

FAMILY BASED SERVICES
Cambridge Area Office

Beginning the Service:

1. Services for a given family will be determined at the Presentation Meeting at DSS. At that meeting, the Coordinator will schedule an eight-week review date with the family and DSS.
2. FBS Coordinator will contact Provider for availability. Once agreed that they are taking the case, Coordinator will fax written referral that includes a start date and review date.
3. Provider establishes contact with DSS Worker to review case history and discuss goals. Assessments and Service plans cannot be copied and sent to Providers. Therefore, the Provider is encouraged to make an appointment with the DSS Worker or Supervisor to read the file if more information is needed about history.
4. DSS Worker and Clinician schedule a meeting with the family within the following 5 working days.

During the Service:

1. Regular contact between the DSS worker and the Clinician is required.
2. Contact FSB Coordinator if:
 - a. Circumstances require modifications in type and/or intensity of service.
 - b. Significant change within the family such as child being placed, moving out of area, etc.
 - c. There is no face-to-face contact with family for two consecutive weeks.
 - d. The discharge date is near and the case is not ready to close. (Note: Extensions are not often given except for small amount of time when needed to finish a particular task.)
3. Reviews will be held on the case approximately 8 weeks from the start date. The Clinician, the family and the DSS Worker will attend this meeting. The Provider will come prepared with a completed Treatment Plan Review Form. (Copies can be obtained from FBS Coordinator.)
4. At the Review Meeting, the discharge date will be determined.

After Discharge:

1. The provider should send a Discharge Summary to the FBS Coordinator within 3 weeks of the closing date
 - a. Reason for referral
 - b. Brief Family History
 - c. Family Strengths
 - d. Goals\Progress Made\Course of Treatment
 - e. Community Resources Referred\Collaterals Contacted
 - f. Recommendations

FAMILY BASED SERVICES
CAMBRIDGE AREA OFFICE
FAMILY INTERVENTION PLAN/REVIEW

Client Name : Today's Date :
DSS Worker : DSS Supervisor :
Clinician : Agency :
Type of Service : Frequency of weekly contact :
Updated DSS Goal (if applicable) :
Date Case opened : Discharge Date(Projected) :

6-WEEK REVIEW

No. of family meetings scheduled : No. of meetings held :
No. of times communication took place between DSS worker and clinician since case opened/last review
(please circle) :
0 1-3 4 or more
Referrals (if any made)

Area of Need # 1 _____

Outcome : _____

Progress made (please circle):

Resolved Much Progress A little Progress Unchanged Worse N/A

Changed Outcome (if any) : _____

Area of Need # 2 : _____

Outcome : _____

Progress made (please circle):

Resolved Much Progress A little Progress Unchanged Worse N/A

Changed Outcome (if any) : _____

Area of Need # 3 : _____

Outcome : _____

Progress made (please circle):

Resolved Much Progress A little Progress Unchanged Worse N/A

Changed Outcome (if any) : _____

Area of Need # 4 : _____

Outcome : _____

Progress made (please circle):

Resolved Much Progress A little Progress Unchanged Worse N/A

Changed Outcome (if any) : _____

Clinician Signature