OVERVIEW

Caseworkers must use the Family Assessment of Needs and Strengths (FANS) to evaluate the presenting needs and strengths of each participating household with a legal right to the child. Caseworkers must complete the FANS in MiSACWIS.

Caseworkers **must** engage the parents and child, if age appropriate, in discussion of the family's needs and strengths. By completing the FANS, caseworkers can identify critical family needs that are barriers to reunification and design effective service interventions. The FANS serves several purposes:

- Ensures all caseworkers consistently consider a common set of need and strength areas for each family.
- Provides an important case planning reference tool for caseworkers and supervisors.
- Serves as a mechanism to evaluate and prioritize referrals for services to address identified family needs.
- Ensures the family identifies and discusses their needs and strengths.
- Assess changes in family functioning and evaluate the impact of services on the family while offering the family an opportunity to self-assess their progress during periodic reassessments.
- Collective data allows the Michigan Department of Health and Human Services (MDHHS) to gather information on the needs of families. MDHHS can then engage community partners to develop resources to meet family needs.

COMPLETION REQUIREMENTS

At a minimum, the caseworker must complete the FANS prior to completion of the initial DHS-441, Case Service Plan. The caseworker must also reassess the family using the FANS prior to the completion of each updated DHS-441, Case Service Plan.

The caseworker must complete a FANS for each household that has a legal right to the child. In cases where legal parents (custodial and non-custodial parents) maintain separate

households, the caseworker must complete a separate assessment for each household.

Exception: The caseworker does not have to complete a FANS for a household that is not participating; see FOM 722-08, Case Service Plans - Overview, Types, and Timeframes.

Appropriate Completion

The caseworker collects information to complete the assessment through interviews with the family, collateral contacts, and review of available documentation. **The caseworker must include narrative justification of the score selected for each FANS domain, including professional observations and information from other sources, regardless of whether the area was scored as a strength or need.** The caseworker must also include narrative regarding the family's strengths and needs in the appropriate section of the DHS-441, Case Service Plan. **A statement that a scored domain is not an area of concern is not an adequate justification.**

In a two-caretaker household, the caseworker must identify one caretaker as the primary caretaker. The caseworker must complete all items on the FANS scale for the primary caretaker and secondary caretaker, if applicable. The caseworker must score each item on the FANS according to the definitions found in this policy. If the caseworker scores an item as a need for both the primary and secondary caretakers, MiSACWIS will place the score for the most serious need in the most serious column.

The caseworker must complete the FANS with parents who are incarcerated. The caseworker must solicit input from the incarcerated parent as to the parent's perceptions of their needs and strengths. For more information, see FOM 722-06, Case Planning.

If the parent or caretaker is a member of a participating household but refuses to engage in interviews and credible information from other sources to score an item is unavailable, the caseworker may enter *US* (unable to score) on the appropriate line of the FANS completed for the initial DHS-441, Case Service Plan only. The caseworker must score all items on the FANS during completion of the updated DHS-441, Case Service Plan, unless a parent refuses contact. The supervisor must approve use of *US* in an updated DHS-441, Case Service Plan.

Decisions

The FANS is used to identify and prioritize family needs and strengths that must be addressed in the Parent-Agency Treatment Plan and Services Agreement; see FOM 722-08D, Treatment Plans. Strengths are domains scored with zero or a positive number. Needs are domains scored with negative numbers.

Upon completion of the FANS, the caseworker identifies up to three primary family strengths, as scored on the assessment scale, **and** any other strengths identified through the assessment process. **The caseworker must incorporate the family's strengths into the initial and updated DHS-441, Case Service Plan, where appropriate, to resolve the primary barriers.**

The primary needs are the domains with negative scores farthest from zero for either the primary or secondary caretaker. If the family has three or more domains scored as a need, MiSACWIS identifies the three FANS domains that received the negative score farthest from zero as the family's primary needs. MiSACWIS may identify additional primary needs if there are multiple domains with the same need score. The caseworker may identify additional needs which may or may not have contributed more directly to the child's maltreatment and removal.

The needs that contributed most to the child's maltreatment and removal are the primary barriers. The caseworker must prioritize services to address the primary barriers. The family must resolve the primary barriers for the child to return to the home of a parent. A family may have more or fewer than three primary barriers, contingent on family circumstances. The caseworker must identify which of the scored needs are primary barriers to reunification on each DHS-441, Case Service Plan.

The caseworker may override a primary need in MiSACWIS if the caseworker has assessed that, due to the family's circumstances, another need area contributed more directly to the child's maltreatment and removal and must take precedence as a primary barrier. More than three needs may be included on the Parent-Agency Treatment Plan.

The caseworker must make all referrals for services according to the priority needs and barriers.

The caseworker must incorporate the primary barriers into the initial and updated DHS-441, Case Service Plan and DHS-441a, Parent-

Agency Treatment Plan and Service Agreement. The caseworker must engage with the family to construct goals, objectives, and activities to resolve the primary barriers using clear and measurable terms with expected outcomes. If the caseworker identifies four or more primary barriers to reunification in the DHS-441, Case Service Plan, and the parents cannot participate in services to address all primary barriers during that report period, the caseworker must indicate when the parent will engage in services to address each primary barrier. The caseworker must also indicate why the parent is unable to address that barrier in the current plan.

Substance Abuse

The caseworker must address any scored need in the substance abuse domain as a primary barrier, regardless of the scoring of other needs. The caseworker must address any need scored for substance abuse in the DHS-441, Case Service Plan, as well in the DHS-441a, Parent-Agency Treatment Plan and Services Agreement.

ASSESSMENT DOMAINS AND SCORING DEFINITIONS

S1. Literacy

A. Literate - Caretaker has functional literacy skills and can read and write adequately to obtain employment and assist children with schoolwork.

B. Marginally literate - Caretaker has marginally functional literacy skills that limit employment possibilities and ability to assist children.

C. Illiterate - Caretaker is functionally illiterate or totally dependent upon verbal communication.

S2. Resource Availability/ Management

A. Strong money management skills - Family has limited means and resources but family's minimum needs are consistently met.

B. Sufficient income - Family has sufficient income to meet basic needs and manages it adequately.

C. Income mismanagement - Family has sufficient income, but does not manage it to provide food, shelter, utilities, clothing, or other basic or medical needs.

D. Financial crisis - Family is in serious financial crisis or has little or no income to meet basic family needs.

S3. Employment

A. Employed - One or both caretakers are gainfully employed.

B. No need - One or both caretakers are gainfully employed, or are out of labor force, for example, full-time student, disabled person, or homemaker.

C. Unemployed, but looking - One or both caretakers need employment or are under-employed and engaged in realistic job seeking or job preparation activities.

D. Unemployed, but not interested - One or both caretakers need employment, have no recent connection with the labor market, are not engaged in any job preparation activities nor seeking employment.

S4. Physical Health Issues

A. No problem - Caretaker does not have health problems that negatively affect family functioning.

B. Health problem, physical limitation that negatively affects family - Caretaker has a health problem or physical limitation that negatively affects family functioning. This includes pregnancy of the caretaker.

C. Serious health problem, physical limitation - Caretaker has a serious or chronic health problem or physical limitation that affects ability to provide for or protect children.

S5. Child Characteristics

A. Age appropriate - Child appears to be age-appropriate, with no abnormal or unusual characteristics.

B. Minor problems - Child has minor physical, emotional, or intellectual difficulties. Minor child is pregnant.

C. Significant problems - One child has significant physical, emotional, or intellectual problems resulting in substantial dysfunction in school, home, or community which puts strain on family finances or relationships.

D. Severe problems - More than one child has significant physical, emotional, or intellectual problems resulting in substantial dysfunction in school, home, or community which puts strain on family finances or relationships.

S6. Emotional Stability

A. Exceptional coping skills - Caretaker displays the ability to deal with adversity, crises, and long-term problems in a positive manner. Has a positive, hopeful attitude.

B. Appropriate responses - Caretaker displays appropriate emotional responses. No apparent dysfunction.

C. Some problems - Based on available evidence, caretaker's emotional stability appears problematic in that it interferes to a moderate degree with family functioning, parenting, or employment or other aspects of daily living. Indicators of some problems with emotional stability include:

- Staff has repeatedly observed or been given reliable reports of indicators 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 coworkers or friends.
- Few meaningful interpersonal relationships.
- Speech is sometimes illogical or irrelevant.
- Frequent loss of work days due to unsubstantiated somatic complaints.
- Caretaker has been recommended for, or involved in, outpatient therapy within past two years.

- Diagnosis of a mild to moderate disorder.
- Difficulty in coping with crisis situations such as loss of a job, divorce or separation, or an unwanted pregnancy.

D. Chronic or severe problems - Caretaker displays chronic depression, apathy, or severe loss of self-esteem. Caretaker is hospitalized for emotional problems or is dependent upon medication for behavior control.

- Observed, reported, or diagnosed chronic depression, paranoia, excessive mood swings.
- 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 (for example incoherent).
- Obsessive-compulsive rituals.
- Reports hearing voices or seeing things.
- Diagnosed with severe disorder.
- Repeated referrals for mental health or psychological examinations.
- Recommended or actual hospitalization for emotional problems within past two years.
- Severe impulsive behavior.
- Incapacitated by crisis situations.

S7. Parenting Skills

A. Strong Skills - Caretaker displays knowledge and understanding of parenting skills and is utilizing these skills with the child daily. Parent shows an ability to identify positive traits in their children, such as recognizing abilities, intelligence, and social

skills, encourages cooperation and a positive identification within the family.

B. Adequate skills - Caretaker displays adequate parenting patterns which are age-appropriate for the child in the areas of expectations, discipline, communication, protection, and nurturing. Caretaker has the basic knowledge and skills to parent.

C. Improvement needed - Improvement of basic parenting skills needed by caretaker. Caretaker has some unrealistic expectations, gaps in parenting skills, demonstrates poor knowledge of age-appropriate disciplinary methods, is ambivalent about parenting, or lacks knowledge of child development, which interferes with effective parenting. Includes:

- Frequent parent-child conflict over discipline.
- Children sometimes left unsupervised.
- Parents sometimes inattentive to child's emotional needs or are rejecting.
- Any single preponderance of evidence referral for inappropriate discipline, violent behavior towards the child, lack of supervision, or failure to thrive.
- Parent lacks knowledge or needs assistance in dealing with child's special needs.
- Occasional parent-child role reversal.

D. Destructive or abusive parenting - Caretaker displays destructive or abusive parenting patterns. Based on available evidence, caretaker uses extreme punishment, or that their actions are tantamount to emotional abuse or neglect, or that caretaker has abdicated responsibility for supervision, protection, discipline, or nurturance. Indicators include:

- Two or more preponderance of evidence referrals for inappropriate discipline, violent behavior towards child, lack of supervision, or failure to thrive.
- Caretaker makes it clear the child is not wanted in home. Discipline routinely involves use of an instrument, such as a belt or board, or unusual deprivation, such as being locked in cellar or closet.

- Routine badgering and belittling of a child.
- Caretaker discipline and control completely ineffective or caretaker makes no effort.
- Caretaker unable to prevent abuse by others.
- Caretaker contributes to child's delinquent involvement.
- Prior termination of parental rights to a sibling.
- Persistent parent-child role reversal.
- Caretaker refuses or is unwilling to acknowledge a child has been sexually abused.

S8. Substance Abuse

A. No evidence of problems - No evidence of a substance abuse problem with caretaker. Based on available evidence, it does not appear that the use of substances interferes with the caretaker's or the family's functioning. Use does not affect caretaker's employment, criminal involvement, marital or family relationships, or their ability to provide supervision, care, and nurturance for children.

B. Caretaker with problem or current treatment issues - Caretaker displays substance abuse problem resulting in disruptive behavior, causing discord in family. Caretaker is currently receiving treatment or attending support program. Based on available evidence, it appears that caretaker's substance abuse creates problems for the caretaker or the family. Consider problems as the following:

- The caretaker has been arrested once in the past two years for alcohol or drug-related offenses or has refused breathalyzer testing.
- Caretaker has experienced work-related problems in the past year because of substance use.
- Staff have observed or received reliable reports that children have, on more than one occasion been left unsupervised, inadequately supervised or left longer than planned by caretaker because of substance abuse, such

as the caretaker being physically absent due to substance use, being passed out, or seeking drugs.

- Staff have observed or received reliable reports that caretaker's substance abuse results in conflict in family over use, such as arguments between spouses or between children and caretaker over use.
- Staff have observed withdrawal symptoms: twitching and tweaking, uneasiness, restlessness, runny nose, flu-like complaints, overly tired, multiple bathroom breaks in short period of time, or mood swings.
- House is in disarray, activities of daily living not tended to.
- Caretaker admits they are experiencing some problems due to substance abuse.
- Caretaker is currently in out-patient treatment, including Alcoholics Anonymous (AA) or Narcotics Anonymous (NA).
- Caretaker has received treatment for substance abuse and has been in recovery for less than one year.

C. Caretaker with serious problem - Caretaker has serious substance abuse problems resulting in such things as loss of job, problems with the law, family dysfunction. Based on available evidence, it appears that caretaker's substance abuse creates serious problems for the caretaker or the family. Consider the following criteria as indicators of a serious problem:

- Child born positive for drug exposure or fetal alcohol syndrome.
- Caretaker has been fired for substance abuse and has not subsequently received treatment.
- Caretaker has been arrested two or more times for alcohol or drug-related offenses.
- Reliable reports of, or staff have observed, violence toward family members by caretaker while under the influence.
- Reliable reports of daily intoxication.

- In-patient treatment or recommendation for inpatient treatment within past two years and they are not in recovery.
- Self-reported major problem.
- Caretaker has been diagnosed as substance dependent.
- Child or spouse reports observation of caretaker using drugs, or child has knowledge of whereabouts of drugs in household.
- Multiple positive urine screens.

D. Problems resulting in chronic dysfunction - Caretaker has chronic substance abuse problems resulting in a chaotic and dysfunctional household or lifestyle. There has been a pattern of serious, long-term problems related to substance abuse. Other examples may include but are not limited to:

- Multiple job loss.
- Multiple arrests that are related to the caretaker's substance abuse.
- Caretaker has had a serious problem with substance abuse, been in recovery, and recently has relapsed.
- Caretaker has a serious medical problem resulting from substance abuse.
- Caretaker is in a stage of dependency on a substance.
- There has been regular pre-natal exposure of children to substances - this includes exposure in more than one pregnancy, children diagnosed fetal alcohol syndrome (FAS) or fetal alcohol effect (FAE), or children with a positive toxicology screen at birth.

S9. Sexual Abuse

A. No evidence of problem - Caretaker is not known to be a perpetrator of child sexual abuse.

B. Failed to protect - Caretaker has failed to protect a child from sexual abuse.

C. Evidence of sexual abuse - Caretaker is known to be a perpetrator of child sexual abuse.

S10. Domestic Relations

A. Supportive relationship - Supportive relationship exists between caretakers or adult partners. Caretakers share decision making and responsibilities.

B. Single caretaker not involved in domestic relationship - Single caretaker.

C. Domestic discord, lack of cooperation - Current marital or domestic discord. Lack of cooperation between partners, open disagreement on how to handle child problems or discipline. Frequent or multiple partners.

D. Serious domestic discord or domestic violence - Serious marital discord or domestic violence. Repeated history of leaving and returning to abusive spouse or partners. Involvement of law enforcement in domestic violence problems, restraining orders, criminal complaints.

S11. Social Support System

A. Strong support system - Caretaker has a strong, constructive support system. Active extended family or close friends who provide material resources, child care, supervision, role modeling for parent and children, or parenting and emotional support.

B. Adequate support system - Caretaker uses extended family, friends, community resources to provide a support system for guidance, access to child care, available transportation, or other needs.

C. Limited support system - Caretaker has limited support system, is isolated, or reluctant to use available support or support system is negative.

D. No support or destructive relationships - Caretaker has no support system or caretaker has destructive relationships with extended family and community resources.

S12. Communication/ Interpersonal Skills

A. Appropriate skills - Caretaker appears to be able to clearly communicate needs of self and children and to maintain both social and familial relationships.

B. Limited or ineffective skills - Caretaker appears to have limited or ineffective interpersonal skills within the family and community which limit ability to make friends, keep a job, communicate needs of self or children to schools or agencies.

C. Isolated, hostile, or destructive - Caretaker isolates self or children from outside influences or contact, or has interpersonal skills that are hostile or destructive towards family members or others. Available evidence indicates very chaotic, disrespectful communication or behavior patterns or extreme isolation; very diffuse or extremely rigid personal boundaries; extreme emotional separateness or attachment.

S13. Housing

A. Adequate housing - Family has adequate housing of sufficient size to meet their basic needs.

B. Some housing problems, but correctable - Family has housing, but it does not meet the health or safety needs of the children due to such things as inadequate plumbing, heating, wiring, housekeeping, or size.

C. No housing, eviction notice - Family has eviction notice, house has been condemned, is uninhabitable, or family has no housing.

S14. Intellectual Capacity

A. Average or above functional intelligence - Caretaker appears to have average or above average functional intelligence.

B. Some impairment, difficulty in decision making skills - Caretaker has limited intellectual or cognitive functioning which impairs ability to make sound decisions or to integrate new skills being taught, or to think abstractly. Available evidence indicates that caretaker's intellectual ability impairs their ability

to function independently and to care for child. Indicators include:

- Deficiencies, even after instruction, in everyday living skills such as taking a bus, shopping for food or clothing, or using money.
- Difficulties in performing, even after instruction, such basic child care tasks as preparing formula, changing diapers, taking temperatures, administering medication, preparing meals, or dressing children appropriately for weather conditions.
- Grossly inappropriate social behavior for chronological age.
- Previous school placement in a special education or developmental disabilities program.
- Caretakers' IQ indicates they are mildly mentally impaired with a score of 50-55 to approximately 70.

C. Severe limitation - Caretaker is limited intellectually or cognitively to the point of being marginally able or unable to make decisions and care for themselves or to think abstractly. It appears that the caretaker has severely limited intellectual ability that seriously limits or prohibits ability to function independently or care for a child. Indicators of a major problem include:

- Caretaker's IQ indicates they are moderately, severely, or profoundly mentally impaired with a score below 50-55.
- Caretaker's employment is in a sheltered workshop or is unable to work. Outside assistance is provided or has been recommended for caretaker's daily living.
- Previously placed in, or recommended for a residential treatment facility, or specialized group home because of limited intellectual ability. Inability to recognize and respond appropriately to situations requiring prompt medical attention, such as diarrhea, fever, or vomiting, or situations requiring emergency medical care, such as potential broken bones or serious burns.
- Restricted ability to make judgments to protect the child from abuse, neglect, or injury.

POLICY CONTACT

Direct questions about this policy item to the Child Welfare Policy Mailbox.