), Child Abuse/Neglect Investigation Interview Notes, and the [CR-8 \(CPI/FS\)](#).


### **B. COMPLETION OF FAMILY ASSESSMENT INSTRUMENT WITH THE FAMILY**

The assessment of strengths and needs is guided by and documented with the OCS Form 12, Alternative Response - Family Assessment. The purpose of the instrument is to comprehensively collect information that addresses the broad needs of the family that are affecting a child's safety, permanency, and well-being rather than a focus on the presenting problem of the allegations in the report. It includes the following:

- Identifying information about the family;
- Persons included in the assessment process;
- Contacts with the family;
- Safety assessment;
- Assessment of 12 areas of family functioning for identification of strengths and needs with the information used to complete the assessments of safety and risk documented in the appropriate section of the [Form 12](#);
- Assessment summary with service recommendations and expected outcomes; and,
- Structured Decision Making Initial Risk Assessment

Most sections of the instrument have sample questions to assist the worker to elicit information from the family. The questions are individualized by the worker, based upon the client's developmental level and the interviewer's style of interviewing. The questions are only guides and should not be used as a questionnaire to obtain information. An exception to the use of the instrument questions is the use of the parent and adolescent mental health and substance abuse screening tool within the form.

When appropriate for the section, the ratings of the family should be completed with the assistance of the family. The strengths based approach of Alternative Response Family Assessment involves the family's input into the assessment and the service plan.

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This will require several contacts with the family members, family/friends, out of home parents and any collateral contacts through individual and family interviews in order to complete. The Form 12 may be used during the interviews to work with the family with obtaining the information and determining the rating, if they are interested in completing the assessment conjointly. The worker may also interview the family, take notes during the interviews (with or without using the ([Form 12 Guide](#)) and complete the form at a later time.

## 1. Family Centered Interviews for Assessment


Completion of the [Form 12](#) identifying information, the 12 sections for strengths and needs, and, the determination of the services plan is a family-centered, strength based collaborative process with the family. Family centered means that the family is seen as a unit that interacts together. Therefore, each person has a contribution for the assessment and service plan. The interviews are intended for the family and the worker to develop rapport and to engage the family in providing information about their family functioning, including the family's history and their functioning over time. They are also intended for the family to determine areas and times of successful family functioning and problem solving and understand what made their successes possible. They can then identify their strengths and resources and work to replicate family success to assure the safety of the children and reduce the risk of future abuse/neglect.

An exploration, with the family, of what led to the current problems as well as the likely impact of both the abuse/neglect on the child and family can contribute to the family's understanding of their patterns of parental behavior over time. This is a broader context than focusing only on the incident that brought the family to the attention of OCS.

## 2. Family Engagement Tools for the Assessment Process

\*Family engagement tools that can assist families with understanding their family and their current supports and stresses are the Eco-Map and the Genogram (Refer to [Form 63](#), Eco-Map Format and Genogram Format). The family may also be engaged in the assessment process using solution focused strengths based questions such as the following:

- **Exception Question:** Are there times when the problem does not happen or is less serious? When? How does this happen?
- **Coping Question:** What have you found that is helpful in managing this situation?
- **Scaling Question:** On a scale of 0 to 10, what number would it take for you to consider the problem to be sufficiently solved?
- **Miracle Question:** Suppose that while you are sleeping tonight and the entire house is quiet, a miracle happens. The miracle is that the problem that brought you to the attention of the agency is solved. However, because you are sleeping,

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you don't know that the miracle has happened. So, when you wake up tomorrow, what will be different that will tell you that a miracle has happened and the problem is solved?\*

### 3. Screening for Substance Abuse, Mental Illness and Domestic Violence

#### a. Substance Abuse and Mental Illness

Addressing substance abuse and mental illness is an essential component of determining the family's strengths and needs. The Form 12 includes sections for substance abuse involving parents and/or adolescents, and mental health issues for parents, adolescents and children under age 12. If the parent, adolescent and/or child already have a clearly identified mental health and/or substance abuse problem, there is no need to screen. Document the basis of the conclusion (without a screening) including the duration and the extent of the problem; and the history of treatment and attempted interventions. Using the strengths based model, the worker should ask about when the person was able to function adequately with their substance abuse/mental health issues. Any circumstances of deteriorated mental health or substance use conditions should be detailed in the documentation.

When there is no information about parental and/or adolescent substance abuse and mental illness, the instrument includes screening questions from the [GAIN-SS](#) screening tool.


#### b. Domestic Violence

Each family should be screened for domestic violence, unless there is known domestic violence. Although the family may have a previous history with the agency, the worker should not assume domestic violence is not present even when previous screenings did not indicate domestic violence. It is discussed with "Family Stress/Family Conflict and Resolution/Violence in the Home" **\*Domain\*** in the assessment of strengths and needs **\*(Form 12).\*** The assessment summary given to the family identifies this area of family functioning with "Family Stress." **\*The abbreviated title\*** is to promote confidentiality for victims who may disclose domestic violence, but do not want their partner to be aware of their disclosure.

## C. RISK ASSESSMENT AND CASE DISPOSITION

### 1. Risk Assessment

The Structured Decision Making Initial Risk Assessment is used to determine the level of risk. The assessment is accessed via the SDM website. Once the risk assessment is completed, it is

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printed, signed by the worker and approved by the supervisor. The risk level is documented on the Form 12 in the risk assessment section. The Form 12 with the attached SDM initial risk assessment is filed in the case record.

The SDM Initial Risk Assessment is updated as needed when there are changes in the family situation or risk factors that affect risk assessment. The assessment is printed, signed by the worker and approved by the supervisor. The updated SDM Initial Risk Assessment is attached to the Form 12.

## 2. Case Decisions


Once the assessment of strengths and needs is completed, the worker and supervisor determine the case decisions regarding service referral, service provision and case closure. **\*The worker and supervisor case staffing and the case decisions are documented using the [Form 9, Alternative Response Family Assessment Case Staffing Form](#).\*\*** When the SDM risk level is high to very high risk with a safety decision of safe, referral to Family Services should be considered along with community services such as the Child Welfare Resource Center. The request for a case acceptance staffing for FS should occur as soon as possible when the family has agreed to FS participation, however the intent with Alternative Response Family Assessment is that services to the family occur without referral to FS, if possible. If the family is not willing to participate in FS or other services and the risk level is high or very high, the worker should consult with the supervisor regarding the need for non-voluntary intervention.

When the family is referred to FS, the staffing is documented by the assessment worker using the [Form 9](#), Alternative Response Family Assessment Staffing Form. A copy of the Form 12 is provided to the FS worker. If the assessment has not been completed by the time of the case acceptance staffing, the assessment worker shall provide a [Form 12](#) completed with the assessment information obtained. When the case is accepted by FS, the assessment worker is expected to accompany the FS worker for the first family visit in order to assist the FS worker to engage with the family and assure the transition from Alternative Response Family Assessment to FS.

When the risk level is low or moderate with a safety assessment decision of safe, the worker and supervisor will determine one of the following case dispositions:

- Close the case without services or referrals to community providers;
- Close case and refer to community providers;
- Refer to community services with assistance to the family to engage with community providers for a period of 30 days; or,
- Worker to provide services along with referral to community services for 30 days and, if needed, for an additional 30 days.

**\*Referral to\*** the Child Welfare Resource Center should be considered, along with other community providers, to meet the family's service needs. A copy of the Form 12 is provided

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with a referral to the Child Welfare Resource Center. Other community providers may receive a copy of the assessment summary as appropriate.

The case is continued to be active with the assessment worker, when services will be provided without a referral to FS. Once the family is engaged with community providers along with any services provided by the assessment worker, the worker and supervisor consult to determine to close the case or continue with services for another 30 days.

### 3. Summary Review with the Family

#### a. Face to Face Contact

The Family Assessment Summary and the case decision are made in collaboration with the parent and/or the family during a face to face contact. The family has an opportunity to discuss their strengths and needs and then agree to a service plan to address needs related to assuring the safety of their children and to reduce the future abuse/neglect. The parent is requested to sign the summary and a copy is given to them.


#### b. Written Notification

The family is notified in writing of the completion of the assessment and the case recommendations with the OCS [Form 130](#), Parental Notice of Alternative Response Family Assessment Completion.

## D. SERVICES DURING THE ASSESSMENT PROCESS

Service needs may be identified early in the assessment of strengths and needs as the family is engaged with the process. When this occurs, efforts are initiated to either provide the services directly and/or to connect the family with community service providers as soon as possible. Service provision and/or referral to community providers may occur prior to the completion of the assessment of strengths and needs (Form 12) as the Alternative Response Family Assessment is intended to identify and initiate services as early as needs are identified. When referrals are made to community agencies, contact should be made with the agency and verification obtained that the client was able to access the services. Refer to Section [4-800](#), Concrete Services, for OCS services that may be provided. **\*The CPI Major/Minor Codes may be used for services for ARFA clients. Payments are authorized using the Primary Client's TIPS Number for all ARFA cases when payments are authorized.\*\***

Each **\*domain\*\*** permits an assessment **\*of\*\*** whether the area of individual or family functioning is a **\*strength, adequate, concern or a problem.\*\*** When an area is identified as a **\*concern or a\*\*** problem, specific services that address **\*\*\*** a child's well-being, safety, and permanency over time should be decided upon with the family. OCS cannot provide services for all of the issues identified. With supervisory assistance, the child's well-being, safety, and permanency over time as the guide, the services that can be expected to assist the family to improve functioning should be provided whenever possible. **\*The supervisory staffing and case decision making process for this determination is**

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documented using the Form 9, Alternative Response Family Assessment Staffing Form.\*\* This includes both direct services and referral to community providers.

## E. CASE CLOSURE

Once the assessment of strengths and needs is completed, the case is closed or the ARFA worker continues to provide services for 30 days. After that 30 days time the case is closed, or with supervisory approval, services may be continued for another 30 days (total of 90 days).

### 1. Case Record Documentation

Services provided after the completion of the assessment ([Form 12](#)) are to be documented using the [CR-8 \(CPI/FS\)](#) with a narrative summary of services and the family outcomes/progress. The closing narrative shall clearly specify the services provided and/or the referrals made, including whether or not the family followed through to begin/complete services.

### 2. TIPS Closure

The case is closed in TIPS using the most appropriate Closure Reason code:

**ASC** – Assessment Completed (Needed services were completed during the assessment process and/or the family was referred to community providers for services)

**AFS** – Assessment Completed/Referral to Family Services (Assessment completed and the family was referred to OCS FS program)

**UTL** – Unable to Locate (Refer to Section [4-620](#) for policy for UTL closure reason).