Background

In-Home/Reunification Services may be provided by division personnel ('in-house') or through contracted providers, as available in each region. When In-Home/Reunification Services are provided in-house, the Child Protection Specialist refers a family for services by following regionally established protocols. This policy section applies directly to communication expectations of CFSD staff with contracted providers.

The referring Child Protection Specialist can request a copy of the In-Home/Reunification contract from the In-Home/Reunification Contract Liaison at Central Office (406) 841-2400.

The requirements of the Adoption and Safe Families Act of 1997 compels states to make concerted efforts to prevent removal of children from their homes and to reunify families in which efforts to prevent removal failed and the children were placed in out-of-home care. Services under the Family Preservation and Support Services grant and in compliance with the Act are:

- Community-based family support services;
- Family preservation services;
- Time-limited family Reunification services; and,
- Adoption promotion and support services. (Provision of this service is outlined in Child and Family Services Policy Manual: Adoption Post-Adoption 603-10)

The State's focus for In-Home/Reunification Services is to divert children from entering the foster care system; reduce the duration of stay in foster care; and, alleviate safety concerns in a family whose children have been removed so children may safely be reunited with their family.

In-Home/Reunification Services are most effective when provision is intense following referral, for example, 60 -100 hours of services provided to the family within the first three months of a family crisis. The Child Protection Specialist should be mindful of this when requesting frequency and intensity of services on referral.

In-Home/Reunification Services are to be provided to a family primarily within the home; the exception is when the contractor is providing Supervised Visitation or participation in a FGDM.

Service Descriptions

Community Based Family Support Services are designed to promote the safety and well-being of children and families; increase the strength and stability of families (including foster, and extended families); increase parents' confidence and competence in their parenting ability; afford children a safe, stable and supportive family environment to strengthen parental relationships and promote healthy marriages; and, to otherwise to enhance child development.

Services are instituted in situations where participation will preserve the family unit. Risk and Safety have been assessed in these instances and there is no imminent risk of removal of the child (ren), however there is cause to believe that abuse and neglect may become a factor the future, and therefore intervention is deemed necessary and appropriate. These children/families generally do not have an open CPS case, and are considered voluntary.

<u>Family Preservation Services</u> are designed to help families (including adoptive and extended families) at risk or in crisis. Service programs are designed to:

- Return the child(ren) to families from which they have been removed; be placed for adoption; be placed with a legal guardian; or, if adoption or legal guardianship is determined not to be safe and appropriate for the child, in some other planned, permanent living arrangement;
- Provide preventative services such as intensive family preservation programs, designed to help children at risk of foster care placement remain safely with their families;
- Provide services designed to provide follow-up care to families to whom a child has been returned after a foster care placement; or,
- Provide services designed to improve parenting skills in such areas as child development, family budgeting, health, nutrition and coping with stress by reinforcing parents' confidence in their strengths, help in the identification of

personal needs and providing skill building activities

<u>Time-limited Family Reunification Services</u> are designed to facilitate the Reunification of the child safely and appropriately in a timely fashion, not to exceed the 15 month period that begins on the date the child is considered to have entered foster care. These services may include the following:

- Individual, group, and family counseling;
- Inpatient, residential, or outpatient substance abuse;
- Treatment services;
- Mental health services:
- Assistance to address domestic violence;
- Family Group Decision Making;
- Supervised visitation;
- Transportation to and from any of the above services.

Family Group Decision Making Meeting Attendance: An invitation can be issued by the Child Protection Specialist at any time to facilitate communication and planning between Child Protection Specialist, the family and In-Home/Reunification providers. A Form CFS-050 does not need to be completed for a FGDM referral.

<u>Supervised Visitation</u>: Means a visit between parent(s) and a child who is in foster care. This may be conducted at the CFSD office, or at the office of the In-Home/Reunification Service provider.

As the monitoring needs of the family change, the Child Protection Specialist works with the In-Home/Reunification provider on other appropriate visitation areas. If children are in different out-of-home placements or if some children are living with the parents, efforts must be made by the referring Child Protection Specialist to arrange for sibling visitations.

<u>Family and Child Assessment</u>: Means an assessment of the client's physical, medical, nutritional, psychosocial, developmental, educational status in the context of the family by the In-Home/Reunification provider. The Child Protection Specialist may request an assessment upon the initial contact and first subsequent visits by the In-Home/Reunification provider with the family or as an ongoing process.

Resource Referral: Means establishing and maintaining needed and appropriate services that have been requested for referred families by the Child Protection Specialist which are completed by the In-Home/Reunification provider. This includes but is not limited to helping the family access parenting classes, housing, anger management classes, assistance in dealing with stress, coping skills, child care services, medical homes, and / or substance abuse counseling.

The Child Protection Specialist should provide information necessary to the In-Home/Reunification provider to enable active participation by the family in attaining these services and avoiding duplication of services.

<u>Parenting Skill Building</u>: Means direct (one on one) training provided for the purpose of improving the client's ability to raise their children. Direct skill building includes but is not limited to appropriate discipline, role modeling, age appropriate expectations, bonding, etc.

Family Behavior Skill Building: Means the provision of direct training to a family in areas such as anger management, preventing conflict, communication, assertiveness, behavior management techniques, crisis management, or providing counseling (non-therapeutic).

<u>Organizational Skills Training:</u> Means training that target assessed areas of weakness in the ability of the client to conduct daily affairs. This training is provided in areas such as basic life skills, including but not limited to shopping for necessary items, meal preparation, household management skills, budgeting, and problem solving.

Educational Classes: Means classes which may be offered by the In-Home/Reunification providers as a supplement to the above services. A family must be receiving other services from an In Home/ Reunification provider to qualify for access to Educational Classes.

<u>Transportation:</u> Means travel with or without a member of client family and conducted on behalf of the families needs. A family must be receiving other services from an In Home/Reunification provider to qualify for access to transportation services.

Service Availability

Services that are listed may not be available through In-Home/Reunification service providers in your area. Coordination of the service provision, goals, and outcomes are expected as a part of the referral by the Child Protection Specialist.

NOTE: Case management of the families who received these services remains with the Child Protection Specialist or Supervisor who requested services from the In-Home/Reunification provider.

Child Abuse and Neglect Reporting

An employee who contracts with or works for the Department to provide direct services to children will promptly report knowing or having reasonable cause to suspect that a child is at risk of being abused or neglected to Centralized Intake.

A provider reporting known or suspected child abuse and neglect to the Child Protection Specialist **does not** substitute for the reporting requirements of mandated reporters to Centralized Intake. Any Child Protection Specialist who receives a direct report of child abuse or neglect from a provider should inform the provider that they must also report this to **Centralized Intake**, **1-866-820-5437**.

Goals

When services are available and there is no imminent risk of harm to the child(ren) by remaining in the home or by reunifying with the parent(s), the agency goals are:

- To increase the capacity of an at-risk families to nurture their children in healthy environments by providing parents with the knowledge, skills and support to do so; and,
- To decrease the length of time the child remains in foster care.

Eligibility Criteria for In-Home Services

To refer a family to an In-Home/Reunification provider for services, a report from Centralized Intake must first be received and a determination for referral must be made.

Requests for referrals from outside agencies (including In-Home/Reunification contractors) or self referrals from families are not eligible for referral to In-Home/Reunification Services

unless they have been reported to Centralized Intake.

Referral for Services

The following children are eligible for referral to In-Home/ Reunification Services after a report has been received and investigated by CFSD:

- Child(ren) is/are at risk of abuse or neglect but the Child Protection Specialist has not opened a child protective services case:
- Child(ren) is/are at risk of abuse or neglect and has recently been referred to the Department, the child has not been removed from the parental home and the Child Protection Specialist has opened a child protection services case; or
- Child (ren) has/have been placed in out-of-home care by the Department and the parent(s) are participating in a treatment plan for Reunification.

In addition to the above criteria the family must:

- Demonstrate the ability to provide minimally acceptable safe child care;
- Be willing to accept the service(s) offered; and,
- Live in a home which does not pose an immediate threat to the health or safety of the child or to the service provider.

Prior to a referral, a CFSD Release of Information Authorization For the Use and Disclosure of Information form, DPHHS-CFS-210 must be filled out with the parent, and the In-Home Service provider box must be checked.

To make a initial referral, the Child Protection Specialist must submit the following documents to the In-Home/Reunification Services Provider:

- DPHHS-CFS-050 In-Home/Reunification Services Referral Form (With a copy retained in the case file);
- Current and ongoing Court Ordered Treatment Plan(s)

Current Family Functioning Assessment (FFA)

The DPHHS-CFS-050's are available on the OURS under CFS Forms/In-Home Services and can be accessed at:

http://ours.hhs.mt.gov/forms/CFSforms/InHomeServices/CFS-050InHomeReunification.docx

The DPHHS-CFS-503 FFA's are available on the OURS under CFS Forms/SAMS Safety Forms and can be accessed at:

http://ours.hhs.mt.gov/forms/CFSforms/Samssafetyforms/CFS-SAMS-503FamilyFunctioningAssessmentFFA.docx

The Child Protection Specialist may refer the family for community based family support services, family preservation services, or time-limited reunification services.

As the service needs of a family change from one category of service to another (e.g. if there is a placement with birth parents), the Child Protection Specialist must submit to the In-Home/Reunification provider an updated CFS-050.

The referring Child Protection Specialist will at the time of referral and on a continual basis as service goals are met by the family, provide the In-Home/Reunification service provider with the following information regarding the family:

- a) The basis for Child Protection Specialist involvement and the status of Court action:
- b) Expectations of types of services to be provided;
- The purpose for the services to be provided and whether it is for family preservation, prevention or Reunification services;
- d) Frequency and intensity of requested services; e.g. hours per week; The Child Protection Specialist should consult with In-Home/Reunification provider about the frequency and intensity of services after the provider has completed the initial assessment of the family;

- e) The anticipated length of time services are to be provided; and
- f) Detailed information regarding the family's safety assessment including family dynamics and safety precautions

Communication and Progress Updates

The Child Protection Specialist and In-Home/ Reunification services provider must maintain a close working relationship. The referring Child Protection Specialist can expect that the provider is responsive to families experiencing crisis or concerns that can result in the maltreatment of children. The provider is expected to communicate concerns at the time they are identified to the Child Protection Specialist.

The provider is required to notify the referring Child Protection Specialist at the time of acceptance or denial of the referral in writing. The Child Protection Specialist must update the status of the case in the case file when notification of acceptance or denial occurs. The referring Child Protection Specialist must also indicate if there is a safety concern that would prohibit an appropriate meeting with the family in the home by the provider within established time lines (according to the In-Home/Reunification contract), before a provider closes an open case the provider must notify the referring Child Protection Specialist.

Supervisors of home visitors must provide updated information regarding current caseloads and available slots to the local Child Protection Specialist Supervisors in their respective service areas.

Child Protection Specialist and In-Home\Reunification Service providers must meet each calendar month to staff cases.

Family Service Plans

The Family Services Plan (FSP) is developed by the In Home/ Reunification Service Providers within 30 days of the acceptance of the referral. The FSP is based on the needs of the family as defined by the referring Child Protection Specialist on the CFS-050. It is individualized for each family and should establish measureable goals and outcomes for referred services. The Child Protection Specialist may participate in the development of the FSP with the provider, family, and other

interested professionals. The focus of the FSP should be on eliminating risk and safety concerns that brought the family to the attention of the Department. If a treatment plan has been established, the FSP should reflect the requirements that are outlined in that plan.

The FSP must have dated signatures from the referring Child Protection Specialist, the family, the In-Home/Reunification worker, and In-Home/Reunification supervising worker except in non open Child Protection Specialist cases where the Child Protection Specialist Supervisor assigned to the case signs off on the FSP.

Over time, services identified in the FSP may change upon approval of the Child Protection Specialist.

Documentation

The following documents are to be maintained in the client's case file if it is an open case, and a family case file if it is a voluntary/non open case:

- The CFSD Release of Information Authorization for the Use and Disclosure of Information form, DPHHS-CFS-210.
- The CFSD Referral form, DPHHS-CFS-050 which reflects the frequency, intensity, and updates on each family's progress, and the family's response to In-Home/Reunification Services;
- In-Home/Reunification provider's monthly written report;
- Form DPHHS-CFS-208, Parent-Child Interaction Plan providing documentation of supervised visits;
- A copy of the initial Family Service Plan and any revisions thereof within two (2) weeks of obtaining all signatures in open CPS cases; and,
- A copy of the termination summary must be submitted to the assigned Child Protection Specialist within 30 days of closure (when the family has an open CPS case).

References	Mont. Code Ann. § 41-3-101
	Mont. Code Ann. § 41-3-201
	Mont. Code Ann. § 41-3-301
	Mont. Code Ann. § 41-7-102 et seq.

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