

1930 FAMILY RESOURCE AND SUPPORT	
Chapter: Services for Children, Youth, and Families	Section: Title XX
	New Hampshire Division for Children, Youth and Families Policy Manual Policy Directive: 06-04 Effective Date: March 6, 2006 Scheduled Review Date:
	Approved:  Maggie Bishop, DCYF Director
Related Statute(s): RSA 169-C, and RSA 170-G Related Admin Rule(s): Related Federal Regulation(s):	Related Form(s): FORM 2095 Bridges' Screen(s) and Attachment(s):

Purpose

To define the service specifications for family resource and support.

Definitions

"Family Resource and Support (FRS)" means community-based, in-home support services for families and children who are at risk of abuse and neglect, funded through the Social Services Block Grant.

"Service Code" - There is no service code.

Policy

Service Population

- I. FRS serves families with children age birth to 12 years who are determined to need support because of one or more of the following:
 - A. A current unfounded child protective services report;
 - B. A previous founded child protective services report;
 - C. More than one child under the age of 3 years;
 - D. Single or teenage parents experiencing stress due to physical or social isolation;
 - E. Birth of a child or expected birth of a child with health and developmental challenges;
 - F. History of or current substance abuse;
 - G. Home environment causing risks to health and safety of children;
 - H. Chronic health, behavioral, or developmental problems of the child; or
 - I. A child under the age of 6 months or the expected birth of an additional child within the next 6 months.

Provider Qualifications and Requirements

- I. Family resource and support providers must have a bachelor's degree from a college or university with a major study in social work, psychology, education, guidance, social science, or in a related field involving an emphasis on human relations and family systems.

- II. The program director must possess a master's degree in social work, psychology, education, guidance, social services, or a related field with an emphasis in human services or a bachelor's degree in the same educational fields as listed and 2 years experience in supervision and experience in human services.
- III. A maximum caseload of 6 cases per family resource worker may be carried at any given time, excluding those cases that may be receiving child care services only.
- IV. One hour per week of individual, clinical supervision must be provided to direct service staff. One hour per month of group, clinical supervision may be substituted for individual supervision per month.
- V. Providers must average a minimum of 15 hours of annual in-service training which may included but is not limited to: family-centered services, nutrition, budgeting, child development, parenting, child care, or community resource development.
- VI. The provider and the family must develop a case plan that includes regular home visits and an individualized combination of purchased and supplemental services.
- VII. Family Resource and Support records must include:
 - A. Referral information;
 - B. Release of information forms;
 - C. Family assessment and case plan;
 - D. Case contact log;
 - E. Progress notes, including reports of all contacts with the family;
 - F. Reports of case conferences involving other agencies or staff from other programs;
 - G. Information and correspondence from other agencies;
 - H. Documentation related to provision of child care services; and
 - I. Closing summary.
- VIII. Reports to DCYF must be sent monthly and include:
 - A. Number of families enrolled at the beginning and the end of the month;
 - B. Number of referrals;
 - C. Number of terminations;
 - D. Units of services delivered; and
 - E. Year-to-date unduplicated count of stabilization and child care cases.

Service Provision Guidelines

- I. Family Resource and Support Services are designed to provide community-based and in-home services to families in need of services or in situations where there is a risk of child abuse or neglect.
- II. The goals of the service are:
 - A. To support families who are experiencing social, emotional, health, or other problems which interfere with a families' ability to care for their children; and
 - B. To assist families in accessing appropriate funding for child care services.
- III. The key elements of this service include the following:
 - A. Services are voluntary;
 - B. Services are planned based upon the strengths of the family;
 - C. Flexible funds are available to meet unique program needs;
 - D. Protective child care is available to families; and
 - E. Supplemental services are available to support the family.
- IV. The 2 basic services components include:
 - A. Family stabilization and support; and
 - B. Protective and preventive child care.
- V. The family stabilization component provides comprehensive, family-centered services to families who may require a high level of intervention.
- VI. The preventive child care component provides:
 - A. Services to families whose primary need is child care to support family functioning; and
 - B. Services include:
 1. Family assessment;
 2. Assistance in locating appropriate child care;
 3. Coordination with child care providers and the family; and
 4. Support and education to child care providers.
- VII. The CPSW refers families to the FRS contract agency via the "Referral for Family Resource & Support" (Form 2095).
- VIII. The expected length of service is 6 months. A review of treatment goals and progress toward meeting these goals must be made at 3-month intervals. Extending services beyond 6 months

must be based on specific treatment goals to be accomplished during the additional time. The maximum length of family stabilization component service, at this time, is 12 consecutive months.

- IX. Preventive child care may be provided beyond 12 months if the family remains in need. Continuation of child care must be reassessed at 6-month intervals.
- X. When to terminate family resource and support services needs to be a joint decision between the family worker and the family after the service goals are accomplished. However, since participation in the program is voluntary, a family may choose to end its involvement at any time.

Service Evaluation

- I. Programs are evaluated, in part, by measuring the number of families who improved their parenting skills and are able to access community services on their own.
- II. DCYF staff review case records to determine compliance with the contracts.

Payment Procedures

- I. Services are provided by contract agencies.
- II. Monthly payment is on a cost-reimbursement basis up to the total contract price. Payment is contingent on providers carrying a caseload size at least 90% of the number of families required and providing the required 20% match.
- III. Payment for child care services is to be made directly to the child care provider by DCYF and is not part of the contract.
- IV. As part of assessment process, the FRS worker must evaluate the family's ability to pay the cost of services from other agencies as well as from other resources that may be available to them. When the services are purchased from outside agencies, families must be asked to obtain all available funding sources before these program funds are used.

Practice Guidance

What is the Service Rate for this Service?

- Rates are set as contracted.