

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

Cover Memorandum accompanying the February 23, 2006 filing of a Notice of Proposed Rule Adoption by the Division of Family and Children's Services proposing to issue 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 a 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, 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, failure to follow through.
3. Hostility; unworkable level of resistance.
4. Risk to child(ren) remains high; abusive parent does not develop controls.
 - 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. 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.

Current Rule

None

FAMILY PRESERVATION PROGRAM POLICY

Volume IV, Section C, Pages 3000-3008

History

In recent years, the Mississippi Department of Human Services (MDHS) has focused on training, resources and service delivery in the areas of child abuse investigation, foster care and adoption issues. This focus, though necessary, has created a gap in policy and practice for those children and families who could benefit from intensive family focused, home based services to avoid out-of-home placement or to reunify the family. Though reasonable efforts are made to prevent placement, the foster care population in the state continues to average between 2,900 to 3,300 children in agency custody. This increase is due in part to the continued increase in reports of child abuse and neglect and heavy caseloads, which reduces staff time to work intensely and effectively with families in the home setting.

Definition of Service

Family Preservation is a support service provided by specialized Family Preservation workers who provide concentrated and intense home-based services to families in order to prevent the removal of children from their homes, or to reunify children who have been removed from their families. The basic belief and value upon which the program is based are that ultimately, in most cases, it is in the best interest of children to grow up with their natural families. It is beneficial for children, families and the community when families are able to remain intact. When problems are resolved within the family, then the problem solving process strengthens the family, which is preferable to removing the child from the family.

The Family Preservation and Family-Centered Model of service delivery have been successful in other states in reducing the number of children entering out-of-home placement as a result of some family crisis. Family-centered service is a method of service delivery in the home, to children and their family, as a unit. It is founded on the principle that the first and greatest investment should be made in the care and treatment of children in their own homes. This means that the funds, personnel and other resources which traditionally have been expended on one family member are invested in treating and strengthening the family unit.

The program follows the Social Learning Theory Model (SLTM) of treatment to provide services to families in crisis (i.e., children at imminent risk of removal from their home setting). SLTM is a thoroughly researched and developed clinical approach. For more than thirty (30) years, this theory has documented effectiveness with a variety of child behavior problems, disorders of the child and family, family types and problems, and service setting. Of vital importance to current services in the state of Mississippi, SLTM is also one of the least costly and most effective programs available to address the state's child service needs.

Target Population

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, 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 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.

Federal Law created Family Preservation in 1993 under the “Home Ties Program.” Mississippi adopted this program in 1994 in order to bridge the gap, and 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:

- A. To provide crisis intervention to troubled families.
- B. To conduct thorough assessments of child and family functioning.
- C. To aid clients in locating and accessing concrete services (housing, clothing, food, etc.).
- D. To provide family therapy with a focus on parental self-control, child management, communication, and problem-solving techniques.
- E. To provide other necessary therapeutic services as indicated (marital therapy, depression treatment, etc.).
- F. To evaluate program efficiency and consumer satisfaction.

Preventing removal would result in preventing placement in standard foster care placements or more restrictive settings (such as residential, group home or other treatment facilities). The Family Preservation Program addresses root causes of childhood disorders through a combination of services.

Services Provided

1. ~~Twenty-four hour crisis intervention.~~
2. ~~Child and family assessment.~~
3. ~~In-home crisis management and skills building.~~
4. ~~Family therapy.~~
5. ~~Individual therapy when deemed necessary.~~
6. ~~Case management.~~
7. ~~Client advocacy.~~

Period of Service

Family Preservation contacts the family within 48 hours of the referral and sooner if it is deemed an emergency by the ASWS 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 Specialist to make initial contact as soon as possible. ~~If a family is accepted into the program, the service~~

~~delivery will range from 10-20 weeks, or longer if found necessary by the Family Preservation Specialist.~~

Schedule of Delivery

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. 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. 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.~~

Criteria for Inappropriate Referrals

- ~~1. Families in which the parent or target child is actively psychotic (not on a controlled medicine), suicidal, homicidal, or moderately to severely mentally retarded.~~
- ~~2. Families in which the primary problem has been sexual abuse and the perpetrator remains in the home.~~
- ~~3. Families in which the child is not at risk of removal from the home.~~

Referral Information

~~The county social worker or ASWS will need to complete a Client Information Sheet which will be forwarded to the Specialist upon referral. It will be the responsibility of the Specialist to forward the form to State Office. In addition the case must be an active DHS case.~~

Definitions of Criteria for Referral and Acceptance

~~Certain guidelines must be put into place in order for the referral process to go smoothly. Some guidelines include defining what is imminent risk, out-of-home placement, etc. These are defined as follows:~~

1. ~~Out of home placement means the removal of a child from his or her own home for a duration of two weeks or more, and with responsibility for his/her supervision, care and essentials of daily living given to either the social services, juvenile justice or public or private mental health/developmental disabilities or substance abuse system.~~
2. ~~Imminent risk of out of home placement means the referring agency and the Family Preservation Specialist concur that a child or children will be separated from his/her family (because of conditions of abuse, neglect, substance dependency or because of emotional behavioral dysfunction of the child) as soon as the appropriate steps can be taken to effect the separation, unless there is intervention to improve the conditions of the family's ability to cope presently.~~
3. ~~Primary Care giver means a parent, including adoptive parent or long term foster parent, a legal guardian or a person who is acting in loco parentis (has assumed the status and obligation of a parent) in relation to the child(ren).~~

Program Delivery/Referral Process

~~Actual operation of the program from the time of referral through treatment termination and after care will typically be delivered in the following manner:~~

1. ~~Referral, Initial Intervention And Assessment~~

~~Once a referral is received from a DHS social worker, the Family Preservation Specialist reviews the case. If the family meets the referral criteria, a Family Preservation Specialist is sent to meet the family. The initial meeting will take place within 48 hours of the referral or as soon as the family can be contacted, although it can take place the same day if there is an immediate conflict. The focus of this assessment will be two fold. First, to determine if emergency out of home placement is deemed necessary to prevent injury to any family member; second, to develop a practical evaluation of family problems that will identify those services that will be necessary to maintain the family unit.~~

2. ~~Development of A Treatment Plan~~

~~While crisis services will be available to families throughout the family assessment, a Comprehensive Family Treatment Plan will be established within two weeks of referral. The treatment plan will be developed by using input from the following professional sources:~~

- a. ~~The Family Preservation Specialist.~~
- b. ~~At least one representative from the family.~~
- c. ~~The county staff.~~
- d. ~~The treatment plan will include:~~
- e. ~~Family treatment goals.~~
- f. ~~Treatment components/procedures to be used in achieving the goals.~~
- g. ~~Needed concrete services (e.g., food, housing, job search) and methods for acquiring them. If funding is needed for concrete services, the DHS county social worker will follow the usual process in accessing these funds.~~
- h. ~~Individuals responsible for implementing procedures.~~

i. ~~Methods for measuring progress and goal attainment.~~

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.

~~3. Coordination With The DHS Worker~~

~~At the end of the initial two weeks, the family's county social worker will be provided with a copy fo the ongoing assessment summary and a treatment plan/individual service plan. These originals will be forwarded to the assigned DHS social worker for filing in the DHS case record.~~

~~The Family Preservation Specialists will attend court when subpoenaed or when deemed appropriate by the ASWS. Staffing will be held weekly with the DHS social worker and supervisor and at the same time the Specialist will provide to the case staffing a complete client update and/or staffing form.~~

~~The Family Preservation worker will also provide written narratives on the case to forward to the social worker so that documentation of the services provided on the case are recorded.~~

Program Delivery

~~The treatment plan will act as a contractual agreement between the family and Family Preservation Specialist. Agreed upon services will be delivered in an intensive fashion (i.e., 5 contact hours per week) during the first 8 to 10 weeks. This contact will be decreased to 2-5 hours per week during weeks 11-20. This empowerment maintenance period is designed to ensure family stabilization and to promote the family's ability to use the skills learned in treatment beyond the contact of a Family Preservation Specialist. This will help reduce the risk of the family re-entering the child welfare system.~~

~~Program families will be followed by quarterly intervals up to 12 months after termination of services. These follow up visits will help to insure family maintenance of skills and provide a refresher course if needed and on-call services will also be available to the families.~~

~~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 enter a monthly update narrative or plan evaluation in MACWIS on each family served.~~

~~The Family Preservation Specialist will notify the county worker or supervisor of any new child abuse/neglect and will also immediately notify them if the safety of the child/children cannot be maintained.~~

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 a 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.

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.

~~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.~~

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.

Reason for Premature Closing

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

REASONS FOR DISCONTINUATION OF FAMILY PRESERVATION SERVICE

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, 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.

Program Outcome

- ~~1. Prevention of out of home placement of a child or children in the home, during the family's involvement with the program and at one year follow-up. Past experience with this program has shown that this goal can be achieved for approximately 90% of referred families.~~
- ~~2. Demonstrated improvement in family functioning (e.g., parenting practices, problem solving, communication) following participation in the program based on pre-post measures.~~
- ~~3. Practical, service oriented assessments on all families. These assessments will be of critical importance in guiding services for families in which one or more children must be removed.~~
- ~~4. Evidence of consumer satisfaction with the program as measured by surveys of children, families and state agency workers~~

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

