



April 15, 2025

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

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- Ensure substance abuse, and mental and behavioral health issues are identified and addressed when assessing safety threats, selecting therapeutic interventions, planning parenting time, planning for permanence, and selecting and supporting the child's living arrangement;
- Empower and assist DCS professionals to identify the primary mental health issues, prioritize and sequence interventions, and identify positive change goals

Unit Consultant Practice Principles

- It is not the presence of a mental health diagnosis or substance use issue which necessitates DCS involvement, but rather the effect of the condition and associated behavior on the ability to parent and protect.
- Consultation is a dynamic process, since safety threats may change over time.
- Early involvement of the UC contributes to the knowledge base which informs the DCS decision making process.

Unit Consultant Service Delivery

- Determine (1) the necessity of a psychological evaluation; (2) type of evaluation; and/or (3) type of mental health intervention.
- Provide assistance with selecting the appropriate documents and referral questions/focus areas for the referral packet of each recommended service.
- Provide a written summary of the rationale for services and the associated recommendations.
- Identify safety threats, diminished protective capacities, and behavioral change goals to be addressed in counseling, parenting skills training, or other therapeutic modalities.
- Determine if a psychological consultation can be updated by a clinical interview with the original evaluator.
- Provide consultation in regard to a child's status, behavior, and/or living arrangement in the context of their age and development, experienced trauma, and mental and behavioral health.
- Provide court-ordered consultation.

Support for Case Management:

- Provide guidance with the interpretation of evaluation results, related clinical issues, and suggested follow-up.
- Provide guidance to DCS professionals when DCS-involved individuals demonstrate limited progress, such as continued substance use or active mental and behavioral health symptoms.
- Provide DCS professionals with guidance about clinical issues which may be discussed in court, such as the need for a psychological evaluation or specific services.
- Provide suggestions for safely and effectively managing difficult or potentially violent individuals
- Provide information and support about clinical issues during court hearings, mediations, CFTs, TDMs, case plan staffings, or other meetings.
- Determine if a staffing with a team of professionals is necessary.

On-site face to face interviews:

Safety · Accountability · Change · Family · Engagement · Compassion · Teaming · Advocacy · Equity

- 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.

- On-site face-to-face interviews may rarely be conducted by UCs and only when the information is not available from other sources. The purpose of the interview is to provide clarification to facilitate an appropriate course of action rather than provide clinical information and conclusions. On-site face-to-face interviews are administrative with DCS as the client, rather than a clinical contact. The UC will determine the appropriateness of the interview.
- In order to distinguish the administrative nature of the interview, the UC shall provide documentation to the DCS professional, which describes the specific purpose for, limitations of, and suggestions based upon the interview..

Records review tasks:

- UCs may review records to facilitate comprehension of substance abuse, mental, and/or behavioral health issues which affect child safety and permanence.

Parenting Time:

- Address the impact of continued contact between the child and caregiver.
- Determine whether a Best Interest evaluation is needed.
- Address emergent questions about parenting time when no therapist or other appropriate professional is available to inform DCS about visit modification or suspension..
 - 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. The UC may:
 - Identify factors which should be considered when increasing, decreasing, or discontinuing visitation.
 - Provide guidance about the information necessary to determine when there is a safety risk to the child and whether parenting time should be limited or suspended.
 - Provide guidance about readiness for unsupervised parenting time, frequency, relative visits, prison visits, and best interest issues.
 - Identify who should be included in visits to support the child and/or caregivers.
 - Provide specific recommendations about parenting time

Unit Consultants Do Not:

- Recommend specific clinical tests and procedures for evaluation
- Provide direct clinical services to clients
- Diagnose clients
- Consult as a UC on cases in which they have been or will be an evaluator
- Approve or disapprove mental health services

Accessing Unit Consultation and Next Steps

- 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.