

I. INTRODUCTION

North Carolina's Family Preservation Services is an intensive model that incorporates characteristics of the Homebuilder's Model in that it is a short-term, intensive, crisis-intervention program with services provided primarily in the family's home or community. Requirements in the Program Design for the Intensive Family Preservation Services (IFPS) Program specified in the legislation are as follows:

- (1.) Each eligible family shall receive intensive family preservation services—beginning with identification of a child who is at imminent risk of out-of-home placement—for an average of four weeks but not more than six consecutive weeks;
- (2.) At least one-half of a caseworker's time spent providing family preservation services to each eligible family shall be provided in the family's home and/or community;
- (3.) Family preservation caseworkers shall be available to each eligible family by telephone and on call for visits 24 hours a day, seven days a week;
- (4.) Each family preservation caseworker shall provide services to a maximum of four families at any given time.

All family centered services are closely related in philosophy, rationale, and origin. They differ in specifics of program design such as target population, client eligibility, caseload size, intensity and duration of services, and practice techniques. However, all family centered services share the following attributes:

- Keeping families together when possible: focusing on the entire family rather than just the child;
- Promoting family competence and self-direction;
- Providing flexible and convenient services to the family that are home- and community-based;
- Networking with other child and family service providers;
- Offering a comprehensive array of services that meet a range of needs.

A. GOALS AND OBJECTIVES

The goal of North Carolina's Family Preservation Services Program is to prevent unnecessary placement of children away from their families by providing in-home

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services aimed at restoring families in crisis to an acceptable level of functioning delivered within a System of Care framework. These services are designed to meet the following objectives:

1. Stabilize the crisis which put the family at imminent risk;
2. Keep the child, family, and community safe by defusing the potential for violence (physical, sexual, emotional/verbal abuse);
3. Help families develop the skills, competencies and resources they need to handle future crisis situations more effectively.

B. VALUES AND BELIEFS

There are specific values and beliefs that undergird the standards and guide practice for Family Preservation Services. It is critical that Family Preservation Services providers and supervisors have a firm understanding of and commitment to these values and beliefs about families. They include:

1. Safety of the children is the first concern;
2. Children have a right to their family;
3. The family is the fundamental resource for the nurturing of children;
4. Parents should be supported in their efforts to care for their children;
5. Families are diverse and have a right to be respected for their special cultural, racial, ethnic, and religious traditions. Children can flourish in different types of families;
6. A crisis is an opportunity for change;
7. Inappropriate intervention can do harm;
8. Families who seem hopeless can change and grow;
9. Family members are our colleagues;
10. It is our job to instill hope.

The Department of Health and Human Services and the Division of Social Services are working in a number of ways to help our public child service systems become more family centered in their methods and practices using a System of

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Care philosophy. The foundational philosophy of the NC System of Care (hereinafter SOC) is family- centered practice. The six SOC Principles are:

- Interagency collaboration;
- Individualized strengths based care;
- Cultural competence;
- Child and family involvement;
- Community based services; and
- Accountability.

North Carolina's child welfare practice model unites the SOC philosophy with our Multiple Response System (MRS). MRS and SOC will help North Carolina achieve the safety of children while helping the parent/caretaker to learn more effective parenting practices. To understand this practice model, it is important to understand what it means to provide a family-centered approach to the delivery of services. The six family-centered principles of partnership are:

- Everyone desires respect;
- Everyone needs to be heard;
- Everyone has strengths;
- Judgments can wait;
- Partners share power; and
- Partnership is a process.

This manual will address the specific policies and standards that guide the delivery of one such model: the Intensive Family Preservation Services program in North Carolina.

II. AGENCY STANDARDS & PROGRAM DESIGN

A. ELIGIBILITY

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Families eligible for IFPS services have at least one child age birth through 17 years who is at imminent risk of placement in out-of-home care. Families with adopted children are eligible for referral to the program when it is determined that a disruption in the adoption placement will occur without intensive services. The priority for case assignment are those children at risk of placement into the social services system, and at least 75% of cases served each year shall be local child welfare agency referred cases, but referrals may also come from the mental health, developmental disabilities, substance abuse or juvenile justice systems.

“Imminent risk of out-of-home placement” is defined as follows:

Local child welfare agency referred cases:

- There has been a substantiation of abuse, neglect or dependency (as determined by the local child welfare agency prior to the referral to IFPS) and there is a rating of ‘high’ on the Family Risk Assessment (DSS-5230) or the Family Risk Reassessment (DSS-5226); or
- There has been a finding of “In Need of Services” (as determined by the local child welfare agency prior to referral to IFPS) and there is a rating of ‘high’ on the Family Risk Assessment (DSS-5230) or Family Risk Reassessment (DSS-5226).

Juvenile Justice referred cases:

- There has been an adjudication that the juvenile is delinquent or undisciplined, and the juvenile violates protective supervision or probation, or there are new charges;
or
- The juvenile has been placed on Level 2 disposition by the court.

Mental Health referred cases:

- It is determined by the child’s treatment team that if IFPS is not offered, the child would be referred to a residential or inpatient setting, and
- A standardized assessment tool must be completed demonstrating that the child is at imminent risk of removal from the home if IFPS services are not provided. The Community Based Programs Team of the Division of Social Services must approve the tool utilized prior to referrals based on that tool being accepted.

Out-of-home placement means the removal of a child from his/her own home with placement in a non-relative setting for a duration of two weeks or more. Responsibility for his or her supervision, care and essentials of daily living is given to the social services, juvenile justice or public or private mental health/developmental disabilities/ substance abuse systems.

At least one parent or other primary caregiver indicates that she or he is willing and able to participate in IFPS. Note: Primary Caregiver means a parent (including adoptive or long-term foster parent), legal guardian, or someone who is acting in

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loco parentis (has assumed the status and obligation of a parent) in relation to the child(ren).

B. AGENCY REQUIREMENTS

NCDSS requirements are as follows:

Contract Compliance:

- Develop a working knowledge of State policy and procedures regarding IFPS and ensure staff compliance. The Contractor shall use and maintain forms as required by the NCDSS.
- Complete regular evaluations of IFPS staff to assess knowledge of, and compliance with, philosophy and intervention strategies of the IFPS model.
- Participate in quality assurance evaluation activities as designated by NCDSS. Activities include, but are not limited to, participating in group meetings, site visitations and peer review of policies and procedures.
- Make accessible to the assigned State IFPS Consultant or other designated NCDHHS or NCDSS representative full access to and the right to examine all case and administrative records for the purpose of monitoring this agreement.
- Unit Definition: one (1) unit equals one (1) family intervention as outlined in the program description.
- The Contractor shall provide services only in the region identified in their contract.

Staffing Requirements:

The Contractor shall assure that the IFPS program shall be staffed as identified herein and that the staff identified to fill the roles of program manager, supervisor and worker shall have the following minimum qualifications for each position:

Program Manager:

- Appropriate degree in the human services area or in management and experience to manage in-home programs. Administrative and clinical experience preferred.
- Participation in initial and ongoing training provided by Division of Social Services staff or trainers coordinated by the Division.

Supervisor:

- A degree in the human services area and field experience working with multi-problem families. A master's degree in social work is preferred.

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- Demonstrated experience in, or potential for, providing supervision to workers who provide in-home services.
- Knowledge of child welfare policies and programs, family therapy theories, treatment philosophies and strategies of home-based services, as well as knowledge and availability of local resources is necessary.
- An understanding of and commitment to the IFPS model is essential.
- Capacity for overseeing program operations related to the family's entry into and participation in the program.
- The ability to relate to and collaborate with County and State personnel, the courts and other service providers on behalf of the family.
- Ability to maintain a flexible work schedule.
- Participation is required in initial and ongoing training provided by Division of Social Services staff or trainers coordinated by the Division.

Worker

- A degree in the human services area. A master's degree in social work is preferred.
- Field experience working with multi-problem children and families and overall ability to relate to and engage with these families.
- Ability to maintain a flexible work schedule.
- Understanding of the IFPS philosophy and intervention strategies is essential.
- Willingness and ability to participate in initial and ongoing training provided by Division of Social Services staff or trainers coordinated by the Division.

Activities Contractor shall perform:

Referrals:

- Market the IFPS program to eligible referral sources. It is the responsibility of the contractor to ensure an adequate number of referrals are received in order to meet contractual requirements for the number of families to be served.

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- Develop a procedure for accepting referrals. The procedure shall include accepting referrals 24 hours per day/7 days per week. There shall be no provision for maintaining a waiting list. The Contractor shall make available to referring units notice of any vacancies.
- Accept a second referral for any given family only if it has been 90 days since the Contractor or any other IFPS contractor terminated the most recent intervention for the family, or if permission specific to the referral is granted by the State IFPS Consultant.
- Accept a third, or subsequent, referral for any given family served by the Contractor or any other IFPS contractor only after consultation with and approval by the State IFPS Consultant.

Capacity and Staffing:

- Maintain the capacity to serve the anticipated number of families specified in this Agreement. The Contractor shall be responsible to provide 1 full-time IFPS worker for every 18 anticipated families to be served. It is expected that a full-time worker can deliver at least 18 interventions per year. Supervisors shall directly serve some families each year.
- Assign a caseload of 2 families to each IFPS worker. The Contractor may assign a 3rd family only during the final week of an intervention.
- Maintain a supervisory/direct service staff ratio that ordinarily shall be 1 full-time supervisor to no more than 5 full-time IFPS workers.
- Ensure IFPS workers and supervisors work a flexible schedule determined by the needs of the family (rather than a standard 8AM to 5PM schedule). Full-time IFPS staff shall submit to the Contractor a disclosure statement regarding any supplemental employment and/or educational commitment. The Contractor must ensure that the supplemental employment and/or educational commitment does not negatively impact services provided by the contract.
- Each new IFPS worker shall shadow the supervisor for at least 1 case, and be shadowed by the supervisor for at least one 1 case, before being assigned cases. (Shadowing shall be defined as accompanying the person responsible for the case on at least half the home visits to the family, or at least 3 home visits per week, whichever is greater.)
- The IFPS supervisor shall accompany experienced staff on home visits, as needed. Feedback on accompanied visits shall be part of the weekly individual conference or team meeting.

Supervision:

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- Conduct regularly scheduled team meetings involving all IFPS staff, including the IFPS supervisor. The purpose of these meetings shall be to review individual family progress, consult on alternative service plans, action steps and activities needed on IFPS cases, staff all active cases and use results to develop weekly plans to achieve family goals. Meetings shall be documented and documentation shall be maintained.
- Conduct conferences between each IFPS worker and supervisor at least once weekly for the express purpose of enabling individual IFPS workers to discuss their client families on a one-to-one basis. The conferences shall be directed toward review of individual family progress, consultation on alternative service plans, and determination of action steps and activities needed on active cases. These conferences will be documented.
- Ensure the IFPS program manager reviews and approves, by signature, all service plans and termination reports of cases assigned to IFPS supervisors.
- Ensure the IFPS program supervisor reviews and approves, by signature, all service plans and termination reports of cases assigned to IFPS workers.

C. PROGRAM REQUIREMENTS

- Ensure IFPS workers attempt to make face-to-face contact with the family within 24 hours (immediately if an emergency) from time of referral to IFPS. If unable to make face-to-face contact within 48 hours, referring staff shall be notified immediately.
- The assigned IFPS worker shall maintain ongoing contact with referring staff at a frequency sufficient to address the circumstances of the individual family, as agreed upon with referring staff.
- Provide services in the family's home or, at the family's request, a location (other than the Contractor's facility) mutually agreed upon by the Contractor and the family.
- Ensure IFPS staff is directly available to the families assigned to them 24 hours per day, 7 days a week.
- During each service period, the IFPS worker shall provide no less than 40 hours of face-to-face contact per family. Each family will receive face-to-face contact an average of 2.5 times per week.
- Ensure IFPS workers provide services to each family for a minimum of 4 weeks. Services may be extended up to maximum of 6 weeks when an extension will substantially decrease the chance of placement. A service

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extension shall be determined by the IFPS supervisor and worker in consultation with referring staff.

- Require IFPS workers to develop a Service Plan Report for each family. The worker shall establish the service plan and goals in collaboration with the family. The family's involvement shall be clearly documented by their signing of the final Service Plan.
- The Service Plan shall address safety measures put into place and shall include, but not be limited to: identifying family strengths, helping the family define the specific goals of intervention, showing the family how improvements can occur, helping the family resolve or improve safety concerns by such techniques as examining positive alternatives for negative behaviors, teaching skills to prevent the reoccurrence of abuse and neglect and other family conflict, and connecting with resources to maintain ongoing progress.
- The Contractor shall submit the Service Plan to referring staff within 14 days from the time of referral to IFPS. An In-Home Family Services Agreement developed as part of a Child and Family Team Meeting (CFT) will be sufficient in place of the Service Plan if the IFPS worker is present during the CFT meeting.
- Develop a written plan to administer flexible monies averaging \$300 per family. This plan must be available to the IFPS Worker and State IFPS Consultant.
- Discuss termination recommendations with referring staff. A termination conference shall occur no later than seven days prior to anticipated closure of the case. The family may be invited to attend the termination conference.
- Conduct a termination meeting with the family to summarize the progress made during intervention and options for maintaining progress. The meeting shall occur at the final family session. When possible, a CFT to discuss termination held with the referring staff and family will meet this requirement. The case shall be considered closed as of that date.
- Within 7 days of case closure, send to the family and to the referring worker a Termination Report signed by the appropriate IFPS staff which shall summarize the progress the family made during the intervention.
- Administer the Family Satisfaction Survey and Referring Worker Survey upon termination of each case to determine satisfaction with the IFPS program.
- Contact the most involved parent in each family served by the IFPS program and administer a follow-up evaluation at 6 and 12 months after termination.

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If a home visit is not possible, a telephone contact shall be attempted. Five telephone attempts to contact shall be made and documented. This evaluation shall determine the status of the family and whether placement of a child has occurred.

D. SERVICE REQUIREMENTS

The six services that North Carolina legislation requires to be provided under the Program are:

1. FAMILY ASSESSMENT

Family assessment is an ongoing process which continues from intake through termination of services. The purpose of the family assessment is:

- To identify the family's strengths, resources, needs, and problems;
- To help family members identify measurable, realistic, achievable, and time-limited treatment goals;
- To help family members develop strategies for achieving their goals.

Consistent with System of Care practice, the family assessment is comprehensive and considers the family's strengths as well as needs within its entire social context (i.e. nuclear family, extended family, school, work, church, neighborhood, etc.). Family assessment information is gathered through:

- Ongoing observation of family members in their natural environment;
- Family and individual meetings;
- A social history gathered over time through interactions with family members;
- Reports from other professionals;
- Assessment instruments completed by/with family members.

Specialized assessments are considered on a case-by-case basis. These may include neurological, nutritional, speech and language,

developmental, offender, and psychological, as well as alcohol and drug screenings, blood chemistry, vocational evaluations, etc.

2. INTENSIVE FAMILY AND INDIVIDUAL COUNSELING

Counseling in this context means the therapeutic interaction between IFPS caseworkers and family members focused on problem-solving and skill-building. Intensity is characterized by small caseloads (averaging two families per worker) and high service hours of up to 20 hours per week per family, within a limited time frame (four to six consecutive weeks per family). Counseling services may include individual, couple, family, and group counseling. During counseling, the worker and family members:

- Establish a trusting relationship;
- Define and clarify family issues and perceptions;
- Assess the need for change and develop and implement strategies for making those changes;
- Evaluate progress and make appropriate changes to strategies and goals;
- Effectively terminate the relationship.

3. CLIENT ADVOCACY

Client advocacy means providing the family with information about the services available to them in their community and helping the family to obtain them. It also means helping families learn to advocate for themselves and to negotiate with bureaucracies and service systems to obtain needed help.

4. CASE MANAGEMENT

Case management in this context means that the IFPS caseworker takes responsibility for assuring that the needs of the family as a whole are assessed, that service plans are created with the family and reflect their priorities and goals, and that the efforts of all service providers involved with the family are coordinated and consistent with the service plan. This is also consistent with the foundational philosophy of System of Care. The goals of family-centered case management are to:

- Develop joint service plans which delineate the roles and functions of all agencies involved with the family;

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- Ensure that the efforts of all agencies are directed toward common goals;
- Ensure that methods and techniques of various service providers do not conflict or confuse family members;
- Ensure assessment of a family's need for follow up services and to plan with appropriate agencies for follow up services to be provided.

5. DEVELOPMENT AND ENHANCEMENT OF PARENTING SKILLS

Through the assessment, counseling, and case management processes, parenting skill deficits will be identified. The worker offers instruction in these skills and provides support as parents implement newly learned skills. This involves a wide range of parenting activities and functions such as nurturing, age appropriate expectations, adequate supervision, acceptable discipline, behavior management, communication, anger control, etc.

6. REFERRAL TO OTHER SERVICES AS APPROPRIATE

In keeping with System of Care the worker provides family members with information on the range of useful community resources and helps the family access necessary services. The family makes its own decisions about which services it will use and participates in meetings with service providers.

D. RECORDKEEPING AND DOCUMENTATION OF SERVICES

Documentation on the case includes completion of all required forms as appropriate. Regardless of referral source, it is also important to include any other documented information pertinent to service delivery (e.g., behavior plans, letters written on behalf of the client/family, etc.). The required forms include:

FOR ALL PROGRAM TYPES:

1. IFPS Referral Form with Referring Agency Supervisor's signature; verifying that family meets eligibility criteria;
2. Signed participant permission form;
3. Signed release of information form;
4. Family service plan;
5. Weekly progress notes and/or on-going contact log; and
6. Completion of services summary.

In addition, different forms are required for the various program types:

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LOCAL CHILD WELFARE AGENCY PROGRAMS:

The following forms shall also be provided to the IFPS worker from the referring local child welfare agency, but are not required prior to acceptance of a referral:

1. Family Risk Assessment (DSS-5230) and/or Family Risk Reassessment (DSS-5226), whichever is most current;
2. The North Carolina Safety Assessment (DSS-5231);
3. North Carolina Assessment of Family Strengths and Needs (DSS-5229)

JUVENILE JUSTICE PROGRAMS:

1. Adjudication and Disposition Order

MENTAL HEALTH PROGRAMS:

1. A copy of the Treatment Team's decision to refer to IFPS;
2. A copy of the standardized assessment instrument.

III. TRAINING

All direct service staff and their supervisors shall attend the NCDSS Family-Centered Practice in Family Preservation Programs specialized curriculum designed for IFPS workers. Specifics regarding the course content and availability may be found on "NCSW Learn: A Learning Site for North Carolina's Human Services Professionals" at <https://www.ncswlearn.org/>. All staff is expected to complete this training prior to being assigned cases. Agencies shall have trained staff and/or facilitators in place prior to contract execution or shall demonstrate that staff is scheduled to be trained prior to case assignment.

Also, all direct service staff and their supervisors shall complete The National Alliance of Children's Trust and Prevention Funds (Alliance) online training course to support implementation of the Strengthening Families™ Protective Factors Framework in Multiple Settings: Bringing the Protective Factors Framework to Life in Your Work – A Resource for Action <http://ctfalliance.org/onlinetraining.htm>. This training shall be completed by all required staff within 90 days of the beginning of the contract period. New hires must also complete this training within 90 days of being hired by the agency.

As a part of Continuous Quality Improvement practice, agencies are expected to encourage on-going staff development and should be budgeted accordingly. Some resources include, but are not limited to:

- a. The North Carolina Collaborative Training Institute <http://www.nccti.org/>
- b. The North Carolina Parenting Education Network <http://www.ncpen.org/>
- c. NC Family Development Credential for Workers
<http://www.communityactionopportunities.org/ncfamilysupport.html>