

End Case

Introduction

At the time that services to the family are ended, it would be expected that the case would be ended in CWS/CMS. This chapter will demonstrate how to end a case as well as how to reopen a closed case.

SDM Reassessments

Prior to closing a case, be sure to use the appropriate Structured Decision Making (SDM) tools. Based on the assumption that the child was returned to a parent prior to consideration of closing the case, the “In-Home Reassessment” and the “Safety Reassessment” tools should be used at this time. If the child or children were in out-of-home care at the time of consideration, use the “Out-of-Home Reassessment” tool. The “Out-of-Home Reassessment” tool was demonstrated in chapter 12 “Updating the Case Plan”; refer to that chapter for the examples.

The first SDM tool to be demonstrated in this chapter is the “Safety Reassessment” tool. From the “Assessment List” page of the SDM application, click on the “Safety Reassessment” in the “Create New” frame on the right side of the page.

Create New

Initial Family Strengths and Needs

In-Home Reassessment

Out-of-Home Reassessment

Initial Non-Removal Assessment

PP Child Strengths and Needs

Safety Reassessment

Open Delete

Associated Referrals

CWS/CMS ID	Name	Start	End	Type

Open Assessment List

Complete the Household Name field; choose if there was an allegation in this household and record who is primary care giver, secondary caregiver and if any siblings are children. The completed page is below.

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Household Information

TRAINING

Extract Date: 6/2/1006

Server: MCCDENW2

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HOUSEHOLD MEMBERS

Instructions: First, enter the household name and indicate if it is an allegation household or a non-allegation household. Next, mark the check box next to each family member involved in the reassessment. Finally, indicate the role each included person plays in the household (Primary Caregiver, Secondary Caregiver, Child, or Other).

Household Name:

Were there allegations in this household? ☒ Yes ☐ No

Household Members	Client ID	Birth Date	Relationship	Has Case	PC	SC	Child	Other
<input checked="" type="checkbox"/> Training, Child	1282-3166-8670-1000147		Focus Child	Yes	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<input checked="" type="checkbox"/> Training, Father	1087-6471-9577-3000147		Father	No	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input checked="" type="checkbox"/> Training, Mother	0539-7746-1426-1000147		Mother	No	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PC = Primary Caregiver SC = Secondary Caregiver

After the page is completed, click the “Next” button.

This will result in a new page. Enter a date, the assessment type (in this example, Case Closure) and select any factors influencing the child’s vulnerability.

SDM [®] Structured Decision Making [®]		Safety Assessment		TRAINING Extract Date: 02/21/2006 Server: NCCDWWW3	
Main Menu		Student1, SDM (SDM00A)		User Guide Policy & Procedures FAQ Logout	
Case ID:	1382-1166-8670-1000147	Assessment Date:	<input type="text" value=""/> <input type="button" value="Calendar"/>		
Case Name:	Training, Child	Approving Unit:	<input type="text" value=""/>		
Created:	2/19/2010 by Student1, SDM	County of Completion:	<input type="text" value=""/>		
Approval Status:	Incomplete	Last Update:	2/19/2010 by Student1, SDM		
Assessment Type:	<input type="radio"/> Initial <input type="radio"/> Review/Update <input checked="" type="radio"/> Case Closing				
Factors Influencing Child Vulnerability					
<input type="checkbox"/> Age 0-5 <input type="checkbox"/> Diminished mental capacity (e.g., developmental delay, non-verbal)					
<input type="checkbox"/> Significant diagnosed medical or mental disorder <input type="checkbox"/> Diminished physical capacity (e.g., non-ambulatory, limited use of limbs)					
<input type="checkbox"/> School age, but not attending school					

Scroll down the page to the next part, “Part A Safety Threats.” Select the most appropriate answer to each statement.

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Safety Assessment

TRAN910

Extract Date: 8/3/10 6:04

Server: RCDW0003

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SECTION 1: SAFETY THREATS AND PROTECTIVE CAPACITIES

PART A: Safety Threats

Instructions:

Assess household for each of the following safety threats. Indicate whether currently available information results in reason to believe safety threat is present. Mark "Yes" for all threats that apply. Mark "No" for any threats that do not apply.

1.	<input type="radio"/> Yes <input type="radio"/> No	Caregiver caused serious physical harm to the child or made a plausible threat to cause serious physical harm in the current investigation, as indicated by: <ul style="list-style-type: none"> <input type="checkbox"/> Serious injury or abuse to child other than accidental. <input type="checkbox"/> Caregiver fears he/she will maltreat the child. <input type="checkbox"/> Threat to cause harm or retaliate against the child. <input type="checkbox"/> Excessive discipline or physical force. <input type="checkbox"/> Drug-exposed infant.
2.	<input type="radio"/> Yes <input type="radio"/> No	Current circumstances, combined with information that the caregiver has or may have previously maltreated a child in his/her care, suggest that the child's safety may be of immediate concern based on the severity of the previous maltreatment or the caregiver's response to the previous incident.
3.	<input type="radio"/> Yes <input type="radio"/> No	Child sexual abuse is suspected, and circumstances suggest that the child's safety may be of immediate concern.
4.	<input type="radio"/> Yes <input type="radio"/> No	Caregiver fails to protect the child from serious harm or threatened harm by others. This may include physical abuse, sexual abuse, or neglect.
5.	<input type="radio"/> Yes <input type="radio"/> No	Caregiver's explanation for the injury to the child is questionable or inconsistent with the type of injury, and the nature of the injury suggests that the child's safety may be of immediate concern.
6.	<input type="radio"/> Yes <input type="radio"/> No	The family refuses access to the child, or there is reason to believe that the family is about to flee.
7.	<input type="radio"/> Yes <input type="radio"/> No	Caregiver does not meet the child's immediate needs for supervision, food, clothing, and/or medical or mental health care.
8.	<input type="radio"/> Yes <input type="radio"/> No	The physical living conditions are hazardous and immediately threatening to the health and/or safety of the child.
9.	<input type="radio"/> Yes <input type="radio"/> No	Caregiver's current substance abuse seriously impairs his/her ability to supervise, protect, or care for the child.
10.	<input type="radio"/> Yes <input type="radio"/> No	Domestic violence exists in the home and poses an imminent danger of serious physical and/or emotional harm to the child.
11.	<input type="radio"/> Yes <input type="radio"/> No	Caregiver describes the child in predominantly negative terms or acts toward the child in negative ways that result in the child being a danger to self or others, acting out aggressively, or being severely withdrawn and/or suicidal.
12.	<input type="radio"/> Yes <input type="radio"/> No	Caregiver's emotional stability, developmental status, or cognitive deficiency seriously impairs his/her current ability to supervise, protect, or care for the child.
13.	<input type="radio"/> Yes <input type="radio"/> No	Other (specify): <div> <input type="text"/> <input type="button" value="ABC"/> <input type="button" value="✓"/> </div>

Continue to "Part B Protective Capabilities" and complete in the same manner as Part A.

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Safety Assessment

TRAINING
Expiry Date: 02/10/2016
Server: R002WAW3

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PART B: Protective Capacities

Instructions: Mark the checkbox next to each protective capacity that is present. Consider information from the referral; from worker observations; interviews with children, caregivers, and collaterals; and review of records. Review of protective capacities is required if one or more threats to safety are identified.

If no safety threats are present, skip to Section 3: Safety Decision.

- ☐ Child has the cognitive, physical, and emotional capacity to participate in safety interventions.
- ☐ Caregiver has the cognitive, physical, and emotional capacity to participate in safety interventions.
- ☐ Caregiver has a willingness to recognize problems and threats placing the child in imminent danger.
- ☐ Caregiver has ability to access resources to provide necessary safety interventions.
- ☐ Caregiver has supportive relationships with one or more persons who may be willing to participate in safety planning, AND caregiver is willing and able to accept their assistance.
- ☐ At least one caregiver in the home is willing and able to take action to protect the child, including asking offending caregiver to leave.
- ☐ Caregiver is willing to accept temporary interventions offered by worker and/or other community agencies, including cooperation with continuing investigation/assessment.
- ☐ There is evidence of a healthy relationship between caregiver and child.
- ☐ Caregiver is aware of and committed to meeting the needs of the child.
- ☐ Caregiver has history of effective problem solving.
- ☐ Other (specify):

ABC

Sections 3 and 4 will be completed based upon information entered previously in the tool.

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Safety Assessment

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Server: NCCDWWW3

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SECTION 2: SAFETY INTERVENTIONS

No safety threats are present. Safety Interventions not required.

SECTION 3: SAFETY DECISION

Instructions: The safety decision will be automatically selected below. The decision generated is based on your responses to the safety threats and safety interventions above.

- ☒ No safety threats were identified at this time. Based on currently available information, there are no children likely to be in immediate danger of serious harm.
- One or more safety threats are present. Without effective preventive services, the planned arrangement for the child will be out-of-home care (e.g., foster family, group home). Safety interventions have been initiated and the child will remain in the home as long as the safety interventions mitigate the danger. A SAFETY PLAN IS REQUIRED FOR CHILD TO REMAIN IN THE HOME.
- One or more safety threats are present, and placement is the only protecting intervention possible for one or more children. Without placement, one or more children will likely be in danger of immediate or serious harm.

Notice that there were no immediate safety threats present at the time of the evaluation. The tool has determined based upon the entered data, that there are no children likely to be in immediate danger of harm. It is important to note that the tool can only make recommendations based on the data that is entered.

Section 4 is the final section and is a comment area.

SECTION 4: COMMENTS

Staff Person Comments:

ABC

Supervisor Comments:

No Supervisor Comments

Complete

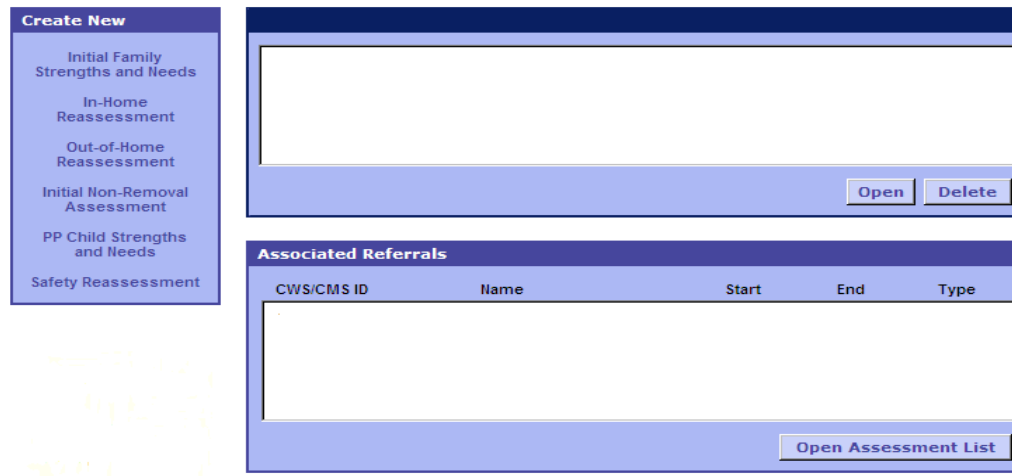
Save

Close

When complete, click on the “Save” button.

After the tool is saved, print the document and then send for supervisor approval.

The next tool to be used is the “In-Home Reassessment” tool. Return to the “Assessment List” page as with the previous tool. Click on the “In-Home Reassessment” tool.



The screenshot displays a web application interface. On the left, a vertical sidebar titled "Create New" contains a list of assessment tools: "Initial Family Strengths and Needs", "In-Home Reassessment", "Out-of-Home Reassessment", "Initial Non-Removal Assessment", "PP Child Strengths and Needs", and "Safety Reassessment". The "In-Home Reassessment" tool is highlighted with a yellow background. To the right of the sidebar, there are two main panels. The top panel is a large empty box with "Open" and "Delete" buttons at the bottom right. The bottom panel, titled "Associated Referrals", contains a table with columns "CWS/CMS ID", "Name", "Start", "End", and "Type". The table is currently empty, and an "Open Assessment List" button is located at the bottom right of the panel.

CWS/CMS ID	Name	Start	End	Type
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Complete the “Household Information” part of the tool.

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Case ID:	1382-1166-8670-1000147	Assessment Date:	<input type="text" value=""/>
Case Name:	Training, Child	Approving Unit:	
Created:	2/19/2010 by Student1, SDM		
Approval Status:	Incomplete	County of Completion:	
		Last Update:	2/19/2010 by Student1, SDM
Assessment Type:	<input type="radio"/> Initial <input type="radio"/> Review/Update <input checked="" type="radio"/> Case Closing		
Factors Influencing Child Vulnerability			
<input type="checkbox"/> Age 0-5 <input type="checkbox"/> Diminished mental capacity (e.g., developmental delay, non-verbal)			
<input type="checkbox"/> Significant diagnosed medical or mental disorder <input type="checkbox"/> Diminished physical capacity (e.g., non-ambulatory, limited use of limbs)			
<input type="checkbox"/> School age, but not attending school			

After completing the “Household Information,” click on the “Next” button at the bottom of the page.

It is necessary to enter the date of the assessment.

SDM [®] Structured Decision Making [®]		Risk Reassessment		TRAINING Extract Date: 02/21/2006 Server: NCCDWWW3	
Main Menu		Student1, SDM (SDM00A)		User Guide Policy & Procedures FAQ Logout	
Case ID:	1382-1166-8670-1000147	Assessment Date:	<input type="text"/>		
Case Name:	Training, Child	Approving Unit:	<input type="text"/>		
Created:	2/19/2010 by Student1, SDM	County of Completion:	<input type="text"/>		
Approval Status:	Incomplete	Last Update:	2/19/2010 by Student1, SDM		
Household Name:	Training				

Scroll down the page for the next section of the assessment, "Risk Reassessment." Be sure to read the instructions because items R1 and R2 have special rules.

SECTION 1: RISK REASSESSMENT	
<p>INSTRUCTIONS: Mark the most appropriate response for each item.</p> <p>Items R1 and R2 refer to the time period prior to the investigation that led to the opening of the current case. Item R3 may change if new information is available or if there has been a change in who is the primary caregiver. Item R4 may change if a child's condition has changed, or if a child with a described condition is no longer part of the household. Items R5-R9 are scored based ONLY on observations since the most recent assessment or reassessment.</p>	
	SCORE
<p>R1. Number of Prior Neglect or Abuse CPS Investigations</p> <p><input type="radio"/> a. None 0</p> <p><input type="radio"/> b. One 1</p> <p><input type="radio"/> c. Two or more 2</p>	
<p>R2. Household Has Previously Received CPS (voluntary/court ordered)</p> <p><input type="radio"/> a. No 0</p> <p><input type="radio"/> b. Yes 1</p>	
<p>R3. Primary Caregiver Has a History of Abuse or Neglect as a Child</p> <p><input type="radio"/> a. No 0</p> <p><input type="radio"/> b. Yes 1</p>	
<p>R4. Child Characteristics</p> <p><input type="radio"/> a. No child has any of the characteristics below 0</p> <p><input type="radio"/> b. Yes (mark all that apply) 1</p> <p><input type="checkbox"/> One or more children in household is developmentally disabled</p> <p><input type="checkbox"/> One or more children in household has a learning disability</p> <p><input type="checkbox"/> One or more children in household is physically disabled</p> <p><input type="checkbox"/> One or more children in household are medically fragile or diagnosed with failure to thrive</p>	

The following risk factors have only occurred since the last assessment.


NOTE: The following case observations pertain to the period since the last assessment/reassessment.

R5. New Investigation of Abuse or Neglect since the Initial Risk Assessment or Last Reassessment	
<input type="radio"/> a. No	0
<input type="radio"/> b. Yes	1
R6. Caregiver Has Not Addressed Alcohol or Drug Abuse Problem since the Last Assessment/Reassessment	
<input type="radio"/> a. No history of alcohol or drug abuse problem	0
<input type="radio"/> b. No current alcohol or drug abuse problem; no intervention needed	0
<input type="radio"/> c. Yes, alcohol or drug abuse problem; problem is being addressed	0
<input type="radio"/> d. Yes, alcohol or drug abuse problem; problem is <u>not</u> being addressed	1
<input type="checkbox"/> Not applicable. No known use during review period <input type="checkbox"/> Marijuana <input type="checkbox"/> Methamphetamine <input type="checkbox"/> Heroin <input type="checkbox"/> Cocaine <input type="checkbox"/> Other: <input type="text"/>	
R7. Problems with Adult Relationships	
<input type="radio"/> a. None applicable	0
<input type="radio"/> b. Yes, harmful/tumultuous relationships with adults, or domestic violence	1
R8. Primary Caregiver Has/Had Mental Health Problem	
<input type="radio"/> a. No	0
<input type="radio"/> b. Yes	1
R9. Primary Caregiver Provides Physical Care Inconsistent with Child Needs	
<input type="radio"/> a. No problems	0
<input type="radio"/> b. Yes, problems	1
R10. Caregiver's Progress with Case Plan Objectives	
<input type="radio"/> a. <input type="radio"/> Demonstrates new skills consistent with case plan objectives OR is actively engaged in services and activities to gain new skills consistent with case plan objectives	0
<input type="radio"/> b. Does not demonstrate new skills consistent with case plan objectives AND/OR participation is minimal and insufficient to contribute to achieving case plan objectives	1
<input type="radio"/> No secondary caregiver	
TOTAL RISK SCORE	

Next is "Section 2: Scoring and Overrides." This section first calculates the risk score based upon previous entry.

SECTION 2: SCORING AND OVERRIDES

SCORED RISK LEVEL

 Risk Level: **Low**

Next, there is a place for override decisions and explanations if necessary.

OVERRIDES

INSTRUCTIONS: If there are no overrides, select "No Overrides"; risk level will remain the same. If a Policy Override condition occurred during the review period, select the appropriate item; the risk level will increase to very high. If you select a Discretionary Override, select the new risk level (one level higher or one level lower), and enter a reason in the box provided.

No Overrides *(no change to risk level)*

☐ No override

Policy Overrides *(increases risk level to very high)*

☐ Policy override


- ☐ Sexual abuse case AND the perpetrator is likely to have access to the child.
- ☐ Non-accidental injury to a child under age two years.
- ☐ Severe non-accidental injury.
- ☐ Caregiver action or inaction resulted in death of a child due to abuse or neglect.

Discretionary Override *(risk level may be adjusted up or down one level)*

☐ Discretionary override

Override risk level: ☒ Low ☐ Moderate ☐ High ☐ Very High

Discretionary Override Reason:



The last part of the tool is the final risk score and recommendation. If choosing not to follow the recommendation, there is a narrative box to explain why the recommendation was not followed.

FINAL RISK LEVEL	
The final risk level is: Low	
RECOMMENDED DECISION	
? The recommended decision is: Close	
Planned action: <input type="radio"/> Continue Services <input checked="" type="radio"/> Close	
If recommended decision and planned action do not match, explain why:	
<div> <div></div> <div>ABC ✓</div> </div>	
SECTION 3: COMMENTS	
Staff Person Comments:	
<div> <div></div> <div>ABC ✓</div> </div>	
<div> <div>Complete</div> <div>Save</div> <div>Close</div> </div>	



Following completion of the tool, first save the tool, then print and send for supervisor approval. The print and send for supervisor approval options are not available until after saving the tool.

End Case

After completing the tools review, make the decision to end the case with a supervisor reviewing the case and the SDM tools just completed. If the child has been placed in a Legal Guardianship and the Court has dismissed the petition, the county may maintain the case as open until the age of majority for the child. Review these situations carefully with a supervisor before ending them.

CWS/CMS will not allow a case to be ended if the case focus child is in an out-of-home placement, a placement episode has not been end-dated, there is a future hearing scheduled, there is a pending case transfer request, there is an outstanding warrant on the client, there is an "In Progress" case plan or the child is age 15½ or older as a Court Dependent and there is no 90 Transition Plan completed. Additional conditions may apply to adoptions cases.

If the "End Case" option in the "Action" drop down menu is not enabled, the application will not tell what is blocking the action. It is the user's responsibility to find and remedy the condition blocking the "End Case" option. There is no set sequence or order for this search. One option would be to start in the bottom notebook and work up.

Starting with the Court Section , click on the "Open Existing Hearing" icon . If any hearings are set in the future, the case cannot be ended. The following screen shot shows a problem that can be corrected.

Open Notebook: Information Available: Current

Select Item to Open
Hearing Load

For this Case


	Local	ID	Name	Start Date	End Date
1	<input checked="" type="checkbox"/>	1272-7083-9793-3000147	Training, Child	09/30/2009	

Open this Hearing

	Date	Minors Calendared	Hearing Type	Subtypes
1	12/31/2099	Training, Child	Ex Parte Application	
2	10/15/2009	Training, Child	Jurisdiction	Continued.

OK
Cancel
New
Remove
Sort...
History...
Help

Notice that a hearing is set for 12/31/2099, a date in the future. The hearing is an “Ex Parte” hearing. The hearing date was probably not set in error. When setting hearings, there is an option for “Date Not Set.” When selected, the application sets the hearing for 12/31/2099. The process is to record the date after the hearing was set. As this is an “Ex Parte” hearing, it was probably set when the Judge read the “Ex Parte” request in chambers and granted or denied the request. Enter the date that the Judge signed the request. In this example, the date was reset to 02/18/2010.

When it is clear that there is no future hearing, select another condition to review. The next condition to be reviewed, proceeding in order from bottom to top, would be the “Placement Management” section .



In the “Placement Management” section, open existing placements by clicking on the “Open Existing Placement” icon. Look to see if there are any open placements or placement episodes. When clicking on the “Open Existing Placement” icon, a dialogue box appears allowing the selection of placements.

Open Notebook: Information Available: Current

Select Item to Open
 Placement Load

For this Client

	Name	Age(Yrs)	Gender	Birth Date
1	Training_Child	8	Male	10/01/2001

Open this Placement


Start Date	End Date	Rem Date	PE End Date	Reason for Rem	Fac Name	Fac Type	Age
09/29/2009	01/28/2010	09/29/2009		Physical Abuse	Training Pl	CSH	Cour
01/28/2010		09/29/2009		Physical Abuse	Training Cx	RH	Cour

Buttons: OK, Cancel, New, Remove, Sort..., History..., View PE History..., Help

In the

above example, the

placement without an “End Date” is still open. The “PE End Date” column is blank which signifies that the placement episode is open also. With a placement open, the episode will also be open. It is possible to have no placements open and still have an open placement episode. To correct these problems, first end the placement, then end the episode.

To end the placement, first open the placement by clicking on the placement to be opened in the above dialogue box, and then click “OK.” Click on the “End Placement/Episode” page.  First, enter the “Notice to Remove Date.”

Notice to Remove Date

Next, go to the “Ongoing Requests” page.  On the “Ongoing Requests” page, end any

payments by entering the date of the placement end in the “Stop Payment Date” field.  Each line in the grid above must have a “Payment Stop Date” entered.

After ending all payments for that page, the entire page will become [Read Only](#). Next, return to the “End Placement/Episode” page. The “Placement Change Reason” drop down menu should now be enabled.

<None>	Child Ran Away from Placement	Incarcerated
Adoptive Placement Agreement Signed	Child Refused Services	Intercounty Transfer
Adoptiv Placement w/ Nonrelative-Ends PE	Child Returned Home for Trial Visit	Intracounty Transfer-Ends PE
Adoptiv Placement w/ Relative-Ends PE	Child's Behavior	Licensed Substitute Care Provider Moved
Adoptiv Plcmtnt w/ Fmr Fstr Fmily-Ends PE	Committed to State Hospital	Lower Level of Care Required
Age of Majority or Emancipation-Ends PE	Complaint on Foster Home	Minor Mother Needs to be Placed w/ Child
AFDC Funds Terminated-Ends PE	Death of Child-Ends PE	Moved from Emergency Shelter
Child in Medical Facility	Fost- Adopt Placement	Other
Child Abducted	Foster Home/Agency Request	Placed with Guardian
Child Adjudged 601/602	Higher Level of Care Required	Placed with Relative

Select one of the dark options. Next, enter the date the placement was ended. When the date is entered, the application will warn that the entire field will become [Read Only](#) if work is continued; click on the “OK” button.

To end the placement episode, go to the bottom half of the “End Placement/Episode” page. Ending the placement enables the “Placement Episode Termination Reason” drop down menu in the “Placement Episode Termination” information box.

Placement Episode Termination

Placement Episode Termination Reason

Placement Episode End Date

Placement Episode Termination Description

From the following list, select the reason the placement episode is being terminated or ended. In this example, it is because the child was returned to the parents with no further Court involvement.



<None>	
Adoption Finalized	Emancipation
Age of Majority	Guardianship
Child in Med Fac (Dependency Susp/Dism)	Incarcerated
Child Abducted	Other
Child Adjudged 601/602	Other non-CWS Agency has Jurisdiction
Child Ran away from Placement	Parent Rejects Voluntary (FR) Services
Child Refused Services	Private Adoption Agency (Non-CWS)
CWS Agency has Jurisdiction	Reunified with Parent/Guardian (Court)
Death of Child	Reunified with Parent/Guardian (Non-Crit)

After selecting one of the above reasons, enter the date of episode termination. Again, be warned that the entire page will become **Read Only**; click the “OK” button. Remember; only end the episode when a child is in a permanent situation. That means that the child has been returned home, is adopted, has reached the age of majority, or is dead.

The completed “End Placement/Episode” page is shown next.

End Placement / Episode	
Notice to Remove Date <input type="text"/>	
Placement Change	
Placement Change Reason <input type="text" value="Placed with Relative"/>	Placement End Date <input type="text" value="02/19/2010"/>
Placement Change Description <input type="text"/>	
Placement Episode Termination	
Placement Episode Termination Reason <input type="text" value="Reunified with Parent/Guardian (Non-Crt)"/>	Placement Episode End Date <input type="text" value="02/19/2010"/>
Placement Episode Termination Description <input type="text"/>	

The next possible obstacle to be checked is verifying that there is no outstanding warrant for this child. Go the “Client

Management” section  and open the existing child client by clicking on the “Open Existing Client” icon.  From the resulting “Open Notebook” dialogue box, click on the child client, and then click the “OK” button.

Open Notebook

Select Item to Open
 Client

For this Case

	Local	ID	Name	Start Date	End Date
1	<input checked="" type="checkbox"/>	1272-7083-9793-3000147	Training, Child	09/30/2009	

Open this Client

	Name	Age(Yrs)	Gender	Birth Date	Alert
1	Training, Child	8	Male	10/01/2001	
2	Training, Father	40	Male	01/01/1970	Yes
3	Training, Mother	39	Female	01/01/1971	
4	Training, Sibling	7	Female	01/01/2003	

OK
 Cancel
 New
 Remove
 Sort...
 Help

At the bottom of the “Client Information” information box, to the left of the “Client Number” in the “Client ID” page, is the “Outstanding Warrant Exists” check box.

Client Information

Prefix	First	Middle	Last	Suffix	Name Type
	Child		Training		Legal
Gender	Marital Status	SSN	Alien Registration #		
Male		- -			
Driver's License - State/Number		Date of Birth or Age and Age Unit			
		10/01/2001 8 Years			
<input type="checkbox"/> Outstanding Warrant Exists					Client Number
					1382-1166-8670-1000147

If it is clicked, unclick it to clear it. Be certain that the warrant has been recalled or cleared before cancelling it. In this example, there is no warrant outstanding for the child client.

That leaves only two possible barriers to ending or closing the case. Both barriers are viewable from the "Case Management" section. After clicking on the green button, open or click on the "Tran Req" page.

Trans Req

Transfer Request

Date Requested	Status

Date Requested


Summary Detail

Approval

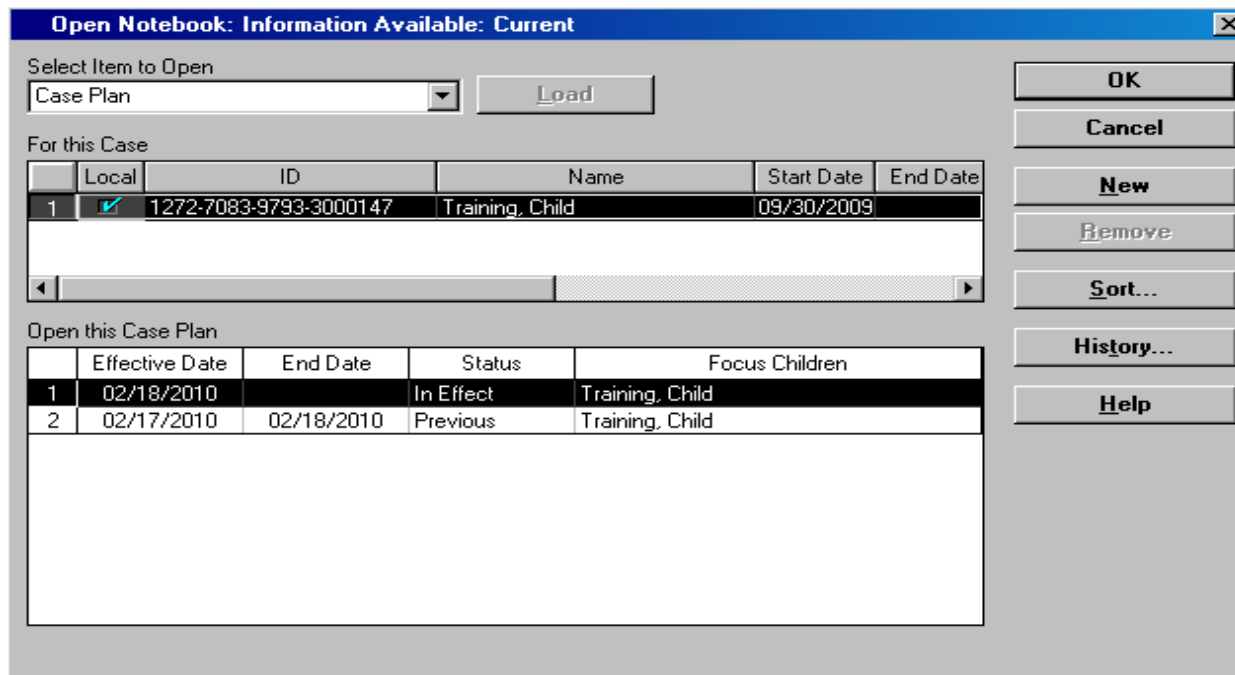
Approval Status

Date

If there is a transfer request pending approval, the case cannot be ended until the transfer is resolved. In this example, there is no transfer request pending approval.

The last obstacle is a case plan that is “in progress.” To determine if there is a “Case Plan in Progress” remaining in the “Case Management” section, click on the “Open Existing Case Plan” icon .

From the “Open Notebook” dialogue box, determine if there is a pending case plan.



Open Notebook: Information Available: Current

Select Item to Open
Case Plan

For this Case

	Local	ID	Name	Start Date	End Date
1	<input checked="" type="checkbox"/>	1272-7083-9793-3000147	Training, Child	09/30/2009	

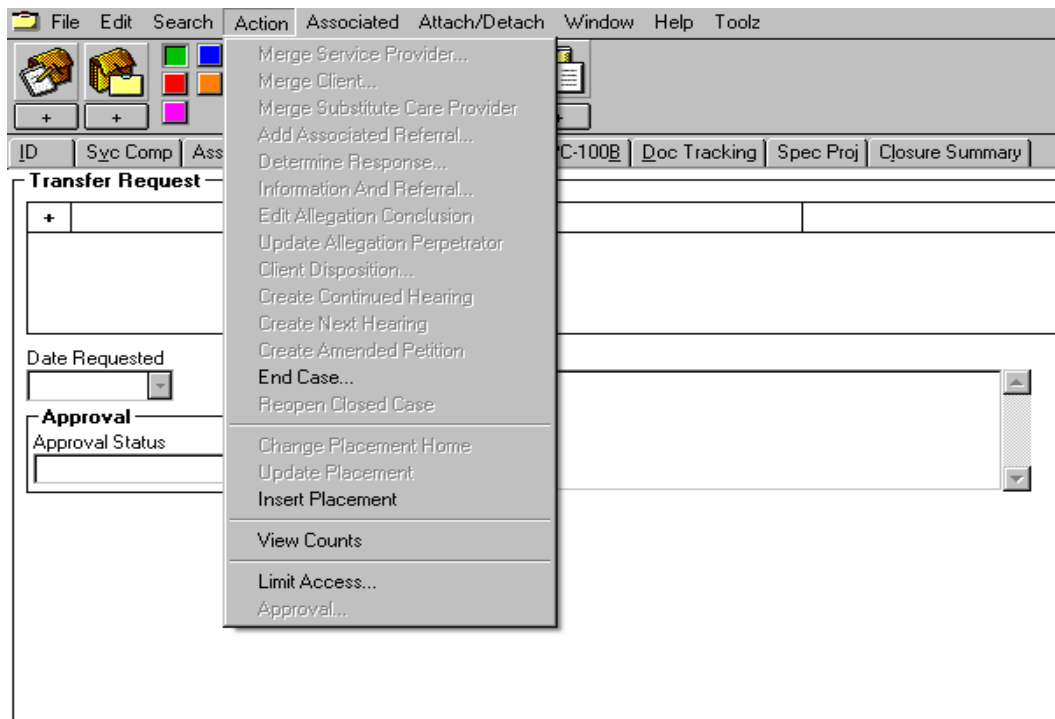
Open this Case Plan

	Effective Date	End Date	Status	Focus Children
1	02/18/2010		In Effect	Training, Child
2	02/17/2010	02/18/2010	Previous	Training, Child

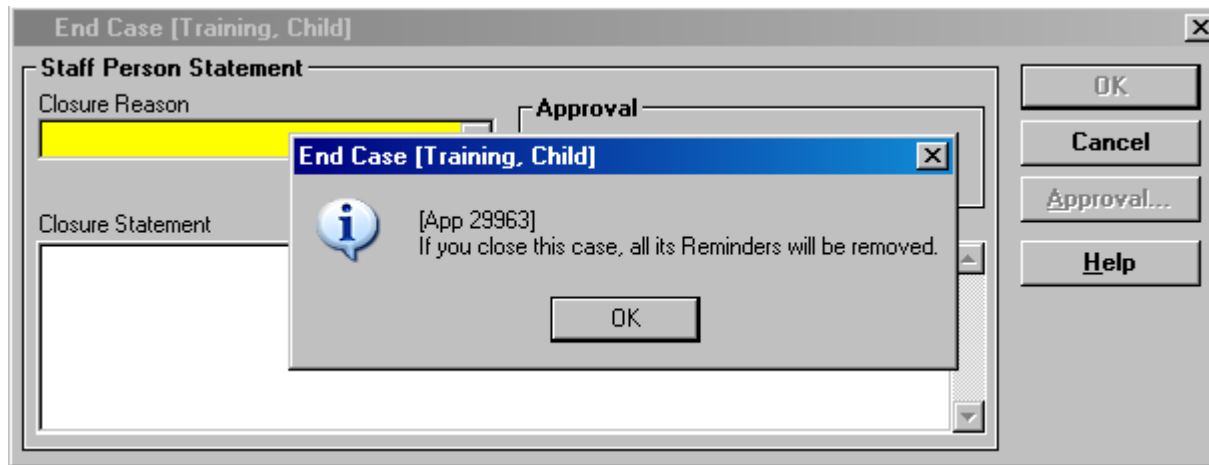
By looking at the “Status” column, this example shows that the case plans are either the “Previous” case plan or the “In Effect” case plan. Neither case plan is “Pending.”

With all obstacles resolved, it should now be possible when clicking on the “Action” drop down menu for the “End Case” option to be enabled. It is now possible to click on the “End Case” option.

An example of the “Action” drop down menu is below.



Clicking on the “End Case” option will result in a warning that ending the case will remove all active reminders. To clear the warning click “OK.”



After clearing the warning, select a reason the case was closed from the “Closure Reason” drop down menu.

Adoption Finalized/Former Foster Parent	Closed ICPC/International Request	Incarcerated - Adjudicated 601/602	Services Provided By Other Agency
Adoption Finalized/Non-Relative	Conversion (ICT)	Kin-GAP	Transferred to Tribal Jur Outside of CA
Adoption Finalized/Relative	Court Ordered Termination	Not Incarcerated - Adjudicate 601/602	Unknown at Conversion
Age Limit Exit	Death of Child	NMD Eligible for Reentry	
Change from 601/602 to 300 Dependency	Emancipation/Age of Majority	NRLG Eligible for Reentry	
Child in Medic Fac/Depen Dismsd or Susp	Exceeded Time Limit	Placement with Relative	
Child rec svcs from Probation, Case Susp	Family Stabilized (FM)	Re-Unified With Parent/Guardian (Court)	
Child Abducted	Guardianship Established/Child Placed	Re-Unified With Parent/Guardian(Non-Crt)	
Child Committed to State Hospital	Incarcerated - Adjudicated Non 601/602	Refused Services	
Child Runaway	Incarcerated - Adjudicated 601/602	Services Provided By Adoption Agency	

Select one of the above reasons by clicking on the appropriate choice.

Once a reason is selected, send the request to end the case for approval.

End Case [Training, Child]

Staff Person Statement

Closure Reason
Re-Unified With Parent/Guardian(Non-Crt)

Closure Statement

Approval

Approval Status: Request Not Submitted
Date:

OK
Cancel
Approval...
Help

Another step might be providing a reason or explanation in the “Closure Statement” narrative field. This is considered a preferred practice. The narrative field can hold up to 4,000 characters.

Once the “End Case” request is approved, the case will no longer show on the caseload listing.

Reopening a Closed Case

This section will demonstrate how to reopen a closed case. There are situations that arise that make it necessary to reopen a case that had been closed. To open a closed case, the closed case must be open to the “Info” notebook, all assignment history must be retrieved, and the logged on worker must be a County Administrator of the last county with primary assignment or the supervisor of the last worker to have primary or secondary assignment to the case. The child must not be in another case.

First step is to “Search” for the client. From the “Search” drop down menu, select “Start Search.”



Search [X]

Search Type
 Client [v]

OK
 Cancel
 Help

Last Name		<input type="checkbox"/>
First Name		<input type="checkbox"/>
Middle Name		<input type="checkbox"/>
Social Security Number		<input type="checkbox"/>
Gender	[v]	<input type="checkbox"/>
Approximate Age		<input type="checkbox"/>
Ethnicity	[v]	<input type="checkbox"/>
Street Number		<input type="checkbox"/>
Street Name		<input type="checkbox"/>
City		<input type="checkbox"/>
County of Residence	Glenn [v]	<input type="checkbox"/>
State	California [v]	<input type="checkbox"/>
ZIP Code		<input type="checkbox"/>
Date of Birth		<input type="checkbox"/>
Home Phone		<input type="checkbox"/>

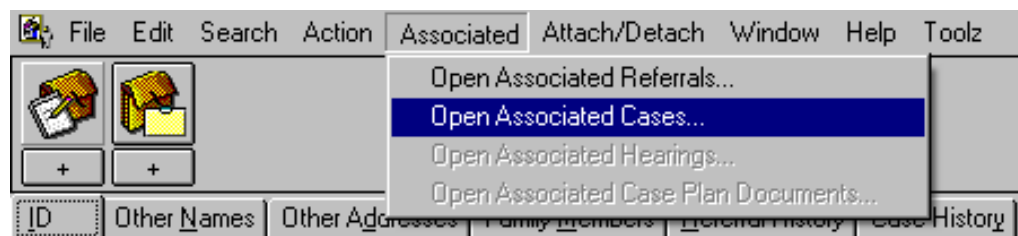
☐ Phonetic Name Search
☐ Phonetic Street Name Search
☐ Partial Address Match

The application defaults to a “Client” search. Type in the name of the child client, whose case is to be reopened.

From the search results, double click on the child client to open the client abstract.

	Sensitive	Alert	Name	%	Date of Birth	SSN	Gender	Ethnicity	County of Residence	Primary Language	SP Phone	In Open Case	
1			Training, Child	99	10/01/2001	--	Male	White		English	(530) 384-1485	N	--
2		Yes	Training, Father	99	01/01/1970	--	Male	White		English	(530) 555-1234	N	--
3			Training, Mother	99	01/01/1971	--	Female	White		English	(530) 555-1234	N	--
4			Training, Sibling	99	01/01/2003	--	Female	White		English	(530) 384-1485	N	--
5			Lindley, Rhonda	30	08/05/1956	564-27-4048	Female	White	Orange	English	(949) 707-2129	N	5561 N
6			Thorman, Brittany	30	12/10/1984	612-22-6117	Female	White	Orange	English	(714) 704-8491	Y	5561 N
7			Thorman, Jason	30	11/13/1980	545-73-4516	Male	White		English	(949) 707-2129	N	8125 4
8			Thorman, Tawney	30		545-73-3876	Female	White	Orange	English	(949) 707-2129	N	5561 N
9			Thorman, Tom	30		--	Male				(714) 704-8491	N	, Whe
10			Thurman, Cory	30	04/20/1994	--	Male	White	Orange	English	(714) 704-8610	N	9621 F
11			Thurman, Donald J	30	04/03/1989	--	Male	White	Orange	English	(714) 704-8610	N	9621 F
12			Thurman, Russell	30		--	Male	White	Orange	English	(714) 704-8631	N	9621 F
13			Thurman, Sarah	30	01/02/1961	--	Female	White	Orange	English	(714) 704-8631	N	9621 F

With the client abstract open, go to the “Associated” drop down menu and select “Open Associated Case.”



From the “Open Associated Case” dialogue box, select the case to be opened, and then click the “OK” button.

Open Associated Case

Item to Open

For this Client Abstract

	Sensitive	Alert	Name	%	Date of Birth	SSN	Gender
1			Training, Child	99	10/01/2001	--	Male

Open this Associated Case

	Local	ID	Name	Start Date	End Date
1	<input checked="" type="checkbox"/>	1272-7083-9793-3000147	Training, Child	09/30/2009	02/19/201

Buttons: OK, Cancel, Sort..., Help

When the closed case is in focus, or on the screen, first go to the "Assignment" page. Make sure that all assignments are shown. If the "Information Available" does not show "All," the easiest way to do that is to click the history button and then select all and click "OK." When all assignment history is displayed, return to the "ID" page.

Once on the "ID" page, click on the "Action" drop down menu. The "Reopen Closed Case" option should be available.

- | Action | Associated | Attach/Detach |
|--------------------------------|------------|---------------|
| Merge Service Provider... | | |
| Merge Client... | | |
| Merge Substitute Care Provider | | |
| Add Associated Referral... | | |
| Determine Response... | | |
| Information And Referral... | | |
| Edit Allegation Conclusion | | |
| Update Allegation Perpetrator | | |
| Client Disposition... | | |
| Create Continued Hearing | | |
| Create Next Hearing | | |
| Create Amended Petition | | |
| End Case... | | |
| Reopen Closed Case | | |

Reopen / Suspend Case

In reopening this case, do you want to document a suspension for a prior period of time?

☒ No ☐ Yes

Note: Selecting 'No' will reopen the case, only.
Selecting 'Yes' will reopen the case and allow you to document a suspension period for one of the reasons identified below.

Suspension Details

Reason for Suspension:

Suspension Start Date:

Suspension End Date:

Case Status Following the Suspension Period

☐ Court Involvement
☐ Voluntary

Service Component Following the Suspension Period:

Suspension Period Assignment

County: CWS Office: Unit: Caseload:

Primary Assignment

County: CWS Office: Unit: Caseload:

OK
Cancel
Help

Click on "Reopen Closed Case." That will create a "Reopen/Suspend Case" dialogue box. Use this dialogue box to reopen a case that was closed in error or to document a case that was closed because another agency took over control and the case has returned to the department's control.

In reopening this case, do you want to document a suspension for a prior period of time?

☐ No ☒ Yes

Note: Selecting 'No' will reopen the case, only.
Selecting 'Yes' will reopen the case and allow you to document a suspension period for one of the reasons identified below.

Suspension Details

Reason for Suspension:

Suspension Start Date:

Suspension End Date:

Case Status Following

☒ Court Involvement
☐ Voluntary

OK
Cancel
Help

"No" is the default setting and will reopen the case, deleting the "End Case."

Selecting "Yes" will enable the logged on user to record why the case was suspended from a drop down menu and the current Court status.

After selecting why the case was suspended, determine the period of the suspension. The application will default to the current date for the “Suspension End Date,” but that may be changed if necessary for accuracy. Enter the “Suspension Start Date.”

Suspension Details	
Reason for Suspension:	Child Adjudged 601/602
Suspension Start Date:	02/18/2010
Suspension End Date:	02/19/2010

Next, select the case status and service component after the case is reopened.

Case Status Following the Suspension Period			
<input checked="" type="radio"/> Court Involvement			
<input type="radio"/> Voluntary			
Service Component Following the Suspension Period:			
Suspension Period Assignment			
County	CWS Office		Caseload
Glenn		<None> Emergency Response Family Maintenance Family Reunification Permanent Placement	

Finally, select the “Suspension Period Assignment” and the “Primary Assignment.”

Suspension Period Assignment is the Caseload assignment during the time that the case was suspended. Your county may have a special caseload set up to use for this purpose. Any existing primary assignment that starts on or after the case suspension Start Date will be deleted. **Primary Assignment** is the current Caseload assignment that will immediately follow the case suspension period. Select the appropriate assignment. The assignment can be made to any caseload except the In-Box Caseload of the Assignment Desk or Assignment Unit for the receiving office.

Suspension Period Assignment			
County	CWS Office	Unit	Caseload
Glenn	Orland Training Center	NTLC training	In-box caseload

Primary Assignment			
County	CWS Office	Unit	Caseload
Glenn	Orland Training Center	NTLC training	Weekly 2

When all fields are complete, the “OK” button will enable. Click the button and the case is reopened.

Activities

Go to activity handout, chapter 13.

Mapped Documents/Process Maps/ Cheat Sheets

90 Day Transition Plan Mapped Document

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
CWS/CMS CASE MANAGEMENT

90-DAY TRANSITION PLAN

This form is for you to develop a plan when you are within 90 days of leaving foster care. This plan will focus on activities that you will complete during this time. This is as an agreement between you and those supporting you to work toward completing your transition plan. This should be developed with you in a transition conference setting, or group meeting, with those you want involved and who are helping you to successfully transition out of foster care.

Instructions To Youth: During the 90-day period before you leave foster care, you will make a transition plan that shows where you plan to live, receive additional support, work and/or go to school after you leave care and help keep family connections. The purpose of this plan is to help you take steps to successfully live on your own.

Instructions to Caregiver/other adults: If asked by the youth, you are also agreeing to assist the youth in the development of a 90-day transition plan that will help him/her to successfully transition out of foster care.

Instructions to Social Worker/Probation Officer: During the 90-day period prior to the youth exiting foster care, you are agreeing to assist the youth in developing a transition plan that will address his/her needs for housing, employment, education, mentors, continuing support services and health insurance.

Instructions for Family, Service Providers, CASA and others connected to and supporting the youth: If asked by the youth, you are also agreeing to assist the youth in the development of a 90-day transition plan that will help him/her to successfully transition out of foster care.

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During the 90-day period prior to aging out of care:

This plan is to be completed within the 90 day period before you turn 18, 19, or graduate from high school, whichever event will coincide with your exit from foster care. If you emancipate from care before age 18, this plan should be completed within 90 days before your target emancipation date.

The sections on the next page must be completed to include your plan for education, employment, housing, mentoring, family connections, continuing support services and health insurance. The plan must be personal to you and as detailed as you can get. The plan must contain specific actions that you and others will take to help you prepare for leaving care.

***Note:** The last page of this form has an example grid that can give you ideas to help make your planning very concrete.

Copies to: Youth – Caregiver – Case File – ILP – Family - Others

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CWS Case Management System

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YOUTH:	DOB:	AGE:	ETHNICITY:
Client NB, ID page	Client NB, ID page	Client NB, ID page	Client NB, ID page
CASE WORKER NAME:		CASE WORKER PHONE:	
Case NB, Assignment page		Case NB, Assignment page	



90-DAY TRANSITION PLAN

Additional boxes can be inserted if needed

<u>Education Plan:</u>	To prepare, I or a supporting adult (name) will:	Recommended documents the youth will need
<div>All fields are user supplied</div>		
<u>Employment Plan:</u>	To prepare, I or a supporting adult (name) will:	Recommended documents the youth will need
<u>Housing Plan:</u>	To prepare, I or a supporting adult (name) will:	Recommended documents the youth will need
<u>Mentoring & Continuing Support Services (e.g. mental health, health services) Plan:</u>	To prepare, I or a supporting adult (name) will:	Recommended documents the youth will need

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<u>Family and Other Permanent Connections:</u>	I plan to stay connected to family and other adults by:	Recommended documents the youth will need
<u>Health Insurance Plan:</u>	If not eligible for extended Medi-Cal, I plan to get health insurance through:	Agency, employer or other person providing health insurance:

Copies to: Youth – Caregiver – Case File – ILP – Family - Others

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ACKNOWLEDGEMENTS:

I know that I must sign verification paperwork to continue my Medi-Cal health insurance benefits when I exit from foster care and again each year to receive Medi-Cal until my 21st birthday or until I have secured a different type of health insurance. I am also aware that when I move I must resubmit a verification form with my new address. _____ youth's initials

I have been told that when I am 18, I can choose a "power of attorney for health care" that can make medical choices for me if I am not able. When I turn 18, I will receive directions and a form that I can fill out if I want to choose a power of attorney for health care. _____ youth's initials

I know that 30 days prior to leaving foster care, I am eligible to apply for food stamps. _____ youth's initials

I agree to meet with my caregiver and social worker/probation officer as needed to ensure sufficient progress towards my goals.

Target date for exiting foster care _____

By signing below, this means we will all work to complete the steps necessary to help the youth | complete his/her transition plan.

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By signing below, this means we will all work to complete the steps necessary to help the youth complete his/her transition plan.

All fields are user supplied

Youth's signature

Date

Caregiver's signature

Date

Social Worker/Probation Officer signature

Date

Family Member signature

Date

Service Providers/Therapist signature

Date

CASA/Other Youth Advocates signature

Date

LEGISLATIVE & REGULATORY REFERENCES:

- Public Law (P.L.) 110-351, which states that a Transition Plan must be developed at the direction of the youth during the 90 day period prior to the youth aging out. The plan must contain specific options on housing, health insurance, education, local opportunities for mentors/continuing support services and workforce support/employment services. P.L. 111-148 requires providing foster youth with the information about a Power of Attorney for Health Care.

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<p>Education Goals:</p> <p>I plan to attend...</p> <div style="border: 1px solid black; padding: 2px; margin-top: 10px;">All fields are user supplied</div>	<p>TimeLine</p> <p>FAFSA due: School application Scholarship app: Housing app:</p> <p>(Due dates of all document and application deadlines)</p>	<p>Recommended documents the youth will need</p> <ul style="list-style-type: none"> • Copy of School application • Copy of FAFSA application • Copy of Chafee grant application • Copy of Guardian Scholar application • Copy of High School transcripts
<p>Employment Plan:</p> <p>I plan to get/have a job at...</p> <ol style="list-style-type: none"> 1. 2. 3. 4. 	<p>I have prepared by:</p> <ul style="list-style-type: none"> • Completing ILP Proficiency Certificate checklist • Completing job applications at _____ • Having Social Security card available • Identifying people to provide reference 	<p>Recommended documents the youth will need</p> <ul style="list-style-type: none"> • Copy of resume • Copy of Permanent Residency card (if applicable) • List of people willing to provide reference
<p>Housing Plan:</p> <p>I plan to live with/in...</p>	<p>I have prepared by:</p> <ul style="list-style-type: none"> • Touring the facilities • Confirming deposit and move-in arrangements • Checking resources provided by housing facility 	<p>Recommended documents the youth will need</p> <ul style="list-style-type: none"> • Copy of housing application • Housing deposit verification • Completed cost of living budget

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Family Connections:	I plan to stay connected to family and other adults by:	Recommended documents the youth will need
I feel closely connected to...	<ul style="list-style-type: none">• Having phone and in-person contact with...• Making a plan to stay with ...during college dorm breaks• Having email addresses for...	<ul style="list-style-type: none">• Contact list for family members

Copies to: Youth – Caregiver – Case File – ILP – Family - Others

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