 Department of Children & Family Services <i>Building a Stronger Louisiana</i>	Division/Section	Child Welfare
	Chapter No./Name	6 – Foster Care (FC)
	Part No./Name	2 – Working With The Child's Family
	Section No./Name	Working With The Child's Family
	Document No./Name	6-205 Assessment of Family Functioning
	Effective Date	April 1, 2020

I. STATEMENT OF POLICY

The Assessment of Family Functioning (AFF) is a summary of the family's protective capacities, concerns and problems as perceived by the family and other collaterals. The Assessment of Family Functioning tool is used to engage families and related collaterals in order to allow the family to tell their story from their perspective and gather information about the child/family as it pertains to the reason the Department is currently involved with the family. Information gathered through the assessment process is used to identify underlying needs creating diminished *** caretaker **** protective capacities through the *** three **** areas of assessment including development of behavioral change goals to address diminished caretaker protective capacities.


II. PROCEDURES

A. PREPARATION FOR THE ASSESSMENT

Prior to initiating the Assessment of Family Functioning (AFF), staff are to review the *** Form 6, Transfer Staffing Form **** obtained from the CPS or FS staff transferring the case into Foster Care. When the case is transferred from CPS, the FC case worker/supervisor should receive a copy of the Form 5, Safety Assessment, Structured Decision Making Initial Risk Assessment, Form 10, and the Investigation Report during the pre or post removal staffing. When the case is transferred from FS to FC, staff from both programs review the Form 5, (Safety Assessment, which may include Plans of Safe Care, Form 10, Investigation Report, and the Structured Decision Making Re-Assessment if completed during the FS case.

When the foster child is a substance exposed newborn or infant, the following should also be discussed during the removal staffing and reviewed in preparation for the AFF:

1. The newborn's drug or alcohol exposure as verified by toxicology and meconium reports of newborn, toxicology reports on mother, or observable harmful effects as verified by a physician
2. Prenatal care, history and mother's substance use during this pregnancy and any indication of substance use during any previous pregnancies
3. Postnatal information including the infant's current condition, special needs and any needed medical equipment
4. Recommendations for care and any referrals at discharge such as home health
5. Presence of another child/children remaining in the home and their age, current care, condition and any needs/problems
6. Family system, strengths, involvement of father of infant, history of department involvement and parental ability to use services to improve conditions
7. Information regarding siblings of substance exposed newborn/infant also in custody
8. Status of substance abuse assessment of mother and when indicated, father or other adult caretaker of any children remaining in the home

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9. Services and/or referrals, including Early Steps, provided to infant/newborn and any other children in the home during the investigation
10. Assessment of parental attachment (bonding and ability/inability to parent infant and any other siblings)
11. Review and monitor any Plan of Safe Care initiated during the CPS investigation or Family Services Program

The information obtained during the CPS assessment and Family Services case, if applicable, gives the FC case worker collateral information important for assisting the family in understanding the department involvement and development of a case plan for working with the family.


B. DEVELOPMENT OF THE ASSESSMENT WITH THE FAMILY

The AFF and Form 99, Statement of Family Medical History, shall be developed with the child's family and completed by the 30th day after a child has been placed in Foster Care. This is also a critical point for collecting information for the child's life book, family history, connections for permanency and specific interests of the child. The assessment with the family shall include a thorough assessment of the caregiver protective capacities as they relate to or contribute to the threats of danger identified in the home and on the Form 5, Safety Assessment. The AFF shall be completed on the entire family, with each parent and child being addressed in each domain of the assessment. ***

The Assessment of Family Functioning shall be typed, using the on-line Family Assessment Tracking System (FATS). Case workers may input the information directly into FATS while visiting with the family. If the information is handwritten, it shall be transferred into FATS. *** The needs of non-custody children should be assessed in the *** * Adult Functioning ** and the Child's Functioning domains of the assessment.

When completing the AFF, the case worker may obtain criminal record clearances on the child's parent, caregiver, or potential caregiver, if needed, to assess risk factors to the child's safety and permanency when the individual is being considered as a placement option for the child. Staff are only to obtain these criminal clearances when there is reason to believe criminal activity may exist and the clearance has been approved by the Child Welfare Manager. Any adult in the home may be considered a potential caregiver. Information regarding criminal activity may also be used to assess potential risk to the case worker.

The * LIVE-SCAN ** equipment in regional offices is the method for obtaining fingerprint-based criminal clearances. This provides a national criminal clearance. Staff are to make arrangements for individuals to go to the Regional Office to submit fingerprints electronically to the State Police and FBI through the regionally assigned * LIVE-SCAN ** coordinator. Refer to Chapter 1, Administrative Manual, [Section 1-1000](#), Criminal Record Clearance, for detailed information relative to the criminal clearance process. Per the Federal Bureau of Investigations, owner of the fingerprint based * national ** criminal clearance information,

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copies of any fingerprint clearance, and/or any information contained in the clearance may be shared with the individual on whom the clearance was completed or the judge in juvenile court proceedings, but copies of the clearances may not be provided to any party. Criminal clearances and/or any information contained in the clearance shall not be shared with any other agency or individual outside DCFS.

Once the AFF is completed, it shall be committed in the online Family Assessment Tracking System ***. The AFF is updated when new information becomes available and when making a service referral.


C. ASSESSMENT OF FAMILIES WITH SUBSTANCE EXPOSED INFANTS

Substance exposed infants and their parents should have a Plan of Safe Care to identify needs during the investigation or while in FS that the FC case * worker ** will need to include in the initial Assessment of Family Functioning or in the case of a transfer from FS, in an update to the AFF to plan for the behavioral changes needed by the parents to safely care for the infant. Service needs for the infant may include the following:

- Early Steps;
- Medical appointments due to prenatal drug/alcohol exposure, prematurity or other health issues;
- Home health nursing care to assist with medical/developmental concerns;
- Daycare;
- Infant Mental Health Assessment as available through the Infant Teams or other infant mental health practitioner; and
- Any other services identified during assessments, such as maternal, infant and early childhood home visiting.

The FC case * worker ** will need to work closely with the Office of Behavioral Health (OBH) clinician for the substance abuse assessment of the client. The assessment should include consideration of the following:

- Inpatient and/or outpatient substance abuse treatment to address drug/alcohol use/abuse with confirmation of attendance and participation in treatment program; including periodic staffings with treatment counselor and client to assess progress
- Transitioning to other levels of treatment;
- Development of aftercare planning;
- Development of relapse plan to include alternative care for the infant and any other children in the home;
- Plans for and completion of drug screens;
- Referral of other family members to alcohol and drug abuse education programs;
- Identification of other services to support parent’s attendance at treatment, such as child care or after school program if there are children who remain in the home;

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- Assist parent in getting health care, such as family planning or HIV testing;
- Mental health treatment services needed by parent to assure safety and reduce risk of future maltreatment; and
- Once recovery has been sustained, referral to parenting program that focuses on the impact of substance use on children and how to help the whole family recover.

III. FORMS AND INSTRUCTIONS

[Form 5 / Instructions](#) Safety Assessment

[Form 99 / Instructions](#) Statement of Family Medical History

[SDM Initial Risk Assessment](#)

[SDM Reunification Reassessment](#)

IV. REFERENCES

Assessment of Family Functioning (AFF), online in FATS

CW Administrative Policy 1-1000, Criminal Record Clearance

CW Policy, Chapter 25, Case Plan Instructions

Family Assessment Tracking System (FATS)