# 14 DEPARTMENT OF MENTAL HEALTH, MENTAL RETARDATION AND SUBSTANCE ABUSE SERVICES

472 BUREAU OF CHILDREN WITH SPECIAL NEEDS

Chapter 2 HOMEBASED FAMILY SERVICES STANDARDS

I. DEFINITIONS

A. Approved Staff. Approved staff are those staff who may deliver homebased family mental health services as defined in Section IV. Personnel below.

B. Bureau of Children with Special Needs. The Bureau of Children with Special Needs is an administrative unit of the Maine Department of Mental Health and Mental Retardation pursuant to 34-B M.R.S.A., Section 6204.

C. Collateral Contacts. Collateral contacts are face-to-face contacts on behalf of participating family members to gather information or to discuss the case with other professionals, caregivers, or others (including other family members) not included in the service plan as treatment recipients, for the purpose of improving the coordination of service to a family by different service providers, to achieve both a continuity of care, and the most appropriate mix of services.

D. Counseling Services. Counseling services engage individuals, family members, and entire families as appropriate in problem solving discussions to promote positive orientation, relief of excess stress, and growth toward more integrated and independent levels of functioning of the family. Services are delivered through planned interaction involving the use of physiological, psychological, ecological, and sociological evaluation and interventive concepts, techniques, and processes. These services will be focused on the special development and emotional needs and problems of the child.

E. Discharge Plan. A discharge plan is a written plan outlining the criteria and processes by which discharge will occur. Discharge plans shall be included in the individualized service plan for each participating family member.

F. Evaluation. Evaluation is an assessment of an individual's needs, which is based in part on the result of at face-to-face meeting with the individual, which includes a delineation of an individual's family-oriented needs, and which includes medical. and social history, and is prepared by an approved staff member.

G. Homebased Family Services. Homebased family services are short-term, time-limited, crisis-oriented family counseling services and psychotherapy, provided by a team of qualified personnel, in a family's home or other appropriate setting, for the purpose of preventing the removal of one or more children from the home, or to promote reunification of the family when a child, once removed from the family, is returned to the family. Homebased family services help families improve their ability to find, select, and use appropriate community supports.

H. Psychotherapy. Psychotherapy is the utilization by legally qualified personnel of psychological and interpersonal theories and related practice methodologies to assess, interpret or modify conscious and unconscious processes of behavior. The therapy process may include:

(1) Examination of ongoing adaptive and maladaptive behavior/relationship patterns and contributing dynamics.

(2) The reorganizations of elements in such a way that they take on new meaning and provide for the conditions to reach new solutions.

I. Service Plan. A. service plan is an individualized written plan of homebased family services which is prepared for each family member receiving homebased family services, and is based on an evaluation of the family member's and the family's mental health needs. The service plan must be endorsed by an approved staff member, and must meet the standards for individualized service plans as set forth in Section 400.04 (D) (6) (c) of the Regulations for Licensing Mental Health Facilities. and, depending on the age of the individual for whom the service plan is drawn, either Part C., Section II of the Rights of Recipients of Mental Health Services, published pursuant to 34-B M.R.S.A., Section 3003, or, Part C, Section II of the Rights of Recipients of Services Who Are Children in Need of Treatment, published pursuant to 34-B M.R.S.A., Section 6204 (6)(C).

J. Teams. Teams for the delivery of homebased family services consist of from one to three approved staff members, according to needs specified in the service plan.

ADMISSIONS CRITERIA

A. Eligibility for admission to homebased family services, requires that families meet either criterion 1 or 2 listed below in this section, in addition to the entire criterion in section II.B. below.

When a child is residing with his/her family at the time the family applies for homebased family services, eligibility will be determined on the basis of:

(1) An evaluation performed by an approved staff member which concludes that a child is at risk of removal from his/her family. This documentation of the evaluation must delineate the criteria and procedures used for assessing said risk. This documentation must be preserved in the child's case file at the homebased family services agency.

Written policies and procedures which homebased family services agencies must develop to prioritize admissions for those families with children at most immediate risk of removal.

(2) When a child resides outside of his/her family's residence and the family applies for reunification services from the homebased family services agency, eligibility for admission to homebased family services will be determined on the basis of:

a. An evaluation which concludes that homebased family services are necessary to assist in the successful return of a child to his/her family's home, and that no other agency or program is capable or appropriate to deliver this type of reunification service to the family. This evaluation or professional assessment must be preserved in the child's case file at the homebased family services agency.

b. Written admissions criteria which homebased family services agencies must develop which clearly define the characteristics, of children appropriate for admission under this criteria. Definitions will include, but need not-be limited to, the types of out-of-home placements where eligible children reside at time of intake.

c. written policies and procedures which homebased family services agencies must develop under this criteria which ensure priority for those families most in need of this service to assist in the successful permanent return of the child to his/her family.

B. Eligibility for admission to homebased family services requires that families meet all of the criteria contained in this subsection, in addition to meeting the criteria of either Subsection II.A.l. or Subsection II.A.2. above.

(1) Families may be eligible for this service only where at least one adult family member is willing to participate in the service.

a. The program shall adopt admissions procedures which clearly define adult willingness to participate, and the procedures for assessing this willingness.

b. The program shall adopt written policies and procedures which delineate the program's responsibilities for referring families to providers of other appropriate services where families are denied homebased family services under this admission criterion.

(2) Families may be eligible for this service only where it is neither possible, nor appropriate for the family to use another service which is less intensive than Homebased Family Services; or where other types of services have been attempted or provided without success.

a. The program shall produce written admissions procedures which delineate procedures for assessing eligibility under this criterion. These procedures shall specify types of information and documentation necessary at time of intake in order to accurately assess the family's need for this particular service; the inappropriateness of other services; and/or the family's lack of success in other less intensive services.

b. The program shall produce written policies and procedures which delineate the program's responsibilities for information and referral to other services where families are deemed not appropriate for admission under this criterion.

PROVISION OF SERVICES

A. Services shall include the following, consistent with available resources. Programs funded by the Bureau of Children with Special Needs shall provide the following services:

(1) Initial evaluation of the needs of the family, including a medical and social history. This family-oriented evaluation will be completed in addition to the assessment data required under Section 400.04(D)(5) of the Regulations for Licensing Mental Health Facilities of the Department of Mental Health and Mental Retardation.

(2) Development of a service plan to address identified needs.

a. The program shall ensure that service plans are developed and maintained in accordance with the general- or comprehensive-service licensing standards in the Regulations for Licensing Mental Health Facilities [particularly Regulation 400.04 (D) (6) (c) ] of the Department of Mental Health and Mental Retardation.

b. Service plans of Homebased Family Services programs must additionally specify the services to be provided, the expected duration of each service to be provided, the frequency and duration of each phase of service, identification of who will provide each planned service, and the goals and expected outcome of each planned service. Due to the time-limited nature of Homebased Family Services, the service plan must be reviewed and updated whenever there is a change in any aspect of the service plan.

c. The program shall ensure that an appropriate service plan is developed for each participating family member by the end of the third visit or ten (10) working days, whichever comes last.

(3) Counseling services for the family members, provided either to individual family members or to groups of family members, to address goals listed on the service plan(s).

(4) Collateral contacts.

B. Psychotherapy may be provided only where:

(1) Homebased family service staff providing psychotherapy are legally qualified to provide this service; and,

(2) Psychotherapy is necessary to accomplish the goals identified in the service plan; and,

(3) Psychotherapy cannot more appropriately be delivered through another, less intensive service.

C. The program shall produce written procedures for staff scheduling which ensure service delivery in a flexible manner appropriate to accomplishing goals set forth in the service plan. Specifically,

(1) Staff scheduling procedures should enable homebased family services to be provided at varying levels of intensity during the course of planned services (for example: clients/families may be seen more frequently and for longer sessions during the first few -weeks of service, and then taper down to briefer and less frequent sessions/visits by the end of the 13-week period of hamebased family services); and,

(2) Services shall be available to families in their homes at time convenient to family members" work and school schedules, except that no Homebased Family Services provider will be expected to serve clients between the hours of 11:00 PM and 7:00 AN.

D. The program shall establish a time frame for length of service which shall not exceed 13 weeks of service to be delivered within 18 calendar weeks. The first week of service is that week within which the first face-to-f ace contact with a member of the family occurs.

(1) Should the service be delivered in a nonconsecutive thirteen week period, documentation of the necessity for the interrupted service shall be contained in the clinical record, and the dates of interrupted service shall be reflected in the service plan.

(2) Extension of service beyond the thirteen (13) weeks must be approved by licensed clinical staff and such approval must be documented in the clinical record, and the dates of the approved period of extended service reflected on the service plan.

E. The service shall be delivered by a team.

F. The process of case closure shall begin at the outset of services with a discharge plan included in the service plan, and shall itself serve a purpose within the course of counseling. Programs must meet the following criteria in addition to the discharge criteria contained in

Section 400.04(A)(4) of the Regulations for Licensing Mental Health Facilities of the Department of Mental Health and Mental Retardation.

(1) The program shall produce policies and procedures to ensure that cases are closed when:

a. Goals have been accomplished;

b. It is realized that there is insufficient time to accomplish the goals needed to address the family's problems;

c. The identified client/patient no longer remains in the home and the agency clinical director, or the licensed professional fulfilling those duties, certifies that the services are no longer appropriate to meet the needs of the individuals in the family; or

d. In the opinion of -toe agency clinical director the services are not appropriate to meet the family's needs.

(2) The program shall produce policies and procedures to ensure that a discharge/closing summary is included in each clinical record. The summary shall include:

a. Indicators used to determine program completion;

b. Provisions for referral of recipient to other programs in the community upon case closure when appropriate; and

c. A statement of each goal listed on the recipients service plan, a determination of whether each goal listed on the service plan for each individual recipient was successfully or unsuccessfully completed, and the reasons for the determination.

G. The program shall limit its services to those designed to eliminate the risk of removal of the child from the family, and which are consistent with goals set forth in the service plan.

(1) The program shall develop written policies and procedures for referral to, and cooperation with, appropriate local crisis/emergency services.

(2) The program shall maintain an up-to-date directory of local crisis/emergency services for staff members to use as a resource.

H. All services shall be delivered in accordance with the Rights of Recipients of Mental Health Services, or the Rights of Recipients of Services Who Are Children in Need of Treatment, or any subsequent revision applicable to children or families.

(1) The program shall develop procedures for informing recipients of their rights. Each clinical record shall contain documentation that these rights informing procedures were fulfilled.

(2) The program shall develop procedures for training staff in these rights.

PERSONNEL

A. The Program shall establish personnel policies in accordance with stipulations in the regulations for licensing at the general- or comprehensive-service level of the Department of Mental Health and Mental Retardation.

B. The program shall provide evidence that the licensure/certification of all licensed/certified staff is current, and that the training and supervisory provisions of said licenses/certifications are maintained.

C. The program shall provide evidence of an active plan for staff development, in accordance with Section 400.03(E) of the regulations for licensing at the general- or comprehensive-service level in the Regulations- for Licensing Mental Health Facilities of the Department of Mental Health and Mental Retardation. Staff development plans shall be based on the annual. individual staff development assessments cited above in Section 400.03 (E) I and should also specifically address the improvement of staff ability to provide high quality homebased family services.

D. Approved staff -of homebased family services agencies are as follows:

(1) Psychiatrist. A psychiatrist must be certified by the American board of Psychiatry and Neurology, or be eligible for examination by the American Board as documented by written evidence from such Board, or have completed 3 years of post graduate training psychiatry approved by the Educational council of the American Medical Association and have written evidence of such training; and have current and valid licensure as a physician by the Maine Board of Registration of Medicine.

(2) Licensed Clinical Staff. Licensed clinical staff may diagnose, supervise, and approve service plans, as permitted within the scope of their licensure, in addition to providing counseling services:

a. Psychologist. A psychologist must be licensed as a psychologist in the state or province in which practicing as documented by written evidence from the appropriate governing Board.

b. Licensed Clinical Social Worker (LCSW). A Licensed Clinical Social Worker must be licensed as such by the Maine State Board of Social Work Licensure in accordance with 32 M.R.S.A., Chapter 83, as documented by written evidence from such Board, or is qualified and scheduled for licensure examination as evidenced by a conditional license.

c. Licensed Substance Abuse Counselor (LSAC). A Licensed Substance Abuse Counselor must be licensed by the State Board of Substance Abuse Counselors in accordance with 32 M.R.S.A., Chapter 81 and possess written evidence of such licensure from that Board.

d. Licensed Clinical Professional Counselor ACES, A Licensed Clinical Professional Counselor must be licensed by the Maine State Board of Counseling Professionals Licensure in accordance with 32 M.R.S.A., Chapter 119, as documented by written evidence from that Board.

e. Licensed Master Social Worker, Conditional II (LMSW-Conditional III, A Licensed Master Social Worker-Conditional II, must be licensed as such by the Maine State Board of Social Work Licensure in accordance with 32 M.R.S.A., Chapter 83, as documented by written evidence from such Board.

(3) Licensed Master Social Worker (LMSW). A Licensed Master Social Worker must be licensed as such by the Maine State Board of Social Work Licensure in accordance with 32 M.R.S.A., Chapter 83, Section 7001, as documented by written evidence from such Board, or is qualified and scheduled for licensure examination as evidenced by a Licensed Master Social Worker, Conditional I license.

(4) Licensed Psychological Examiner (LPE). A Licensed Psychological Examiner must be licensed as a psychological examiner by the Maine Board of Examiners of Psychologists, as documented by written evidence from that Board.

(5) Psychiatric Nurse (RN). A psychiatric nurse must be licensed as a registered professional nurse by the Maine State Board of Nursing, and must either hold a Master's or higher degree in psychiatric or mental health nursing awarded from an accredited institution of higher learning or be certified by the American Nurses' Association as a psychiatric and mental health nurse, a clinical specialist in adult psychiatric and mental health nursing, or a clinical specialist in child and adolescent psychiatric and mental health nursing.

(6) Licensed Professional Counselor (LPC). A licensed professional counselor must be licensed as such by the Maine State Board of Counseling Professionals Licensure in accordance with 32 M.R.S.A., Chapter 119, as documented by written evidence from that Board.

(7) Licensed Marriage and Family Therapist (LM&FT). A licensed marriage and family therapist must be licensed as such by the Maine State Board of Counseling Professionals Licensure in accordance with 32 M.R.S.A., Chapter 119, as documented by written evidence from that Board.

(8) Licensed Pastoral Counselor (LPC). A. licensed pastoral counselor must be licensed as such by the Maine State Board of Counseling Professionals Licensure in accordance with 32 M.R.S.A., Chapter 119, as documented by written evidence from that Board.

(9) Qualified Mental Health Professionals (QMHP). Qualified Mental Health Professionals are those individuals other than defined above who have appropriate education, training, and experience as approved by the Bureau of Children with Special Needs. In accordance with the regulations for licensing at the general or comprehensive service level of the Department of Mental Health and Mental Retardation, the program shall submit to the Bureau of Children with special Needs for approval names and qualifications of personnel defined as qualified mental health professionals.

a. The program shall provide evidence that qualified mental health professionals have attained at minimum a bachelors degree in the psychology, social work, child development or related field from an accredited college or university; or, a bachelors degree in another field, and advanced training in one or more of the above disciplines. In addition, the program shall provide evidence based on work experience and training of the abilities of the candidates for qualified mental health professional to responsibly execute the professional obligations of homebased family services counselors. Exceptions to the above minimum criteria will be made by the Director of the Bureau of Children with Special Needs on a case-by-case basis.

b. QMHP staff must work under regular, documented supervision by licensed clinical staff at a frequency that complies at minimum with the stipulations; in Section 400.03(D) (2) (b) of the Regulations for Licensing Mental Health Facilities of the Department of Mental Health and Mental Retardation.

(10) Contract staff. Contract staff are licensed professional and other qualified staff who provide homebased family services under a consultant arrangement, subcontract, or cooperative agreement approved by the Bureau of Children with special needs, in accordance with their classification as professional staff or qualified mental health professionals.

a. The program must provide evidence that contract staff adhere to all applicable personnel requirements for licensure and/or certification, staff development, and clinical supervision.

b. The program must submit a listing of all contract staff members annually on the first day of April of each year, as well as staffing changes, as needed to the Bureau of Children with special Needs.

V. CLINICAL SUPERVISION

A. The program must adhere to the clinical supervision requirements in Section 400.03 (D) of the regulations for licensing at the general- or comprehensive-service level in the Regulations for Licensing Mental Health Facilities of the Department of Mental Health and Mental Retardation.

B. The program must provide clinical supervision to all members of homebased family services teams.

(1) Each team will meet at least bi-weekly with the clinical supervisor to review case plans of each active case on the caseload.

(2) Each team member will receive clinical supervision at least twice a month for a minimum of two hours total or more frequently as needed.

(3) If group supervision is used as a supervisory approach, the clinical supervisor shall be present at these meetings.

VI. ADMINISTRATION

A. The program must establish a Steering Committee responsible for advising the agency on priorities for service as well as general program operations. The Steering Committee shall include representation from local referral sources and from consumers. The Committee shall meet no less than quarterly.

B. The program must be licensed by the Department of Mental Health and Mental Retardation at the general or comprehensive-service level, and be additionally certified by the Bureau of Children with Special Needs as a Homebased Family Services provider.

C. The program shall comply with requests for documentation specified in regulations for licensing at the general- or comprehensive-services level of the Department of Mental Health and Mental Retardation; and shall provide to the Bureau of Children with Special Needs, at its request, written evidence of compliance with these standards.

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