

DCCCA Family Preservation

DCCCA Family Preservation Menu of Services for Families		
	Tier I	Tier II
Service Period	6 weeks	3 – 6 months
Evidence Based Practice Models	Family Centered Treatment Model	<ol style="list-style-type: none"> 1. Family Centered Treatment Model (FCT) 2. Sobriety Treatment and Recovery Teams (START) – Specific to families where substance use is a primary factor influencing the child welfare concern,
Characteristics	<ul style="list-style-type: none"> ▪ Masters level practitioner ▪ 5 hours (minimum) of weekly in-home services ▪ Mitigate immediate child safety concerns, stabilize family crisis and assess the family's needs 	<ul style="list-style-type: none"> ▪ Dyad Approach: Case Manager & Family Support Worker ▪ Minimum of 1-3 hours of weekly in-home services ▪ Assessing for existing risk and emergent safety issues, initiate services to stabilize and support the family
Potential Referral Examples	<ul style="list-style-type: none"> ▪ A family with a child placed in police custody. ▪ A family with a child with serious emotional or behavioral concerns and the family expresses they can no longer cope without intervention. ▪ A family who has participated in less intensive, unsuccessful interventions and the family is experiencing a crisis. 	<ul style="list-style-type: none"> ▪ A pregnant woman using alcohol and/or substances during pregnancy. (START) ▪ A family whose infant is born substance exposed or substance affected. (START) ▪ A family with a member who screens positive for a current substance use disorder or substance misuse and needs on-going case management services to support their recovery plan. (START) ▪ A family with multiple unsubstantiated findings of abuse or neglect and have a moderate to high assessment of current risk for abuse, neglect or out of home placement. ▪ A family with affirmed or substantiated abuse or neglect finding a moderate to high risk of subsequent maltreatment. ▪ A family with a child with truancy issues. ▪ Family who needs continued supportive case management services for a child's moderate or high-risk behaviors after completion of intensive FPS. ▪ Assessments have been completed by DCF CPS Specialist or the FPS therapist indicating a parent or caregiver has mental health issues placing a child at risk for abuse, neglect, or out of home placement. ▪ A family lacks parenting skill to care for a child with difficult behavior at home or school, placing that child at risk for out of home placement or in-patient mental health treatment. ▪ Families with mental/emotional illness when the crisis has been stabilized and one adult in the household is able and willing to protect the child(ren) and participate in services.



Family Preservation Characteristics:

- Voluntary service provided to families with a child at risk of entering out of home placement.
- Provides in-home services, with the goal of keeping the family together.
- May also serve pregnant women using substances, to help the mother find and maintain substance use treatment.
- Evidence based assessments and case planning: All models follow strengths based and family-centered approach.

DCCCA's Programs that Support Family Preservation



DCCCA's Programs

BEHAVIORAL HEALTH SERVICES: Substance use disorder residential and outpatient treatment, outpatient mental health services, and recovery services are provided by DCCCA across the state of Kansas.

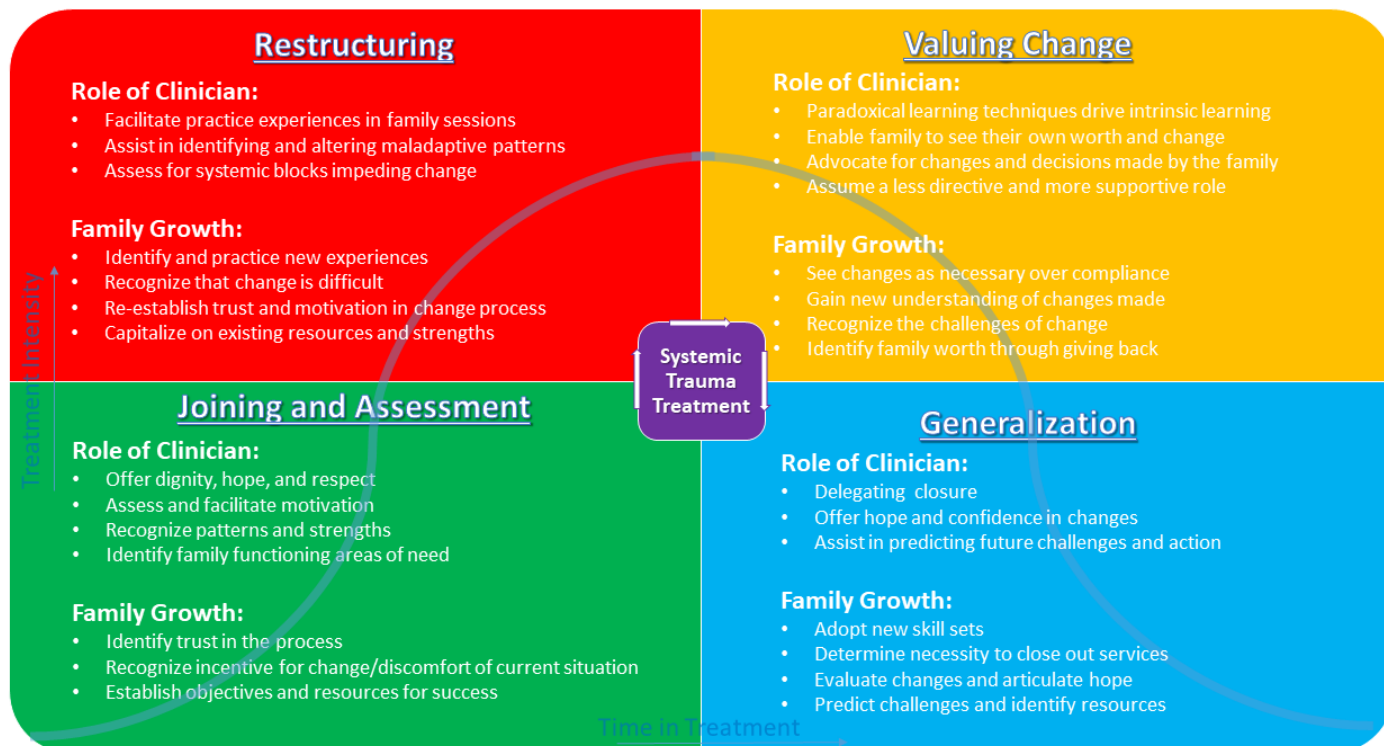
CHILD PLACING AGENCY: DCCCA Specialists recruit, train, and provide 24-hour support for foster families across the Midwest.

TRAFFIC SAFETY: DCCCA provides traffic safety education resources to communities across the Midwest.

PREVENTION SERVICES: DCCCA empowers community coalitions to develop a comprehensive approach to prevention through training and technical support.

RESEARCH & ANALYSIS: Using a data-driven approach to measure success and effectiveness of our programs, we determine appropriate and measurable outcomes to improve the quality of the services we provide.

Family Centered Treatment Model

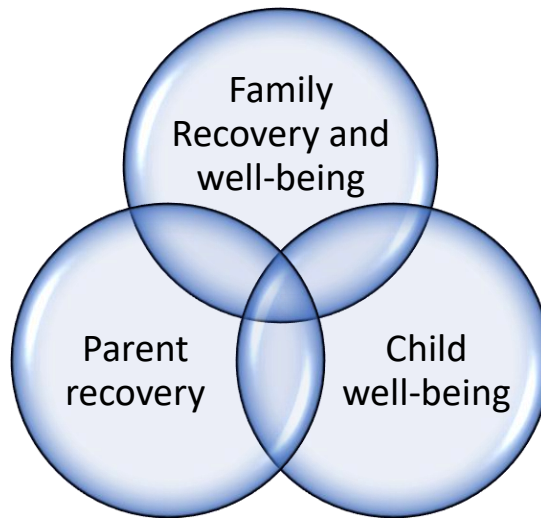


S.T.A.R.T. Model

- A model from the Children and Family Futures: To improve safety, permanency, well-being and recovery outcomes for children, parents and families in which parental substance use is a primary influencing factor with the child welfare concern.
- Coordination of service deliver between Child Welfare and SUD/MH treatment providers.

Characteristics of the Model:

- Dyad approach: case manager and Family support worker share caseload.
- Family Mentor (Family Support Worker) has lived experience in substance use recovery to help families navigate systems.
- Team decision making practice with partners and families.
- Receiving timely treatment specific to substance abuse.



Family Recovery and Well-Being	Parent Recovery	Child well-being
Basic necessities	Parenting Skills and competencies	Well-being/behavior
Employment	Family connections and resources	Developmental health
Housing	Parental mental health	School readiness
Child care	Medication management	Trauma
Transportation	Parental substance use	Mental health
Family Counseling	Domestic violence	Adolescent substance abuse
Specialized parenting		At-risk youth prevention

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