

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

**Cover Memorandum accompanying the July 13, 2007 filing of the Final Rule Adoption by the Division of Family and Children's Services issuing new Family Preservation Policy for the Volume IV policy manual.**

Listed below are four (4) new or amended rules to the agency's policy manual that account for the substantive differences between the final rule on Family Preservation effective June 30, 2006 and the proposed revised final rule.

1. Proposed Rule:

The primary focus of the Family Preservation Program is to provide intensive home-based services to families served by the Mississippi Department of Human Services (MDHS) whose child(ren) are at risk of being removed from the home. Children, age birth to eighteen (18), are generally at risk for being placed out of the home due to one or more of the following:

Current Rule:

The primary criteria for referral to the Family Preservation Program will be a child served by MDHS 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:

2. Proposed Rule:

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

Federal: Omnibus Budget Reconciliation Act of 1993, P.L. 103-66, Family Preservation and Support Services; Amended Title IV B (2); The Family Preservation Act of 1994;

State: Section 43-51-1 through Section 43-51-9, Mississippi Code

#### Current Rule:

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.

#### 3. Proposed Rule:

A treatment plan is developed at the end of the first two weeks of contact with the family. During the first ten (10) weeks of contact, the program provides each family five (5) to fifteen (15) hours of direct contact per week, including home visits, telephone contacts, assessing support services and other case management duties. A minimum of four (4) hours of direct contact per week must be face to face. During weeks eleven through twenty (11-20) contact is decreased to two (2) to five (5) hours per week, as treatment goals are achieved and family functioning is stabilized. During this phase, a minimum of two (2) hours of direct contact per week must be face to face. In addition, Family Preservation Workers are available to families twenty-four (24) hours per day and follow-up services are provided.

#### Current 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, which may include home visits, telephone contacts, assessing concrete services, and other case management duties. A minimum of 4 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.

#### 4. Proposed Rule:

##### A. MDHS Worker Role

1. Make referral to the Family Preservation program;
2. Coordinate and facilitate the initial Family Team Meeting on Prevention cases with the Family Preservation Service Worker. During

the initial meeting, the MDHS Worker will share vital information with the Family Preservation Service Worker on the family referred. The MDHS Worker and the Family Preservation Service Worker will coordinate a transitional phase for the family from Protective Services to Family Preservation Services;

3. Complete an initial ISP within the first two weeks of referral to Family Preservation;
4. Coordinate and facilitate all Family Team Meetings on Placement cases;
5. Keep an open case on all families referred to the Family Preservation program;
6. Have quarterly staff meetings with Family Preservation Service Worker;
7. In the event of removal of a child, the MDHS Worker will handle all of the details.

Current Rule:

#### **COUNTY STAFF ROLE**

- a. Make referral to the Family Preservation program;
- b. Coordinate and facilitate the initial Family Team Meeting on Preventive cases with the FPS Worker. Also during the initial meeting, the county Worker will share vital information with the FPS Worker on the family referred, and the county Worker and the FPS Worker will coordinate a transitional phase for the family from Protective Services to Family Preservation Services.
- c. Coordinate and facilitate all Family Team Meetings on custody cases;
- d. Keep an open case on family referred to the Family Preservation program;
- e. Have quarterly staff meetings with FPS Worker;
- f. In event of removal of child, county Worker will handle all of the details.

5. Proposed Rule:

A decision for discontinuation of services involves the Family Preservation Service Worker and the MDHS Worker. Reasons for discontinuation could include:

- A. Completion of the intensive services;
- B. Lack of cooperation by the family
  - 1. Failure to keep appointments, other significant avoidance, and Failure to follow through;
  - 2. Hostility, unworkable level of resistance;
- C. Child remains at risk and/or abusive parent does not develop controls, and;
- D. Abuse or injury to the child which results in child being removed from the home.

Current Rule:

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.

## FAMILY PRESERVATION PROGRAM

### I. INTRODUCTION

The primary focus of the Family Preservation Program is to provide intensive home-based services to families served by the Mississippi Department of Human Services (MDHS) whose child(ren) are at risk of being removed from the home. Children, age birth to eighteen (18), are generally at risk for being placed out of the home due to one or more of the following reasons:

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

### II. LEGAL BASE

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

Federal: Omnibus Budget Reconciliation Act of 1993, P.L. 103-66, Family Preservation and Support Services; Amended Title IV B (2); The Family Preservation Act of 1994;

State: Section 43-51-1 through Section 43-51-9, Mississippi Code

### III. 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 assessments of child and family functioning;
- C. To aid families in locating and accessing concrete services (housing, clothing, food, and other basic needs);
- D. To provide services with a focus on parental self-control, child management skills, communication and problem-solving techniques;
- E. To provide other necessary services as indicated;
- F. To evaluate program efficiency and consumer satisfaction.

### IV. PERIOD OF SERVICE

Family Preservation contacts the family within forty-eight (48) hours of the referral or sooner if it is deemed an emergency by the Supervisor or MDHS Worker. In the case of

an emergency, where the MDHS Worker plans to immediately remove a child due to severe abuse/neglect, it may be necessary for the Family Preservation Service Worker to make initial contact sooner than the forty-eight (48) hours allowed. If a family is accepted into the program, the service delivery is provided for a period of up to twenty (20) weeks or longer if deemed necessary by the Family Preservation Service Worker.

## **V. 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 ten (10) weeks of contact, the program provides each family five (5) to fifteen (15) hours of direct contact per week, including home visits, telephone contacts, assessing support services and other case management duties. A minimum of four (4) hours of direct contact per week must be face to face. During weeks eleven through twenty (11-20) contact is decreased to two (2) to five (5) hours per week, as treatment goals are achieved and family functioning is stabilized. During this phase, a minimum of two (2) hours of direct contact per week must be face to face. In addition, Family Preservation Workers are available to families twenty-four (24) hours per day and follow-up services are provided.

Follow-up services may include telephone contacts and/or home visits after termination of services to the families. Follow-up services are scheduled in three (3), six (6), nine (9), and twelve (12) month intervals. Written documentation is required by the Family Preservation Services Worker on each contact to indicate the family's status. These follow-up services assist the family in maintaining their skills and provide a refresher course, if needed. An on-call service is available as needed. During this follow-up period, further assessments are completed, and program effectiveness is evaluated.

Some cases which typically have unsuccessful outcomes, but may still be referred are:

- A. Families in which the parent or child at risk is actively psychotic (not on a controlled medication), suicidal or homicidal;
- B. Families in which the parent is mentally challenged;
- C. Families in which the primary problem has been sexual abuse and the perpetrator remains in the home;
- D. Families with long-standing history in the service system;
- E. Families who have drug and alcohol issues unless combined with a treatment program;
- F. Families in which a child has been killed, maimed, or seriously injured.

## **VI. 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:

- A. The Family Preservation Service Worker;
- B. At least one representative from the family, and;
- C. The MDHS Worker.

#### **VII. INCLUDED IN TREATMENT PLAN**

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

#### **VIII. COORDINATION WITH DHS STAFF**

By the end of the initial two weeks after referral, the Family Preservation Services Team (to include the Family Preservation Service Provider, MDHS Worker, all applicable family members and any support systems deemed necessary per the family's request) will complete the treatment plan and assessment summary. The Family Preservation Service Team (to include the Family Preservation Service Provider and MDHS Worker) shall attend court when subpoenaed or when deemed appropriate by the Supervisor.

##### **A. MDHS Worker Role**

1. Make referral to the Family Preservation program;
2. Coordinate and facilitate the initial Family Team Meeting on Prevention cases with the Family Preservation Service Worker. During the initial meeting, the MDHS Worker will share vital information with the Family Preservation Service Worker on the family referred. The MDHS Worker and the Family Preservation Service Worker will coordinate a transitional phase for the family from Protective Services to Family Preservation Services;
3. Complete an initial ISP within the first two weeks of referral to Family Preservation;
4. Coordinate and facilitate all Family Team Meetings on Placement cases;
5. Keep an open case on all families referred to the Family Preservation program;
6. Have quarterly staff meetings with Family Preservation Service Worker;
7. In the event of removal of a child, the MDHS Worker will handle all of the details.

**B. 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 MDHS Worker;
2. Provide written documentation of services to MDHS Worker by the fifth (5<sup>th</sup>) working day of the month;
3. Participate in the initial Family Team Meeting and coordinate and facilitate the subsequent Family Team Meetings on all Prevention cases, and the MDHS Worker and the Family Preservation Services Worker will coordinate a transitional phase for the family from Protection Services to Family Preservation Services.
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 MDHS Worker of any new child abuse/neglect. Immediately notify the MDHS Worker if the safety of the child/children cannot be maintained;
6. After the family completes the intensive phase of treatment, the Family Preservation Services Worker provides follow-up services to the families. Follow-up services may include telephone contacts, and/or home visits after termination of services to the families. Contacts are scheduled in three (3), six (6), nine (9), and twelve (12) month intervals. These follow-up services will help to insure family maintenance of skills and provide a refresher course if needed. On-call services are also available if needed. 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 Family Preservation Services Worker is available to the families for up to one (1) year after termination of services.

**IX. REASONS FOR DISCONTINUING FAMILY PRESERVATION SERVICE**

A decision for discontinuation of services involves the Family Preservation Service Worker and the MDHS Worker. Reasons for discontinuation could include:

- A. Completion of the intensive services;
- B. Lack of cooperation by the family;
  1. Failure to keep appointments, other significant avoidance, and failure to follow through;
  2. Hostility, unworkable level of resistance;
- C. Child remains at risk and/or abusive parent does not develop controls, and;
- D. Abuse or injury to the child which results in child being removed from the home.

## **X. EVALUATION METHODS**

Assessment of the program will be done on the basis of:

- A. Accumulated statistics;
- B. Client satisfaction survey which will be completed by the family upon acceptance, at mid-treatment, and at termination;
- C. Periodic MDHS Worker surveys concerning the services provided by the Family Preservation Services Program, and;
- D. Reviews will be completed on the goal attainment form during each phase of the treatment.