

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 8 Overview

This chapter describes the policy and procedures for closing a family case.

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Memoranda History:

[CS03-51](#), [CD04-79](#), [CD05-51](#), [CD05-72](#)

8.1 Policy Requirements Relating to Case Closure

The decision to terminate services is based on a thorough evaluation of the family situation. Prior to termination the Children's Service Worker shall:

- Discuss the treatment plan progress with the family members; and
- Confer with the supervisor to review case progress. Risk factors must be thoroughly assessed at this time.

After conferring with the supervisor, a joint decision will be made to close the case. If the case is to be closed, the Children's Service Worker shall:

- Meet with the family to discuss the termination of services and development of an aftercare plan within 15 days of the decision to close the case;
- Summarize the events of the final meeting with the family on the CD-14D Termination of Services/Aftercare Plan; and
- Close the case in the FACES system.

The Children's Services Supervisor **must** approve the case closure as soon as possible but no later than 2 business days after the worker enters the function closing.

8.1.1 Additional Requirements Relating to Newborn Crisis Assessment Cases

Newborn crisis assessment cases require additional procedures for the case closing.

The Children's Division (CD) Children's Service Worker shall discuss the planned case closing with the Department of Health service coordinator, and make a joint visit with the coordinator, when possible. The worker should then send their reasons for recommending closure, in writing, to the coordinator. At least 15 days prior to the planned closing date, the DHSS coordinator will send a letter to the referring physician/health care provider (or hospital/clinic if physician is no longer involved with this family). DHSS's case will remain open until DHSS receives an affirmative response from the physician/health care provider. CD may close the case when these guidelines have been followed.

As much of the following information as is available should be provided in the written recommendation to DHSS:

1. Reason for initial referral;

2. Services provided by all agencies involved with the family and whether they agree that CD may close its case;
3. How those services met the needs of the family;
4. Name of infant's current physician, and if different than the referring physician;
5. How risk of abuse or neglect to the child has been reduced;
6. Other agencies that plan to continue to provide services;
7. Projected closing date; and
8. Request written agreement of DHSS that the case may be closed or notify DHSS that we will close the case on the specified date if we do not receive a response.

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8.2 Case Closing Criteria

The case review must find that one or more of the following factors exists to justify termination of services:

8.2.1 “Preponderance Of Evidence” Case Closing Criteria

- Child(ren) under age 18 is no longer in the home;
- The family has moved out-of-state (confer with supervisor to determine if referral to state of residence is required);

Related Subject: Section 3, Chapter 9 Case Transfer

- The perpetrator is no longer in the home and/or no longer has access to the child(ren), and the non-abusing parent has demonstrated the ability to protect the child(ren);
- The family has achieved the treatment goals;
- Determine risk has been sufficiently reduced or eliminated (Refer to CS-16E, Risk Reassessment);

Related Subject: Section 2, Chapter 9.4 Assessment of Risk

- There is no evidence that abuse and neglect has occurred in the past three (3) months and the child(ren) appears to be in no danger of future abuse or neglect;
- The family demonstrates the ability to function at a minimally acceptable level based on family and community standards;
- There is no longer any progress being made – the family and Children’s Service Worker agree that services are ineffective and non-productive and risk factors are considered low;
- The family refuses to cooperate and the Juvenile Court refuses to intervene or there is insufficient cause for a court referral.

8.2.2 Court Involved Cases

A court order is received which relieves the Division of the obligation to provide services.

8.2.3 Preventive Cases:

- The case goals have been achieved;
- Child(ren), under age 18, is no longer in the home;
- The family has moved out of state;
- All contracted services have been completed (i.e., parenting classes, family therapy) and risk factors are sufficiently reduced;
- Services can be provided to the family by another resource without the intervention of the Division and the family can/will access such resources;
- Resources have been exhausted and are no longer available to assist the family;
- The family is unwilling to cooperate with the service plan;
- There is no longer any progress being made and the family and Children's Service Worker mutually agree that continued services are ineffective;
- The family requests that the case be closed.

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8.3 Termination Of Service/Aftercare Plan

8.3.1 Preparing For The Termination Of Services

Skills in terminating the helping relationship are just as important as skills that are used in initiating and establishing the relationship. Termination of services should be a planned and natural component of the casework process. Discussion of case closure should begin during the assessment phase when time limited services were discussed with the family. The use of the (CD-14B) Written Service Agreement to develop and document time-limited goals lets the family know when to expect case closure. The decision to terminate services develop an aftercare plan should fully involve the family.

8.3.2 Building Support Systems

Stabilization of the changes which have been made by the family is important. The Children's Service Worker must try to determine any factors that might counteract the changes made in the helping relationship and take steps to prevent this from happening. Helping the family locate and utilize outside support systems and resources throughout the treatment process is a good way of facilitating family empowerment. Such measures will assist the family beyond the time when the Division closes the case.

8.3.3 Beginning Disengagement

Several weeks before the actual termination, the family should be reminded of their progress in solving their problems and of their reduced need for the Children's Service Worker. It is often helpful to decrease the frequency or duration of contacts with the family toward the end of the helping relationship.

8.3.4 Family Reactions To Termination

If the relationship has been a rewarding experience for the family, the prospects of termination may be met with ambivalent feelings. There are a number of typical reactions which families may use to avoid and forestall termination, or conversely to accomplish it. These reactions include:

- Denial - The family members may simply "forget" that the Children's Service Worker has told them about termination;
- Regression - The family seems to backslide in their abilities to cope with problems. They may demand greater dependence upon the Children's Service Worker. They may also show anger toward the worker and toward the idea of termination;
- Expression of need - Family members may feel that the Children's Service Worker will continue providing services if they show that a need

still exists. The family may increase problematic behavior, verbally plead for continuing help with problems, or bring up new problems;

- Recapitulation - Family members may express a desire to reminisce or repeat earlier experiences with the Children's Service Worker in an effort to recapture the helping experience that is slipping away;
- Evaluation - The process of repeating earlier experiences may become part of the process of evaluating the meaning and worth of the experience with the Children's Service Worker;
- Flight - There are two kinds of flight. The destructive form of flight is a reaction to separation in which there is denial of any positive meaning of the experience with the Children's Service Worker. The second kind of flight is positive and involves constructive steps toward disengaging from the helping relationship. The family members might find new activities, new friends, or another person who is as meaningful to the family as the worker has been.

8.3.5 Children's Service Worker's Reactions To Termination

The worker sometimes feels a sense of loss because it is not easy to separate from someone with whom he/she has developed a meaningful relationship. Termination also tends to make the worker question the quality of his/her performance. He/She may have guilt feelings for not having had the time or skill to have been more helpful to the family. If the worker is not clear about his/her own feelings regarding termination, he/she can easily get caught up in the family's reactions, especially if the family is attempting to prolong the helping relationship.

8.3.6 Evaluation Of Casework Process

During the termination process it is helpful for the family and Children's Service Worker together to evaluate the progress made by the family. Feedback from the family may be valuable in helping the worker to evaluate his/her performance and to establish future relationships. The evaluation not only helps the family members recognize their progress but may also encourage them to engage in future self-evaluation.

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8.4 Procedures for Closing a Case

The decision to close a case must be made only after a risk re-assessment is completed following Structured Decision Making guidelines, and after the risk level supports the case closing as indicated in Section 2, Chapter 9.4 Assessment of Risk. A safety assessment (CD-17) is completed prior to closing a case.

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| Related Subject: Section 2 Chapter 9.4 Assessment of Risk and Section 2 Chapter 9.2 Assessment of Safety |
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| Related Forms and Instructions: CS-16E, CD-17 and instructions. |
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The final decision to close the family's case must be approved by the worker's supervisor. Once the Worker and supervisor agree on a closing date the worker must meet with the family **within 15 days** of the decision to close the case. The purpose of this visit is to address any unresolved issues relating to the termination of services. The following steps are to be completed when closing a FCS case:

1. The worker will use the *Termination of Services/Aftercare Plan (CD-14D)* tool to summarize the family's positive change and the aftercare plan developed to sustain that change and maintain an acceptable level of risk. The worker should:
 - Discuss/document positive behavioral changes that have occurred in the family's functioning and the reduction of risk.
 - Discuss/document challenges to maintaining positive growth;
 - Discuss/document family's strengths to build on;
 - Discuss/document supports/services formal/informal needed for continued progress.
 - Discuss/develop/document an aftercare plan with the family including any services/support remaining in place that will maintain positive changes.
 - The plan should address the sustainability of positive change and linkage with formal or informal supports/services the family can access to maintain acceptable risk.
 - Determine that the family knows how to access support systems and resources independently; and
 - This plan should also include appropriate numbers or contacts the family can access in time of crisis that may impact the children's risk or immediate safety.

2. Identify any remaining problem areas to which problem-solving can be applied;
3. Confirm the closing decision and date of closing with the family members;
4. Notify the family of the termination of contracted services and inform all contracted service providers and others involved in the Written Service Agreement of the decision to close the case and closing date;
5. Close any service authorizations that have been opened for the family; and
6. Close the case in FACES:
 - Go to the FCS Information page, enter the case number and click on the function closing button;
 - Select the close date, close reason, and enter closing comments;
 - Select supervisor and the supervisor consultation date;
 - Complete the **Family Centered Services Detail Closing Information**;
 - **Enter additional** comments and select add; and
 - Click the update button at the top of the screen, scroll down to the bottom, and click on the Send for Supervisory Review button.

For FCS cases, the supervisor **must** approve the case closure as soon as possible but no later than 2 business days after the worker enters the function closing

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