

**DEPARTMENT OF CHILDREN AND FAMILY SERVICES**

Distribution: X and Z

**POLICY GUIDE 2012.03**

**DIVISION OF CLINICAL PRACTICE  
CONSULTATIONS BY SPECIALTY SERVICES PROGRAM SPECIALISTS**

**RELEASE DATE:** February 23, 2012

**TO:** Rules and Procedures Bookholders and Child Welfare Staff

**FROM:** Richard H. Calica, Acting Director



**EFFECTIVE:** Immediately

**I. PURPOSE**

The purpose of this policy guide is to present the procedures for accessing clinical consultations from programs within the Specialty Services Unit. Specialty Services Programs include Addictions; Chronic Blood Disorder; Deaf and Hard of Hearing; Developmental Disabilities; Domestic Violence; Lesbian, Gay, Bisexual, Transgender, Questioning (LGBTQ) Youth; and Mental Health. Clinical services are prescribed by rule, procedure, or good practice. Clinical consultations provide support to investigative and casework personnel in planning and obtaining clinical services for their clients which are beyond the ability of the existing service array. This service is not meant to replace supervisory decision making or the staffing processes of Purchase of Service (POS) agencies.

**II. PRIMARY USERS**

The primary users of this protocol are DCFS or POS staff such as Investigation Workers, Intact Workers, Placement Workers, Licensing Workers, Resource Workers, Supervisors of these units and Legal Staff.

**III. DEFINITION**

Consultation is a supportive clinical activity where cases are reviewed and analyzed to provide guidance and insight. This may include the consideration of various practice alternatives that will enhance the determination of a course of action. Consultation is not meant to replace supervisory decision making or existing DCFS or POS agencies' clinical processes. Consultation may consist of, but is not limited to:

- Client advocacy and empowerment;
- Diagnostic clarification and treatment/service recommendations;



- Procedural and policy clarification;
- Resource and service linkage;
- Education in clinical specialty areas; or
- Systems facilitation and coordination of collateral providers.

#### IV. OVERVIEW

The Division of Clinical Practice’s Specialty Services Programs are responsible for supporting the field through the provision of expert clinical consultations on specialty service issues. The Specialty Services Program Consultants accomplish this mission through direct consultation with workers.

a) The Division of Clinical Practice Specialty Services Unit offers an array of services to all DCFS/POS staff for the following types of case situations:

- Addictions
- Chronic Blood Disorder
- Deaf and Hard of Hearing
- Developmental Disabilities
- Domestic Violence
- Lesbian, Gay, Bisexual, Transgender, Questioning Youth
- Mental Health

b) The Referral Process

Specialty Services clinical consultation requests may be made by DCFS or POS agency staff (Investigation Workers, Intact Workers, Placement Workers, Licensing Workers, Resource Workers, Legal Staff, and so forth.). Court personnel acting on behalf of DCFS wards may also make referrals.

##### 1) Making a Referral

The request for a consultation is made by:

- discussing the referral with your supervisor and completing the **CFS 399-6, Specialty Services Case Consultation Referral Form**, and emailing it to the Outlook mailbox SpecServicesRef or faxing it to 312-328-2590; or
- calling 855-814-8421 (toll-free) or 312-328-2075 (local), when seeking to make a Specialty Services referral.

When seeking to make a referral for a Psychological Evaluation and/or a Parenting Capacity Assessment, contact your assigned DCFS/POS Regional Consulting Psychologist. For additional assistance, including a

directory of the assigned Consulting Psychologists, contact the Clinical Division at (312) 814-4153.

**2) Processing the Referral**

Referrals for case consultations will be reviewed by designated Specialty Services staff. Once a referral is accepted, the assigned Specialty Services Consultant will respond directly to the referral source and worker.

- Consultation requests will be monitored and tracked by designated staff in the Specialty Services Unit.
- The case consultation may occur via telephone, in person, through document review, or by email correspondence.
- The Specialty Services Consultant will provide a written recommendation and/or outcome of the consultation. This written response will be entered by the Specialty Services Consultant on the **CFS 399-6, Specialty Services Referral Form**, in the section marked, “Case Consultation Summary Note.” The information will be sent back to the referral source and worker.

**3) Caseworker and Supervisor Responsibility**

The caseworker and supervisor will be responsible for providing all requested supporting documentation to the Specialty Services Consultant. The referral is to identify a specific area or areas of concern for which a consultation is being requested--not general issues present within a family system. If all documentation requested by the Specialty Services Consultant is not provided within 10 days of the Consultant’s request for information, the referral will be administratively closed.

**VI. STAFFING OUTCOMES**

The consultant will document the consultation recommendations. This documentation will provide clinical recommendations and any information relevant to the case regarding the specialty service issue. If the caseworker and supervisor determine to follow the recommendations, which alter the nature of the services delineated in the current SACWIS Client Service Plan, the caseworker will modify the Service Plan to reflect changes in the services being provided. If no Service Plan exists, because it is a new case to DCFS or POS, the clinical recommendations will be integrated into the initial SACWIS Client Service Plan.

**VI. ATTACHMENTS**

**CFS 399-6 Specialty Services Case Consultation Referral Form**

## **VII. QUESTIONS**

Questions regarding this policy guide may be directed to the Specialty Services Unit by calling 855-814-8421 (toll-free) or 312-328-2075 (local).

## **VIII. FILING INSTRUCTIONS**

This policy guide is to be filed with Procedures 302, Subpart C, Section 302.320 (Counseling or Casework Services).

**Division of Clinical Practice  
SPECIALTY SERVICES CASE CONSULTATION REFERRAL FORM**

**Instructions:** Submit this completed form via Outlook email to SpecServicesRef (preferred). If referral source has no access to Outlook email, fax form to (312) 328-2590. For fax notifications and questions, call (855) 814-8421.

Specialty Services Programs include: Addictions, Chronic Blood Disorder, Deaf & Hard of Hearing, Developmental Disabilities, Domestic Violence, LGBTQ Youth and Mental Health.

This form is to be used for Specialty consultations only. To request a Regional clinical staffing, please complete form 399.1 and send via Outlook email to *ClinicalRef*.

<b>DATE:</b>			
<b>Minor(s) (Last Name, First Name):</b>			<b>DOB/Age:</b>
<b>ID# or SCR#:</b>			<b>R/S/F:</b>
<b>Case Name (Family Name):</b>			
<b>Referral Source:</b> <i>(Person making referral)</i>	<b>Telephone:</b>	<b>E-Mail:</b>	
		<b>Fax:</b>	
<b>Source Unit:</b> <i>(Unit making referral)</i>	<input type="checkbox"/> Court	<input type="checkbox"/> Investigations	<input type="checkbox"/> GAL
	<input type="checkbox"/> Intact	<input type="checkbox"/> Placement	<input type="checkbox"/> Public Defender
	<input type="checkbox"/> Other		
<b>Caseworker's Name:</b> <i>(If different than person making referral)</i>	<b>Telephone:</b>	<b>E-Mail:</b>	
		<b>Fax:</b>	
<b>Casework Supervisor's Name:</b>	<b>Telephone:</b>	<b>E-Mail:</b>	
		<b>Fax:</b>	
<b>Check Specialty Service Area(s) for Requested Consultation:</b>			
<input type="checkbox"/> (A) Addictions			
<input type="checkbox"/> (B) Chronic Blood Disorder			
<input type="checkbox"/> (C) Deaf & Hard of Hearing			
<input type="checkbox"/> (D) Developmental Disabilities			
<input type="checkbox"/> (E) Domestic Violence			
<input type="checkbox"/> (F) Lesbian, Gay, Bisexual, Transgender & Questioning Youth (LGBTQ)			
<input type="checkbox"/> (G) Mental Health			
<b><u>NARRATIVE:</u> To be completed by Referral Source.</b>			
<b>Provide a summary of the Specialty Service area issue(s) checked above.</b> <i>(The narrative box expands when completing this form on the computer.)</i>			

**TYPE OF CASE CONSULTATION:** *To be completed by Specialty Services Consultant. Check all that apply.*

- (1) In-Person                       (2) E-Mail                       (3) CFS 399.6 Narrative Review  
 (4) SACWIS/Case Document Review                       (5) CAYIT/TDM/Staffing Participation  
 (6) Telephone                       (7) Other (please specify                      )

**PREVIOUS CASE CONSULTATION(S):** *To be completed by Specialty Services Consultant.*

YES                       NO

If YES, date(s) of previous consultation note(s):

**CASE CONSULTATION SUMMARY NOTE:** *To be completed by Specialty Services Consultant.*

Provide a summary of the consultation and any recommendations.

Date of Case Consultation:

Name/Title of Specialty Services Consultant:

**ATTACHMENTS:** *To be completed by Specialty Services Consultant.*

List any attachments, handouts and documents provided to the worker as part of the case consultation.