

Arizona Family Connections (FC) and SENSE

An Overview for External Partners



A Vision of System Change

1. Individualized to family needs, culture, and readiness for change
2. Designed for target populations and desired outcomes
3. Delivered with continuity through transitions from in-home to out-of-home to reunification
4. Coordinated with other family-serving agencies, so that service plans are feasible for the family to achieve
5. Delivered by staff with expertise in assessment and behavioral change; separated from, but complimenting DCS expertise in safety assessment and planning
6. Congruent with Arizona's safety assessment and Protective Factors Assessment models
7. Consistent across DCS contracted providers and in all regions of the State
8. Evidence-based

Individualized Relevant Engaging Coordinated Consistent Effective



DCS is revolutionizing a service array so that

- Parents have a greater likelihood of meeting conditions for return, making positive behavioral changes, enhancing protective capacities, and strengthening protective factors,
- Children are more likely to reside safely at home with a parent
- Arizona's entry rate per 1,000 children is reduced, children who enter care have higher rates of reunification, and length of stay in out-of-home is shorter-without an increase in re-report or re-entry rates



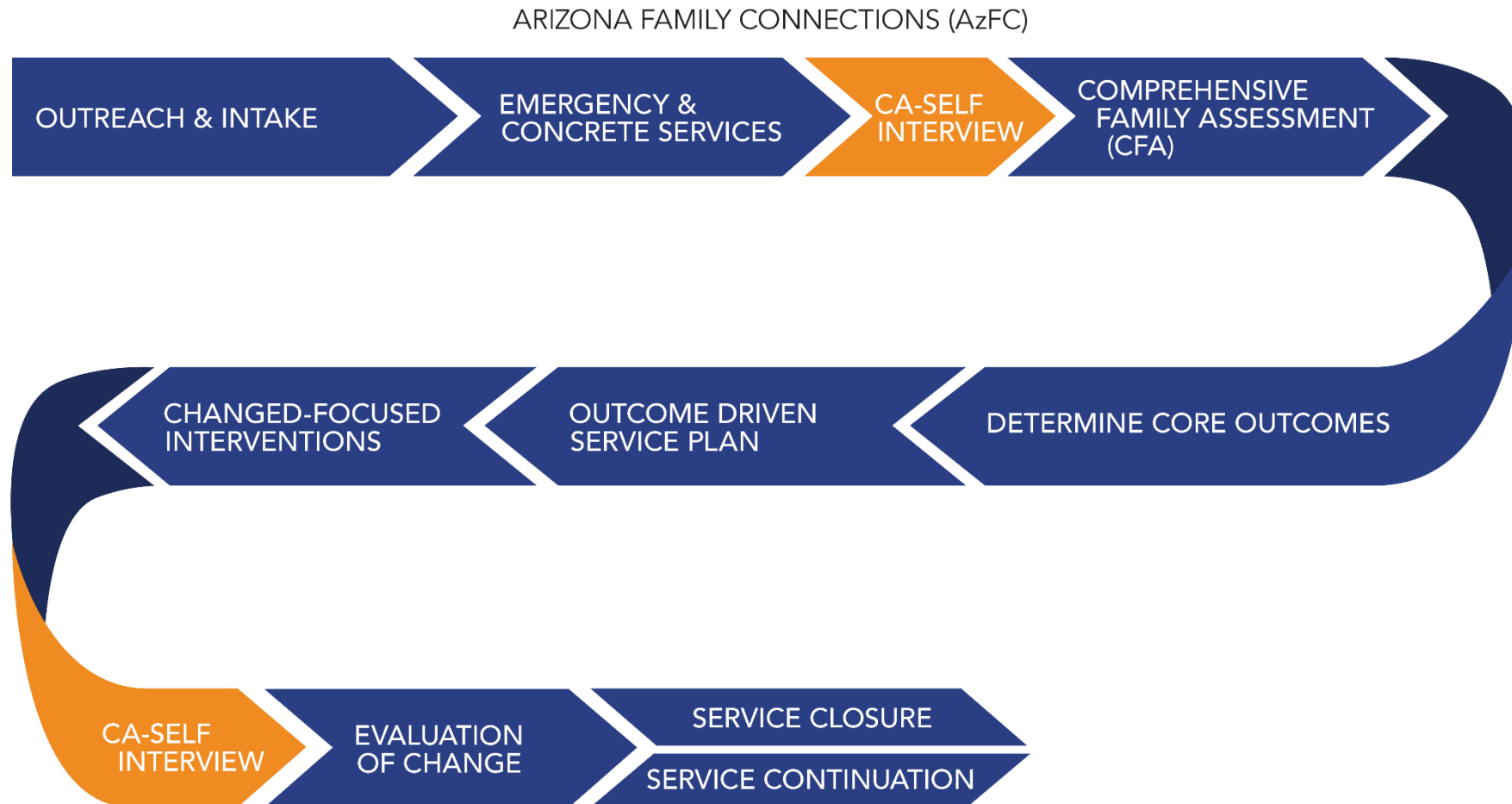
Current and Future State - Service Array

Implementation of FC will occur in phases, to best meet our families' needs. See the Service Transition FAQ to learn what phase the Department is currently in.

	Prior Service Array	New Service Array
Family preservation and reunification programs	Building Resilient Families In-Home Moderate In-Home Intensive Family Reunification Teams	Family Connections (FC) (July 2021)
Curriculum-based parenting skills training	Parent Aide skill sessions	Nurturing Parenting Program (NPP) (July 2021)
Intensive in-home support for families with substance exposed newborns	SENSE	Updated SENSE (July 2021)
Substance use disorder assessment, treatment, recovery maintenance	AZ Families FIRST	Updated AZ Families FIRST (February 2021)
Mental health services	Behavioral health system DCS contracted services	Behavioral health system Improved DCS contracted services (Fall 2021)
Supervised Parenting Time	Parent Aide (PA) Supervised Visits Only (SVO) Therapeutic Visitation	Supervised Visits Only Clinically Supervised Parenting Time (January 2021)



FC Process



FC Process

Program Element	Timeframe	Deliverable (Programmatic Report)
Service Levels	Level One: One in-person meeting per week for 150 days Level Two: Two in-person meetings per week for 150 days Continuations: 90 day intervals	Weekly Progress Reports
Initial Outreach	In-person within one (1) business day of referral receipt	Weekly Progress Report (if contact made) Service Closure Summary (if unable to make contact)
Intake	Within five (5) business days of referral receipt	Weekly Progress Report Benefits Screening Tool Release of Information
Emergency and Concrete Needs Assessment	Starting with initial outreach and completed within first thirty (30) days of service	Weekly Progress Report Comprehensive Family Assessment
CA-Self Interview	Initiated in the 2 nd or 3 rd meeting with the family	CA-Self Interview Family Profile
Comprehensive Family Assessment	Within 30 days of referral receipt	Comprehensive Family Assessment
Service Plan	Within 45 days of referral receipt	Family Connections Service Plan
Evaluation of Change (EOC)	Two weeks prior to the end of the service authorization	Evaluation of Change
Service Closure	Within 10 days of EOC where closure determined	Service Closure Summary



Target Families

- Families whose DCS case will close following investigation
- Families receiving in-home case management with no impending danger *and* no risk of emergency removal of a child if services are not effective
- Families receiving in-home or ongoing case management with impending danger *and* safety plan, or risk of emergency removal of a child if services are not effective
- Families receiving ongoing case management with a child in out-of-home care



Eligibility Criteria

The FFA-investigation has been completed, with sufficient information collection to make an impending danger decision.

At least one child age birth to 18 resides in the home; or a parent in the home has parenting time (visitation) with a child.

At least one parent is able and available to participate in FC, and does not currently have any of the following restrictions on participation:

- No contact order between the parent/caregiver and the child
- Impairment requiring stabilization or improvement before the parent could benefit from FC (i.e. active psychosis, physical illness requiring hospitalization or residential care, pervasive substance use impacting reality orientation)
- Institutionalized or incarcerated

The DCS Specialist and family have discussed the family's strengths and needs, and the family has verbally agreed to meet with an FC Consultant to learn about the program and services.

The DCS Specialist and DCS Supervisor have concluded one or more family members has a behavioral change goal that can be achieved by improving in one or more FC Core Outcomes, and there are no available and accessible community programs that would provide the family an equivalent service.

Families in need of only concrete supports, will be assisted by DCS to locate community resources and should not be referred to FC.



FC Core Outcomes

Family Functioning

- Demonstrates family strengths to support family identity, info sharing and coping to meet needs

Social Support

- Access to and effectively uses emotional, child, financial, instrumental and agency support

Family Resources

- Family possesses sufficient resources and/or access to resources to meet child's basic needs

Parenting Attitudes & Behaviors

- Positive parenting attitudes related to expectations of children, empathy, non-violent discipline, and appropriate parent-child roles and child independence

Parenting Stress

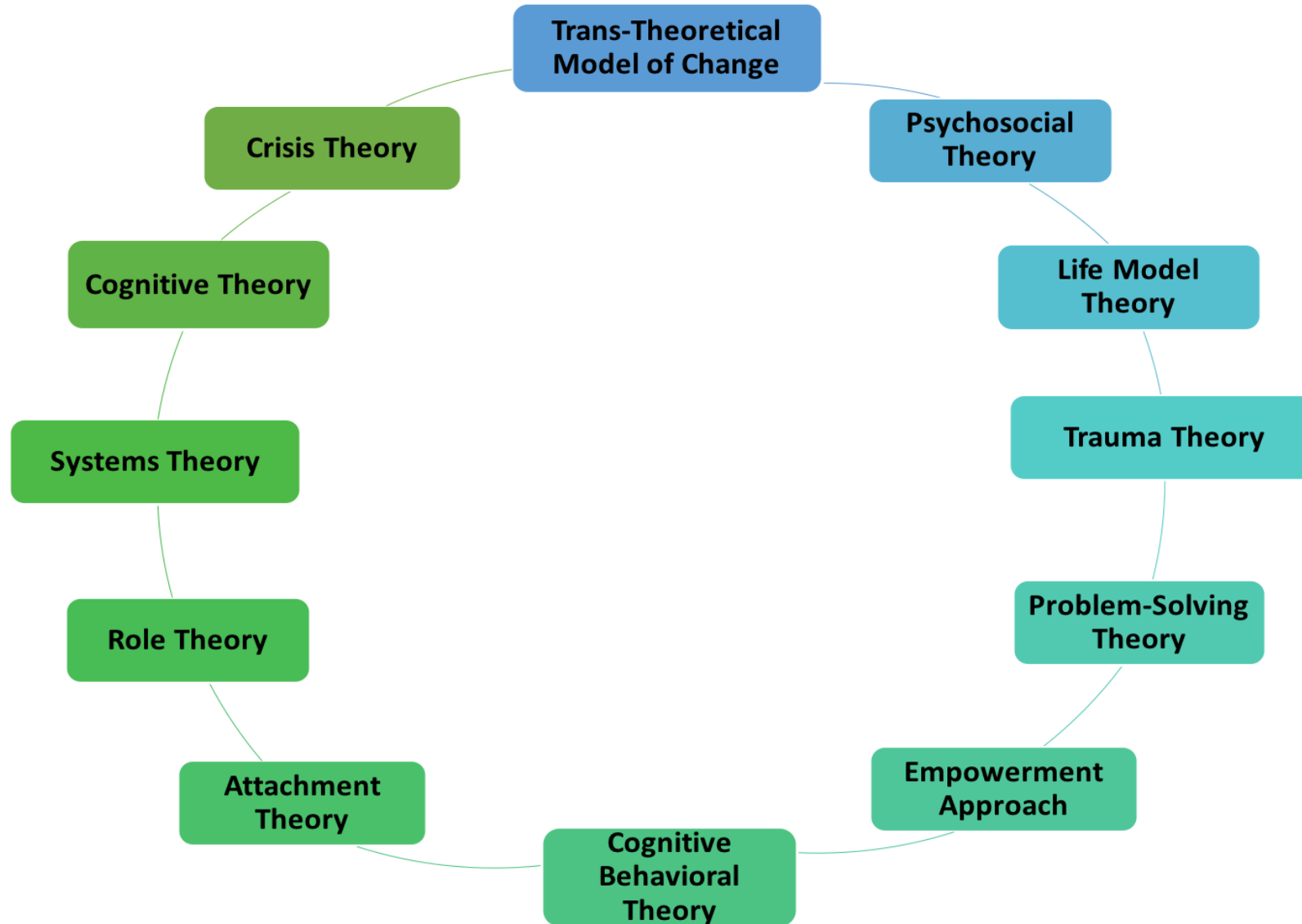
- Demonstrate skills to manage stress

Child Well-Being

- Age appropriate functioning, health and development



Theoretical Base



For more information, please reference Chapter 4 of the FC Program Manual.



Philosophical Practice Principles

FC intervention is family-centered, community-based, preventive, comprehensive, and flexible.

FC employs a set of practice principles from the research on what works best with vulnerable families.

- Community outreach
- Family assessment and tailored interventions
- Development of a helping alliance
- Empowerment approaches
- Strengths perspective
- Cultural competence
- Developmental appropriateness
- Outcome-driven service plans
- Emphasis on positive attitudes and qualities of helpers



Trauma-Informed Practices and Principles

Family Connections Services are trauma-informed:

- Work with at-risk families who have likely experience trauma.
- Recognize trauma and its impacts on an individual and family system.
- Trauma-informed care approach with a deeper understanding of the individual and family and how trauma impacts patterns of behaviors.
- Provide trauma-specific interventions and resources based on the individualized needs of each person or family.



Initial Outreach

- The FCC will contact the family via telephone to schedule the in-person initial outreach meeting
- The purpose of initial outreach within 1 day is to meet the needs of families who may be in crisis.

For more information on if the telephone contact is unsuccessful, please reference Chapter 7 of the FC Program Manual.



Intake Meeting

- The intake meeting should occur in the family's home, unless approved by DCS for another location.
- This is an opportunity to encourage and motivate the family to participate in services.
- During the intake meeting, the FCC shall confirm the family is informed of, and understands:
 - The status of the DCS case and reason for DCS involvement
 - If referred to SENSE, a SENSE RN will outreach within 30 days
 - How FC can assist the family to meet the Conditions for Return
 - The different roles of the FCC and DCSS
 - What the family can expect throughout the FC program
 - Discuss confidentiality issues and obtain a signed ROI



Assessing and Responding to Concrete and Emergency Needs

- The FCC will assist the family to obtain concrete services when a concrete need is a barrier to the parent's readiness to engage in FC or other services, or would meet a Condition for Return.
- Emergency Flex Funds, up to \$300 per referred family in a 6 month service period, are available to purchase resources not otherwise available, in order to meet a child's basic needs to or Conditions for Return
- FC assesses for and responds to three types of emergencies:
 - Identification of possible child abuse or neglect
 - Psychosocial risk
 - Psychiatric crisis of a parent/caregiver or child, including the threat of harm to self and/or others.

The FCC will need to understand what the families' Conditions for Returns are and how to best assist the family in meeting them.



Comprehensive Family Assessment (CFA)

- The CFA is not a one-time-only event or the result of a structured interview.
- The CFA process drives service planning and the selection of interventions and services. FCCs utilize the assessment to translate risk, family protective factors, dangers, and caregiver protective capacities into intervention outcomes.



Core Outcomes & Computer Assisted Self-Interview Assessment Tools

Family Functioning

- Family Functioning Style Scale

Social Support

- Support Functions Scale

Family Resources

- Family Resource Scale

Parenting Attitudes & Behaviors

- Adult Adolescent Parenting Attitudes
- Parenting Attitudes About Raising Teens Inventory
- Nurturing Skills Competency Scales

Parenting Stress

- Parenting Stress Index – Short Form

Child Well-Being

- Information supplied by DCS and behavioral health

- The FCC will administer the CA-Self Interview, which is a compilation of validated standardized assessment tools.
- The CA Self-Interview also contains screening instruments to help identify possible trauma exposure and post-partum depression.
- For more information, please reference Chapter 9 of the FC Program Manual.



Screening for Symptoms of Depression and Trauma

Depression: Post-Partum

- Edinburgh Postnatal Depression Scale (EPDS)

Trauma: Exposure

- Life Events Checklist (LEC-5)



Service Coordination is Imperative

Prior to the service plan development, the FCC and family will identify and discuss all external services and provider agencies the family is involved with in order to:

- understand the family's schedule and availability for FC appointments
- explore with the family any redundancy or duplication of services
- determine if the family's current schedule is feasible and realistic
- determine the proper sequencing of services for the family

The FCC advocates with or on behalf of the family when services are redundant, not feasible, or out of sequence.



UBSMART Goals

Understandable,
Behaviorally Stated
Specific
Measurable
Achievable
Relevant
Timely

- Goals do not describe the treatment or change-focused services provided, but what the behavior WILL look like when the goal is achieved.
- The FCC will share the service plan with DCS and obtain DCS consensus prior to the DCS case plan staffing.
- The DCS case plan contains long-term behavior change statements, whereas the FC service plan contains short-term goals.

For more information, please reference Chapter 10 of the FC Program Manual.



Service Plan That Supports Success

The FCC will facilitate the service plan development meeting with the family and:

- develop an FC service plan that addresses the reason for the FC referral, is culturally relevant/sensitive, and is tailored to the individualized needs of the family;
- partner with the family to review FC Core outcomes and develop UBSMART goals, outlining action steps;
- create clear understanding of FC service provision and expectations of the family's participation in the program; and
- ensure clear communication and understanding of the specific roles of the FCC and DCS Specialist.



Interventions and Techniques may include

- sharing perceptions, ideas, reactions and formulations
- grief and loss work
- developmental remediation
- rehearsing action steps
- reviewing action steps
- evaluation
- focusing
- educating
- advising
- representing
- responding with immediacy
- reframing
- confronting
- pointing out endings
- motivational interviewing
- Trauma-informed approaches

For more information, please reference Chapter 11 of the FC Program Manual.



Interventions related to risk factors and impending danger

- Concrete resources
- Social support
- Individually-oriented interventions
- Family-focused interventions
- Service facilitation
- Trauma approaches



Essential Elements of Trauma-Informed Child Welfare Systems Interventions

- Maximizing physical and psychological safety for children and families
- Identifying trauma-related needs of children and families
- Enhancing child well-being and resilience
- Enhancing family well-being and resilience
- Enhancing the well-being and resilience of those working in the system
- Partnering with children and families
- Partnering with agencies and systems that interact with children and families



A Working Partnership: Points of Collaboration

- FC Referral: Information sharing
- FCC's Weekly Progress Reports: Shared with the DCS Specialist each week
- The assessment coordination meeting – initial
 - At the conclusion of the Comprehensive Family Assessment (FC) and FFA-Ongoing Exploration (DCS)
 - Share information gathered from assessments, resolve discrepancies between assessments, reach consensus on behavioral change statements
- The DCS case planning staffing: Occurs jointly with the family
- The assessment coordination meeting – EOC
 - After CA-Self Interview is completed and progress has been analyzed (FC) and FFA-Ongoing Progress Update (DCS)
 - Share information gathered from assessments, resolve discrepancies between assessments, determination on service closure or continuation, and if behavioral change statements will need to be modified



Using the Evaluation of Change for Decision-Making: Close or Continue?

- The FCC will re-administer the CA Self-Interview to the family and gather information from various sources about the progress of the family.
- Continuation may occur when there are continued risk/safety concerns or if assistance and support for families during the reunification transition is needed.
- There are five levels of progress:
 - Change/UBSMART goal achieved
 - Substantial change
 - Some change
 - Minimal or no change
 - Risk or safety issue worsening



Service Closure

- When sufficient change has occurred to adequately reduce risk and/or eliminate danger, the FC program will end.
- Service Closure Types:
 - Services Completed
 - No contact
 - Declined Services
 - Disengagement from Services
 - Moved Outside of Geographic Service Area
 - No Longer Eligible
 - Unable to Participate
- The FCC completes a Family Resource Plan with the family.

For more information, please reference Chapter 13 of the FC Program Manual.



SENSE

Substance

Exposed

Newborn

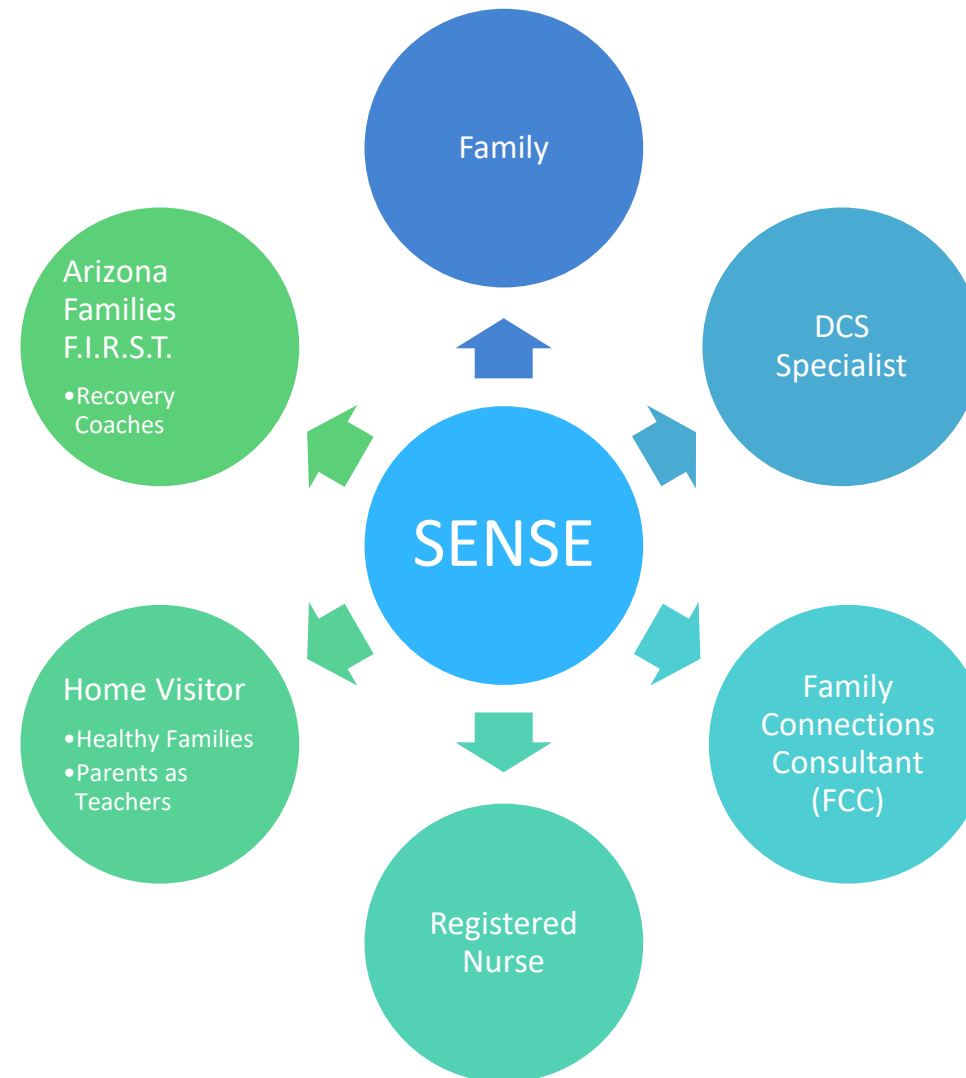
Safe

Environment

- Services for families referred after the birth of a substance exposed newborn
- Collaborative team approach to working with families side-by-side to accomplish identified behavioral changes
- A SENSE Registered Nurse assesses and evaluates overall development and health of the infant



Collaborative Team Approach



What has changed in SENSE?

- Referral process for SENSE RN and home visitor
- Service plan development timeframe
- FC Assessment Coordination Meetings replacing SENSE staffings
- Weekly e-mails will be initiated by the FCC
- Replaced collaborator meetings with quarterly provider meetings
- Strengthened collaborative partnerships
- Monthly calls between SENSE RNs and the Nurse Consultant for professional practice support



Frequency of Contact/Referrals

- Frequency of Contact:
 - Two home visits a week for a maximum of 150 days (5 months)
 - Total of 42 contacts in 150 days
- Referrals:
 - The FCC will notify the SENSE RN of the new referral to initiate services.
 - The FCC will submit a referral to the local home visitor program to initiate services.
 - The DCSS will submit a service request for Arizona Families F.I.R.S.T. through Guardian with the appropriate documents.



Service Plan Timeframe and FC Meetings

- When a family is receiving SENSE services, the following participants will also attend the Assessment Coordination Meetings-Initial and EOC:
 - Home visitor representative
 - SENSE RN
 - Substance use provider representative
- The FC Service Plan is also utilized for SENSE.
- If a family will end FC services prior to the next EOC, the FCC shall schedule a closure meeting with all of the family's SENSE team members prior to service closure.



Communication

- The FCC will be responsible for initiating and completing weekly e-mails to all of the family's SENSE team members, providing an update on the week's activities.
- Eliminated Collaborator meetings, and replaced with ACM Provider Meetings, where SENSE providers will be included.
- Having the SENSE team members participate in all FC Meetings, strengthens the collaborative partnership and enhances service coordination and information sharing.
- The SENSE RN will participate in monthly nurse calls and collaborate with, and seek consultation from the nurse consultant.

