# DCCCA Family Preservation Menu of Services for Families

<table>
<thead>
<tr>
<th>Service Period</th>
<th>Tier I</th>
<th>Tier II</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>6 weeks</td>
<td>3 – 6 months</td>
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## Evidence Based Practice Models

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Tier I</th>
<th>Tier II</th>
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<tbody>
<tr>
<td></td>
<td>Masters level practitioner</td>
<td>Dyad Approach: Case Manager &amp; Family Support Worker</td>
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<tr>
<td></td>
<td>5 hours (minimum) of weekly in-home services</td>
<td>Minimum of 1-3 hours of weekly in-home services</td>
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<tr>
<td></td>
<td>Mitigate immediate child safety concerns, stabilize family crisis and assess the family’s needs</td>
<td>Assessing for existing risk and emergent safety issues, initiate services to stabilize and support the family</td>
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### Potential Referral Examples

<table>
<thead>
<tr>
<th>Tier I</th>
<th>Tier II</th>
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<tbody>
<tr>
<td>A family with a child placed in police custody.</td>
<td>A pregnant woman using alcohol and/or substances during pregnancy. (START)</td>
</tr>
<tr>
<td>A family with a child with serious emotional or behavioral concerns and the family expresses they can no longer cope without intervention.</td>
<td>A family whose infant is born substance exposed or substance affected. (START)</td>
</tr>
<tr>
<td>A family who has participated in less intensive, unsuccessful interventions and the family is experiencing a crisis.</td>
<td>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)</td>
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### 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

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

Restructuring
Role of Clinician:
• Facilitate practice experiences in family sessions
• Assist in identifying and altering maladaptive patterns
• Assess for systemic blocks impeding change

Family Growth:
• Identify and practice new experiences
• Recognize that change is difficult
• Re-establish trust and motivation in change process
• Capitalize on existing resources and strengths

Valuing Change
Role of Clinician:
• Paradoxical learning techniques drive intrinsic learning
• Enable family to see their own worth and change
• Advocate for changes and decisions made by the family
• Assume a less directive and more supportive role

Family Growth:
• See changes as necessary over compliance
• Gain new understanding of changes made
• Recognize the challenges of change
• Identify family worth through giving back

Joining and Assessment
Role of Clinician:
• Offer dignity, hope, and respect
• Assess and facilitate motivation
• Recognize patterns and strengths
• Identify family functioning areas of need

Family Growth:
• Identify trust in the process
• Recognize incentive for change/discomfort of current situation
• Establish objectives and resources for success

Generalization
Role of Clinician:
• Delegating closure
• Offer hope and confidence in changes
• Assist in predicting future challenges and action

Family Growth:
• Adopt new skill sets
• Determine necessity to close out services
• Evaluate changes and articulate hope
• Predict challenges and identify resources

Successful Transition
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.

<table>
<thead>
<tr>
<th>Family Recovery and Well-being</th>
<th>Parent Recovery</th>
<th>Child well-being</th>
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<tbody>
<tr>
<td>Basic necessities</td>
<td>Parenting Skills and competencies</td>
<td>Well-being/behavior</td>
</tr>
<tr>
<td>Employment</td>
<td>Family connections and resources</td>
<td>Developmental health</td>
</tr>
<tr>
<td>Housing</td>
<td>Parental mental health</td>
<td>School readiness</td>
</tr>
<tr>
<td>Child care</td>
<td>Medication management</td>
<td>Trauma</td>
</tr>
<tr>
<td>Transportation</td>
<td>Parental substance use</td>
<td>Mental heath</td>
</tr>
<tr>
<td>Family Counseling</td>
<td>Domestic violence</td>
<td>Adolescent substance abuse</td>
</tr>
<tr>
<td>Specialized parenting</td>
<td></td>
<td>At-risk youth prevention</td>
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Revised December 2019