

DEPARTMENT OF SOCIAL SERVICES

CHILDREN'S DIVISION

P.O. BOX 88

JEFFERSON CITY, MISSOURI

December 9, 2005

MEMORANDUM**WHAT'S INSIDE:**

- Revised policy for investigation/family assessment response, FCS, and FCOOHC policy;
- Introduction of CD-14 packet and related tools and forms instructions

TO: REGIONAL EXECUTIVE STAFF, CIRCUIT MANAGERS AND CHILDREN'S DIVISION STAFF

FROM: PAULA NEESE, INTERIM DIRECTOR

SUBJECT: REVISION OF *CHILD WELFARE MANUAL* POLICY RELATED TO INVESTIGATION/FAMILY ASSESSMENT; FAMILY-CENTERED SERVICES; AND FAMILY-CENTERED OUT-OF-HOME CARE

INTRODUCTION OF *CD-14 FCS FAMILY ASSESSMENT PACKET AND INSTRUCTIONS*; *CD-14E RISK ASSESSMENT AND FST-1 FAMILY SUPPORT TEAM MEETING CONFIDENTIALITY STATEMENT/SIGN-IN SHEET*

DISCUSSION:

The purpose of this memorandum is to introduce the new (*CD-14 FCS Family Assessment Packet*) and revisions to related policy and procedure for investigation/family assessment response; Family-Centered Services family assessment and service planning and Family-Centered Out-of-Home Care policy.

Minimum Contact Standards for In-Home Cases

Minimum contact standards for in-home cases were established with the introduction of Structured Decision Making (SDM) in December of 2003, (Children's Division Memorandum CS03-51) in order to assure that families with the highest risk levels were seen with the most frequency.

Effective immediately, minimum contact standards will go into effect at the time the investigation/family assessment is concluded on the CPS-1 or the date the delayed conclusion is entered into the system. This standard should begin within the mandated 30 day timeframe given to conclude child abuse and neglect reports.

The SDM risk level is assessed initially during the investigation/family assessment process on the CPS-1 and then re-assessed every 90 days on the CS-16E. The "Children's Division Minimum Contact Standards" (Section 2, Chapter 9.5.2 - Minimum

Contact Standards for In-Home Cases) represent how many of the overall contact standards must be met by the CD worker according to the SDM level of risk. The remaining contacts may be met by a contracted in-home service provider who is working with the family as part of the family's case plan. However, if the contracted service provider was unable to complete monthly contacts, the CD worker is responsible for meeting the overall contact standards.

It is the responsibility of the Circuit Manager to formulate local protocol to assure that CD staff is meeting minimum contact standards. This may be met in accordance with the particular circuit's personnel and resources, but the protocol should determine the member of staff ultimately responsible for contacts with the family. In some circuits this may be met by an FCS worker, prior to the opening of the case and in some circuits the CA/N worker may continue to make the required contacts until the case is assigned.

Prior to FCS case assignment, *at minimum*, the following should be addressed:

1. Is there an active Safety Plan and does it adequately address the safety issues? Do Safety interventions need to be revised? (Staff may use a CS-16D)
2. Have circumstances changed in the family composition that would warrant a safety assessment or re-assessment? (Example: new members of household, such as a new adult, new baby or additional children or relatives)
3. Have circumstances changed in regard to the family physical location/environment that would warrant a safety assessment or re-assessment? (Example: eviction, new housing, utilities shut off, household composition changes causing crowding)
4. Have circumstances changed in regard to family physical health? (Example: caretaker or a child has become ill, new medical expenses or not following through with medical services)
5. Have circumstances changed in regard to family mental health or substance abuse issues? (Example: Not complying with prescription medication, psychotic break or suicide attempt, escalated symptoms)
6. Have there been incidents or reported concerns regarding child abuse/neglect, domestic violence or criminal activity?

CD-14 FCS Family Assessment Packet

The CD-14 FCS Family Assessment Packet tools replace the *(CS-16) Family Assessment Packet* and will be used for the initial assessment and reassessment in open Family-Centered Services (FCS), Family-Centered Out-Of-Home Care (FCOOHC) and preventive service cases. These tools are designed to assist staff in conducting more thorough and comprehensive assessments of family's history, structure and functioning; identifying family strengths, supports and service needs; and translating those strengths, supports and service needs into meaningful service plans that reduce risk of future child maltreatment and maintain positive change in family functioning.

The *CD-14 FCS Family Assessment Packet* is comprised of the [\(CD-14\) FCS Family Assessment](#), [\(CD-14A\) Family Functioning Assessment/Re-assessment](#), [\(CD-14B\) Written Service Agreement](#), [\(CD-14C\) Formal/Informal Provider Contact Sheet](#) and the [\(CD-14D\) Termination of Services/Aftercare Plan](#).

As of the effective date of this memorandum the CD-14 packet tools linked to this document should be downloaded and all previous versions should be deleted from all computers. The CD-14B and CD-14D are now available and may be ordered from the warehouse.

(CD-14) FCS Family Assessment

Experienced staff will recognize the similarities of the new [\(CD-14\) FCS Family Assessment](#) with the former *(CS-16) Family Assessment*. It includes the genogram and the ecomap which have been enhanced by adding questions that focus the worker on questions pertinent to the family's history, structure and functioning. The pattern of behavior, now optional, includes an example to illustrate how dysfunctional patterns of behavior lead to negative consequences and how interventions can be applied at various entry points to interrupt the cycle of unhealthy patterns. Systemic family-centered tools encourage family engagement and yield rich, essential information about the family's past and present functioning; and their beliefs and concerns about the future.

Staff will have 30 days from the date the case is assigned to the FCS worker to complete the assessment, but initial contact by the assigned worker shall be in accordance with *initial contact case priority*. *Initial contact priority* is the timeframe determined by the SDM level of risk score found on the CPS-1 risk assessment.

SDM Level of Risk	Timeframe from CPS-1 Conclusion Date
Low	Within 10 working days
Moderate	Within 5 working days
High or Very High	Within 1 working day

(CD-14A) Family Functioning Assessment/Re-assessment

[The \(CD-14A\) Family Functioning Assessment/Reassessment](#) is the most significant enhancement to the family assessment and service planning package. The CD-14A is a comprehensive family functioning assessment tool which assists the worker in processing information gathered from the systemic tools, worker observation, provider and collateral contact, family history and engagement with the family.

The CD14A addresses family functioning under nine domains (Basic Needs, Caregiver Ability, Educational/Vocational, Physical Health, Mental Health, Substance Use, Family Interaction, Criminal/Legal and Child Well-Being). Under each domain several related sub-factors are listed to prompt the worker to rate each according to the positive or negative impact on the family's overall functioning. Rating possibilities include: *clear strength, moderate strength, adequate, moderate need and serious need*. Clear and moderate strengths; and moderate and serious needs are documented and described in

the appropriate space provided below the sub-factors. Strengths and needs are evaluated, prioritized and addressed in the *(CD-14B) Written Service Agreement*. The CD-14A should be conducted primarily with the family, though information helpful in rating sub-factors may be collected for a variety of sources during the 30 day timeframe in which the CD-14A must be completed.

CD-14A for Re-assessment

After using the CD-14A for initial assessment for case openings the CD-14A is repeated every 90 days until the case is closed as a family functioning re-assessment tool. The CS-16E Risk Reassessment is also conducted at this time. Re-assessment of the family every 90 days allows the worker to measure progress or identify changes in sub-factors that may impact family functioning in a positive or negative way. Changes in family functioning that raise safety concerns may prompt a worker to conduct a CS-16D *Safety Re-assessment*. Re-assessment should be complete within 30 days of the date the family is due for re-assessment. *Existing Safety Plan (CPS-1A) procedures remain in effect and should be utilized if safety factors are present.*

(CD-14B) Written Service Agreement

The *(CD-14B) Written Service Agreement* takes the place of the *(CS-16B) Family Plan for Change*. The CD-14B is used to document the service plan for FCS cases on intact families as well as for the preliminary treatment plan developed at the 72-hour FST meeting after a child has been placed in out-of-home care that will cover the first 30 days the child is in care. At the 30 day FST meeting the CS-1 Case Plan/Written Service Agreement will take its place.

Goal and task development questions, found on the CS-16B were included on the CD-14B to assist workers in processing and setting measurable, time limited goals connected directly to service needs identified on the CD-14A or by a Family Support Team. The tasks development questions should direct the worker to formulate concrete, obtainable tasks designed to move the family toward stated goals. Goals and tasks should be developed jointly by the worker and the family. The *CD-14B* is a one page, stand alone tool signed by the family. A copy is given to the family and the original is attached to the CD-14A at the end of each 90 day assessment period.

(CD-14C) Formal/Informal Provider Contact Sheet

The (CD-14C) Formal/Informal Provider Contact Sheet serves as an ongoing listing of services, formal (counseling, daycare facility, mentoring program...etc.) or informal (relatives, neighbors or friends...etc.). This list is attached to the front of the case file and meant to extend through the life of the families case. Additional sheets may be attached as needed.

(CD-14D) Termination of Service/Aftercare Plan

The *(CD-14D) Termination of Services/Aftercare Plan* is a one page, stand alone tool completed with the family when at the time the case is closed. It is printed on 3 part

(FST-1) Family Support Team Meeting Confidentiality Statement/Sign-in Sheet

Related to the family support team meetings for intact families is the introduction of the FST-1. The FST-1 is a confidentiality statement and sign in sheet for participants in a family support team meeting held for an intact family. For FCOOHC cases the confidentiality statement and sign in sheet is included in the CS-1.

NECESSARY ACTIONS:

1. Please review this memorandum with all Children's Division Staff.
2. All questions should be cleared through normal supervisory channels and directed to:

PDS CONTACT:

Randy McDermit, PDS
573-751-8932
Randall.D.Mcdermit@dss.mo.gov

PROGRAM MANAGER:

Kathryn Sapp, Unit Manager
573-522-5062
Kathryn.Sapp@dss.mo.gov

CHILD WELFARE MANUAL REVISIONS:

Staff may note that some policy revisions in below manual sections do not pertain directly to this memorandum. These revisions may include policy clarifications and policy that has moved from one section to another in the CWM. Such clarifications were made in response to requests by staff who had been asked to review this memo.

[Table of Contents](#)

[Section 2, Chapter 1](#) – Child Abuse/Neglect (CA/N) Reports and Referrals – *Changes to “Related Subject” Links Only*

[Section 2, Chapter 3](#) – County Protocol: Review and Assignment of Reports – *Changes to “Related Subject” Links Only*

[Section 2, Chapter 4](#) – Investigation Response – *Policy Changes*

Section 2, Chapter 4, Attachment F – Safety Analysis Versus Risk Assessment – *Deleted Attachment – Information found in Section 2, Chapter 9*

[Section 2, Chapter 5](#) – Family Assessment Response – *Policy Changes*

[Section 2, Chapter 9](#) – Safety Analysis Versus Risk Assessment – *New Chapter – Information from deleted Section 2 Chapter 4, Attachment F*

[Section 3, Chapter 2](#) – Procedures to Open or Reopen a Family for Services – *Policy Changes*

[Section 3, Chapter 3](#) – Family-Centered Services Assessment and Case Plan Development – *Policy Changes*

[Section 3, Chapter 4](#), Implementing the Written Service Agreement – *Policy Changes*

[Section 3, Chapter 4, Attachment A](#) – Problem Pregnancy Services – *Policy Changes*

[Section 3, Chapter 4, Attachment B](#) – Emergency Assistance Services (EAS) – *Chapter Title Change*

[Section 3, Chapter 4, Attachment C](#) – Crisis Intervention Funds – *Policy Changes*

[Section 3, Chapter 4, Attachment D](#) – Missing Persons Report Procedures – *Chapter Title Change*

[Section 3, Chapter 4, Attachment E](#) – Protective Service Alert Procedures – *Chapter Title Change*

COUNCIL ON ACCREDITATION (COA) STANDARDS:

[G9.8](#)

[G8.4](#)

[PROGRAM IMPROVEMENT PLAN \(PIP\):](#)

S2.3.1

S2.3.2

S2.4.5

P2.16.2

WB1.17.1

WB1.17.2

25.1

25.2

25.3

28.2

SACWIS REQUIREMENTS:

http://dssweb/cs/priority_tracking/sacwis/status/20050316.xls

Investigation and Family Assessment

Case Management (Release 1)

Case Management (Release 2)

PN/RDM