

MISSOURI DEPARTMENT OF SOCIAL SERVICES
CHILDREN'S DIVISION
FAMILY FUNCTIONING ASSESSMENT/RE-ASSESSMENT (CD-14A)
INSTRUCTIONS

PURPOSE:

The CD-14A, Family Functioning Assessment/Re-assessment, the CD-14, FCS Family Assessment and related tools make up a comprehensive assessment packet designed for on-going assessment and treatment with families. The CD14A is used in conjunction with the CD-14 at the time of the initial case opening (30 days for completion) and also used to re-assess families every 90 days thereafter until case closing. These tools are designed to facilitate a family-centered approach to assessing family structure, strengths, supports and service needs. The CD-14 makes use of assessment tools, such as the genogram, ecomap and the CD-14A is designed to assess family functioning and child well-being and to track progress by re-assessing every 90 days.

The CS-14A is used for the initial assessment and reassessment in open Family-Centered Services (FCS), Family-Centered Out-Of-Home Care (FCOOHC) and preventive service cases. The tool is used to assist the children's service worker in:

- The process of the initial FCS, FCOOHC or preventive services family assessment;
- The process of reassessment during treatment;
- Making a determination regarding the immediate safety of the child(ren);
- Identification of family strengths and needs that affect family functioning;
- Assessing level of risk in the household and;
- Summarizing the worker's activities during the process of assessment.

NUMBER OF COPIES AND DISTRIBUTION:

The number of copies and distribution will depend on the circumstances in which the tool is used.

Family-Centered Services and Family-Centered Out-Of-Home Care:

Photocopies of the CD-14A are made and retained in the treatment section of the family's file for the purposes of reassessment and treatment.

Preventive Service and Other Referrals:

When a family is to receive services and there has been no child abuse/neglect report and no CA/N assessment, the tool is completed within 30 days of assignment and is filed in the treatment section of the family's file.

INSTRUCTIONS FOR COMPLETION:

FAMILY INFORMATION:

Assessment Date: Date the assessment is conducted.

Case Name: Enter the name of the parent(s)/caretaker(s) for whom the assessment is completed.

County: Enter the county where the family resides.

Case Number: Enter the case number assigned to the designated head of household.

Worker Name: Enter the name of the worker conducting the assessment.

Worker Number: Enter the employee number of the worker conducting the assessment.

Supervisor: Enter the name of the worker's supervisor.

Minimum Contact Standard

Enter a check in the appropriate box, denoting the current SDM risk level. This represents the minimum requirement for contacts with the family by the worker or collaterals and specifies the minimum number of contacts that are required to be face to face.

Family Functioning:

The Family Function Assessment section is made up of 9 family functioning domains, with a varying number of sub-factors under each domain.

On the first 8 domains, the worker will rate the family's level functioning for each sub-factor using a five point scale (severe concern, moderate concern, adequate, moderate strength or clear strength).

Rating Scale Definitions:

- *Serious Concern* - there are strong and negative characteristics in a particular sub-factor that have a serious impact on family functioning and caregiver protective capacity.
- *Moderate Concern* - there are moderately negative characteristics in a particular sub-factor that have a moderate impact on family functioning and caregiver protective capacity.
- *Adequate* - there are acceptable characteristics in a particular sub-factor that do not have a remarkable impact or strengthening effect on family functioning and caregiver protective capacity. This rating is also to be used for sub-factors that are determined not applicable for assessment.
- *Moderate Strength* - there are positive but moderate characteristics in a particular sub-factor that have a strengthening effect on family functioning and caregiver protective capacity.
- *Clear Strength* - there are positive and strong characteristics in a particular sub-factor that have a strengthening effect on family functioning and caregiver protective capacity.

Strength/Concern Summaries: After rating each sub-factor the worker will summarize significant strengths or concerns in the two columns that follow:

- **Clear or Moderate Strength:** Sub-factors that receive a significant rating will be documented in the proper column below. Sub-factors that received a clear or moderate strength rating will be documented with a short description of the situation that impacts the caregiver's capacity to be protective.

Items documented in this column should be considered factors to draw or build on when developing a strength-based treatment plan to move the family toward more positive and productive functioning.

- **Severe or Moderate Concern:** Sub-factors that received moderate or severe concern will be documented with a short description of the situation that diminishes the caregiver's protective capacity thereby increasing the family's probability of future child maltreatment.

Items documented in this column, particularly those of severe concern should be addressed in the treatment plan.

Domain and Sub-factors:

Basic Needs:

- **Food/Nutrition**—Food in the home or resources to obtain food?---are children getting proper nutrition?--Note nutritionally related conditions/illnesses
- **Finances**—financially meeting basic needs?---amount of debt---budgeting/planning for the future
- **Clothing**—availability and appropriateness of clothing (warm enough, cool enough, covers appropriately...etc.)
- **Transportation**—availability (owns own car, car inoperable, can borrow neighbors car, has bus pass) and reliability of transportation (condition of car, unreliable ride)
- **Childcare**—availability (regular daycare, relative watches when available), reliability of childcare (Babysitter with unreliable transportation, Regular daycare---always staffed)
- **Housing Type** refers to the housing situation of the family (e.g., homeless, in temporary shelter, with relative/friend, in own apartment or house).
- **Housing Stability** refers to the relative permanency of the family's housing (e.g., current threat of eviction, family is current on rent/mortgage, family has been in the same residence for one year or more).
- **Habitability of Housing** refers to the adequacy and appropriateness of the family's living environment (e.g., space for family members, furnishing, physical/structural condition, functional utilities, privacy for family members, status of housekeeping).
- **Health/Sanitary Living Conditions** (presence of absence of dirt, animal feces, moldy food/ dishes, dirty cloths, clutter)
- **Other** (Explain or describe factor other than listed above)

Caregiver Ability:

- **Parent/caretaker Attachment**—(Caretaker attachment to the child under his/her care)
- **Protection from outside Threat**—Caretaker's willingness/ability/capacity to protect child from outside threat (perpetrator, known sexual offender from neighborhood, keeps guns or prescription drugs in a safe place).
- **Provides Safe Environment**—provides a physically safe environment a in safe community
- **Supervision**—quality of supervision provided or arranged by the caretaker--consider age, length of time unsupervised, health and safety of environment, condition of caretaker in charge.
- **Learning Environment**—Environmental Suitability/unsuitability for learning and development—(enriched/sterile/impoverished)
- **Knowledge of Child Development**---knowledge demonstrated of child's abilities appropriate for child's age/development.
- **Expectations of Child:** Caretaker's expectations of children appropriate to child's age or developmental level. Child's ability to meet expectations.
- **Behavior Management:** Appropriateness of caretaker's methods of managing the child's behavior
- **Discipline:** Appropriateness of discipline.
- **Care/Feeding/Nutrition**--caretaker's willingness or capability of providing proper care/feeding/nutrition
- **Caretaker's Special Needs/Concerns that Affect Quality of Childcare**—presence/absence of physical/mental disabilities---medical conditions—substance addictions.
- **Child's Special Needs that Affect Quality of Childcare**---presence/absence of physical/mental disabilities---medical conditions—substance addictions.
- **Other** (Explain or describe factor other than listed above)

Educational/Vocational:

Factors pertain to history or circumstances in regard to the caretaker or the child that affects the quality of family functioning.

Child:

- **Educational Level/Training/History**---level/success in education/training(High school diploma, GED, vocational training, special/marketable skills, School enrollment, succeeding in school, IEP
- **Career Goals**—immediate/long term, realistic/unrealistic goals expressed by the child
- **Other**

Caretaker:

- **Education Level/Training**---level/success in education/training, special/marketable skills
- **Employment History**—current job status, past history/patterns of employment history
- **Career Goals**—immediate/long term, realistic/unrealistic goals expressed by the Caretaker
- **Support of children's educational/career goals**

Physical Health

Child:

- **Current Physical Health**
- **History of Significant Physical/Dental Health Conditions**
- **Sight/hearing impairment**

Caretaker:

- **Current Physical Health**
- **History of Significant Physical Health Conditions**
- **Willingness/Capacity to address the Child's Significant Health Care Needs**
- **Practice of Preventive Health Care**---Regular medical/dental checkups, dental brushing/flossing, up to date immunizations
- **Caretaker's Health Education/Knowledge**—knowledge of nutrition, appropriate use of medications
- **Other** (Explain or describe factor other than listed above)

Mental Health

Child:

- **Current Mental Health**
- **History of Significant Mental Health Conditions**

Caretaker:

- **Current Mental Health**
- **History of Significant Mental Health Conditions**
- **Willingness/Capacity to address the Child's Significant Health Care Needs**
- **Caretaker's Mental Health Education/Knowledge**
- **Other**

Substance Use: Refers to use, lack of use or abuse of Alcohol or drugs (Legal, illegal or prescribed)

Child:

- **Current use of substance**— frequency, amount
- **Substance use history**—prior use/abuse history, treatment
- **Problems related to substance use**---may include family/peer relationships, social, school, legal, financial or family violence

Caregiver:

- **Current use of substances** (frequency, amount)
- **Substance history**—includes prior use/abuse, treatment
- **Problems related to substance use**—may include marital, parental, social, legal, financial or family violence
- **History of/or currently using drugs/alcohol during pregnancy**—documented Infant crisis assessment referrals---self reported or collateral reports of drugs/alcohol used during pregnancy •
- **Drug Related Incarceration/Legal problems**—warrants, probation/parole, work release, drivers license revocation
- **Other** (Explain or describe factor other than listed above)

Family Interaction:

- **Adult/Adult Interaction**—How adults in the family resolve conflict, communicate and support each other
- **Custodial/Non-custodial parents** (ongoing relationship between divorced or estranged parents)
- **Adult/Child Interaction**--How adult in the family resolve conflict, communicate and support the children in the family
- **Child/Sibling Interaction**-- How children in the family resolve conflict, communicate and support one another
- **Child/Peer Interaction**—How children relate to their peers, resolve conflict, communicate and support one another
- **Family Attachment**—Expression of support, concern, and communication between family members
- **History of Domestic Violence**
- **CA/N History**
- **Other** (Explain or describe factor other than listed above)

Criminal/Legal:

Clear and moderate strengths may be more difficult to come up with for the Criminal History domain. Examples of a clear strength may be no criminal history for the caretaker, child or even the extended family or there is a history, but it was resolved or not within the past five or ten years. In situations where there is no criminal history, but evidence or criminal activity or that the caretaker/child consorts with peers with criminal history, may warrant a moderate or serious need.

Child:

- **Currently Criminal/Legal Problems** (Juvenile, legal system: detention, juvenile custody/supervision, community service...etc.)
- **Past Criminal History** (convictions, detention, court supervision...etc.)
- **Nature Child's Criminal History** (theft, truancy, assault, sexual offence...etc.)
- **Other**

Caretaker:

- **Currently Criminal/Legal problems** (legal system: current warrant, incarceration, probation, parole...etc.)
- **Past Criminal History** (convictions, incarceration, probation and parole...etc.)
- **Nature of Criminal History** (violent or sexual crimes/child abuse/domestic violence/illegal substances)

Child Well Being:

The ninth and final domain is an assessment of how child well-being impacts family functioning as a whole. Child Well-being is made of five sub-factors. (Child physical, emotional, behavioral, relationships and educational well-being) Each sub-factor will be rated according to the impact on family as a whole by making a child more vulnerable to threats of danger. Items below each sub-factor represent more specific behaviors/concerns/symptoms that may be checked that apply to specific children. In the space provided beside the items the worker should specify the child the checked item applies to. The worker may also describe how the item was assessed. (See example below)

Child Physical Well-being

- Current health problems
- Chronic Health problems
- Physical Disabilities
- Other

Child Emotional Well-being

- Sleep disturbances
- Eating disorder
- Enuresis/encopresis
- Depressed/withdrawn
- Anxious/fearful
- Suicidal
- Other

Child Behavior

- Short attention span
- Safety protection
- Physical disabilities
- Aggressive/destructive
- Runaway
- Inappropriate sexual behaviors
- Substance abuse
- Other

Child's Relationships

- Poor relationship with caretaker
- Attachment issues
- Poor peer relationships
- Poor sibling relationships
- Other

Child Educational Well-being

- Learning disabilities
- Poor school attendance/phobia
- Other

Example: Child Emotional Well-being		Clear Strength	Moderate Strength	Adequate	Moderate Need	Serious Need
How does emotional health affect day to day functioning? Consider positive and negative consequences.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check all that apply		<i>Name of child(ren) exhibiting behavior/symptoms</i>				
<input type="checkbox"/>	Sleep Disturbance	Mother reports Jane is sleeping 2 to 3 hours a night				
<input type="checkbox"/>	Eating Disorder	Jane has significant weight loss and report loss of appetite				
<input type="checkbox"/>	Enuresis/encopresis	Mother reports Johnnie wets the bed 3 to 4 times a week				
<input type="checkbox"/>	Depressed/withdrawn	Johnnie-psych eval clinically diagnosed depression				

Clear or Moderate Strength: Sub-factors that receive a significant rating will be documented in the proper column below. Sub-factors that received a clear or moderate strength rating will be documented with a short description of the situation that impacts family functioning in a positive manner. Items documented in this column should be considered factors to draw or build on when developing a strength-based treatment plan to move the family toward more positive and productive functioning.

Severe or Moderate Concern: Sub-factors that received moderate or severe concern will be documented with a short description of the situation that makes a child more vulnerable to threats of danger and increases the probability of future child maltreatment. Items documented in this column, particularly those of severe concern should be addressed in the treatment plan.

FAMILY-CENTERED SERVICES TREATMENT SUMMARY:

Supervisor's Recommendations and Comments:

The supervisor will complete this section with his/her recommendations and comments for the appropriate assessment period. List recommendations based on consultation with the social worker and review of the CD-14 FCS Family Assessment packet and any other relevant attachments. The supervisor will document information relating to progress of the family toward change and reduction of risk and whether the family will continue FCS services.

Attachments:

Put a check in the appropriate box for all documents that are attached.

- CD-14 FCS Family Assessment (Only for initial assessment) has been reviewed/approved by supervisor.
- CD-17 (if appropriate)
- CD-18 (if required)
- CD-14E Risk Assessment (Only if not completed previously)
- CS-16E Risk Re-Assessment (Every 90 days)
- CD-14B Written Service Agreement or last page of the CS-1 for FCOOHC (Unless a decision to close has been made)
- Update CD-14C Formal/Informal Provider Contact Sheet (Add new formal/informal provider contacts)

- CD-14D Termination of Services/After Care Plan (For Case Closings only)
- Other
- Next Reassessment Due Date

Signatures:

Worker's signature and date.

Supervisor's Comments/Recommendations – Space provided for supervisors comments and recommendations after reviewing the document.

Supervisor's signature and date:

Memoranda History:

CD11-86