The First 15 Days

From Report Acceptance to
Initial Family Team Meeting
in Narrative and Illustration

Import of this Timeframe

- The effective building of trust is imperative for the CT DRS to be successful. It must be remembered throughout this process the Family Assessment Social Worker (FASW) is to work with the family in a respectful, non-judgmental manner. The engagement of the family is paramount to success, and engagement must be non-adversarial, remembering the family is the expert.

- The initial phase of DRS is arguably the most important because during that time the FASW is making the first contact with the family, the FASW must: assure the safety of the child(ren); assess the protective capacity of the family; engage community and family supports; and simultaneously nurture an effective working relationship with the family. Moreover, the FASW will also be working toward scheduling the first Family Meeting, coordinating attendance in accordance with the family's wishes, and continuing contact with the family to remain up-to-date on any alterations to the plan as initially agreed upon at the first face-to-face contact.

Hotline and Receipt of the Report in the Area Office

- The "clock" starts when the DCF Hotline (HL) accepts a report for action. The report must meet the current statutory threshold for DCF intervention to receive the assessment response and must also meet the criteria for assessment; for example, not being in a category of one of the sixteen rule outs (criteria of risk that preclude the assessment response - attachment) for the assessment response or being determined to be high risk at the time of the report to the HL. The reports receiving the DR response will primarily be those with a *72 hour* response time.

- Once the report has been accepted for action by the HL, the report will be transmitted via Link to the appropriate Area Office (AO). When received at the Area Office, the report will be reviewed for assignment to either an FASW or an investigator. For clarification, if the family has never previously been reported to DCF and the Hotline recommends DR, the AO should assign the intervention to a FASW and the intervention should remain DR until the FASW assesses the child(ren)'s safety; however, if the family has previously received DCF intervention, the AO can decide the track, either investigation or DR. If the AO determines the track is to be changed from the original HL recommendation, a narrative entry must be made with specific reasoning for the switch. (Track changes will be one of the factors monitored for CQI.) AO will consider any new information that may have been gathered since HL acceptance.

Assignment to Worker

- The following occurs within the *72 hour* response time:
- *Note: AO will give every consideration to the culture and language of the family.*
- When the report is assigned to the FASW, the FASW begins the engagement process by reviewing the report and any history DCF may have as this will give the FASW some initial ideas of services that may be germane to the family based on the information received by the HL…it must be remembered that the information transmitted to the AO from the HL is based on a telephone interview and review of any history; while the FASW can begin thinking about appropriate services at this time, the FASW must meet with and interview the family to accurately determine services based upon the family's perception of their current situation and their ideas for successful resolution.
- The FASW contacts the family, preferably by telephone, to inform them of the report, give them a basic explanation of DR and schedule the initial face-to-face meeting. The FASW should work with the family to hold the meeting in a setting where the family is comfortable, attempt to meet at a time when all family members can be present, and also inform the family that they may invite people they feel are or could be supports to them. At the end of this call, the initial face-to-face meeting will have been arranged and should take place within 5 days of the HL receiving the report.
- If the family identifies persons they would like to attend the initial face-to-face meeting, but wishes the FASW to contact those persons, the FASW will need to arrange to have the family sign releases of information allowing the FASW to contact, inform and invite those people to the meeting.

Initial Face-to-Face Meeting with the Family

- At this meeting, a number of paths will be available. Depending upon a number of factors, one of the below will be identified:
- No identified needs, children safe, no further contact, assessment closure
- No identified needs, children safe, family desires services, refer to community partner, DCF discontinues its assessment response
- Identified needs, child(ren) safe, family does not desire services, assessment closure
- Identified needs, child(ren) safe, family desires services that can be provided by community partner, DCF assessment closure
- Identified needs, child(ren) safe, family desires inclusive services, assessment continues
- Identified needs, child(ren) safe, family desires services of community partner only, assessment continues, Family Team Meeting to follow
- Issues identified that may be met more effectively by referral to Voluntary Services
- Issues identified that require child protective response

Initial Face-to-Face

- Numbers 2, 4, 5, and 6 will require a Family Team Meeting. Should the family desire service provision from community only, FASW will be present at the first meeting to assure appropriate hand-off. For number 3, the family may access services at their discretion following closure. This option will be addressed in the DR closing letter to the family.

- At the initial meeting, the FASW has many tasks to accomplish including a full explanation of DR and its benefits; inform the attendees of the report and concerns therein; assess the safety of the child(ren) and the protective capacity of the child(ren)'s caretakers; and interview the family regarding their strengths and perceived needs. All of this will go to informing the first Family Team Meeting, service arrangement, informing of community partners, and service provision. FASW will collaborate with the family to identify kin and informal community supports and services that may assist in addressing the identified issues specific to their situation.

- If it is determined by those attending this meeting that services are desired, the FASW will explain the function of the Family Team Meeting, have the family sign releases of information as needed, and sets the date for the meeting. It is at this time the newly developed core team will determine who will contact persons to be invited to the Family Team Meeting, who will coordinate the meeting, and who will lead the initial Family Team Meeting.

Between Initial Face-to-Face and Family Team Meeting

- During this period, as determined at the face-to-face meeting, the FASW will assure the steps that were planned are carried out. If the family has agreed, the FASW will contact the local community partners who will assist the family in engaging persons and services to address identified issues. The FASW will introduce the liaison to the family during this time. Up to the point of the Family Team Meeting, the FASW will have had primary case management responsibility; however, it is desired that the primary role will shift following the FTM.

- The FASW informs the prospective attendees of the family situation or follow-up with the family member identified to do this regarding the status of the attendees/meeting. The identified individual will also inform the team members of the initial goals identified at the initial face-to-face meeting.

- The FASW will also maintain contact with the family to continuously assess/update progress, discuss any emergent barriers/challenges, and the logistics of the Family Team meeting.

- As with all interventions, the FASW will consult with the FASWS regarding the status of the family.

- Placeholder for Community Partner.

Initial Family Team Meeting

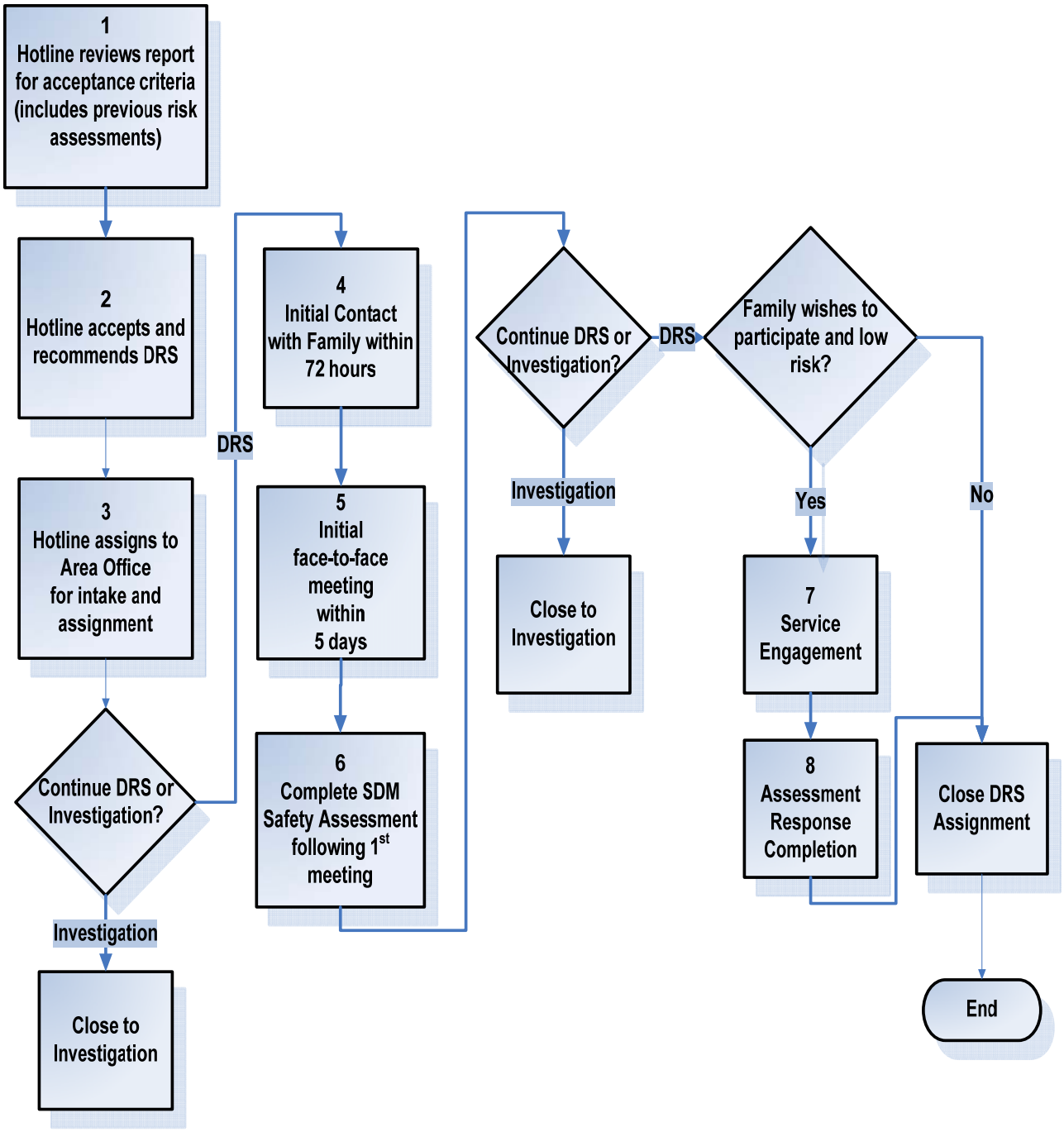
- This meeting is to be held within 15 days of the report to the HL and this meeting will set the path upon which the family begin to address issues adversely impacting their functioning. At this first Family Team meeting, it is envisioned that the FASW will facilitate discussion and assist the family in chairing the meeting in accordance with the DCF Family Conference outline. This will support collaborative group decision making in determining an action plan with the understanding that the family drives the process.

- Ideally, if a family accepts and is invested in a DRS intervention, the family begins to establish supportive partnerships between family, DCF and community provider(s) which may result in a customized plan for supporting and preserving the family and should include the following:
  - Identified supports to address needs
  - Clear and realistic roles, responsibilities, and expectations of those within the family's support network (who helps when and how)
  - Identify specific services and providers available to the family including clear guidelines of how and when to access services independent of CPS involvement

- The family, providers and FASW should leave this meeting with clear understandings of who, what and how (family agreement, progress reports, closing, etc).

- *Note: If at any time safety concerns become a factor in a case, the Department is mandated to take whatever measures are necessary to ensure the immediate safety of child(ren). However, at any time during a family's participation in DRS services, should it be decided that there is either no role for DCF or that the family does not wish DCF involvement, but desires services, the Family Team (or Support Network) will take the lead in service provision while maintaining contact with the FASW worker for the duration of the Department's involvement. In the event that the Department ends DRS services with a family based on the presence of a community provider who has agreed to assist the family in meeting the identified needs, the Department requests written documentation from such provider clearly indicating the services to be delivered to the family and the agency's capacity to provide said services.

Closing Criteria

- As noted earlier, there are a number of pathways an assessment may take; however, it is desirable that families and their partners have identified and addressed the issues that were adversely impacting their optimal functioning, and that the assessment not cease prematurely. It is anticipated that the standard DRS assessment will average 65 days, from report acceptance to assessment closure.

DRS Assessment - Workflow