

How Do I: Monthly Family Service Report

Background Information

After a family enrolls in the P.S. Program, it is important to maintain an active and dynamic engagement with the children and the caregivers regarding what services (defined in Appendix A) they are participating in and what services or supports would be helpful for them to achieve the goals in their case plan. To understand which services and supports prevent a child's later re-entry into out-of-home care, the P.S. Program's independent evaluators will be assessing the type and intensity of services received by families on a regular basis. Because this information is not readily available in eWiSACWIS, a monthly family service report has been created to collect this information for each family enrolled in the P.S. Program. For every month the family is enrolled in the program, the caseworker will be responsible for electronically documenting the services the family received that month. The following guide is to help inform the process for this aspect of case management, family service engagement, and service delivery. The purpose of this program requirement is to better understand the services and supports that maintain child safety and stability in the family home and to improve the family's access to needed informal and community-based supports.

Requirements

To meet federal evaluation requirements, the P.S. Program must undergo a rigorous evaluation by a third-party evaluator. The main goal of the evaluation is to test the hypothesis that the P.S. Program will improve the safety, permanency, stability, and well-being of children and families, reduce recurrence of maltreatment, and prevent child re-entry into out of home care. The evaluation will also provide valuable lessons learned regarding implementation successes or challenges that may be applied to future programming.

The monthly family service report process also provides an opportunity for the caseworker to talk with the family members about how they perceive the services and supports that were identified to meet the needs identified in the case plan. Prior to completing the monthly family service report, caseworkers should ask the family to not only report on but also discuss if they are experiencing benefits from the services, and if not, what changes could be made to their service array. By utilizing a family centered approach, and solution-focused discussions, this monthly review is a helpful way to further engage with and empower the family.

Services are an essential part of understanding the nature of program intervention, and completing the monthly family service report on a monthly basis is a requirement for the caseworker.

Discrepancies between the number of completed family service reports with the number of months families are enrolled in the program may result in a withholding of county reimbursement. Monthly family

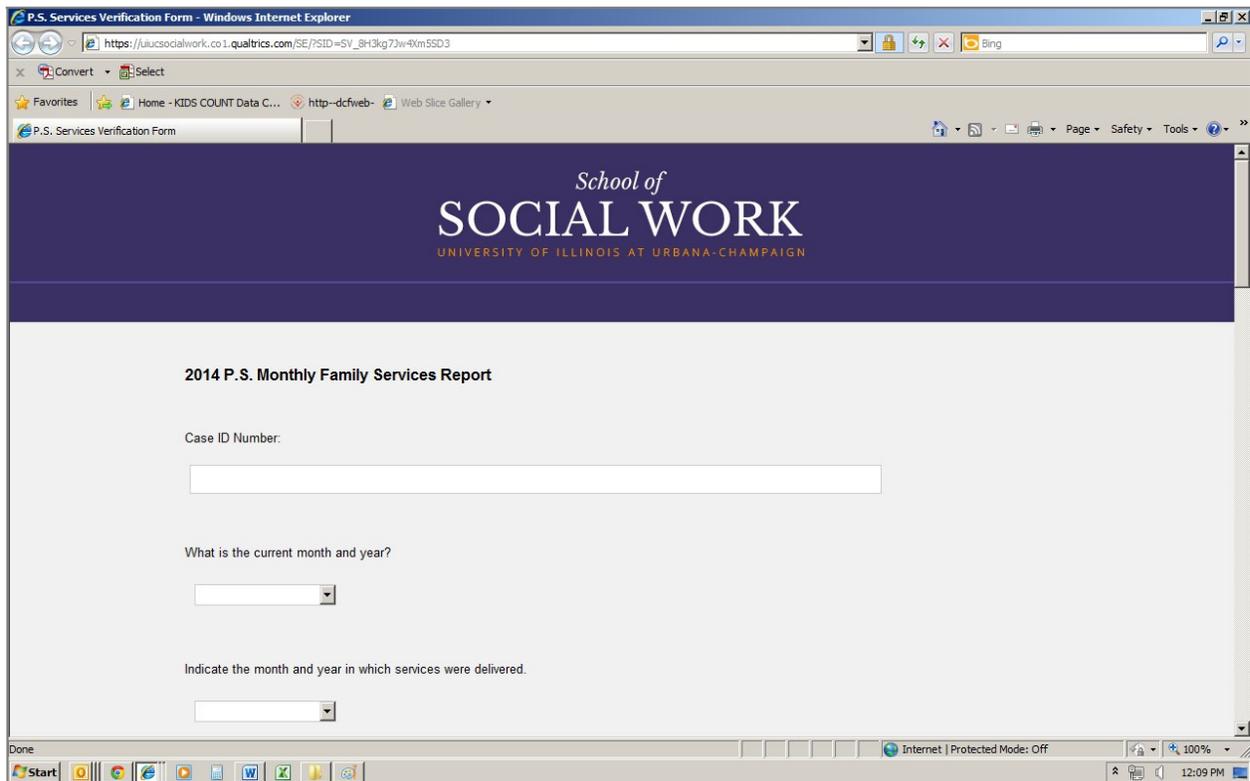
service reporting, for each full or partial month the family is enrolled in the P.S. Program, is due by the end of the following month. For example, a worker with a family enrolled in March would need to have completed the monthly family service reporting for the month of March by the end of April.

How Do I:

- Every month, an email will be sent from the University of Illinois Champaign-Urbana Children and Family Research Center that will include a link to the online monthly family service report (<http://cfrc.illinois.edu/familyservicereport.php>). It will be sent to the primary worker assigned to the P.S. enrolled child. The email serves as a reminder to complete a report for every case they have in the P.S. Program. The email will contain one link to the report online; each month one report must be filled out for each P.S. Program family to report those services received by the family during the prior month to achieve the goals identified in the family’s case plan
- When filling out the report, it will be helpful to have the monthly run of the P.S. Program Monthly Family Service Report (SM08X121), found in eWisacwis, available to help remind the worker what services the family received for that specific month. This information pulls from the most recent currently approved case plan for the family and shows any open service under that case plan for any case participant.

	A	B	C	D	E
1	WORKER COUNTY	ID_CASE	CASE_NAME	SERVICE_GROUP	SERVICE_CATEGORY
2	Report period 04/01/2014 to 04/31/2014				
3	Rock	1234	Badger, Bucky	Case Management	Case Management
4				Childcare Services	Respite
5				Psychosocial Interventions	AODA Services
6				Psychosocial Interventions	Group Therapy
7					

- Please see the following link for additional information regarding how to access eWisacwis reports: <http://dcf.wisconsin.gov/files/ps/pdf/user-guide-eWReports.pdf>
- The monthly family service report was developed by University of Illinois Children and Family Research Center (UofI CFRC), the evaluators of the P.S. Program. Below is a screen shot of the beginning of the report, with the screenshots for the full report included in Appendix B:



- **Please be sure to use the Family's Case ID#**, as this is required to follow the services throughout the family's participation in the P.S. Program. Please also be aware that due to the structure of the report, you will need to complete it once you begin (i.e., you can't save your work and come back and finish the report later). In addition, you will not be able to begin a new report on a different family until the prior report is submitted.
- DCF and the CFRC Evaluators will be monitoring the completion and timely submission of the Monthly Family Service Report for each family enrolled in the P.S. Program.
- Any report that is not completed by the end of the following month may result in suspension of case rate payment pending report completion.

Appendix A: Service Definitions

For clarification on how to consistently document which service and support categories the family interventions includes, please see the list of definitions below. The service category definitions are directly related to supporting progress and achievement of the goals established in the case plan related to the purpose of the agency's involvement.

Case Management

Case Management Services: Working with families, youth, children, and others for the purpose of ensuring child safety to establish behaviorally specific goals, developing individualized plans to achieve those goals, monitoring progress toward achievement of the goals, and closing cases when goals have been achieved and children are safe. Case management involves a broad range of activities including, but not limited to, the following:

- Engagement with children and families
- Assessing and documenting strengths and needs
- Analyzing information gathered to address child safety and the family's goals and needs
- Advocating for children and family needs, including court related responsibilities and activities
- Brokering services to address those needs
- Making collateral contacts
- Documenting agency decisions and contacts (both written and electronic)

Parenting Skills and Family Functioning Services

Basic Home Management: An intervention or supported process of preserving, protecting and maintaining a household or home with assistance, direction, or coaching from a third party. This includes assistance with budgeting, menu planning, household schedules and daily tasks.

Parenting Services (also includes Teen Parenting): Services or informal supports to help parents and teen parents learn more about child development and parenting strategies to enhance attachment, empathy, care and communication between family members.

Family Therapy: Working with families and couples to nurture change and development. This approach tends to view change in terms of the systems of interaction between family members and emphasizes family relationships as an important factor in psychological health.

Child Care Services

Daycare: The regular paid care of a child by a person other than the child's legal guardians or custodians, typically provided by someone outside the child's immediate family as an ongoing service during specific periods. This may occur when the parent/caregiver/out-of-home care provider is working, participating in programs, or otherwise unavailable to care for the child.

Respite: Services provided to a child during a planned absence or emergency of a primary caregiver or out-of-home provider for more than 48 hours or services that are rendered during the primary caregiver's or foster parent's absence and if not paid for by the requestor, such services may be paid for by a licensing, supervising, or placing agency. Respite services include those services such as temporary care for children to relieve a primary caregiver who may be experiencing severe distress or who may be in a state of crisis.

Psychosocial Interventions

AODA Assessment: Testing, assessment, or evaluation process designed to examine an individual's alcohol and/or drug use or abuse habits.

AODA Treatment (Suggest Change to "AODA Services"): Any modality for the provision of goal oriented interventions to address specific substance use or abuse issues. This includes AODA specific individual or group therapy, inpatient detoxification services, and support groups (e.g. Alcoholics Anonymous).

Crisis Services: Crisis assessment, stabilization or inpatient diversion services specifically focused on crisis intervention. This also includes crisis linkage and follow-up services.

Group Therapy: Any therapeutic modality conducted in a group setting. This does not include AODA treatment groups.

Individual Therapy: Any counseling or psychotherapeutic sessions involving only two persons, the therapist and the patient. Others may attend periodically to support an individual; however, the focus is on the identified individual's goals.

Psychiatric Assessment/Services: A testing, assessment, or evaluation process for gathering information about a person's psychiatric status or diagnosis. This also includes the provision of services and interventions by a psychiatrist related to pharmacological

treatment.

Psychological Assessment (also includes Psychological): Psychological testing, assessment, or evaluation is the objective and standardized measure of an individual's mental and/or behavioral characteristics.

Financial Support/Direct Assistance

Economic Support: Assistance or advocacy from an economic support or related professional to obtain tangible services for low income families with children. This includes but is not limited to utility assistance or other tangible goods, such as household items, furniture, or bedding.

Housing Assistance: Assistance or advocacy from a housing specialist to help people with low and moderate incomes access safe and affordable housing. This includes rental support.

Transportation: Services for people who need assistance with transportation from one place to the next. This may include bus passes, gas vouchers, taxis, professional drivers, and providing rides.

Physical/Developmental Health Services

Developmental Assessment/Services: A structured evaluation of a child's neurodevelopmental condition, including physical, language, intellectual, social, and emotional development, and professional treatment or other services to support the child's development. This includes autism spectrum disorder.

Medical/Dental Services: The provision of physical health care or dental services.

Occupational/Physical Therapy: (OT/PT) Treatment performed primarily by physical means for the promotion of health and mobility, the prevention of disability, and the evaluation and rehabilitation of patients who suffer from physical pain, disease, or injury through physical therapeutic measures.

Legal/Juvenile Services

Juvenile Justice Services/Activities: The provision of services specific to prevention, intervention, and community reintegration of youth involved with delinquent acts. This

may include restitution, community service, electronic monitoring, sanctions, and restorative justice programs.

Legal Services: Assistance from a legal professional to advocate for matters related to but are not limited to civil, criminal, children's, juvenile, or family court matters. This may also include assistance with other legal problems, administrative and fact-finding hearings, or representation in court proceedings.

Educational and Employment Services

Educational Assessment/Services: The diagnosis, treatment, and other supportive services for children's and adolescents' emotional, behavioral, and learning needs and/or problems that relate to the educational environment. This includes special education, services related to educational attainment, and planning for any needs related to educational performance and functioning.

Independent Living: A provision of services and supports to help youth who experienced an out-of-home care placement achieve an individual level of self-sufficiency necessary to function and transition smoothly to living safely, responsibly and independently in their communities upon transitioning out of care.

Work Related Services: Employment related services, training, or development to assist an individual's efforts to obtain, maintain, or improve their occupation. This may also include supported employment.

Advocacy and Personal Supports

Domestic Violence Services: Interventions, advocacy, or treatment programs to help children and adult victims remediate and recover from the trauma of domestic violence.

Mentoring: A relationship based interaction in which a more experienced or more knowledgeable person helps to guide a child or youth with their personal development.

Recreational Activities: Any activities a child or parent participates in during their free time to improve the person's enjoyment or quality of life including, but not limited to sports, hobbies, media, entertainment, or a wide variety of other activities.

Social Supports: Supportive resources by family, friends, neighbors, coworkers, or others or by a supportive social network or organization to address the emotional, tangible, intangible, informational, or companionship needs of children and or adults.

Spiritual/Cultural Supports: Participation in any faith-based or cultural traditions, including religious or spiritual practices, care, or activities.

Appendix B: Monthly Family Service Report

Each month, the caseworker reviews the open and ongoing services the family received. Below is a page by page walkthrough of the monthly family service report.

Identifying information and service category

2014 P.S. Monthly Family Services Report

Case ID Number:

What is the current month and year?

Indicate the month and year in which services were delivered.

How many **hours** of case management did you provide the family during the month indicated?
(NOTE: Case management includes both time spent with the child or family as well as other time spent traveling for the case, revising CANS and case plan goals, supervisory meetings to review case information, and other reasons tied to case planning, paperwork, etc. Please think about all these factors and estimate a total sum of hours.)

- In the top portion of the first page, you will see information regarding the family's case ID and. Please be sure to enter the correct case ID. You will also see a dropdown list of the number of **hours** of case management provided to the family during the month under consideration. Please note that for this report, "case management" includes time spent with the child or family as well as travel time, revising CANS and case plan goals, supervision, and other activities tied to case planning, paperwork, etc.

Case Plan Services				
Based on the current Case Plan for this family, please indicate if the family or a family member has received each of the following services within the month indicated.				
	<u>Received Case Plan service</u>	<u>Received service NOT in Case Plan</u>	<u>Did NOT receive Case Plan Service</u>	<u>Service NOT in Case Plan, NOT received</u>
Case Management				
Case Management Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parenting Skills and Family Functioning				
Basic Home Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parenting Services (also includes Teen Parenting)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Childcare Services				
Daycare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Respite	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psychosocial Interventions				
AODA Assessment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
AODA Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crisis Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psychiatric Assessment/Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psychological Assessment (also includes Psychological)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Individual Therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Group Therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- The first page also includes information regarding the specific services provided to the family during the month under consideration. Please see Appendix A for definitions of each service category. Additionally, the P.S. Program Monthly Family Service Report (SM08X121), a report in eW report section in eWisacwis, is available to the worker to review while completing the report.
- For each of the services listed, select one of the four categories that describes whether any member of the family received the service during the month under consideration. You must select ONE of the four options for each of the services listed before continuing to the next page:
 - Received Case Plan Service: choose this if the service was in the Case Plan and was received;
 - Received service NOT in Case Plan: choose this if the service was received that was not in the Case Plan;
 - Did NOT receive Case Plan service: choose this if the service was in the Case Plan but not received; or
 - Service NOT in Case Plan and NOT received: choose this if the service was not in the Case Plan and not received. If there are services that a family member received

that are not included in the list, please write in the service(s) in the space below the list. After completing the list of services, click on the >> button to continue to the next page of the report.

Dosage, recipient, and provider

You indicated that the family received the following services. For each service, please indicated how frequently the service was received during the month under consideration.

	Dosage of Service (in hours)	Recipient of Service (check all that apply)				Service Provider
		Parent (s)	PS Child	Siblings	Other	
Case Management Services	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Basic Home Management	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Daycare	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
AODA Assessment	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Economic Support	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Developmental Assessment/Services	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Juvenile Justice Services/Activities	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Educational Assesment/Services	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Domestic Violence Services	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

- For each service that the family received (regardless of whether it was in the Case Plan or not), the next page will ask you to report the dosage the family received (how many hours of service), the recipients of the service, and the service provider.

- For each service that was in the Case Plan but NOT received, the third page will ask you to report the reasons why the service was not received. You may check more than one reason.

You indicated that the following services were in the Case Plan but were not received during the month under consideration. For each service, please indicate the reason that the service was not received (mark all that apply).

	Service Unavailable	Provider at capacity	Missed appointment	Service discontinued by provider	Family/client refusing service	Family/client not able to participate
Basic Home Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parenting Services (also includes Teen Parenting)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Daycare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AODA Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crisis Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychiatric Assessment/Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychological Assessment (also includes Psychological)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>