

Rhode Island Department of Children, Youth and Families

Department Operating Procedure

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	Version #: 1	Revision History:	Director:
Section: Child Abuse/Neglect Investigations		Title: Family Assessment Response	
Legal Authority: <ul style="list-style-type: none"> • Rhode Island General Law §40-11-2 • Rhode Island General Law §40-11-7 			
Related DOPs: <ul style="list-style-type: none"> • Criteria for a Child Protective Services Investigation, DOP: 500.0010 • 			
Related Forms: <ul style="list-style-type: none"> • n/a 			

I. PURPOSE

A report made to the Department of Children, Youth and Families (hereinafter, the Department) Child Protective Services (CPS) Hotline that contains a concern about the well-being of a child but does not meet the criteria for an investigation (refer to [DCYF Policy 500.0010, Criteria for a Child Protective Services Investigation](#)) may be screened in for a Department response.

The Department utilizes a validated standardized screening tool for each report to the hotline that does not meet the criteria for an investigation to determine if the report contains risk areas and vulnerability factors that warrant a family assessment response.

Any report that is screened in for a family assessment response is assigned to a primary service worker in CPS or FSU. The primary service worker uses a validated assessment tool to identify risks, threats to a child's safety, assesses needs, and evaluates the family's protective capacity. The Department recognizes the importance of engaging parents to recognize concerns that affect their ability to parent; empowers and helps families and their supports identify solutions to address problems or concerns; focuses more on understanding the conditions that impact child safety and the factors that need to be addressed to strengthen the family; tailors the approach and services to correspond to the family's strengths, needs, and resources; taps into community services and the family's natural supports; and establishes strong community partnerships that can help support the family in times of need.

II. TERMS DEFINED

"CRU" means the Department's Central Referral Unit

“CPS” means the Department’s Child Protective Services Unit

“FSU” means the Department’s Family Services Unit

“Risk of neglect” means that there are circumstances or conditions (e.g., substance abuse, mental health issues) that may result in failure to meet the child’s basic needs in the near future.

“Risk of physical abuse” means circumstances where although there is no disclosure and no injury, it can reasonably be concluded that if the circumstances continue without change, there may be harm to the child in the near future.

“Risk of sexual abuse” means circumstances where although there is no disclosure and no injury, it can reasonably be concluded that the child may be at risk of sexual abuse in the near future.

“The Department” means Rhode Island’s Department of Children, Youth and Families

III. PROCEDURE

- A. For a report made to the Child Protective Services (CPS) Hotline that contains a concern about the well-being of a child but does not meet the criteria for an investigation (Refer to [DCYF Policy 500.0010, Criteria for a Child Protective Services Investigation](#)), the call floor worker utilizes a validated, standardized screening tool to determine if the report should be screened in for a Department family assessment response.
- B. Elements to consider when assessing risk of maltreatment include, but is not limited to, the following vulnerability factors:
 - 1. Children age six and under;
 - 2. A caretaker or child’s emotional, physical, or developmental condition;
 - 3. Circumstances indicating that the caregiver’s protective capacity may be compromised;
 - 4. A prior report within a 12-month period involving a family with a child age 6 or under, or with two or more children;
 - 5. One or more prior reports received on a family within a three-month period;
 - 6. A prior indicated investigation or removal within the past 12 months;
 - 7. Any other risk factors that may compromise the well-being of the child; or
 - 8. Whether the report was called in by a professional mandated reporter.
- C. If there is a history of Department involvement, the call floor worker reviews the report with the call floor supervisor to determine whether to initiate a CPS investigation.
- D. A screened in report is documented in RICHIST in a CPS Report by the call floor worker.
- E. All calls received by CPS and screened in for a Department response are reviewed by the call floor supervisor, who approves or disapproves of the determination to screen in the report, then forwards the determination to the Call Floor administrator for review. If the administrator determines that a screened in report requires an upgrade to an investigation, it is documented and generated as such.
- F. When a report is screened in relating to an active case in Family Services or the report relates to a youth who is open to Juvenile Probation, a screened in report

e-mail notification is automatically sent to the primary service worker, supervisor, and administrator. Notification is also sent to any other line staff assigned to the case. Refer to RICHIST Window Help, CPS Report: Family Assessment Response.

1. The primary service worker/ supervisor must review the information upon receipt and initiate the family assessment response within three working days.
 2. The primary service worker/supervisor acknowledges receipt of the screened in report and documents the initial response by creating a Screened in Report Response Note within the CPS Report itself. Refer to RICHIST Window Help, Create/Document Family Assessment Response Note.
- G. When a report is screened in relating to a case that is not active with Family Services Unit or Juvenile Probation and does not meet criteria for a CPS investigation, and it appears that there is a need for a family assessment response, a referral for a family assessment response is made to CPS Intake. The assigned CPS staff must initiate the family assessment response within three working days.
- H. Family Assessment Response
1. The primary service worker utilizes a validated, standardized safety assessment tool to conduct the family assessment response.
 2. The assessment response shares many of the same principles of an investigation, as follows:
 - a. focuses on the safety and well-being of the child;
 - b. promotes permanency within the family whenever possible;
 - c. recognizes the authority of the Department to make decisions about removal, out-of-home placement, and court involvement.
 3. Once child safety has been established, the key practice points of the Department's family assessment response are as follows:
 - a. continues to assure the physical and psychological safety of children;
 - b. assesses risk and the underlying issues that may be impacting the family;
 - c. promotes the social, emotional, educational, and physical well-being of children;
 - d. utilizes a strength-based approach to partner with the family;
 - e. understands the role of trauma in the lives of children and their caregivers;
 - f. engages informal and formal supports, resources, and services to address identified needs;
 - g. provides linkages to supportive community networks that offer assistance; and
 - h. collaborates with the community regarding available services and supports.
 4. Throughout the family assessment response, the primary service worker conducts a thorough assessment of child safety and risk, and develops a safety plan with the family, if necessary.
 5. During the first face-to-face meeting, the primary service worker:
 - a. Informs the family of the Department's protective services mandate and the need to assess the safety of the children and identify potential risk factors that may impact their safety;
 - b. Shares and discusses the contents of the report;
 - c. Addresses concerns with the family and gains their feedback;

- d. Defines services and how it can help the family;
 - e. assesses for potential risk factors within the family including domestic violence, substance abuse and mental health concerns;
 - f. Observes and conducts interviews with the following:
 - caretakers(s);
 - the child(ren) identified in the report;
 - siblings and other children in the home;
 - all household members; and
 - family resources and supports
 - g. Obtains demographic information necessary to conduct background checks for parents, guardian, and household members over the age of 18, if necessary;
 - h. Discusses the importance of identifying formal and informal supports and resources;
 - i. Schedules a follow-up visit to discuss the family's strengths, needs and supports; and
 - j. Obtains necessary releases of information.
6. The primary service worker follows up with the reporter, as necessary, for any additional information.
 7. All family assessment response-related activities are documented in a CAN in RICHIST by the primary service worker within five business days.
 8. The frequency of follow up home visits and the required case contacts is determined in supervision in consideration of case circumstances, risk and safety concerns, age of the children, and their visibility in the community.
 9. Throughout the family assessment response, assessment tools are utilized to support decision-making. Outcomes include:
 - a. Unable to complete assessment;
 - b. Referred to other state agency including but not limited to early intervention services;
 - c. No further agency involvement is necessary;
 - d. Services declined and no safety factors are present;
 - e. Referral to community services without further Department involvement;
 - f. Referral to the CRU for service provision and case management. CPS staff may refer the following families to the CRU:
 - i. Families with a child who is determined to be safe, but family needs intervention services due to an elevated risk of child maltreatment.
 - ii. Families seeking services for a child with behavioral or medical issues or developmental disabilities which the family is unable to access without DCYF assistance.
 - iii. Families with children with SED or young children determined to be at developmental, health, social or emotional risk.
 - g. Transfer to FSU, with or without legal involvement, if the following criteria are met:
 - i. Reports with two or more risk factors identified in Section III.B. 1-7; and
 - ii. Parent is uncooperative with services and need intensive intervention services due to an elevated risk of child maltreatment; and
 - iii. Likelihood that case management intervention is required for a period more than 90 days.

10. A family assessment response disposition is made within 30 days of screening in the Hotline report. The primary service worker may submit a request for a 15-day extension, if necessary.