

COMPLETING THE FAMILY BASED ASSESSMENT SUMMARY, FORM PPS 2030F

The FBA Summary, PPS 2030F must be completed, signed and dated for every case accepted for further assessment unless the report is a 3rd party perpetrator or the abuse happened in a licensed facility. A Family Based Assessment is not completed until this Summary\Service Plan is completed.

This form summarizes the information drawn from the assessments and techniques used, and establishes the initial (possibly tentative) course of action. It is to be completed at the conclusion of the assessment.

- **CASE NAME:** Use the same name as on page 1, Section II, #1 of form PPS 1000.
- **CASE NUMBER:** Use the same number as on page 1 of form PPS 1001.
- **EVENT NUMBER:** Use the same event number as on page 1 of form PPS 1001.
- **ASSIGNED SOCIAL WORKER:** Enter the name of the assigned worker from form PPS 1002, page 2, Section III.
- **ACCEPTANCE DATE:** Enter the date of case acceptance from form PPS 1002, page 1.

Section I: ASSESSMENT RESULTS AND SUMMARY OF FINDINGS (Abuse/Neglect Cases Only)

Document the assessment conclusions of the Safety Decision, Risk Level, Risk Conclusion and Investigation Findings. If there are multiple finding decisions associated with a report, the highest level of finding should be indicated as the case finding in the FBA summary.

Section II: SUMMARY OF ASSESSMENT CONCLUSION (CINC/NAN cases only)

Document the assessment conclusion from the CINC/NAN Assessment.

Section III: FAMILY PRESERVATION SCREEN

Review answer questions 1 through 7. In order to refer to family preservation, questions 1, 2 and 3 must be answered "Yes" AND questions 4 through 7 must be answered "Yes" or "not applicable" (N.A.).

Decision to refer to Family Preservation? Indicate Date and Time the decision was reached to refer to family preservation. **Referral is to be made to the family preservation contractor within 24 hours of this decision.**

Section IV: CASE ACTION/INITIAL SERVICE PLAN

For all case actions in which contact is made with a family, describe a minimum of one strength and a minimum of one need for that family.

Describe strengths and needs of the family as identified through the assessments completed. Indicate how that strength impacts agency decision regarding DCF service action. If the assessment does not indicate a need for services, N/A or "none based on assessment" can be documented in response to the family's needs.

Indicate which case action will be taken; family services, family preservation, foster care, adoption, or closure. If Family Services or Family Preservation are chosen, indicate whether a safety plan is in place.

If case is opened for services:

Summarize the reason for DCF involvement:

Summarize the reasons which brought the family to the attention of the department and the reasons the case was accepted for assessment. The summary should reflect the family's understanding and ownership of the reason (s) for department involvement. If a CINC/NAN case, describe the reasonable efforts taken to prevent out of home placement.

Initial Permanency Goal: Indicate which permanency goal is indicated; maintenance, reintegration, adoption, guardianship, or independent living.

Child Protection Objectives: Indicate at least one and no more than three child protection objectives. Child protection objectives must relate to the reason the child came to the attention of the agency.

If case is closed:

If no case action/initial service plan is indicated, check the reason(s) this is true.

DCF service not indicated.

There is no evidence to support the report. The report is clearly false and no additional services related to the safety of the child(ren) are needed.

Family refused services.

The family does not wish to participate in an FBA or refuses to do so. The department may close the FBA, for this reason ONLY IF there are **no** unaddressed child safety needs.

Family moved out of state, cannot be located. Medical needs were unable to be determined.

The family has moved out of state or cannot be located. The medical needs of the identified children were unable to be determined.

Another community agency is currently providing services.

The family is experiencing problems but another agency is assessing the family's needs and/or providing services.

Assessment completed and DCF service plan continues.

Assigned report is associated with a case already open to the agency and the current service plan will continue.

Section V: TIMELINESS OF FAMILY BASED ASSESSMENT/INITIAL SERVICE PLAN

Indicate if the FBA and Service Plan were completed within the allowable time lines. If not completed timely, document the reason why.

DATE FBA COMPLETED/SIGNATURES: Enter the date the FBA Summary/Initial Service Plan was completed and the signature of the social worker completing the FBA. The supervisor will sign and date after reviewing. Note: The supervisor signature and date is required in order to complete the FBA Summary process, *however is not required* to initiate a referral to contractor.

