

**MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
DIVISION OF FAMILY AND CHILDREN'S SERVICES**

Cover Memorandum accompanying the June 22, 2006 filing of a Notice of Final Rule Adoption by the Division of Family and Children's Services issuing new Family Preservation Program policy for its policy manual.

1. Proposed Rule

The primary criteria for referral to the Family Preservation Program will be a child served by DHS who is at risk for removal from the home setting for a placement in a standard or more restrictive foster care placement. These children, ages birth to 18, will generally have been targeted for removal due to one or more of the following reasons:

1. The health, safety, and well being of the child are threatened due to high risk factors as determined by the safety assessment.
2. The child is adjudicated in need of care and permanency while facing placement in an out-of-home treatment facility.

Current Rule

The primary criteria for referral to the Family Preservation Program will be a child served by DHS who is at risk for removal from the home setting for a placement in a standard or more restrictive foster care placement. These children, ages birth to 14, will generally have been targeted for removal due to one or more of the following reasons.

1. The health, safety, and well being of the child is threatened due to high risk factors as determined by the initial risk assessment.
2. The child is adjudicated in need of care and is facing placement in an out-of-home treatment facility.

2. Proposed Rule

A treatment plan is developed at the end of the first two weeks of contact with the family. During the first 10 weeks of contact, the program provides each family 5 to 15 hours of direct contact per week, including home visits, telephone contacts, and assessing concrete services. A minimum of 8 hours direct contact must be face to face. During weeks 11-20, contact is decreased to 2 to 5 hours per week as treatment goals are achieved and family functioning is stabilized. During this phase, a minimum of 3 hours direct contact must be face to face. In addition, FPS

workers are available to families 24 hours a day and follow-up services are provided.

Follow-up contact includes telephone contacts once a month after termination of services to the families. Follow-up home visits are scheduled in 3, 6, 9, and 12-month intervals. During this follow-up period, further assessments are completed and program effectiveness is evaluated.

The State-level Coordinator monitors the operation to insure clinical integrity of services provided, consultation, and training. All newly hired FPS workers are required to attend training with the State-level Coordinator

Current Rule

An initial home visit is conducted with families within 48 hours of referral or on the same day as the referral in emergency situations. Based on assessments and discussions with involved professional and family members, a treatment plan is developed at the end of the first two weeks of contact. During the first 10 weeks of contact, the program provides each family 5 to 15 hours of direct contact per week, including home visits, telephone contacts, and assessing concrete services. During weeks 11-20, contact is decreased to 2 to 5 hours per week as treatment goals are achieved and family functioning is stabilized. In addition, Specialists are available to families 24 hours per day and follow-up services are provided.

Follow-up contact includes telephone contacts once a month after termination of services to the families. Home visits are scheduled in 3, 6, 9, and 12 month intervals. During this follow-up period, further assessments are completed, and program effectiveness is evaluated.

The State-level Coordinator oversees operation, insures clinical integrity of services provided, provides consultation, training, monitoring, and provides clinical supervision to each Specialist. As part of orientation, all newly hired Family Preservation Specialists are required to attend a 60 hour (1 week) training in the Social Learning Theory Model. This training enables the Family Preservation Specialists to effectively and efficiently perform their job duties in Family Preservation.

3. Proposed Rule

County Staff role:

1. Make referral to the Family Preservation program;
2. Coordinate and facilitate the initial Family Team Meeting on Preventive cases with the FPS worker;
3. Coordinate and facilitate all Family Team Meetings on Custody cases;

4. Keep an open case on family referred to the Family Preservation program;
5. Have quarterly staff meetings with FPS worker; and
6. In event of removal of child, county worker will handle all of the details.

Family Preservation staff role:

1. Conduct an assessment on each family and provide a copy of the treatment plan and assessment summary to the referring county staff;
2. Provide written documentation of services to county staff by the 5th working day of each month;
3. Participate in the initial Family Team Meeting and coordinate and facilitate the subsequent the Family Team Meetings on all Preventive cases;
4. Be available at all times to the family and maintain weekly contact with the family, during the intensive phase of the program;
5. Notify the DHS social worker of any new child abuse/neglect. Also immediately notify the DHS staff if safety of the child/children cannot be maintained in the home;
6. After the family completes the intensive phase of treatment, the FPS worker will provide follow-up contacts to the families, which includes telephone contact once a month after termination of services to the families. Follow-up home visits will be scheduled in 3, 6, 9, and 12-month intervals. During this follow-up period, further assessments are completed, and program effectiveness is evaluated up to a year after termination of services to the family. The FPS worker will also be available to the families up to a year after termination of services to the family.

Current Rule

County Staff are expected to:

1. Conduct investigations on all reports of suspected child abuse/neglect.
2. Conduct an initial risk assessment on the family.
3. Make reports to the District Attorney and the Youth Court Judge, if appropriate.
4. Handle all removals/placements. Will also handle all court actions unless the Family Preservation Specialist is subpoenaed to testify regarding their involvement in the family.

5. Maintain an open case on the family referred according to agency policy requirements, including monthly contacts.
6. The DHS social worker and ASWS will have weekly staffing with the Family Preservation Specialist.

In addition, DHS Area Social Worker Supervisors are required to:

1. Provide on site supervision to the Family Preservation Specialist in their county.
2. Conduct weekly staffing of all the counties' Family Preservation cases with the Family Preservation Specialist.
3. Provide back up on-call services to the Family Preservation Specialist in their county.
4. Attend consultation staffing with the Coordinator on an as needed basis.

Family Preservation staff will:

1. Conduct an assessment on each family and notify the referring social worker and the ASWS of the family's acceptance;
2. Upon acceptance of a family to the program, the FP Family Preservation Specialist worker will complete the Individual Service Plan. The FP staff will also provide written documentation of services provided to the families referred.
3. The Family Preservation Specialist will maintain weekly contact with the family during the 20-week intensive phase of the program and be available to each family by pager, at all times. The Family Preservation Specialist will furnish the assigned social worker an update on each family served.
4. The Family Preservation Specialist will notify the DHS social worker of any new child abuse/neglect and will also immediately notify the DHS social worker if safety of the child/children cannot be maintained.
5. After the family completes the intensive phase of treatment, the Family Preservation Specialist will visit the family, once every three months, up to a year. The Family Preservation Specialist will also be available to the families by telephone or pager up to a year after termination of services to the family.

4. Proposed Rule

A decision for discontinuance will involve the FPS worker and county staff. Reasons for discontinuation could include:

1. There has been completion of intensive services.
2. There has been lack of cooperation by family.

- a. Repeated no shows, significant avoidance, and failure to follow through.
- b. Hostility; unworkable level of resistance.
3. The child remains at risk and/or abusive parent does not develop controls.
4. If there is abuse or injury to the child which results in child being removed from the home?

Current Rule

Reason for Premature Closing

1. Lack of cooperation by family:
2. Repeated no-shows, significant avoidance, and failure to follow through.
3. Hostility; unworkable level of resistance.
4. Risk to child(ren) remains high; abusive parent does not develop controls.
5. New abuse or injury will be evaluated to determine continued services

5. Proposed Rule

EVALUATION METHODS

Assessment of the program will be done on the basis of 1) accumulated statistics; 2) a client satisfaction form which will be completed by the family upon acceptance, at mid-treatment, and at termination; and 3) periodic worker surveys concerning the provided program's services. Reviews will be completed on the goal attainment form during each phase of the treatment.

Current Rule

None

FAMILY PRESERVATION PROGRAM

INTRODUCTION

The primary criteria for referral to the Family Preservation Program will be a child served by DHS who is at risk for removal from the home setting for a placement in a standard or more restrictive foster care placement. These children, age birth to 18, will generally have been targeted for removal due to one or more of the following reasons:

1. The health, safety, and well being of the child are threatened due to high risk factors as determined by the safety assessment.
2. The child is adjudicated in need of care and permanency while facing placement in an out-of-home treatment facility.

Family Preservation was created by Federal Law in 1993 under the “Home Ties Program”, which Mississippi adopted in 1994 in order to bridge the gap that would provide concentrated and intense home-based services to families. The purpose of this law was to prevent removal of children from their homes, and/or to reunify children who have been removed from their families.

OBJECTIVES

To improve family functioning and prevent the need for out-of-home child placement, the Family Preservation program has established the following objectives:

1. To provide crisis intervention to troubled families.
2. To conduct assessments of child and family functioning.
3. To aid families in locating and accessing concrete services (housing, clothing, food, etc.).
4. To provide services with a focus on parental self-control, child management skills, communication and problem-solving techniques.
5. To provide other necessary services as indicated.
6. To evaluate program efficiency and consumer satisfaction.

PERIOD OF SERVICE

Family Preservation contacts the family within 48 hours of the referral and sooner if it is deemed an emergency by the Supervisor or Protective Services social worker. In the case of an emergency, where the Protective Services worker plans to immediately remove a child due to severe abuse/neglect, it may be necessary for the Family Preservation Service (FPS) worker to make initial contact as soon as possible. If a family is accepted into the program, the service delivery will be provided up to 20 weeks, or longer if found necessary by the FPS worker.

SCHEDULE OF SERVICE DELIVERY

A treatment plan is developed at the end of the first two weeks of contact with the family. During the first 10 weeks of contact, the program provides each family 5 to 15 hours of direct contact per week, including home visits, telephone contacts, and assessing concrete services. A minimum of 8 hours direct contact must be face to face. During weeks 11-20, contact is decreased to 2 to 5 hours per week as treatment goals are achieved and family functioning is stabilized. During this phase, a minimum of 3 hours direct contact must be face to face. In addition, FPS workers are available to families 24 hours per day and follow-up services are provided.

Follow-up contact includes telephone contacts once a month after termination of services to the families. Follow-up home visits are scheduled in 3, 6, 9, and 12-month intervals. During this follow-up period, further assessments are completed, and program effectiveness is evaluated.

The State-level Coordinator monitors the operation to insure clinical integrity of services provided, consultation, and training. All newly hired FPS workers are required to attend training with the State-Level Coordinator.

DEVELOPMENT OF A TREATMENT PLAN

While crisis services will be available to families throughout the family assessment, a Family Team Meeting will be held to develop the Comprehensive Family Treatment Plan and the Individual Service Plan (ISP), within two weeks of the referral. This meeting will include, but is not limited to, the following:

1. The FPS worker,
2. At least one representative from the family, and
3. The county staff.

The treatment plan will include:

- A. Family treatment goals.
- B. Treatment components/procedures to be used in achieving the goals.
- C. Needed concrete services.
- D. Individuals responsible for implementing procedures.
- E. Methods for measuring progress and goal attainment.

Best Practice Tip

Cases that are typically not successful referrals for Family Preservation services:

7. Families in which the parent or target child is actively psychotic (not on a controlled medicine), suicidal or homicidal;
8. Families in which the parent is mentally challenged;
9. Families in which the primary problem has been sexual abuse and the perpetrator remains in the home;
10. Families with long-standing history in the service system;
11. Families who have drug and alcohol issues unless combined with a treatment program;
12. Families in which a child has been killed, maimed, or seriously injured.

COORDINATION WITH DHS STAFF

By the end of the initial two weeks, the FPS worker will complete the treatment plan and assessment summary. The FPS worker will attend court when subpoenaed or when deemed appropriate by the Supervisor.

County Staff role:

7. Make referral to the Family Preservation program
8. Coordinate and facilitate the initial Family Team Meeting on Preventive cases with the FPS worker,
9. Coordinate and facilitate all Family Team Meetings on Custody cases,
10. Keep an open case on family referred to the Family Preservation program;
11. Have quarterly staff meetings with FPS worker;
12. In event of removal of child, county worker will handle all of the details.

Family Preservation staff role:

1. Conduct an assessment on each family and provide a copy of the treatment plan and assessment summary to the referring county staff;
2. Provide written documentation of services to county staff by the 5th working day of each month;
3. Participate in the initial Family Team Meeting and coordinate and facilitate the subsequent Family Team Meetings on all Preventive cases,
7. Be available at all times to the family and maintain weekly contact with the family, during the intensive phase of the program;
8. Notify the DHS social worker of any new child abuse/neglect. Also immediately notify the DHS staff if safety of the child/children cannot be maintained;
9. After the family completes the intensive phase of treatment, the FPS worker will provide follow-up contact to the families, which include telephone contacts once a month after termination of services to the families. Follow-up home visits will

be scheduled in 3, 6, 9, and 12-month intervals. During this follow-up period, further assessments are completed, and program effectiveness is evaluated up to a year after termination of services to the family. The FPS worker will also be available to the families up to a year after termination of services to the family.

REASONS FOR DISCONTINUATION OF FAMILY PRESERVATION SERVICE

A decision for discontinuance will involve the Family Preservation Service Worker and the County Staff. Reasons for discontinuation could include:

5. There has been completion of the intensive services.
6. There has been lack of cooperation by family.
 - a. Repeated no shows, significant avoidance, and failure to follow through.
 - b. Hostility; unworkable level of resistance.
7. The child remains at risk and/or abusive parent does not develop controls.
8. If there is abuse or injury to the child which results in child being removed from the home?

EVALUATION METHODS

Assessment of the program will be done on the basis of 1) accumulated statistics; 2) a client satisfaction form which will be completed by the family upon acceptance, at mid-treatment, and at termination; and 3) periodic worker surveys concerning the provided program's services. ~~Also, MDHS State Office staff will conduct quarterly site visits to insure program integrity.~~ Reviews will be completed on the goal attainment form during each phase of the treatment.

Legal Base

Federal: The Family Preservation Act of 1994, Sections 43-51-1 through
 Sections 43-51-5

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