

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 10 Overview

This chapter addresses child welfare supervision and case consultation.

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Memoranda History:

[CS03-51](#), [CD05-72](#), [CD06-57](#), [CD06-63](#)

10.1 Ongoing Consultation

The supervisor and the Children's Service Worker will work as a team to assist the family in goal completion. The worker should take the lead in service delivery of the case, as his/her family contacts have made him/her aware of the family attitudes, situation, and service needs.

In order to involve the supervisor in casework planning, it is important that the Children's Service Worker and supervisor discuss specific cases on an ongoing basis. Weekly conferences are the scheduled mechanism for ongoing consultation.

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10.2 Decision-Making at Critical Points

To provide case specific direction, the supervisor must, at a minimum, be involved in the decision-making process at the following critical points in the life of each case.

10.2.1 Initial Case Assignment

The supervisor must review the case information that resulted in the referral for treatment services. He/She will then assign the case to the Children's Service Worker for treatment delivery.

- Cases not originating from a CA/N report shall be assigned within five (5) working days after receiving the referral from intake.

As no distinct risk assessment/priority status has been completed on these cases, the supervisor must communicate follow-up expectations to the Children's Service Worker at assignment.

The Children's Service Worker's initial in-home face-to-face contact with the family shall occur within ten (10) working days from case assignment.

- If the case results from a CA/N investigation or assessment, the supervisor must note the priority status as determined on the CPS-1 Risk Assessment. The supervisor shall assign the case for treatment within one (1) working day after receiving the case from the CA/N investigation or assessment unit or worker.

The time frames corresponding with the priority status may dictate whether the case is assigned immediately without a Children's Service Worker/supervisor conference. The priority status will reflect the perceived overall safety and risk in the case.

Related Subject: Section 2, Chapter 5.3.20 Priority of Initial Client Contact after a Case Opening Based on SDM Risk
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To assist in maintaining balanced caseloads among the staff in his/her unit, the supervisor should attempt to estimate the amount of casework each case may need. High priority cases or cases with active safety plans will likely place additional demands on the Children's Service Worker as he/she monitors the safety plan and engages the family in the treatment planning process. Therefore, cases should be assigned among staff so that high and intermediate priority cases are distributed throughout the unit. This may help prevent any one worker from being overwhelmed by these types of cases. Other considerations, in addition to case complexity, should include travel time and non-direct service time.

Related Subject: Section 3, Chapter 3.5 Children's Service Worker and Supervisor Considerations

10.2.2 Consultation during Assessment

After the case assignment and the initial home visit(s), the Children's Service Worker will determine if the family is still eligible and in need of services. The worker must inform the supervisor if changes have occurred and if services are not needed by the family. A mutual decision is then required to close the case. If no agreement is reached to close the case, the worker will continue the family assessment.

10.2.3 Post-Assessment Consultation

The Children's Service Worker will complete the FCS Family Assessment Packet (CD-14), within thirty (30) days of case assignment. Case consultation is required after the assessment is completed. This provides the opportunity for the worker to share his/her perception of the service needs of the family and discuss goals that should be contained in the Written Service Agreement (CD-14B).

The supervisor will determine if the CD-14B is based on sound social service or child welfare practice, reflects agency policy, and is targeted toward the enhancement of the caregiver's capacity to protect their children from threats of danger. The supervisor should encourage the Children's Service Worker's creativity to assist the family to meet their service goals.

It will be the supervisor's responsibility to determine that the casework is reflecting a family-centered approach and that services are addressing the entire family unit. Supervisors should address if all family members have been seen during the worker's home visits. If all family members have not been seen, the worker and supervisor should address why not and what activities need to occur to see all family members in efforts to address safety concerns. Additional contacts may be necessary to assess the safety of the child(ren). These may include additional home visits or collateral contacts. The supervisor may use any completed Parental Home Visit Checklist forms (CD-83) to assess who was seen and what topics were discussed with the family during the worker's home visits.

Also, at this time the supervisor should determine if the anticipated time required of the Children's Service Worker (based upon the priority status, which was estimated at the initial case assignment), is still applicable. This determination should serve as a basis for future case assignments to the worker.

10.2.4 Ongoing Consultations

The family situation will be discussed on an ongoing basis in conferences (recommended weekly, especially in high priority cases) between the Children's

Service Worker and supervisor. The progress to enhance of the caregiver's capacity to protect the children from identified threats of danger should be evaluated.

Planning for balanced caseloads will be an important part of the weekly conferences. The estimated time required for each case must be reevaluated during these conferences and taken into consideration for future case assignments by the supervisor.

Risk levels assessed in the individual cases will provide the supervisor and Children's Service Worker with guidelines to assess the demands of the case and balance staff caseloads.

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10.3 Summary of First Level Supervisor Responsibilities

In addition to the requirements specified in this chapter, the following describes additional expectations of the first level supervisor. These casework related responsibilities are cross-referenced to other parts of this manual, where the subject is further addressed:

10.3.1 Case Opening

Related Subject: Section 3 Chapter 2 [Procedures to Open or Reopen a Family for Services](#)

- Determine and note case priority and determine when the initial contact should be made by the Children's Service Worker;

Related Subject: Section 2 Chapter 5.3.20 [Priority of Initial Client Contact after a Case Opening Based on SDM Risk](#)

- Assist the worker in assessing safety and risk to the children when a family refuses services; and
- Consult with the worker, and decide on the appropriate action, if the family refuses services.

10.3.2 Assessment

Related Subject: Section 2 Chapter 5 [Family Assessment Response](#)

- Within 72 hours of the CA/N report, the supervisor must ensure that the Chief Investigator verify that all child(ren) in household were seen within 72 hours, reporter contacted, school liaison, etc.;
- Ensure that the Children's Service Worker has completed first two pages of the Child Abuse/Neglect Investigation/Family Assessment Summary (CPS-1), and the Safety Assessment (CD-17). If the safety decision is "unsafe" ensure the development of a Safety Plan (CD-18) that is mutually agreeable to the family and the worker, is least intrusive to family functioning and will effectively control the identified threat(s) of danger;
- Ensure that the worker's time frames for the initial in-home face-to-face contact with the family are met;
- Consult with the worker, and decide on the appropriate action, if the worker determines that the family is no longer in need of services;

- Ensure the family is involved in the assessment process and that the worker conducts the assessment from a family-centered perspective; and
- Ensure that the FCS Family Assessment (CD-14) and Family Functioning Assessment/ReAssessment (CD-14A) contains the necessary documentation and that the family assessment is completed within thirty (30) days from the date of case assignment.

Related Subject: Section 2 Chapter 9.2 [Safety Assessment](#); Section 2, Chapter 9.3 Safety Planning; and Section 2 Chapter 9.4 [Assessment of Risk](#)

10.3.3 Case Planning

Related Subject: Section 3 Chapter 3 [Family-Centered Services Family Assessment and Written Service Agreement Development](#)

- Ensure that the family is involved in the case planning process and that the family plan for change is developed with the family;
- Ensure that the Written Service Agreement, CD-14B, is completed within thirty (30) days from the case assignment;
- Ensure that the goals on the CD-14B are:
 - Focused on diminished caregiver protective capacities (thinking, feeling and behaving)
 - Behaviorally stated
 - Understandable
 - Specific
 - Measureable
 - Time limited
 - Realistically obtainable; and
 - Mutually agreed upon by the family and Children's Service Worker, whenever possible.
- Ensure that the tasks noted in the Plan will, when achieved, accomplish the case goals; and

- Consult with the worker to decide on the appropriate action, if the family refuses to participate in the planning process.

10.3.4 Delivery of Services

- Weigh the demands of the case with the Children's Service Worker, by estimating the in-person contact frequency and service intensity;
- Ensure that the worker is the treatment team leader when contracted services are utilized;
- Ensure that the Children's Treatment Services (CTS) Medicaid Referral Summary, CS-13, is utilized and that the worker has ongoing communication with the family and provider(s); and
- Complete the necessary SEAS duties, as assigned.

10.3.5 Case Recording

Related Subject: Section 5 Case Record Maintenance and Access

- Ensure that case narrative recording is completed at least every 30 days;
- Ensure that the case narrative is succinct, accurate, and captures the relevant service information; and
- The CSW shall ensure supervisory consultation is documented in the contact list in FACES, including summary of the consultation;
- Provide exceptions to the case recording guidelines and format, if necessary.
- Ensure that the case narrative is typed, signed and dated by the worker who provided services;
- The supervisor electronically approves any assessment, service plan, termination summary, and transfer summary as indication that these components have been reviewed by the supervisor;
- Provide exceptions to the case recording guidelines and format, if necessary.

10.3.6 Court-Related Activities

Related Subject: Section 4 Chapter 2 [Court Related Activities for Placement of Children](#)

- Assist the Children's Service Worker in determining if a court referral is needed;
- Approve all court referrals;
- Ensure that the court referrals and reports are completed within the required time frames; and
- Ensure that the Child Assessment and Service Plan, CS-1, is completed within thirty (30) days of the Division's receipt of custody.

10.3.7 Evaluation and Case Closure

Related Subject: Section 3 Chapter 6 [Evaluation](#); and Section 3 Chapter 8 [Case Closing](#)

- Review the CD-14 and CD-14A, Family Assessment packet, Safety Assessments (CD-17) and related Safety Plans (CD-18), Risk Assessments, and the enclosed written narrative;

Related Subject: Section 2 Chapter 9.2 Safety Assessment; Section 2 Chapter 9.3 Safety Planning; and Section 2 Chapter 9.4 [Assessment of Risk](#)

- Decide if the case should be closed or remain open for services;
- If the case remains open, ensure that a Family Functioning Assessment/Re-assessment (CD-14A) is conducted and a new Written Service Agreement (CD-14B) is completed within thirty (30) days of the expiration of the treatment period; and
- If the case should be closed, ensure that the case closure contact is made with the family within fifteen (15) days; a Safety Assessment (CD-17), Safety Plan (CD-18) (if required), Family Risk Reassessment (CS-16E) for In Home Cases, is completed; the Termination of Services/Aftercare Plan (CD-14D) is developed with the family; and the Family Centered Services Case Report form (SS-63) is closed in FACES. Follow up with a termination letter acknowledging to the family that their case is closed with Children's Division (CD).

10.3.8 Case Transfer:

Related Subject: Section 5 Chapter 3 [Case Record Transfer Procedures](#)

- Consult with the Children's Service Worker and decide the appropriate action, if the family moves from the county or state.

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10.4 Case Review Schedules

Supervisory staff are responsible for ongoing case reviews which monitor service effectiveness and agency success in providing time-limited services.

10.4.1 Reviews By First Level Supervisors

- A. The first level supervisor shall conduct a formal case review of each case at the completion of each case planning period. This review will occur at a minimum of every 90 days.

The supervisor's comments, recommendations regarding case closure, and signature shall be listed on the Evaluation Summary Page of the Family Assessment..

During this review, the supervisor shall review the case record for duplicate material to ensure that duplicate material and information is removed from the case record.

The first level supervisor will conduct a formal case review at the end of each planning period. Case consultation will focus upon the effectiveness of services and the reduction of risk. Risk levels shall be determined using the CS-16e Risk Assessment.

Related Subject: Section 2, Chapter 9.4 Assessment of Risk
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Risk Levels shall be compared to those existing at the beginning of the treatment plan. Case progress shall be compared to the case closing criteria and a decision shall be made as to whether the case can be closed.

Clear justification must exist for the case to remain open.

If it appears that unresolved service issues exist following the expiration of the service plan, the Children's Service Worker and supervisor must decide how much longer the case should remain open. If these issues are resolved before the completion of a new assessment and case plan, the case should be closed.

A new assessment and case plan is due within 30 days of the expiration of the Plan if the case needs to be left open.

- B. The first level supervisor shall complete monthly [Supervisory Case reviews](#) by applying the Supervisory Case Review Tool to a randomly selected sample of cases. Supervisors who oversee investigators and/or assessors will review two completed hotlines from each Children's Service Worker each month. Supervisors who oversee Family-Centered

Services and Family-Centered Out-Of-Home Care cases will review one child/case from each Children's Service Worker each month.

The randomly selected cases will be identified by Central Office personnel and sent, via e-mail, to the Circuit Manager for distribution to the supervisors. Supervisors will have 30 days to complete the selected case reviews. Once the review is completed and the review information is entered into the online tool, the case review information is automatically collected on a local spreadsheet housed on each supervisor's computer and in a database located in central office. The supervisor will have continual access to the case reviews which have been entered. The local spreadsheet should be utilized to ascertain each Children's Service Worker's strengths and areas needing improvement. As necessary, the information can be used to develop practice improvement plans for Children's Service Workers.

10.4.2 Reviews By Upper Management

Circuit Managers, second level supervisors, and Regional staff shall review a percentage of the treatment services cases that have no court involvement, and that remain open eight (8) months or longer.

Case reviews by second level supervisors and Regional staff are intended to evaluate the effectiveness of the Children's Service Worker's Family-Centered Services and if first level supervisors are ensuring such services are appropriately time-limited. Each case should be evaluated for closing. Recommendations on whether a case should be closed or remain open should be made through normal supervisory channels.

- Second Level Supervisor – 8 months (Circuit Manager or Children's Services Supervisor III)

Each month, the second level supervisor will review ten percent (10%) of the county's cases (or five [5] cases, whichever is the greater amount) which meet the following criteria:

- The case has been open eight (8) months or longer;
 - It has no court involvement; and
 - It has been randomly selected from the county's total non-court involved treatment services caseload.
- Regional Director or Designee - 12 Months

Each month, the regional director or designee will review 50% of the county's cases (or one [1] case, whichever is the greater amount) which meet the below criteria:

- The case has been open 12 months or longer;
- It has no court involvement; and
- It has been randomly selected from the county's total non-court involved treatment services caseload.

- Regional Director or Designee - 16 Months and Longer

Each month, the Regional Director or designee will review all of the county's cases that meet the below criteria:

- The case has been open 16 months or longer; and
- It has no court involvement.

Each case in this category will be reviewed again at four-month intervals (i.e., a case that has been opened for 16 months will again be reviewed at 20 months and again at 24 months, etc.)

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