

IN-HOME SERVICES DESIGN DOCUMENT
July 28, 2010

Purpose of re-defining and fully implementing a model for in-home services:

1. Consistent, well-defined model of practice to empower staff to do the work.
2. Safely reduce the number of children in out-of-home care in Utah.
3. Prevent placement of children in out-of-home care through a strong in-home services approach to keeping children safe at home.
4. Strengthen the capacity of families to keep their children safe and meet their needs within the community in which they are living.
5. Preserve a connectedness of family.

Clearly Define the Population to be provided with In-Home Services:

In-Home Services are appropriate when any of the following conditions exist:

1. A child has experienced abuse or neglect and there is an identified threat of harm that is present or impending that can be mitigated with intervention to reduce the threat of harm, increase protective capacity with the caregiver/parent and reduce the vulnerability of the child to the threat of harm.
2. When the threat of harm to a child is reduced enough to be returned home from out-of-home care to be served in-home and there is need for further supportive services to improve the guardian's protective capacity.
3. When a placement (kinship, foster, or adoptive) may disrupt or dissolve without intensive services to maintain the child with the family in the home.
4. Delinquency cases at imminent risk of placement.

Create a Community Infrastructure that promotes keeping children safe at home in their own community:

1. Child and Family Services must create and sustain a community presence in which teaming occurs locally with other community resources such as schools, mental health providers, substance abuse providers, family support centers, victim advocates, resource families, DWS, churches, probation, JJS, law enforcement, CJC's, etc.
2. Adhere to principles of a System of Care Model and the Practice Model.
3. Structure for coordination.
4. Shared accountability and structure for collaboration and case planning.
5. The family's voice is present at all levels.
6. Outcomes are identifiable and measurable.
7. Administrative leadership and support in promoting In-Home Services and Community involvement in keeping children/youth safe at home.
8. Develop a common understanding and level of trust with legal partners that allows DCFS to provide in-home services prior to placement whenever possible.

Varied Levels of Intervention based on family strengths and needs:

1. Some families don't need intervention from Child and Family Services and can be referred out to community resources.

2. Families who meet the criteria for the population to be serviced with In-Home Services must have the intensity of services tailored to their specific needs. The child and family team meets and agrees to provide the level of intensity that would best fit with the needs of the family.
 - a. Levels of intervention are based on an assessment (CANS, SDM, etc.).
 - b. Levels of Intervention should be set by the Child & Family Team meeting and are defined as:
 - i. Level one requires the caseworker meet with the family one time per week and provide telephone contact at least once within the week as well.
 - ii. Level two requires the caseworker to meet with the family two times a week and telephone contact at least once within the week.
 - iii. Level three requires the caseworker to meet with the family three times per week and telephone contact at least once per week.
 - iv. Transition from Services--once a month visit with the family in the family's home and collateral contact with at least one other Child and Family Team member. Used to decrease intensity of DCFS services so that the case can be closed.
3. Length of service should be focused on decreasing the threats of harm, increasing protective capacity, and decreasing child vulnerability. Team should consider when the level and intensity should be reviewed. ***Do we want to set a weekly or monthly schedule or leave it to the team and/or dictated by the SDM assessment?*
4. Child and Family Services will determine if the agency will continue to provide monitoring and reporting to the court for families not engaged in one of the levels of intervention that are appropriate to In-Home Services. Safety Decision Making is used to determine if further intervention is needed. Non-compliance with case plan is not a reason for recommending the removal of a child. Safety drives the decision for continued intervention.

Child and Family Teaming:

1. Child and family teaming starts with the CPS worker engaging with the family in conversations that start identifying a need for ongoing support to increase protective capacity, decrease child vulnerability and to decrease or eliminate a threat of harm.
2. CPS should not transfer a case for ongoing services (in-home or out-of-home) without convening a Child and Family Team Meeting.
3. The CPS worker will invite family members and others that have been identified by the family and others who can be valuable members of a Child and Family Team by contacting them and preparing them in advance of the Child and Family Team meeting.
4. The transition from CPS to ongoing services is completed once the Child and Family Team has been convened with the CPS and ongoing caseworker present with the family and the team has developed a plan for keeping the child(ren) safe during the intervention period.
5. The Child and Family Team convenes at least quarterly or as often as necessary.

Concrete Services:

The Child and Family Team addresses basic needs with the family and recognizes the importance of addressing those needs as a foundation to changing behaviors and perceptions related to adequate care and supervision of children. Concrete services can be used to engage and team with a family. Examples of concrete services include:

- a. Housing
- b. Transportation
- c. Food, clothing
- d. Medical care
- e. Employment, etc.

Wrap Around Support:

Use of Promoting Safe and Stable Families (PSSF) Family Preservation grant funds to develop specific contracts for wrap around services. Shift from using these funds for arbitrary one-time needs of the family to developing resources that can effectively be engaged to strengthen family functioning.

Caseworker Training:

1. Values and Principles of a System of Care (see attachment).
2. Intermediate and advanced training for facilitation of Child and Family Team meetings (Family Group Decision Making Model).
3. Regional protocols for accessing/engaging a system of care.
4. Interventions
 - a. Tools and training for practical interventions using nontraditional activities with families.
 - i. Caseworker visits with family are active--doing interventions--engaging the family through activities that can teach/model/mentor, etc.
 - ii. Practical and hands-on application of how to work with a family to bring about change (Homebuilders).
 - b. Attention to the parent/child interactions to increase protective capacity.
 - c. Involvement of the non-custodial parent or partner of the parent who may not have legal responsibility to the child but is involved in frequent interactions with child.
 - d. Use of the team to pace interventions to meet family needs and empower family driven decisions.

Quality Assurance and Evaluation of In-Home Services:

1. Supervision (Finishing Touches Reviews).
2. Quality Case Reviews.
3. Reduction of children in out-of-home care. Reduction in length of time in out-of-home care.
4. Reduction in in-home cases that have subsequent maltreatment.
5. Improvement in scores at closure versus intake for any of the standardized assessments utilized (SDM, CANS, NCFAS-G).

SAFE Case Management:

Have one case type - In-home Case (IHC). This would replace PSS, PSC, PSI, PFP, PFR, CIS, CCS, and PAT.

- Add qualifier to indicate if it was court ordered.
- Add indicator for ICPC case.
- Primary reason could indicate if it was for adoption.
- Add levels of service similar to what Paul does or is in SDM.
- Need tool to help workers and CFTM decide on level for case.
- Levels will help guide intensity of service, frequency of visits, etc.
- Reassessment of levels done on a regular basis.