

VIRGINIA DEPARTMENT OF SOCIAL SERVICES FAMILY STRENGTHS AND NEEDS ASSESSMENT

OASIS Case Name: _____

Case #: _____

Worker Name: _____

Supervisor: _____

FSNA Date Completed: __/__/____

A. CARETAKER

Caretaker Score

Primary Secondary

SN1. Substance Use or Abuse

(Substances: alcohol, illegal drugs, inhalants, and prescription or over-the-counter drugs.)

- a. Teaches and demonstrates healthy understanding of alcohol and drugs+3
- b. Alcohol or prescribed drug use or no use..... 0
- c. Alcohol or drug abuse -3
- d. Alcohol or drug dependency -5

If C or D, indicate which substances caretaker abuses:

SN2. Emotional Stability

- a. Positive emotional stability.....+3
- b. No evidence or symptoms of emotional instability.....0
- c. Mild to moderate emotional instability-3
- d. Chronic or severe emotional instability-5

SN3. Sexual Abuse

- a. Teaches and demonstrates healthy understanding of sexuality and sexual boundaries+3
- b. No evidence that caretaker sexually abuses or fails to protect child from sexual abuse.....0
- c. Moderate problems related to sexuality in family; unclear sexual boundaries..... -3
- d. Caretaker has abused a child sexually OR has failed to protect a child from sexual abuse..... -5

SN4. Resource Management and Basic Needs

- a. Resources sufficient to meet basic needs and are adequately managed+2
- b. Resources may be limited but are adequately managed0
- c. Resources are insufficient or not well-managed -2
- d. No resources, or resources severely limited and/or mismanaged -4

SN5. Parenting Skills

- a. Strong skills+2
- b. Adequately parents and protects child0
- c. Inadequately parents and protects child-2
- d. Destructive or abusive parenting.....-4

SN6. Household Relationships/Domestic Violence

- a. Supportive.....+2
- b. Minor or occasional discord.....0
- c. Frequent discord or some domestic violence-2
- d. Chronic discord or severe domestic violence.....-3

SN7. Caretaker Abuse or Neglect History

- a. Abuse or neglect as a child, demonstrates good coping ability+2
- b. No abuse or neglect as a child.....0
- c. Minor problems related to abuse or neglect as a child -2
- d. Serious problems related to abuse or neglect as a child -3

SN8. Social or Community Support System					
a. Strong support system.....	+1				
b. Adequate support system.....	0				
c. Limited or somewhat negative support system.....	-1				
d. No support system or negative support system.....	-3	_____	_____		
N9. Physical Health					
a. Preventive health care is practiced.....	+1				
b. Health issues do not affect family functioning.....	0				
c. Health concerns or disabilities affect family functioning.....	-1				
d. Serious health concerns or disabilities result in inability to care for child.....	-2	_____	_____		
N10. Communication Skills					
a. Strong skills.....	+1				
b. Functional skills.....	0				
c. Limited skills.....	-1				
d. Severely limited skills.....	-2	_____	_____		

B. CHILD - Rate each child according to the current level of functioning.

		Child 1	Child 2	Child 3	Child 4	Child 5	Child 6
		<u>Score</u>	<u>Score</u>	<u>Score</u>	<u>Score</u>	<u>Score</u>	<u>Score</u>
CSN1. Emotional/Behavioral							
a. Strong emotional adjustment.....	+3						
b. Adequate emotional adjustment.....	0						
c. Limited emotional adjustment.....	-3						
d. Severely limited emotional adjustment.....	-5	_____	_____	_____	_____	_____	_____
CSN2. Family Relationships							
a. Nurturing/supportive relationships.....	+3						
b. Adequate relationships.....	0						
c. Strained relationships.....	-3						
d. Harmful relationships.....	-5	_____	_____	_____	_____	_____	_____
CSN3. Medical/Physical							
a. Preventive health care is practiced.....	+2						
b. Medical needs met.....	0						
c. Medical needs impair functioning.....	-2						
d. Medical needs severely impair functioning.....	-4	_____	_____	_____	_____	_____	_____
CSN4. Child Development							
a. Advanced development.....	+2						
b. Age-appropriate development.....	0						
c. Limited development.....	-2						
d. Severely limited development.....	-4	_____	_____	_____	_____	_____	_____
CSN5. Cultural/Community Identity							
a. Strong cultural/community identity.....	+1						
b. Adequate cultural/community identity.....	0						
c. Limited cultural/community identity.....	-1						
d. Disconnected from cultural/community identity.....	-3	_____	_____	_____	_____	_____	_____
CSN6. Substance Abuse							
a. No substance use by active decision.....	+1						
b. Experimentation/use or no use.....	0						
c. Alcohol or other drug use.....	-1						
d. Chronic alcohol or other drug use.....	-3	_____	_____	_____	_____	_____	_____
CSN7. Education							
Does child have a specialized educational plan? _____ No _____ Yes, describe: _____							
a. Outstanding academic achievement.....	+1						
b. Satisfactory academic achievement.....	0						
c. Academic difficulty.....	-1						
d. Severe academic difficulty.....	-3	_____	_____	_____	_____	_____	_____

	Child 1	Child 2	Child 3	Child 4	Child 5	Child 6
	<u>Score</u>	<u>Score</u>	<u>Score</u>	<u>Score</u>	<u>Score</u>	<u>Score</u>
CSN8. Peer/Adult Social Relationships						
a. Strong social relationships						
b. Adequate social relationships						
c. Limited social relationships						
d. Poor social relationships						
CSN9. Delinquent/CHINS Behavior						
(Delinquent behavior includes any action which, if committed by an adult, would constitute a crime.)						
a. Preventive activities						
b. No delinquent/CHINS behavior.....						
c. Occasional delinquent/CHINS behavior						
d. Significant delinquent/CHINS behavior						

C. PRIORITY NEEDS AND STRENGTHS

Enter item number and brief description of up to three most serious needs and greatest strengths for the caretaker (items SN1-SN10).

Caretaker: Priority Needs

1. _____
2. _____
3. _____

Caretaker: Priority Strengths

1. _____
2. _____
3. _____

D. Does family identify areas of needs or strengths that are not included in the categories assessed by this tool?

1. _____ No
2. _____ Yes, describe: _____

E. Comments regarding caretaker's or child's needs and strengths

Definitions Used in the FSNA

The following definitions are to be used when assessing the **caretakers**.

- **SN1. Substance Use or Abuse** (substances: alcohol, illegal drugs, inhalants, prescription or over-the-counter drugs)
 - a. Teaches and demonstrates healthy understanding of alcohol and drugs. The caretaker may use alcohol or prescribed drugs, however, his or her use does not negatively affect parenting skills and functioning, and the caretaker teaches and demonstrates an understanding of the choices made about use or abstinence and the effects of alcohol and drugs on behavior and society.
 - b. Alcohol or prescribed drug use or no use. The caretaker may have a history of substance use and/or may currently use alcohol or prescribed drugs; however, such use does not negatively affect parenting skills and functioning, or the caretaker does not use alcohol or prescribed drugs.
 - c. Alcohol or drug abuse. The caretaker uses alcohol and/or drugs resulting in negative consequences in some areas such as family, social, health, legal, or financial; and/or the caretaker needs (or continues to need) treatment to alleviate negative consequences to the family.
 - d. Alcohol or drug dependency. The caretaker uses alcohol and/or drugs resulting in behaviors that impede his or her ability to meet his or her own and/or their child's basic needs; or caretaker experiences impairment in most areas including family, social, health, legal, and financial; or caretaker needs (or continues to need) intensive structure and support to achieve abstinence from alcohol or drugs
- **SN2. Emotional Stability**
 - a. Positive emotional stability. The caretaker demonstrates the ability to deal with adversity, crises, and conflicts in a positive, proactive, and/or constructive manner.
 - b. No evidence or symptoms of emotional instability. Based on available evidence, it does not appear that the caretaker's emotional stability interferes with his/her or the family's functioning. The caretaker demonstrates emotional responses that are consistent with his or her circumstances.
 - c. Mild to moderate emotional instability. Based on available evidence, the caretaker's emotional stability appears problematic in that it interferes to a mild or moderate degree with family functioning, parenting, or employment or other aspects of daily living. May include:

- repeated observations or multiple reliable reports of low self-esteem, apathy, withdrawal from social contact, flat affect, somatic complaints, changes in sleeping or eating patterns, difficulty in concentrating or making decisions, low frustration tolerance, or hostile behavior;
- frequent conflicts with co-workers or friends;
- speech is sometimes illogical or irrelevant;
- frequent loss of work days due to unsubstantiated somatic complaints;
- diagnosis of a mild to moderate disorder; and
- difficulty coping with crisis situations such as loss of a job, divorce or separation, or an unwanted pregnancy.

d. Chronic or severe emotional instability. The caretaker appears to have severe problems that prohibit adequate functioning and are seriously disruptive to family functioning, or are incapacitating. May include:

- observed, reported, or diagnosed chronic depression, paranoia, excessive mood swings, impulsive or obsessive or compulsive behavior, or other severe mental, emotional, or psychological disorders;
- inability to keep a job or friends;
- suicide ideation or attempts;
- recurrent violence;
- stays in bed all day; completely neglects personal hygiene;
- grossly impaired communication (i.e., incoherent);
- reports hearing voices or seeing things;
- repeated referrals for mental health or psychological evaluations; and
- recommended or actual hospitalization for emotional problems within the past year.

- **SN3. Sexual Abuse**

a. Teaches and demonstrates healthy understanding of sexuality and sexual boundaries. Based on agency records, self-report, observation, and/or reliable reports from others, caretaker practices developmentally appropriate sexual boundaries (e.g., respect of child's need for personal space, teaches about

inappropriate touching of private parts/genitals, and educates on sexual decision making).

b. No evidence that caretaker sexually abuses or fails to protect child from sexual abuse. Based on agency records, self-report, and/or reliable reports from others, there is no reason to believe that the caretaker has ever sexually abused a child or has ever failed to protect a child from sexual abuse.

c. Moderate problems related to sexuality in family; unclear sexual boundaries. Based on agency records, self-report, and/or reliable reports from others, caretaker demonstrates unclear sexual boundaries considering developmental and cultural issues (i.e., exposed child to pornography, practicing nudity with child).

d. Caretaker has abused a child sexually OR has failed to protect a child from sexual abuse. Based on agency records, self-report, and/or reliable reports from others, there is evidence that the caretaker has sexually abused a child or has failed to protect a child from sexual abuse.

- **SN4. Resource Management and Basic Needs**

a. Resources sufficient to meet basic needs and are adequately managed. The caretaker has a history of consistently providing safe, healthy, and stable housing; nutritional food; appropriate clothing; health care; and transportation.

b. Resources may be limited but are adequately managed. The caretaker provides adequate housing, food, clothing, health care, and transportation.

c. Resources are insufficient or not well-managed. The caretaker provides housing but it does not meet the basic needs of the child due to such things as inadequate plumbing, heating, wiring, or housekeeping. Food and/or clothing do not meet basic needs of the child. Insufficient resources to provide for adequate routine health care for caretaker and/or child. Periodic lack of access to transportation negatively affects caretaker's ability to meet child's needs. The family may be homeless; however, there is no evidence of harm or threat of harm to the child as a result.

d. No resources, or resources severely limited and/or mismanaged. Conditions exist in the household that have caused illness or injury to family members such as inadequate plumbing, heating, wiring, and housekeeping. There is no food, food is spoiled, or family members are malnourished. Child chronically presents with clothing that is unclean, not appropriate for weather conditions, or in poor repair. Child has a significant medical condition that cannot be adequately treated due to caretaker's lack of financial resources to obtain needed care. Lack of access to transportation severely hinders/prevents caretaker's ability to meet child's basic needs. The family is homeless, which results in harm or threat of harm to the child.

- **SN5. Parenting Skills**

a. Strong skills. The caretaker displays good knowledge and understanding of age-appropriate parenting skills and integrates the use of skills on a daily basis. The caretaker expresses hope for and recognizes child's abilities and strengths and encourages participation in the family and the community. The caretaker advocates for the family and responds to changing needs.

b. Adequately parents and protects child. The caretaker displays adequate parenting patterns that are age-appropriate for child in areas of expectations, discipline, communication, protection, and nurturing. The caretaker has basic knowledge and skills to parent.

c. Inadequately parents and protects child. Improvement of basic parenting skills are needed by the caretaker. The caretaker has some unrealistic expectations and gaps in parenting skills, demonstrates poor knowledge of age-appropriate disciplinary methods, and/or lacks knowledge of child development that interferes with effective parenting. Exclude issues regarding sexuality and sexual abuse.

d. Destructive or abusive parenting. The caretaker displays destructive or abusive parenting patterns that result in harm to the child. Exclude issues regarding sexuality and sexual abuse.

- **SN6. Household Relationships/DV**

a. Supportive. Internal or external stressors (i.e., illness, financial problems, divorce, special needs) may be present but the household maintains positive interactions (i.e., mutual affection, respect, open communication, empathy), and shares responsibilities that are mutually agreed upon by the household members. Household members mediate disputes and promote non-violence in the home. Individuals are safe from threats, intimidation, or assaults by other household members. The caretaker may have past history of domestic violence and demonstrate an effective or adequate coping ability regarding any past abuse.

b. Minor or occasional discord. Internal or external stressors are present but the household is coping despite some disruption of positive interactions. Conflicts may be resolved through less adaptive strategies such as avoidance, however, household members do not control each other or threaten physical or sexual assault within the household, or there is no history of DV.

c. Frequent discord or some domestic violence. Internal or external stressors are present and the household is consistently experiencing increased disruption of positive interactions coupled with lack of cooperation and/or emotional or verbal abuse. Custody and visitation issues are characterized by frequent conflicts. The caretaker's pattern of adult relationships creates

significant stress for the child. Adult relationships are characterized by occasional physical outbursts that may result in injuries; and/or controlling behavior that results in isolation or restriction of activities. Both the offender and the victim seek help in reducing threats of violence.

d. Chronic discord or severe DV. Internal or external stressors are present and the household experiences minimal or no positive interactions. Custody and visitation issues are characterized by harassment and/or severe conflict, such as multiple reports to law enforcement and/or CPS. The caretaker's pattern of adult relationships place the child at risk for maltreatment and/or contribute to severe emotional distress. One (1) or more household members use regular and/or severe physical violence. Individuals engage in physically assaultive behaviors toward other household members. Violent or controlling behavior has or may result in injury.

Additional information regarding assessing DV can be found in the VDSS Child and Family Services Manual, [Chapter H. Domestic Violence](#) Section 1.5.

- **SN7. Caretaker Abuse or Neglect History**

a. Abuse or neglect as a child, demonstrates good coping ability. The caretaker has experienced physical or sexual abuse or neglect as a child, and demonstrates effective or adequate coping ability regarding his or her abuse or neglect history.

b. No abuse or neglect as a child. No caretaker has experienced physical or sexual abuse or neglect as a child.

c. Minor problems related to abuse or neglect as a child. The caretaker was abused and/or neglected as a child and this history is related to problems in family functioning or impairs positive familial relationships.

d. Serious problems related to abuse or neglect as a child. The caretaker was abused or neglected as a child and this history severely interferes with family functioning, seriously impedes positive familial relationships, or is related to destructive parenting patterns.

- **SN8. Social or Community Support System**

a. Strong support system. The caretaker regularly engages with a strong, constructive, mutual-support system. The caretaker interacts with extended family, friends, cultural, religious, and/or community support or services that provide a wide range of resources.

b. Adequate support system. As needs arise, the caretaker uses extended family, friends, cultural, religious and community resources to provide support and/or

services such as child care, transportation, supervision, role-modeling for parent(s) and child, parenting and emotional support, guidance, etc.

c. Limited or somewhat negative support system. The caretaker has a limited support system, is isolated, or is reluctant to use available support. The caretaker perceives services and supports as unavailable or inaccessible. The informal resources that are used for support by the caretaker (e.g. friends, relatives, neighbors) may have some negative impact on the family by supporting inappropriate caretaker practices/behaviors or by introducing negative influences. Individuals may experience conflict with cultural or community identity that creates difficulties and internal conflict.

d. No support system or negative support system. The caretaker has no support system and does not utilize extended family and community resources, or the informal resources used by the caretaker as a support system have a significant negative impact on the caretaker and/or on family members (e.g., boyfriend who encourages substance abuse). Connections with potential support networks are unavailable or perceived as unavailable due to the lack of understanding of cultural or community and/or language differences. Household members experience conflict with cultural or community identity that is reflected in behavior.

- **SN9. Physical Health**

a. Preventive health care is practiced. The caretaker manages health concerns, and teaches and promotes good health.

b. Health issues do not affect family functioning. The caretaker has no current health concerns that affect family functioning. The caretaker accesses regular health resources for himself or herself (i.e., medical or dental care).

c. Health concerns or disabilities affect family functioning. The caretaker has health concerns or conditions that affect family functioning and/or family resources.

d. Serious health concerns or disabilities result in inability to care for child. The caretaker has serious or chronic health problem(s) or condition(s) that affect his or her ability to care for and/or protect the child.

- **SN10. Communication Skills**

a. Strong skills. The caretaker's communication skills facilitate successful accessing of services and resources to promote family functioning. If the caretaker requires translation services, he or she obtains such services whenever needed.

b. Functional skills. The caretaker's communication skills are no barrier to effective family functioning, accessing resources, or assisting the child in the community or school. If the caretaker requires translation services, he or she uses such services when provided.

c. Limited skills. The caretaker has limited communication skills resulting in difficulty accessing resources, which interferes with family functioning. If the caretaker requires translation services, he or she experiences difficulty accessing such services or is reluctant to use services.

d. Severely limited skills. The caretaker has severely limited communication skills resulting in an inability to access resources, which severely affects family functioning. If the caretaker requires translation services, he or she is unwilling or unable to communicate even when provided with such services.

The following definitions are to be used when assessing the **child**.

- **CSN1. Emotional/Behavioral**

a. Strong emotional adjustment. Child displays healthy coping skills in dealing with crises and trauma, disappointment, and daily challenges. Child is able to develop and maintain trusting relationships. Child is also able to identify the need for, seeks, and accepts guidance.

b. Adequate emotional adjustment. Child displays developmentally appropriate emotional/coping responses that do not interfere with school, family, or community functioning. Child may demonstrate some depression, anxiety, or withdrawal symptoms that are situationally related. Child maintains situationally appropriate emotional control.

c. Limited emotional adjustment. Child has occasional difficulty dealing with situational stress, crises, or problems, which impairs functioning. Child displays periodic mental health symptoms including, but not limited to: depression, running away, somatic complaints, hostile behavior, or apathy.

d. Severely limited emotional adjustment. Child's ability to perform in one (1) or more areas of functioning is severely impaired due to chronic/severe mental health symptoms such as fire-setting, suicidal behavior, or violent behavior toward people and/or animals.

- **CSN2. Family Relationships**

For a child in voluntary or court-ordered placement, score child's family, not placement family. For a child in permanent placements, continue to score child's

family, basing assessment on visits and other contact such as telephone contact or letters. If the child has no contact with his/her family, score “-3.”

a. Nurturing/supportive relationships. Child experiences positive interactions with family members. Child has sense of belonging within the family. Family defines roles, has clear boundaries, and supports child’s growth and development.

b. Adequate relationships. Child experiences positive interactions with family members and feels safe and secure in family, despite some unresolved family conflicts.

c. Strained relationships. Stress/discord within the family interferes with child’s sense of safety and security. Family has difficulty identifying and resolving conflict and/or obtaining support and assistance on their own.

d. Harmful relationships. Chronic family stress, conflict, or violence severely impedes child’s sense of safety and security. Family is unable to resolve stress, conflict or violence on their own and are not able or willing to obtain outside assistance.

- **CSN3. Medical/Physical**

a. Preventive health care is practiced. Child has no known health care needs. Child receives routine preventive and medical/dental/vision care and immunizations.

b. Medical needs met. Child has no unmet health care needs. Special conditions (including need for prescribed medications) may exist but are adequately addressed.

c. Medical needs impair functioning. Child has medical condition(s) that may impair daily functioning. Special conditions exist that are not adequately addressed and/or routine medical/dental/vision care is needed.

d. Medical needs severely impair functioning. Child has serious, chronic, or acute medical condition(s) (including need for prescribed medications) that severely impairs functioning, and needs are unmet.

- **CSN4. Child Development**

For this item, base the assessment on developmental milestones as described in [Appendix F](#) of the CPS Guidance manual.

a. Advanced development. Child’s physical and cognitive skills are above chronological age level.

- b. Age-appropriate development. Child's physical and cognitive skills are consistent with chronological age level.
- c. Limited development. Child does not exhibit most physical and cognitive skills expected for chronological age level.
- d. Severely limited development. Most physical and cognitive skills are two (2) or more age levels behind chronological age expectations.

- **CSN5. Cultural/Community Identity**

- a. Strong cultural/community identity. Child identifies with cultural and community heritage and beliefs and is connected with people who share similar belief systems. Child knows cultural/community resources, both formal and informal, and accesses them as needed.
- b. Adequate cultural/community identity. Child identifies with cultural/community heritage and beliefs, practices, and traditions within the family. Child recognizes how to access resources in the greater community. Child may experience some conflict and may struggle with cultural/community identity, yet is able to cope.
- c. Limited cultural/community identity. Child experiences inter-generational and/or societal conflict surrounding values and norms related to cultural/community differences. Child perceives services and supports as unavailable or access as limited. Conflicts with cultural/community identity create difficulties for child.
- d. Disconnected from cultural/community identity. Child is disconnected from cultural/community heritage and beliefs resulting in isolation, lack of support, and lack of access to resources. Connections are unavailable, or perceived as unavailable, due to lack of understanding of cultural and language differences of support networks. Conflicts with cultural/community identity result in problematic behavior.

- **CSN6. Substance Abuse**

- a. No substance use by active decision. Child does not use alcohol or other drugs and is aware of consequences of use. Child avoids peer relations/social activities involving alcohol and other drugs, and/or chooses not to use despite peer pressure/opportunities to use.
- b. Experimentation/use or no use. Child does not use alcohol or other drugs. Child may have experimented with alcohol or other drugs, but there is no indication of sustained use. No demonstrated history or current problems related to substance use.

c. Alcohol or other drug use. Child's alcohol or other drug use results in disruptive behavior and discord in relationships in school/community/family or work. Use may have broadened to include multiple drugs.

d. Chronic alcohol or other drug use. Child's chronic alcohol or other drug use results in severe disruption of functioning, such as loss of relationships, job, school suspension/expulsion/drop-out, problems with the law, and/or physical harm to self or others. Child may require medical intervention to detoxify.

- **CSN7.Education**

Does child have a current specialized educational plan? (Specialized educational plan includes IEP, study team, etc.)

a. Outstanding academic achievement. Child is working above grade level and/or is exceeding the expectations of the child's specific educational plan.

b. Satisfactory academic achievement. Child is working at grade level and/or is meeting the expectations of the child's specific educational plan.

c. Academic difficulty. Child is working below grade level in at least one (1), but not more than half, of academic subject areas and/or child is struggling to meet the goals of the existing educational plan. Existing educational plan may need modification.

d. Severe academic difficulty. Child is working below grade level in more than half of academic subject areas and/or child is not meeting the goals of the existing educational plan. Existing educational plan needs modification. Also score "d" for a child who is required by law to attend school and is not attending.

- **CSN8.Peer/Adult Social Relationships**

a. Strong social relationships. Child enjoys and participates in a variety of constructive, age-appropriate social activities. Child enjoys reciprocal, positive relationships with others.

b. Adequate social relationships. Child demonstrates adequate social skills. Child maintains stable relationships with others; occasional conflicts are minor and easily resolved.

c. Limited social relationships. Child demonstrates inconsistent social skills; child has limited positive interactions with others. Conflicts are more frequent and serious and child may be unable to resolve them.

d. Poor social relationships. Child has poor social skills as demonstrated by frequent conflictual relationships or exclusive interactions with negative or exploitive peers, or child is isolated and lacks a support system.

- **CSN9.Delinquent/CHINS Behavior** (Delinquent behavior includes any action which, if committed by an adult, would constitute a crime.) CHINS behavior includes offenses that are unique to children (e.g., truancy, runaway).
 - a. Preventive activities. Child is involved in community service and/or crime prevention programs and takes a stance against crime. Child has no arrest history and there is no other indication of criminal or CHINS behavior.
 - b. No delinquent/CHINS behavior. Child has no arrest history and there is no other indication of criminal or CHINS behavior, or child has successfully completed probation and there has been no criminal or CHINS behavior in the past two (2) years.
 - c. Occasional delinquent/CHINS behavior. Child is or has engaged in occasional, non-violent delinquent behavior or CHINS behavior and may have been arrested or placed on probation within the past two (2) years.
 - d. Significant delinquent/CHINS behavior. Child is or has been involved in any violent or repeated non-violent delinquent or chronic CHINS behavior that has or may have resulted in consequences such as arrests, incarcerations, or probation.

FSNA Guidance and Procedures

The FSNA is used to systematically identify critical family needs and help develop effective service plans. The FSNA serves several purposes:

- It ensures that all on-going CPS workers and family members consistently consider each family's strengths and needs in an objective format;
- It provides an important service planning reference for workers and supervisors;
- It serves as a mechanism for monitoring service referrals made to address identified family and child needs; and
- The initial FSNA, when followed by regular strengths and needs reviews, permits staff and supervisors to easily assess change in family functioning and evaluate the impact of services on the case.

Which cases: The FSNA is completed on all open CPS on-going cases. The child assessment portion is completed for each child who will be included in the service plan.

Who: The CPS on-going worker completes the FSNA.

When: The FSNA must be completed prior to the development of the service plan and no later than **30 calendar days** from the date of assignment to the CPS on-going worker. Review in CPS on-going cases should be done every 90 days after completion of the service plan.

Decision: The FSNA is used to identify family needs that must be addressed in the family's service plan. The CPS on-going worker identifies the need areas for the family through scoring the primary caretaker (and, if present, the secondary caretaker) and the child. Priority need areas are those with negative point values as scored by the worker for either the primary or secondary caretaker. For the child, priority needs areas are also determined by those need areas with negative point values. The CPS on-going worker also identifies family and child strengths, as scored on the tool and any other strengths identified through the assessment process. After scoring the strengths and needs items, the CPS on-going worker lists the three (3) greatest needs and strengths identified. (Consider

both the primary and secondary caretaker when identifying these priority needs.) Priority items must then be incorporated into the service plan and addressed immediately. For the child, all needs should also be incorporated into the service plan. For CPS on-going cases reassessed at moderate risk, the FSNA guides the decision regarding closing the case.

Appropriate completion:

Only one (1) household can be assessed on the FSNA. The household assessed must be the same household for which the Family Risk Assessment was completed. Whenever possible, the family should be involved in the process of gathering information used to complete the FSNA.

The household is assessed by completing all items. If there are two (2) caretakers, each is assessed and scored separately. For the caretakers, list in order of greatest to least the top three (3) needs identified. List in order the top three (3) strengths identified. For the child, all needs should be addressed in the service plan. A negative score (i.e., -3) indicates a need, while a positive score (i.e., +3) indicates a strength. Scoring must be done in accordance with the item definitions provided. It is the use of the definitions that helps provide consistency in the assessment process.