

CHILD PROTECTION SERVICES  
STANDARDS FOR EFFECTIVE PRACTICE

**STANDARDS FOR ONGOING PROTECTIVE SERVICES**

**3.3 FACE-TO-FACE CONTACT**

**Council on Accreditation Standards**

The Council on Accreditation Standards S5 (Case Management Services) and S10 (Child Protective Services) link to and support Standard 3.3 *Face-to-Face Contact*.

**Administrative Code**

The Ohio Administrative Code Rules 5101:2-39-08.1 (PCSA Case Plan for Children in Custody or Under Court Ordered Protective Supervision) and 5101:2-42-65 (Agency Visits and Contact) address Standard 3.3 *Face-to-Face Contact*.

**I. Philosophy**

Regular, consistent, and ongoing face-to-face contact between staff and family members is necessary to develop strong relationships between both parties, and provides opportunities for the informal assessment of the health and well-being of the children.

Face-to-face contact is especially critical at the time of case determination, when the family system is most open to change. The frequency of face-to-face contact is based on the level of risk to the children identified through the risk assessment process. As the level of risk is reassessed, the frequency of face-to-face contact should be adjusted. Flexibility in adjusting the number of face-to-face contacts based on individual client need is always expected.

**II. Outcome**

Child safety and family stability are encouraged and expedited through early and frequent contact between the caseworker and family members and, when available, extended family members and family supports.

**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:

- the number of transfer conferences and joint home visits made by the Ongoing and Intake worker with the child and family within three to five working days of the Ongoing worker receiving the case;
- the number of home visits made by the Ongoing worker within the first month of receiving the case (best practice standard= 3 visits within the first month);
- the number of face-to-face visits made with the family, child and primary caregiver per month (best practice standard= 2 face-to-face visits per month for low to moderate cases);
- the number of face-to-face visits made within the child and primary caregiver's home (best practice= one, out of 2 visits required, face-to-face visit made per month in the home for low to moderate cases);

- the number of face-to-face visits made with the family, child and primary caregiver per month (best practice= weekly visits for high to moderate cases);
- the number of face-to-face visits made within the child and primary caregiver's home (best practice= every other weekly face-to-face visit in the home for moderate to high cases);
- the number of visits with the child alone per month (best practice= at least two visits individually with the child for moderate to high cases).

#### IV. Standards for Implementation

##### A. Visit Agenda

Staff should make face-to-face visits purposeful and meaningful through the use of set agendas. Agenda items should include, but not be limited to, the following:

- a. the case plan progress and barrier resolution for family progress; emerging issues and plan for action;
- c. the behavior management issues and strategies, including discipline;
- d. upcoming special events (e.g., semi-annual reviews, administrative reviews, medical/educational activities, etc.);
- e. the child's developmental progress (e.g., educational, social, physical, emotional, etc.);
- f. a review of the safety plan and compliance level;
- g. a review of economic resources;
- h. a review or update of the risk assessment;
- i. family history, gathering of relative and support person's information;
- j. other.

##### B. Low to Moderate Level of Risk

- 1) A transfer conference and joint home visit should be made by the Ongoing Protective Services and the Intake (Assessment/Investigation) staff with the child and family within 3-5 working days of case assignment to the worker (for other types of internal case transfers and joint home visits, see Standard 3.11, *Internal Case Transfer*).
- 2) In the first month of case assignment to Ongoing Protective Services, three face-to-face visits with the family should be held to develop an effective case plan or promote the existing case plan. The initial transfer conference/joint home visit with the Intake (Investigative Assessment) staff should be considered one of the three required visits.
- 3) Agency staff should schedule and complete two face-to-face visits per month with each family, including the child and primary caregiver(s). Scheduling the visit without making actual contact should be considered insufficient. It is recommended that all open cases have, at a minimum, one unannounced visit every other month (when scheduling and attending face-to-face contact in Kinship placements see Standard 5.1, *Identifying Kinship Connections*).
- 4) In situations where the family is absent for a scheduled visit, the staff should follow the missed appointment with a letter or unscheduled home visit. If the family repeatedly misses scheduled visits over a period of two to three months, the CFSA could consider closing the case (see Standard 3.8, *Case Closure*).

- 5) At least one of the two face-to-face visits should include the child and the primary caregiver(s) in the family/home environment to observe family interaction.
- 6) The staff should, at a minimum, meet with the child on an individual basis at least once per month. This visit may or may not take place in the family/home environment.

### C. Moderate to High Level of Risk

- 1) A transfer conference/joint home visit should be made by the Ongoing Protective Services and Intake (Assessment/Investigation) staff with the child and family within 3-5 working days of case assignment to the worker (for other types of internal case transfers and joint home visits, see Standard 3.11, *Internal Case Transfer*).
- 2) Where children are able to be safely maintained in their home, agency staff should schedule and complete a minimum of weekly face-to-face visits with each family, including the child and primary caregiver(s). Scheduling the visit without making actual contact should be considered insufficient. It is recommended that all open cases have, at a minimum, one unannounced visit every other month (when scheduling and attending face-to-face contact in Kinship placements see Standard 5.1, *Identifying Kinship Connections*).
- 3) In situations where the family is absent for a scheduled visit, the CFSA may consider this refusal of service. Staff should follow the missed appointment with a letter or unscheduled home visit. If the family repeatedly misses scheduled visits over a period of two to four weeks and services continue to be refused, the Ongoing Worker, with consultation from Agency Administration, will determine if court filing or other actions should be pursued to ensure the safety of the child.
- 4) At least every other face-to-face visit should include the child and the primary caregiver(s) in the family/home environment to observe family interaction.
- 5) The staff should meet with the child on an individual basis, at least twice per month. This visit may or may not take place in the family/home environment.

### V. Financial Implications

It is assumed that if the cost estimates associated with Standard 10.1, *Management of the CFSA* were able to be implemented, this standard would be able to be achieved. Costs associated with Standard 3.3, *Face-to-Face Contact* include:

#### Low-To-Moderate Risk

##### *Family Face-To-Face*

(First Month) 3 visits @ \$81.21/hour x 8 hours = \$1,949.04 the first month  
 (Monthly) 2 visits @ \$81.21/visit x 2 hours = \$324.84 per month

##### *Child Face-To-Face*

(Monthly) 1 visit @ \$81.21/hour x 2 hours = \$162.42 per month

Average cost per low-to-moderate risk case for a twelve month period is \$7,471.32

Moderate-To-High Risk

*Family Face-To-Face*

(Weekly) 1 visit @ \$81.21/hour x 2 hours = \$162.42 per week

*Child Face-To-Face*

(Monthly) 2 visits @ \$81.21/hour x 2 hours = \$324.84 per month

Average cost per moderate to high risk case for a twelve month period is  
\$12,343.92