

STANDARD FOR IN-HOME FAMILY PRESERVATION SERVICES

PURPOSE

The purpose of these standards is to provide direction and guidance to the Child and Family Services (CFS) programs regarding in-home family preservation services. These standards are intended to achieve statewide consistency in the development and application of CFS core services and shall be implemented in the context of all-applicable laws, rules, and policies. The standards will also provide a measurement for program accountability.

INTRODUCTION

Whenever possible, children should remain with their family. The purpose of family preservation services is to prevent the removal or eliminate the need to remove children from their homes. Efforts to prevent removal are to be pursued *only* when they are consistent with the child's safety. The goals of family preservation services are:

- (1) Resolve the immediate crisis by developing a safety plan to ensure the child's safety while simultaneously working with the family on longer term solution;
- (2) Maintain the safety of children in their own homes; and
- (3) Help families obtain services that meet their multiple needs in a culturally appropriate manner and prevent unnecessary out-of-home placement.

Services to in-home cases may represent "reasonable efforts" by the Department to preserve families, prevent placement into alternate care, and promote family unity while taking measures to safeguard children from abuse or neglect.

"Reasonable efforts" to prevent removal of children from their families are required under Title IV-E and have lead to (1) an overall decrease in the numbers of placements (2) more goal-oriented planning for children and families, (3) a greater emphasis on family decision making, and (4) a reduction in the amount of time children spend in care.

In-Home Family Preservation Services may also be used in reunification cases, and with resource families. Details regarding these specific uses will be detailed further in the Standard.

TERMS

In-Home Family Preservation Services

A referral involving a family who is the subject of a report of child abuse or neglect that is opened for services, after a safety assessment has been completed, to prevent the removal of a child from their home.

Any activities regarding safety planning, including referral to other services or case management activities, delivered prior to completion of the Comprehensive Risk Assessment and a Case Plan are considered part of the safety assessment process.

IMPLEMENTING THE STANDARD

A social worker will conduct a safety assessment on each priority I, II, or III referral which is received. Based on the assessment of the safety factors and other key information known about the case, the social worker shall determine if the child is safe, conditionally, safe, or unsafe. If the child can be conditionally safe through a viable in-home safety plan, a case will be opened and the family will receive services which allow the child to remain at home **without removal**. Services are to address the identified safety threats.

Procedures and Accompanying Flowchart

- (1) All referrals given a Priority I, II or III will receive an Immediate Risk/Safety Assessment (Part A).
- (2) If the safety decision determines the child(ren) is “conditionally safe,” the assigned social worker will make every effort to engage the family and offer services. A parent’s response/actions during the safety assessment assists the social worker in determining if the family will voluntarily work with CFS or if CFS needs to approach the prosecutor regarding legal action in those situations where the standard of imminent danger is not met.
- (3) Develop a Safety Plan with the family and put supports in place to implement the plan. Effective Safety Plans are developed with the family’s direct input, emphasizing their individual strengths and capabilities. A family group decision making process may also be helpful in developing a safety plan. At this critical point, families and their extended member are often motivated to solve family issues when brought together. Document the safety plan on the Safety Assessment (Part A) in iCARE.
- (4) Comprehensive Assessment (within 45 days) and Case Plan requirements.
 - (a) Complete a Comprehensive Risk Assessment (Part B).
 - (b) Engage the family in developing a service plan. A family group decision making process may be utilized where family members and their supports participate fully in development of the plan. This process engages both the immediate family members in the development and success of the plan as well as the family’s support systems.

- (c) When the Department is contracting with a private provider to provide family preservation services IDHW, the contractor, and the family will jointly develop the case plan.
 - (d) Social workers should consider whether identified health or educational needs are relevant to the reason why the agency is involved with the family **and** whether the need to address the health or educational issues is a reasonable expectation given the circumstances of the family and agency's involvement.
 - (e) Enter the family's case plan into iCARE.
- (5) In situations where a family **refuses to work with IDHW** on a voluntary basis in spite of the worker's diligent efforts to engage the family, and there are safety threats that need managed, but do not meet the standard of imminent danger, CFS will contact the local county prosecutor about a judicial order for Protective Supervision. The contact with the prosecutor will be documented in iCARE on the Presenting Issue narrative. This action will demonstrate continued attempts by the agency to make reasonable efforts to prevent removal while reducing the level of risk.
- (6) The CFS Worker Social Worker Contact Standard applies to these in-home cases. The family's IDHW social worker, clinician or other responsible party who has full responsibility and decision making authority must see the child(ren) and their parent(s) in the family home at least once per month, and more frequently if needed.
- (7) At 6 months, each family preservation in-home case shall receive a safety re-assessment. The reassessment is completed to help determine whether safety threats have decreased or if services are resulting in reduction of risk. A supervisory staffing will be conducted regarding case direction. If current services are not effective in decreasing the likelihood of future child abuse or neglect, consideration will be given to changing services, convening or reconvening a family group decision making meeting, or approaching the court for an increased level of intervention.
- (8) A formal safety re-assessment must be completed prior to case closure.

Procedures for Use of Family Preservation Services in Reunification Cases

- (1) Social Workers will staff reunification cases with their supervisor to determine whether family preservation services are needed, and would be effective in the successful return of the child to the family home. Family preservation services can be extremely beneficial in transitioning children back into their

families after placement in foster care. Family preservation efforts would focus on continued/maintained reduction of safety threat to the child or children.

- (2) The safety re-assessment must indicate family preservation services as an identified need for the family.
- (3) The Family Service Plan must include family preservation services as part of the reunification plan.
- (4) When the Department is contracting with a private provider to provide family preservation services, IDHW, the contractor, and the family will jointly develop the goals specific to the service. These goals will be entered into iCARE.

Procedures for Use of Family Preservation Services in Cases with Resource Families

- (1) Socials Workers will staff with their supervisors and regional licensing staff, potential referrals of resource families for family preservation services. Resource families who foster children who are at risk of a disrupted placement will be staffed and referred for Family Preservation Services.
- (2) A Resource Family Assessment and evaluation of PRIDE competencies will be completed.
- (3) When the Department is contracting with a private provider to provide family preservation services, IDHW, the contractor and the resource family will jointly develop the plan for services.
- (4) After completion of the family preservation services, PRIDE competencies will be re-evaluated.

Procedures Regarding Notification Requirements

- (1) The Contractor shall, during business hours, immediately notify the child's Department assigned social worker/clinician or the Department assigned worker's supervisor, or after hours (after 5:00 p.m. weekdays, weekends, and Department recognized holidays) child protection intake or on-call social worker in the event of the following:
 - a. Life threatening critical incidents;
 - b. Significant medical difficulties which require hospitalization or treatment at an emergency room or clinic;
 - c. Significant medical difficulties which do not require hospitalization or treatment at an emergency room or clinic;

d. Crimes committed by children or adults in the family home or individuals frequenting the family home; and

e. When a child runs away, is missing, or returns.

(2) Allegations of misconduct by Contractor's staff shall immediately be reported to local law enforcement, the child's Department assigned social worker/clinician from the referring region, and the Child Protection in-take unit. Allegations of misconduct by Contractor's staff toward a child, include, but are not limited to, the following:

a. Allegations of physical abuse;

b. Allegations of neglect; and

c. Allegations of inappropriate touching.

(3) The Contractor shall notify the child's Department assigned social worker/clinician, the Department assigned worker's supervisor, or the Regional Program Specialist within 48 hours of being made aware of any changes in the family home structure: family members leave or new persons join the family home, as this may influence the risk and safety of the children through supervision or care. Upon notifying the appropriate Department staff, the Contractor will discuss their on-going obligation for the assessment of, and contact with, any additional persons joining the family home.

(4) The Contractor shall provide a written Critical Incident Report to the referring Department assigned social worker/clinician within twenty-four (24) hours of all events considered to increase risk of harm or lack of supervision to any child in the home.

Any action taken not consistent with this standard must be pre-approved by the FACS Division Administrator or designee. The action, rationale and approval must be documented in the file.

FAMILY PRESERVATION IN-HOME CASES

