



ARIZONA DEPARTMENT of CHILD SAFETY

April 08, 2021

DCS Specialist Roles and Actions:

- Consultation with a UC is required prior to scheduling a psychological evaluation for a parent or other case participant to discuss the case circumstances, identify the type of evaluation needed, clarify the scope of the evaluation, and identify the questions to be posed for the evaluator. (Refer to Practice Guidelines - Psychological Evaluations)
- The DCS Specialist and Program Supervisor will decide whether and how recommendations made by the UC will be implemented. A written summary of the recommendations will be completed by the UC. These recommendations are to be disclosed according to DCS policy and procedure.
- Talk to the family about the services that are recommended by the Unit Consultant and what they can expect. Answer any questions or concerns they may express.
- Review the recommendations and behavioral goals with the family members at each contact and during case plan staffings.
- For Title XIX eligible children, including Children's Rehabilitative Services (CRS) covered children, work through the Child and Family Team process to access a psychiatric evaluation and other behavioral health services.

Unit Psychological Consultation

Description of Service

Unit Consultants (UCs) assist DCS Specialists, Program Supervisors, and Program Managers by:

- providing guidance regarding mental health and substance abuse issues that may impact safety and permanency for children involved with DCS, and
- increasing staff knowledge and skills in assessing and serving children and families.

Goals of the Unit Consultation Process

Unit Consultation focuses on child safety, family strengths, and parent and child behavior rather than diagnosis. The goals are:

- to ensure that mental and behavioral health issues of caregivers and children are identified and addressed when assessing safety threats, selecting therapeutic interventions, planning parenting time (visitation), planning for permanency, and selecting and supporting the child's living arrangement;
- to ensure that psychological and psychiatric evaluations are obtained when necessary, and timely, and that the questions posed for the evaluator are complete and appropriate; and
- to empower and assist DCS Specialists to identify the most pressing mental health issues, prioritize and sequence interventions, and determine needed positive behavioral change

Unit Consultant Practice Principles

It is not the parent/caregiver's mental health diagnosis or substance use itself that necessitates DCS intervention and services. It is the impact of the condition on the parent/caregiver's protective capacities and ability to parent, and the associated behaviors, that can place children in danger.

It takes time for a case to evolve. Safety threats and the way they occur in the family may change over time. Obtaining correct and complete information through consultation is a dynamic process.

UCs should become involved in DCS cases while the Family Functioning Assessment – Investigation is being conducted, and well before the case plan has been finalized.

Unit Consultant Service Delivery

- Clinical tasks:
 - Determine the need for a psychological or psychiatric evaluation, the type of evaluation, and/or type of mental health treatment needed.
 - Provide assistance selecting referral questions for each recommended service to be included in the psychological services referral packet, using the appropriate Psych Services Referral Addendum and Referral Questions/Focus Areas. The UC does not recommend specific clinical tests or diagnostic procedures.
 - Provide a written summary of recommendations and the rationale for services to be included in the service referral packet.

- For Non-Title XIX eligible children and adults, consult with the UC to access psychological/psychiatric evaluation and counseling services.

Early Involvement of a Unit Consultant Leads to an Effective Case Plan

- Early involvement of a UC helps to ensure that the assessment of family functioning is based on correct and complete information. Whenever possible, the same UC should remain involved while the Family Functioning Assessment-Ongoing is being conducted and throughout the case to inform ongoing service and permanency decisions.
- Unit Consultants are a resource for DCS Specialists and Program Supervisors at all stages of the case, to assist with reunification and permanency decisions, and to educate and support them to understand and avoid factors that contribute to delays in case resolution.

- ▶ Identify issues to be addressed in counseling, parenting skills training, or other therapeutic interventions related to identified safety threats, diminished protective capacities, and needed behavioral changes.
- ▶ Provide consultation to determine if a psychological evaluation can be updated through a clinical interview by the original evaluator and assist the DCS Specialist with determining what documentation needs to be submitted with the referral.
- ▶ Provide consultation regarding children's status/behavior and living arrangement, paying special attention to the age and developmental needs of the child(ren), impact of trauma, and mental health/behavioral needs.
- ▶ Provide court ordered clinical consultations..
- Guidance to support case management:
 - ▶ Assist the DCS Specialist to understand evaluation results and related clinical issues, sequencing of recommended services, and follow up with evaluator if necessary to interpret the results.
 - ▶ Assist DCS in determining appropriate assessments and services when the parent/caregiver continues to abuse substances.
 - ▶ Provide DCS with guidance about clinical issues that might be discussed in court, such as the need for a psychological evaluation, specific services, counseling, etc.
 - ▶ Provide DCS with suggestions for safely engaging with potentially violent or difficult clients.
 - ▶ Provide information and support on clinical issues during court hearings, mediations, CFTs, TDMs, case plan staffings, and other meetings.
 - ▶ Determine if a staffing with a team of professionals is needed.
 - ▶ Provide support to DCS staff following a critical incident.
 - ▶ Offer educational meetings to DCS staff to increase working knowledge of psychological issues that impact case decision-making (i.e., diagnoses, working with challenging or dual diagnosis clients, etc.)..
- On-site, face to face interviews:
UCs consult with DCS Specialists and Program Supervisors. The consultation is an internal staffing for the benefit of DCS. On occasion, UCs meet face-to-face with parents, caregivers, children, or other case participants to obtain information necessary to answer specific questions posed by the DCS Specialist or Program Supervisor. The on-site face-to-face interview is different than a clinical interview conducted by providers at their offices. The on-site interview is a screening tool to aid DCS and is not a diagnostic tool. However, it may provide a recommendation to further clarify clinical impressions.
The on-site interview may occur when the DCS Specialist needs guidance because the client's presentation is perplexing, a client denies a history of mental health issues but presents atypically, a visit schedule needs to be determined, a relative seeks contact or placement, and other situations. To add clarity, the UC states the specific purpose and limitations of the interview in the write-up, which is written to provide the requested guidance to the DCS Specialist.

- On-site face to face interviews conducted by a UC may include:
 - ▶ interviews of kinship caregivers to determine necessary support services;
 - ▶ meet with foster and/or adoptive parents about children's status or behavior;
 - ▶ observe parent-child visits to:
 - determine the cause of a child's visitation-related behaviors and offer suggestions to assist the child,
 - determine the need for a Bonding/Best Interests evaluation,
 - provide suggestions for intervention, evaluate the effectiveness of intervention, and provide additional resources as needed; and
 - determine the need for therapeutic visitation.
 - ▶ Interviews of parents may occur, in rare instances, to:
 - offer input on other services the parent might benefit from if a full psychological evaluation is not indicated;
 - determine whether additional services are needed prior to case dismissal,
 - identify barriers to meaningful behavioral progress and offer suggestions for motivating and supporting the parent;
 - provide suggestions regarding goals the parent might want to establish with a private therapist;
 - determine whether a full evaluation is necessary; and
 - offer suggestions on how a DCS Specialist might successfully engage a challenging parent.

In all situations, DCS is the UC's client. Providing direct services to the DCS client could cause a dual relationship; therefore, the UC determines the appropriateness of face-to-face contact with DCS clients. Interviews with parents should occur in extremely rare instances, and only when the information cannot be obtained from other sources, such as medical or behavioral health records, CFT, TDM, case plan staffing, or other meeting.

- Records review-based tasks:
 - ▶ UCs may review psychological, psychiatric, psycho-educational, hospital, and other records in order to understand clinical issues related to mental health and/or substance abuse that affect child safety or permanency.
 - ▶ UCs may review records to determine if an updated evaluation is necessary.
- Parenting time and changes in contact:
 - ▶ Address the impact of continued contact between the child and parent/caregiver and determine if a Best Interest Assessment is needed to determine the child's best interests.
 - ▶ Address questions regarding parenting time when time is of the essence and no therapist or other professional is available to provide DCS with assistance regarding visitation suspension or modification.
 - UCs may provide guidance on what information is needed to determine whether visits should be limited or suspended and when the child(ren)'s safety or mental health may be at risk.

- UCs may address readiness to begin unsupervised visits, frequency, best interest issues, visits in prison, and relative visits.
- DCS determines the location, frequency, and duration of visits. The questions that UCs may address, in the absence of other professional recommendations, include the following:
 - ◆ What type of visitation plan is most appropriate for the child(ren) and the parent/caregivers?
 - ◆ Who should be included in visits to support the child and/or parent/caregivers?
 - ◆ What factors should be considered when increasing, decreasing, or discontinuing visitation?
 - ◆ What specific recommendations do you have regarding visitation at this time?

Unit Consultants Do Not:

- Make child safety determinations – Safety determinations are DCS’ role and responsibility. The UC may provide insight into individual and family functioning, and identify behaviors or circumstances that may present or manage a safety threat. This may be considered by DCS in determining child safety.
- Develop case plans – The case plan is determined by DCS.
- Make legal conclusions – DCS, legal counsel, and the Juvenile Court provide guidance and make conclusions about whether grounds for dependency or termination of parental rights exist.
- Diagnose clients – Diagnoses can only be made through a psychological or psychiatric evaluation.
- Approve or disapprove of mental health services – The UC makes recommendations per the service matrix, and DCS decides what services are to be provided.
- Provide direct services to DCS clients - Direct services are not provided in the UC role, although the UC may be the assigned evaluator for clients in other DCS offices where the UC does not provide UC services.

Accessing Unit Consultation and Next Steps

- If your DCS office has regular on-site unit consultation available, utilize the established process to schedule time with the Unit Consultant. For all others, contact your Program Administrator for guidance.
- Whenever possible, use the same UC throughout the life of the case. This ensures familiarity with the family and other participants, provides continuity of services and support, and prevents differing guidance that could potentially interfere with case progress.
- Documents provided and reviewed during a Unit Consultation may include the following:

Family Functioning Assessment (including Child Well-Being Indicators summary), current CSRA and/or C-CSRA	All prior psychological, psychiatric or other mental health assessments and treatment records
Court reports	Court orders, if applicable
Relevant police reports	Notes from all visitations/parenting time
Additional records such as educational records or related court records	Parent aide reports
	Drug test results

Document the information and/or documents provided to the UC where indicated in the Psychological Services referral packet.