

Title: Child Welfare Manual
Section 3: Delivery Of Services/Intact Families
Chapter 2: Procedures To Open Or Reopen A Family For Services
Effective Date: June 30, 2006
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Section 3 Overview

This section focuses on the actual delivery of treatment services to the family. The information in this section will assist staff in understanding procedures used throughout the entire service delivery process, from opening to termination. Including other professionals in the service delivery process is often vital for improved family functioning. This section will provide procedures for accessing and utilizing contracted services. Another important aspect of the service delivery process includes case evaluation and clinical supervision. Information pertaining to these topics can also be found in this section.

Chapter 2 Overview

This chapter will outline the procedures to open or reopen a family-centered services case for a family.

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2.1 Criteria For Not Opening A Case

The Children's Service Worker may determine that Division services are no longer required by assessing the current risk factors and determining if any changes in the family's circumstances since the CA/N investigation, or initial referral, can justify case closure.

When criteria for closing exists, the Children's Service Worker will:

- Conduct a CS-16E Risk Re-assessment;
- Consult with a supervisor regarding CS-16E risk level, current circumstances and service needs;
- If supervisor and worker mutually agree that criteria exist the worker will close the case; and
- Worker will document closing reasons on the CS-16E.

Related Subject: Section 2, Chapter 9.4 Assessment of Risk
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2.2 To Open or Reopen a Case Within the SS-63 Family-Centered Services/ Treatment Services System

A Family-Centered Services Case Report form (SS-63) is required on all open cases receiving treatment services, and is used to enter and track information on families receiving treatment services.

It is permissible to have a FCS case open on both custodial and non-custodial parents if they are not living in the same residence. In the event that both parents are receiving services, each parent should have a FCS case open in FACES. The children will be listed on both cases as case members, with the whereabouts noted as appropriate.

Note: It may be confusing to develop a service plan for the family when there are two separate FCS cases open at the same time. A recommended way to resolve this is to have a joint FST with all involved parties, including parents and all involved Division personnel, to ensure consensus regarding case goals.

A Family-Centered Services Case Report form (SS-63) turnaround form will be automatically generated from the CA/N system when a "Preponderance of Evidence" or "Unsubstantiated - Preventive Services Indicated" determination is made by investigative staff. The Family-Centered Services Case Report form (SS-63) will also be generated when services are indicated as a result of an assessment. In these cases the form will be generated to the worker whose worker I.D. number appears in the Case Manager I.D. field on the CA/N-1 form.

The non CA/N Referral system will allow staff to track Family-Centered Services (FCS) cases that have been opened specifically from actions taken in response to a referral. FCS cases may be opened directly due to a referral, or staff may reopen a case if one was previously opened. When the FCS Assessment Status field is coded to open/reopen a case, a Family-Centered Services Case Report form (SS-63) will automatically be generated when identifying information is entered in the system.

The Family-Centered Services Case Report form (SS-63) turnaround in a closed case file is used to reopen cases when a form is not generated automatically by the CA/N system.

Related Subject: [Forms and Instructions](#)

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2.3 Procedures Applicable to All Case Types

After case assignment, the Children's Service Worker must initiate the treatment process. Briefly, the step-by-step process which the Children's Service Worker is required to follow is:

1. Immediately review the priority status found during intake and based on the SDM risk assessment

Related Subject: Section 3 Chapter 2.4 Case Assignment
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2. Schedule a home visit with the family to assess whether risk has increased or decreased since the investigation or intake. This initial contact must be within the time frames established by the priority status, or as directed by the supervisor during the case assignment. It is important to meet with **all** family members to adequately assess risk, being especially important to see all the children. Consult with a supervisor if any of the children are unavailable at the time of the home visits. A plan should be made to assure the children are safe.
3. Initiate the Family-Centered Services Assessment. The Children's Service Worker should meet with **all** family members, evaluate the family situation, and determine if services are still needed. During this time, the case is considered to be in an "open for assessment" status. The case should be closed, after supervisory consultation, if the Children's Service Worker determines during the assessment that the family situation has changed since intake and services are no longer needed by the family.
 - If services are needed, a CD-14 Packet will be completed to determine the presenting problems and their underlying reasons.
4. Conduct an Emergency Assistance Services (EAS) assessment when an emergency situation exists for the family. An emergency situation exists when it is determined that abuse or neglect has occurred, a Family-Centered Services case is opened because of an emergency situation when a child is at risk of abuse or neglect, or a child is placed in out-of-home care because of abuse or neglect. Complete a Missouri Title IV-A Emergency Assistance Services Form (CS-EAS-1) with the family. If the child is in out-of-home care, the Children's Service Worker completes the form. This is required when the decision has been made that purchased services will be delivered to the child/family. Form CS-EAS-1 documents the client's application for assistance by providing EAS and documents the family's eligibility for those services. The services which may be provided under EAS include all purchased services, such as CTS, child care, residential treatment, foster care, kinship care, emergency shelter, intensive in-home services, etc.

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5. Any changes in household composition (i.e. birth of a child, new paramour, separation, divorce, marriage, etc.) **must** be updated on the Family-Centered Services Information screen in FACES. The EAS screen needs to be completed in FACES. The Children's Service Worker should review the Family-Centered Services Information screen regularly to ensure accuracy of the system information.

Related Subject: Section 3 Chapter 4 Attachment B Emergency Assistance Services (EAS).
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2.4 Case Assignment

The supervisor shall assign "Preponderance of Evidence" or "Unsubstantiated - Preventive Services Indicated" cases within one (1) working day of the CA/N investigation conclusion or receipt of the case from the CA/N Investigation Unit/worker.

Other preventive services and court involved cases will be assigned in a timely manner and according to the supervisor's discretion, not to exceed five (5) working days from receiving the case, based upon existing risk factors and the overall urgency of the family's situation.

The supervisor shall review the CPS-1. If case referral was due to a CA/N investigation/family assessment, arrangements shall be made to conduct an initial face-to-face interview with the family in their home based on the following SDM risk levels:

- High Risk - within one (1) working day;
- Moderate Risk - within five (5) working days; and
- Low Risk - within ten (10) working days.

If the case referral was not due to a CA/N investigation/family assessment, the supervisory appraisal of the potential risk to the children and overall family situation will determine when treatment follow-up contact by the Children's Service Worker is needed. **This Should Not Exceed Ten (10) Working Days From Case Assignment.**

Related Subject: Section 2, Chapter 9.4 Assessment of Risk
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[CS03-51](#), [CD04-79](#), [CD06-34](#), [CD06-63](#)

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2.5 Forms Completion And Record Review:

1. Review all case records, other documents, and computer information systems to become familiar with the family's past and current situation.
2. Complete the Family Centered Services Case Report form (SS-63) if the case referral was not due to a CA/N investigation. Have it entered in the computer information system. (This form will be automatically generated if referral was due to a CA/N investigation.)
 - a. Complete the ICPC Information fields on the Alternative Care Client form, SS-61, if a child is placed with his/her parents within or out of Missouri through an Interstate Child Placement Compact (ICPC) agreement.

Related Subject: Section 4, Chapter 25, Interstate Placements (ICPC and ICAMA), and Children's Division E-Forms and Instructions for SS-63 and SS-61.

3. Receive Central Office computer generated, Family Centered Services Case Report form, SS-63, turnaround.

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2.6 Family Refusal Of Services

Families can and sometimes do refuse Division services. Despite their best efforts, Children's Service Workers may be unable to engage some families in the treatment process during the assessment. In other instances, families may simply withdraw later from the treatment process.

The Children's Service Worker and supervisor must jointly assess the risk to the child(ren) when a family refuses services.

If it is determined that the child(ren) is in danger, legal intervention is needed and an immediate referral to the juvenile office is required.

Related Subject: Section 4, Chapter 1.3, Policy Requirement Related to Juvenile Court Referrals and Placements.

If there is not sufficient cause to pursue legal intervention, after supervisory consultation, the case will be closed. The Children's Service Worker must thoroughly document the reasons for closure and any existing concerns in the case record.

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