

### **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 6 Overview**

This chapter identifies the requirements and responsibilities of the Children's Service Worker in evaluating case progress, reassessing, and when considering case closure.

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### **Memoranda History:**

[CS03-51](#), [CD05-51](#), [CD05-72](#)

## 6.1 Policy Requirements Relating to the Evaluation

Intervention should be viewed in terms of treatment periods. A treatment period is defined as the time necessary to complete an assessment or reassessment and the subsequent Written Service Agreement.

The initial assessment and Written Service Agreement is to be completed within **30 days** from the case opening. Interim assessments and Written Service Agreements should be completed every **90 days** thereafter.

Throughout the treatment period, the Children's Service Worker shall evaluate the effectiveness of services and determine if the treatment process is working, or has worked, correctly:

Referral to the juvenile court shall be made at any time throughout the treatment plan if assessed safety indicates the child(ren) is in danger.

Related Subject: Section 2 Chapter 9.2 [Assessment of Safety](#)

1. Complete the Risk Reassessment, CS16e.

Related Subject: Section 2 Chapter 9.4 [Assessment of Risk](#)

2. Document case activities in the case narrative and complete the NCFAS G+R.. Submit the case record for supervisory review. The supervisor shall list his/her recommendations regarding case closure and other comments on the NCFAS G+R.
3. Confer with the supervisor to decide what case action is now appropriate. Choose one of the following results:
  - a. The case can be closed prior to or upon expiration of the Written Service Agreement and a Termination of Services/Aftercare Plan, CD14D is completed with the family fifteen days prior to the closing date or
  - b. The case should remain open for reassessment and development of a new Written Service Agreement. In this instance, a new assessment and treatment plan is due within thirty (30) days of the plan's expiration.

It is critical all supervisors conduct regular and frequent case conferences with staff to review cases, CA/N reports included. It is beneficial for supervisors to utilize case conference and case review tools as available. Supervisors are responsible for reviewing case narratives from the treatment section of FCS and FCOOH records, as evidenced with a dated signature. Field Administration is responsible for assuring supervisors

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are regularly conducting case conferences with their assigned staff, including the review of case narratives.

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## 6.2 Evaluation of the Written Service Agreement

Evaluation is an integral component of the casework process. Its purpose is to measure the extent to which treatment goals have been, or are being attained.

Measurement of case progress should not wait until the ending phase of the treatment period. Evaluation should be an ongoing process that assists the Children's Service Worker in providing purposeful services to the family.

Evaluation consists of the following activities:

- Conducting a Safety Assessment (CD-17) and if the safety decision is "unsafe", developing a Safety Plan (CD-18) to control the identified threats of danger
- Completing the Risk Re-assessment (CS-16E) and comparing the current risk level to the risk level documented at the beginning of the treatment process
- Completing a NCFAS G+R (interim fields) to assess change in the current family functioning domains compared to family functioning at the beginning of the treatment process;
- Tabulating and measuring the behavioral changes sought through the Written Service Agreement. This activity is greatly enhanced if the goals were originally written in measurable and behavioral terms; and
- Assessing if the treatment plan is still necessary or desirable. During the treatment process, family members may have demonstrated more effective coping methods, positive new behaviors and a greater capacity to protect the vulnerable children in the household from threats of danger.

**If the Family Situation Changes and Risks are Adequately Reduced or Eliminated at any Time During the Treatment Process, Case Closing should be Considered.**

- Determining the family's perception (attitude) about the goals/tasks and the services that are provided. The Children's Service Worker should seek the family's perception about:
  - What the family members feel has happened as a result of the plan
  - Whether the problem is still a source of significant discomfort for the family and
  - If the family is hopeful about whether change is possible.

- Providing feedback to family members and other participants on their achievements. The Children's Service Worker should point out those actions that were effective or counter-productive in completing the tasks of the plan.

### **6.2.1 When Progress is Lacking**

If the evaluation finds that progress is lacking, the Children's Service Worker should explore revisions needed in the treatment plan. In doing this, he/she should:

1. Determine if the assessment was accurate and if assumptions about the nature of the presenting and underlying problems were accurate
2. Determine if the time limits are clear to all participants and realistic
3. Make sure the tasks, as outlined in the treatment plan, are clear to all participants (including the Children's Service Worker and contracted providers). Assess whether the tasks were appropriate and useful in addressing the treatment goals
4. Determine if all participants (including the Children's Service Worker and contracted providers) are/have been performing their tasks. If not, why are they failing to perform them and what are the consequences?
5. Determine if the correct participant was performing the correct task and if the tasks are appropriate to the participant's role
6. Explore whether all participants still see the relationship between the problem and the case plan
7. Decide what, or if, further changes are needed to solve the identified problem
8. Determine if new problems have surfaced that have caused, or may cause, the child(ren) to be abused or neglected. Determine any new goals that are required
9. If necessary, mediate disputes and disagreements between the client and each helping resource or between helping resources
10. Assess whether the family members are capable of further change. Determine if they have reached their maximum level of functioning after reconsidering the family's:
  - Cognitive, emotional and behavioral protective capacities

- Socio-economic situation
- Personal or cultural values and
- Functioning in response to current situation.

11. If the family members have not changed their level of functioning or behavior, decide if this was due to a lack of motivation or an unwillingness of certain members to cooperate; and

12. Determine the necessity to obtain additional information before an effective evaluation can be conducted and whether the information is accurate and verifiable.

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### 6.3 NCFAS G+R Interim Reassessment Period

**If the case should remain open, a NCFAS G+R (interim fields) and a new Written Service Agreement (CD-14 B) is due within 30 days of the expiration of the previous treatment period.**

At reassessment, the Children's Service Worker will complete the NCFAS G+R (interim fields), Safety Assessment (CD-17), and the Risk Reassessment (CS-16E). The worker will be able to note progress or new concerns by comparing the new NCFAS G+R to the previous one. The reassessment progress should focus on:

- Enhancing caregiver protective capacity and thereby reducing the probability for future child maltreatment;
- Identifying service needs that were not addressed in the previous assessment or met in the previous treatment plan; and
- Identifying other service needs that have arisen since the previous assessment which may contribute to risk.

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#### **6.4 Reassessment of Safety and Risk**

Policy dictates mandatory points in time when a formal Safety Assessment (CD-17) must be completed; however the assessment of child safety is ongoing, throughout the life of the case. Anytime household conditions or composition change that might affect child safety, a CD-17 will be completed.

A Risk Reassessment (CS-16E) Risk Reassessment is due at the time of case reassessment. In some cases SDM risk level may be reduced effecting minimum contact standards, but in some cases, circumstances may change that may not threaten immediate safety but increase the risk level. Minimum contact standards should be adjusted accordingly to the current risk level. If a safety plan is in place it is possible the terms of a safety plan may require more frequent contact.

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
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