

STANDARDS FOR EFFECTIVE PRACTICE
4.0 - INTENSIVE FAMILY BASED SERVICES

TABLE OF CONTENTS

4.0	INTENSIVE FAMILY BASED SERVICES PROGRAM STATEMENT	2
4.1	SELECTION OF PARTICIPANTS FOR THE INTENSIVE FAMILY BASED SERVICES PROGRAM.....	3
4.2	THE COMPREHENSIVE FAMILY ASSESSMENT AND INTENSIVE FAMILY BASED SERVICES.....	5
4.3	CONTRACT AGREEMENTS	7
4.4	DEVELOPING THE CASE PLAN IN THE INTENSIVE FAMILY BASED SERVICES PROGRAM.....	9
4.5	FACE-TO-FACE CONTACT AND INTENSIVE FAMILY BASED SERVICES	11
4.6	CASE STAFFINGS AND INTENSIVE FAMILY BASED SERVICES	13
4.7	CASE CLOSURE AND INTENSIVE FAMILY BASED SERVICES	15
4.8	CASELOAD SIZE AND INTENSIVE FAMILY BASED SERVICES	18

CHILD PROTECTION SERVICES
STANDARDS FOR EFFECTIVE PRACTICE

STANDARDS FOR INTENSIVE FAMILY-BASED SERVICES

4.0 INTENSIVE FAMILY-BASED SERVICES PROGRAM STATEMENT

The Intensive Family-Based Services (IFBS) program in child protection is a non-traditional, and optional service designed to keep children safely in their own homes and prevent unnecessary placement. Services are immediate, flexible, time-limited, and are made available at times when they would be most effective. The IFBS program is child focused, family centered and recognizes that the power to change rests with the family.

The program is based on the philosophy that the best way to prevent the unnecessary placement of a child is to provide services that strengthen and empower the family unit as a whole. Building on existing family strengths, parents supported and encouraged to provide competent care for their children. The IFBS program supports the family's efforts by delivering services where the family lives, either in their home or in their community. IFBS services are geared towards preserving and strengthening existing parent and child bonds. Through staff and family partnerships, sufficient steps are identified to alter circumstances or problems that would cause the removal of the child from the home. Delivery of intensive family based services depends on staff having the necessary child protection social work skills and being knowledgeable in fundamental social work ethics and principles.

With successful intensive family-based services, family functioning is improved and children remain safely in their homes, avoiding unnecessary placement and the trauma of separation. This short-term intensive service reduces the length of family involvement with the agency and the use of finite resources.

CHILD PROTECTION SERVICES
STANDARDS FOR EFFECTIVE PRACTICE

STANDARDS FOR INTENSIVE FAMILY-BASED SERVICES

4.1 SELECTION OF PARTICIPANTS FOR THE INTENSIVE FAMILY-BASED SERVICES PROGRAM

Council on Accreditation Standard

The Council on Accreditation Standard S20 (Family Centered Casework; Intensive Family Preservation) links to and support Standard 4.1 *Selection of Participants for the Intensive Family-Based Services Program*.

Administrative Code

There are no Administrative Code Rules that directly address Standard 4.1 *Selection of Participants for the Intensive Family-Based Services Program*.

I. Philosophy

Families whose children are at imminent risk of placement are assessed to determine their interest in, and suitability for, the Intensive Family-Based Services program (IFBS). IFBS activities are provided in partnership with the family, are intense and relatively short-term in duration, and require community involvement for successful child safety and family stabilization and reduction of overall risk to the family. For families who are able and willing to participate, the IFBS program provides an appropriate child protection alternative.

II. Outcome

Families are accepted into the IFBS program based on their willingness and ability to participate in program services.

III. Evaluation

FACSIS events, CPOE and the Federal Health and Human Services outcomes may be considered when evaluating this standard. In addition, the CFSA may consider the following:

- percentage of families in program to total number of low to moderate risk family cases.

IV. Standards for Implementation

- 1) The IFBS staff should meet with the referent to review the case. During this review, the IFBS staff assesses the family's suitability for IFBS program services.
- 2) The referent and IFBS staff meet with the family to explain the services and to determine the family's interest in, and suitability for, the program based on the following criteria. Families most suitable for the IFBS program include those who are:
 - a. in crisis and are able to acknowledge that problems exist which place their child at risk of placement;

- b. responsible and take ownership for existing problems and exhibit a willingness to seek solutions with the assistance of the agency;
- c. willing and able to participate in identified services selected to strengthen the family and protect the child.

V. Financial Implications

Costs associated with the development and implementation of a policy to assist workers to identify the families most likely to benefit from involvement in the Intensive Family-Based Services program:

Policy development: 3 hours @ \$71/hour = \$213

Costs associated with conducting the family assessment are included in Standard 2.4, *Intake Assessments and Interviews*.

CHILD PROTECTION SERVICES
STANDARDS FOR EFFECTIVE PRACTICE

STANDARDS FOR INTENSIVE FAMILY-BASED SERVICES

4.2 THE COMPREHENSIVE FAMILY ASSESSMENT AND INTENSIVE FAMILY-BASED SERVICES

Council on Accreditation Standard

The Council on Accreditation Standards S20.1 (Access to Services) and S20.2 (Additional Access Requirements for Intensive Family Preservation Programs) link to and support Standard 4.2 *The Comprehensive Family Assessment and Intensive Family-Based Services*.

Administrative Code

The Ohio Administrative Code Rule 5101:2-39-08 (Requirements for PCSA Case Plan for In-Home Supportive Services: No Court Order) addresses Standard 4.2 *The Comprehensive Family Assessment and Intensive Family-Based Services*.

I. Philosophy

Intensive Family-Based Services (IFBS) recognizes the family as the primary social institution. In this context, IFBS staff recognizes that no one person in the family is the problem, the problem is within the family system. Therefore, the comprehensive family assessment, service, and treatment focus on the family system, rather than any one individual within the family. The assessment process focuses on family strengths to develop an effective family case plan. The case plan identifies action steps to assure child safety and family stabilization. The IFBS staff joins with the family to participate in the comprehensive family assessment. This is an ongoing process which originates at the time the case is opened and concludes at the time of case closure.

II. Outcome

The family, in partnership with the agency, completes and revises the family assessment.

III. Evaluation

FACSIS events, CPOE and the Federal Health and Human Services outcomes may be considered when evaluating this standard. In addition, the CFSA may consider the following:

- timeliness of completion (based on agency standards);
- percentage of families in the program that participate in the case planning process to total number of families in the program, to total number of agency family cases where the family actively develops the case plan with agency staff.

IV. Standards for Implementation

Following the selection of program participants (see Standard 4.1 *Selection of Participants for the IFBS Program*), IFBS staff should consider the following standards when providing IFBS services:

- a. Upon receiving the case, IFBS staff and family should continue the assessment process;
- b. The family and staff should mutually agree on the individuals who will be requested to participate in the face-to-face assessment process. Potential participants should include, but not be limited to:
 - i. the family;
 - ii. the non-custodial parent;
 - iii. both sets of grandparents;
 - iv. the extended family members determined to be significant to the family and child;
 - v. other individuals identified by the family;
 - vi. any collateral sources involved with the family;
- c. Program staff, with the family, should schedule and complete the initial comprehensive family assessment within ten days of acceptance into the program. This mutual process should include, but not be limited to:
 - i. reviewing family history, including completion of a genogram and ecomap (see Standard 2.13, *Genogram* and Standard 2.14, *Ecomap*);
 - ii. reviewing the most recent risk assessment and safety plan;
 - iii. reviewing the level of continued family commitment to reduce future risk of child maltreatment;
 - iv. assessing availability of culturally relevant services and willingness and ability of family to use these;
 - v. sharing ideas regarding how extended family members, neighbors and friends may be supportive to the family and in the care of the child;
- d. After completing the assessment, the identified family members and IFBS staff should meet to design and sign the family's case plan;
- e. To assure the plan continues to accurately respond to the needs of the family, the IFBS staff and family should regularly update the assessment through weekly discussions; and
- f. As part of the transfer/closure process, the family and staff should review the assessment and review and update the risk assessment to assure child safety and evaluate family stabilization (see Standard 4.7, *Case Closure and IFBS*).

V. Financial Implications

Costs associated with the comprehensive assessment of the family's strengths and needs is as follows:

Family Assessment: 8 hours @ \$81.21/hour = \$649.68 (direct service time only).

CHILD PROTECTION SERVICES
STANDARDS FOR EFFECTIVE PRACTICE

STANDARDS FOR INTENSIVE FAMILY-BASED SERVICES

4.3 CONTRACT AGREEMENTS

Council on Accreditation Standard

The Council on Accreditation Standard S20.4 (Service Elements: Service Components) links to and supports Standard 4.3 *Contract Agreements*.

Administrative Code

There are no Ohio Administrative Code Rules that directly address Standard 4.3 *Contract Agreements*.

I. Philosophy

The Intensive Family-Based Services (IFBS) program is voluntary. The IFBS program requires all involved parties to fully participate in assuring child safety while striving for family stabilization. A contract agreement is established between each family and staff in the program to assure a full understanding of roles and responsibilities. The contract:

- establishes ground rules and expectations of all parties;
- provides written acknowledgement that there is a willingness and commitment to work together for the accomplishment of child and family goals and outcomes;
- provides an opportunity for the family to acknowledge the past, while agreeing to take positive action to provide a safer and more stable future for their children.

The contract process is a first step in establishing the family/staff relationship. This assists in reducing the length of agency involvement because it immediately defines expectations, parameters for interacting, and the work that must be accomplished.

II. Outcome

Contract agreements are entered into by the family and IFBS staff indicating a willingness to participate in program services.

III. Evaluation

FACSIS events, CPOE and the Federal Health and Human Services outcomes may be considered when evaluating this standard. In addition, the CFSA may consider the following:

- timeliness of contract execution (based on agency standards);
- percentage of executed contracts to total population of families agreeing to services.

IV. Standards for Implementation

- 1) The IFBS assigned staff and family should enter into the contract agreement following acceptance of the family into the program.

- 2) To assure the family understands the obligations and responsibilities of the program, the assigned staff should read the agreement to the family prior to signature.
- 3) Program activities should begin when the contract has been signed and copies are provided to the family.
- 4) The following items should be considered for inclusion in the IFBS contract:
 - a. the family's name;
 - b. the start date;
 - c. the assigned staff name, phone numbers, pager number, etc.;
 - d. the name of the alternate staff member, phone number, pager number, etc.;
 - e. the program philosophy and length of the program (6 to 8 weeks);
 - f. a statement regarding the unacceptability of physical violence or threatening behavior of any type while in the program;
 - g. the expected/anticipated face-to-face contacts per week (see Standard 3.3, *Face-to-Face Contact*);
 - h. the staff responsibilities and obligations to the program and family;
 - i. a statement regarding family's willingness to voluntarily participate in the program;
 - j. a statement regarding the need for prior notice when family members and staff need to cancel meetings, appointments, etc.;
 - k. a statement regarding the need for prior family consent when making contact with family members, significant others, family friends, etc.;
 - l. a statement regarding family's responsibility to contact assigned staff in times of crisis;
 - m. a statement regarding family approval to tape family sessions;
 - n. a statement regarding how the agency shares confidential information and under what circumstances;
 - o. a statement regarding consequences which may result due to a lack of participation in the program (e.g., re-evaluation, staffing, alternative services, removal of child from the home); and
 - p. a signature line and date line for family and staff.

V. Financial Implications

The cost associated with the participant contract agreement is as follows:

Contract development and negotiation: 3 hours @ \$71/hour = \$213 per family

CHILD PROTECTION SERVICES
STANDARDS FOR EFFECTIVE PRACTICE

STANDARDS FOR INTENSIVE FAMILY-BASED SERVICES

4.4 DEVELOPING THE CASE PLAN IN THE INTENSIVE FAMILY-BASED SERVICES PROGRAM

Council on Accreditation Standards

The Council on Accreditation Standards S20.4 (Service Elements: Service Components) and S20.5 (Additional Service Requirements for Intensive Family Preservation Programs) link to and support Standard 4.4 *Developing the Case Plan in the Intensive Family-Based Services Program*.

Administrative Code

The Ohio Administrative Code Rules 5101:2-39-09 (Required Contents of a PCSA Case Plan); and 5101:2-39-08 (Requirements for PCSA Case Plan for In-Home Supportive Services: No Court Order) address Standard 4.4 *Developing the Case Plan in the Intensive Family-Based Services Program*.

I. Philosophy

The case plan is a living document used by the CFSA staff and family to guide efforts to increase child safety and family stabilization. The case plan in Intensive Family-Based Services (IFBS) sets the tone for affecting change within the family system. The information used to develop the case plan comes from the Comprehensive Family Assessment (Standard 4.2), and direct input from the family regarding the family's hopes and dreams for a more stable and well-functioning family system.

The case plan is used to organize and categorize information into attainable goals and objectives that are mutually agreed upon by the family and CFSA staff. Throughout the life of the case, it is used to measure completion of case plan goals. The case plan goals are based on family strengths, child safety, and family change, and are a primary outcome of the intensive family-based services intervention.

II. Outcome

The case plan document contains simple, manageable, and obtainable goals to facilitate the family's success in reducing future risk of child maltreatment.

III. Evaluation

FACSIS events, CPOE and the Federal Health and Human Services outcomes may be considered when evaluating this standard. In addition, the CFSA may consider the following:

- percentage of case plan goals that directly address risk assessment findings;
- percentage of families involved in actively developing a family case plan;
- evidence of strength-based case planning.

IV. Standards for Implementation

- 1) Within five working days of completion of the comprehensive family assessment, the assigned staff, in partnership with the family, identifies the family's strengths and needs to develop the goals, objectives and activities of the case plan. Both the assessment and case plan documents are reviewed on an as-needed basis to assure the most relevant information is available to support the family's efforts to reduce current and future child risk and to support family stabilization efforts.
- 2) The case plan goals and objectives should incorporate the outcomes of the comprehensive family assessment and agency sanctioned risk assessment tool. The case plan goals, objectives, and activities should address all factors contributing to the strengths and needs of the family. The goals, objectives and activities should be:
 - a. built on client strengths;
 - b. stated in positive terms;
 - c. prioritized in order of importance in reducing risk to the child;
 - d. written in measurable, behavioral terms which are clear and concise;
 - e. written in language which is understandable for all;
 - f. connected to realistic time frames; and
 - g. developed in small, manageable, achievable increments.
- 3) The assigned staff and family should determine potential barriers to the family's ability to participate in the services and activities of the case plan. Attempts to prevent the potential barriers from impeding service delivery should be documented. Consideration should be given to the following when identifying potential barriers:
 - a. any income issues;
 - b. the family's developmental stage and functional capacity to participate in the service activity plan;
 - c. the accessibility to service providers (lack of transportation);
 - d. the length of waiting list/time frames and unavailability of services; and
 - e. the unavailability of culturally-based services.
- 4) Case plan progress should be reviewed with the family on a weekly basis.

V. Financial Implications

The cost associated with negotiating and developing the case plan is as follows:

Case Plan development: 8 hours @ \$81.21/hour = \$649.68

CHILD PROTECTION SERVICES
STANDARDS FOR EFFECTIVE PRACTICE

STANDARDS FOR INTENSIVE FAMILY-BASED SERVICES

4.5 FACE-TO-FACE CONTACT AND INTENSIVE FAMILY-BASED SERVICES

Council on Accreditation Standards

The Council on Accreditation Standards S20.4 (Service Elements: Service Components); S20.3 (Service Elements: Service Approach) and S20.5 (Additional Service Requirements for Intensive Family Preservation Programs) link to and support Standard 4.5 *Face-to-Face Contact and Intensive Family-Based Services*.

Administrative Code

There are no Administrative Code Rules that directly address Standard 4.5 *Face-To-Face Contact and Intensive Family-Based Services*.

I. Philosophy

The Intensive Family-Based Services (IFBS) program embraces the notion that the agency serves the family but the family controls its destiny. The success of the IFBS program is predicated on an intense level of staff involvement and the development of strong trust-based relationships between staff and families. As an extension of the family, high staff visibility and involvement encourages the family to move quickly to identify their strengths and eliminate current and future risk to the child. The intensity of the staff/family relationship reduces the length of agency involvement, and encourages the family to more quickly learn of community resources. The strong relationships that develop as a result of family and staff participation in the program provide families with an additional resource they can access should a crisis develop after case closure.

II. Outcome

A relationship is formed which is characterized by the family joining with staff to improve child safety, family stability, and to reduce length of agency involvement.

III. Evaluation

FACSIS events, CPOE and the Federal Health and Human Services outcomes may be considered when evaluating this standard. In addition, the CFSA may consider the following:

- percentage of families that receive a minimum of 5 hours of face-to-face contact weekly to total families receiving services;
- rate of recidivism at 3, 6, 9, 12 and 18 month intervals to rate of recidivism of total agency case closings.

IV. Standards for Implementation

- 1) During the initial comprehensive family assessment process (completed within ten working days of acceptance in the program), the family and IFBS staff should have fifteen to twenty face-to-face contact hours. Face-to-Face contact hours can occur in a variety of settings.
- 2) As a result of the comprehensive family assessment process, the family and assigned staff should determine a schedule of involvement (hours per week they will work together) to assure child safety and family stabilization.
- 3) The IFBS staff should provide the family with a minimum of five to fifteen face-to-face contact hours per week. The number of face-to-face contact hours should be based on child risk.
- 4) Face-to-face contact should be conducted in a location where it makes "sense" for the family and assigned staff. Contact may be appropriate in the family home or out in the community, depending on the family's schedule and assigned staff activities.
- 5) As the level of child risk is reduced and family problem-solving skills are strengthened, the family and assigned staff should determine a revised schedule of contact which tapers off to provide for increased family independence and autonomy.
- 6) Face-to-face contact of no less than one hour per week during the final two weeks of service should be observed.
- 7) IFBS staff should be available as needed for face-to-face contact 24 hours per day, seven days per week.

V. Financial Implications

Costs associated with IFBS assigned staff face-to-face contact with the family on an intensive basis:

Face to face contact: 15 hours/week @ \$81.21/hour = \$1,218.15 per week, per staff member
(sample eight week program: \$1,218.15 per week, per worker x 8 weeks = \$9,745.20)

CHILD PROTECTION SERVICES
STANDARDS FOR EFFECTIVE PRACTICE

STANDARDS FOR INTENSIVE FAMILY-BASED SERVICES

4.6 CASE STAFFINGS AND INTENSIVE FAMILY-BASED SERVICES

Council on Accreditation Standards

The Council on Accreditation Standards S20.3 (Service Elements: Service Approach); S20.4 (Service Elements: Service Components) and S20.5 (Additional Service Requirements for Intensive Family Preservation Programs) link to and support Standard 4.6 *Case Staffings and Intensive Family-Based Services*.

Administrative Code

There are no Administrative Code Rules that directly addresses Standard 4.6 *Case Staffings and Intensive Family-Based Services*.

I. Philosophy

The Intensive Family-Based program uses case staffings as a vehicle to build the family-staff team, assist families in identifying their strengths, and to support them in making decisions to protect and care for their children. Case staffings provide the CFSA and family with a valuable decision-making forum to synthesize the breadth of information gathered, provide a balanced perspective on risk factors and family strengths, and allow for the objectifying of the intensive interaction process. Case staffings are guided by principles of respect for all points of view and are consensus driven. Through case staffings, the family and key stakeholders assess and celebrate the family's progress and seek solutions which support child safety and the preservation of the family. This is accomplished through exploration of service supports, optional kinship care, and other familial agreements which, when put in place, will maintain the family as an intact unit avoiding CFSA custody.

II. Outcome

Children are protected and families supported through a process of quality participatory decision-making.

III. Evaluation

FACSIS events, CPOE and the Federal Health and Human Services outcomes may be considered when evaluating this standard. In addition, the CFSA may consider the following:

- percentage of families, community advocates and community providers participating in case staffings to total number of program families;
- satisfaction survey results of families, community providers and community advocates regarding location, facilitation, outcomes.

IV. Standards for Implementation

- 1) Intensive Family-Based Services (IFBS) hold case staffings at the time the case is received and opened for IFBS to initiate, complete, and update the comprehensive family assessment at crucial decision-making junctures as identified by the family and/or assigned staff and prior to case termination.
- 2) The IFBS unit, in conjunction with the family, should select an individual who can act as the case staffing facilitator.
- 3) Case staffings should be convened by the IFBS staff at a location mutually acceptable by the team.
- 4) All family members involved in the comprehensive family assessment should be invited to attend case staffings. Every effort should be made to ensure their presence and active participation. The family should be given the opportunity to have input on whether or not the child and other individuals should be in attendance.
- 5) The team should be encouraged to invite any additional individuals identified who can support the safety plan and be helpful in the reduction of future maltreatment.
- 6) The IFBS case staffing facilitator should guide the group through a consensus-driven process whereby all opinions are aired and considered by the participants. Participants should be encouraged to explore the range of available community services and every alternative to keep the child safe while maintaining the integrity of the child's family. Decisions made by the group should be documented and should be accompanied by action steps, responsibility for which is assumed by various members of the group.
- 7) When there are child safety issues, and consensus cannot be reached on key decisions regarding child's safety, the CFSA makes the final decision.

V. Financial Implications

Costs associated with Standard 4.6, *Case Staffings and Intensive Family-Based Services* are as follows:

4 staff @ \$81.21 per hour x two hours per review = \$649.68 per case staffing

CHILD PROTECTION SERVICES
STANDARDS FOR EFFECTIVE PRACTICE

STANDARDS FOR INTENSIVE FAMILY-BASED SERVICES

4.7 CASE CLOSURE AND INTENSIVE FAMILY-BASED SERVICES

Council on Accreditation Standards

The Council on Accreditation Standards S20.4 (Service Elements: Service Components) and S20.5 (Additional Service Requirements for Intensive Family Preservation Programs) link to and support Standard 4.7 *Case Closure and Intensive Family-Based Services*.

Administrative Code

The Ohio Administrative Code Rule 5101:2:39:02 (Case Records For Children Services) addresses Standard 4.7 *Case Closure and Intensive Family-Based Services*.

I. Philosophy

The length of CFSA involvement with a family is determined by many factors, including: the nature of the family's needs; the level of progress made toward correcting the situation that caused the family to become involved with the CFSA; and risk reduction to a level under which the family is able to function independently from the CFSA. At the time the family agrees to participate in the Intensive Family-Based Services (IFBS) program, both the CFSA and the family acknowledge that the IFBS-family partnership will be intense and brief, and that case closure is imminent. All plans made in partnership with the family focus on child safety and family stabilization with an eye on case closure.

Case closure with a family occurs after the staff and family review the primary crisis that caused the CFSA's involvement and affirm that significant change has occurred in the family regarding the child's safety.

CFSA involvement with a family is terminated when :

- the children in the family are receiving care and support which meet their needs;
- the parents have demonstrated a sustained ability to protect and care for their children;
- the necessary network of community resources are in place;
- the court does not require CFSA services.

II. Outcome

The level of risk to the children is sufficiently reduced, the children's safety is assessed to be adequate, and family functioning is stable and maintained.

III. Evaluation

FACSIS events, CPOE and the Federal Health and Human Services outcomes may be considered when evaluating this standard. In addition, the CFSA may consider the following:

- number of specific service links to community upon case closure;
- level of family connectedness to community members prior to, and upon, case closure;
- rate of success in meeting case plan goals and objectives at time of case closure;
- documentation of reduced risk.

IV. Standards for Implementation

- 1) Each family involved with the IFBS program should enter in to a contract with the CFSA. The contract agreement includes a statement of commitment to following through with program services, broad goals to be achieved, and time frame for services. All activities and corresponding time frames are geared towards case closure.
- 2) The assigned IFBS staff and family use the comprehensive assessment and case plan document as their guide in working towards ameliorating the primary problems which caused the crisis that brought the family to the attention of the CFSA.
- 3) The CFSA should close a case when one of the following conditions have been met:
 - a. the caregiver(s) successfully achieved all primary and critical goals and objectives in the case plan, and a risk assessment indicates that the risk has been reduced to an acceptable level which allows for the independent care of the child by the family (including any community services identified as needed); or
 - b. the caregiver(s) have not successfully achieved the primary and critical goals and objectives of the case plan, but due to other factors, risk to the child has been reduced to an acceptable level as determined by the assigned staff and supervisor.
- 4) Prior to case closure, the CFSA and family should revisit the comprehensive assessment to affirm a change in the primary issues which originally led to CFSA involvement. All professionals actively involved in the case should be contacted and consulted, and their observations and recommendations documented prior to case closure. Child safety, level of parental nurturance, and level of appropriate family interaction are reviewed. Interviews with family members and the family's support system are held to reaffirm family functioning, family stability and child safety.
- 5) When the CFSA closes a case, all service providers who are actively involved with the case should be sent written notification of the CFSA decision.
- 6) As part of the case closure activities, the family should be provided with, and requested to complete, a client program assessment survey for quality assurance tracking.
- 7) Upon case closure, assigned staff should develop a thorough closing summary, documenting all activities conducted as stated in this standard. The closing summary should also include the reason for opening the case and date of case closure. The case should not be considered closed until this document is completed. The closing summary should include the following elements:

- a. the reason for opening the case;
- b. a narrative as to whether case plan goals were completed and outcomes met;
- c. a review of the agency-sanctioned risk assessment instrument and written narrative as to how risk has been sufficiently reduced;
- d. the reason for closing the case;
- e. the date of case closure.

V. Financial Implications

The costs associated with closing a case are estimated as follows:

Case Closure: 8 hours @ \$81.21 per hour = \$649.68

CHILD PROTECTION SERVICES
STANDARDS FOR EFFECTIVE PRACTICE

STANDARDS FOR INTENSIVE FAMILY-BASED SERVICES

4.8 CASELOAD SIZE AND INTENSIVE FAMILY-BASED SERVICES

Council on Accreditation Standards

The Council on Accreditation Standards S20.4 (Service Elements: Service Components); S20.5 (Additional Service Requirements for Intensive Family Preservation Programs); S20.6 (Human Resources); S20.7 (Human Resources: Qualifications of Personnel); and S20.8 (Human Resources: Supervision) link to and support Standard 4.8 *Caseload Size and Intensive Family-Based Services*.

Administrative Code

There are no Ohio Administrative Code Rules that directly address Standard 4.8 *Caseload Size and Intensive Family-Based Services*.

I. Philosophy

Intensive Family-Based Services (IFBS) is based on a model which requires a heightened degree of involvement and direct contact with both the immediate and extended family system for the family's case plan goals and objectives to be achieved. De-escalation of the primary family crisis requires intense casework involvement and the availability of the intensive family-based staff to interact with family members on a daily basis. The intensity of direct contact with the family system, and demands placed on working with a far greater number of family members to accomplish case plan goals, requires that the caseload size of the IFBS staff be significantly smaller than traditional ongoing protective services. Whereas the traditional caseload size of ongoing protective services staff may be fifteen to eighteen cases, the intensive family-based staff can carry only up to four cases at any one time.

The rigors of intensive family-based services provides the CFSA with an opportunity to work quickly and intensely with the client family to reduce risk to a pre-crisis level and stabilize the family so that children do not have to be removed from their homes.

II. Outcome

Children and families participating in intensive family-based service activities receive the level of staff attention and support needed to reduce child risk and to stabilize the family.

III. Evaluation

FACSIS events, CPOE and the Federal Health and Human Services outcomes may be considered when evaluating this standard. In addition, the CFSA may consider the following:

- number of cases carried by new IFBS staff to program standards;
- number of cases carried by seasoned staff to program standards.

IV. Standards for Implementation

- 1) New IFBS staff, assigned to the intensive family-based services program, should carry no more than two to three concurrent cases during the first six months to one year of service.
- 2) IFBS staff with one or more years of direct casework experience should carry no more than three to four cases at any one time.
- 3) The IFBS supervisor should estimate the hours and resources required of the IFBS staff's current caseload, and the level of intensity anticipated for incoming cases, prior to making additional case assignments.

V. Financial Implications

Costs of maintaining reasonable case loads to ensure intensity of services offered to the family are included in Standard 10.1, *Management of the CFSA*.