

---

# **2011 IFPS Nationwide Survey**

**Presented by the  
National Family Preservation Network**

---

## **Background**

In 1994 the first nationwide survey of Intensive Family Preservation Services (IFPS) was published by the National Family Preservation Network (NFPN). In 2007, NFPN published an updated survey with information on exemplary IFPS programs in 20 states.

The 2011 IFPS Survey report includes findings from exemplary IFPS programs nationwide, a new use of IFPS for safety related services, information about less intensive services that states are providing, and a directory for resources, training, and technical assistance.

## **Methodology**

The IFPS Survey was conducted via e-mail with a request, including a link to complete the survey online, sent to in-home contacts in 49 states and the District of Columbia. At least 6 follow-up e-mails were sent to elicit a response. If a state contact still did not respond, phone calls were made followed by an attempt to find an alternate contact to complete the survey. Only 5 states did not respond to the survey.

While some contacts did not think that their state services fit the definition of IFPS and did not complete the survey, a more common issue was insufficient information that resulted in some states not being included in the report. State-supervised, county-administered states had a unique problem with completing the survey because each county may have their own program standards, RFP, data collection, and evaluation system. Data might not be shared with the state so there is little information available at the state level and it's difficult to obtain from multiple counties. However, there was sufficient data to include six of these states in the report (CO, NV, NY, NC, ND, and OH).

Every effort was made to obtain complete data. E-mails were sent to state contacts requesting additional information or clarification as needed. To ensure accuracy of data interpretation and findings, two IFPS experts in the areas of administration and research reviewed this 2011 report.

To the greatest extent possible, the data tell the story of this report.

We begin with an in-depth look at exemplary IFPS programs.

## Exemplary IFPS Programs

With each IFPS nationwide survey, there have been some changes in the list of states that offer exemplary IFPS programs. There are fewer states (14) in 2011 that are deemed to have exemplary IFPS programs than in 2007 when there were 20 exemplary IFPS states. But there is currently more uniformity of standards in the exemplary IFPS states than there was in the prior survey. A look at the following chart provides an overview of exemplary IFPS programs. Here are the prominent findings that characterize exemplary IFPS states:

- Exemplary IFPS programs are offered statewide to reach as many families as possible in the target population.
- Most exemplary IFPS programs are well-established having been in existence for 5 years or longer.
- At least a quarter of all families served by IFPS include older youth ages 12–17.
- All exemplary IFPS programs offer reunification as well as preservation services and most are based on the same model.
- Safety continues to be a hallmark of exemplary IFPS programs with most states reporting no deaths during IFPS interventions over the past 5 years.
- In contrast with past surveys, key components of *intensity* are increasingly adhered to including the worker meeting with the family within 24 hours, 24/7 availability of the worker, worker availability on evenings/weekends, low caseload (2–4 families), brief length of service (4–6 weeks), and high number of face-to-face hours spent with families (average of 47 hours per IFPS intervention in 2011 compared with an average of 33 hours in 2007).
- Exemplary IFPS programs have written program standards, monitor compliance, and conduct program evaluations.
- An increasing number of IFPS programs use a clinical model (65% in 2011 vs. 40% in 2007) and provide follow-up services (66% in 2011 vs. 50% in 2007).
- Most of the exemplary IFPS services are provided by one worker with team back-up, the worker has ongoing supervision that includes case consultation, and the worker has received mandatory training.
- An average of 91% of families remain intact at case closure with somewhat decreasing percentages at 6 and 12 months post-intervention.
- Reimbursement rates are mostly based on an amount per family although some states reimburse per worker or per hour; Request for Proposals (RFP) frequency ranges from 1–5 years with most contracts including the possibility of extensions.

# IFPS Survey Results 2011 — Exemplary IFPS States

Arkansas	Conn.	Indiana	Kentucky	Louisiana	Michigan	Mississippi	Missouri	Nevada (rural areas)	New Jersey	New York	N. Carolina	N. Dakota	Wash.
<b>1. Are Intensive Family Preservation Services (IFPS) provided in your state?</b>													
Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
<b>2. How many counties in your state offer IFPS?</b>													
65	5	92	120	64	83	82	115	16	21	28	100	53	30
<b>Total number of counties in the state</b>													
75	5	92	120	64	83	82	115	17	21	63	100	53	39
<b>3. What percent of the total number of youth served by the IFPS program are younger children and what percent are older youth?</b>													
<b>Younger Children (0–11 years)</b>													
60%	70%	N/A	N/A	71.4% (0-10)	76%		73.19%		76.8% (0-12)	68%	N/A	Avg. 12 yrs	77%
<b>Older Youth (12–17 years)</b>													
40%	30%	N/A	N/A	28.6% (11-17)	24%		26.75%		23.2%	32%	N/A		23%
<b>4. How many years has IFPS been available in your state?</b>													
5 or more	5 or more	3–4	5 or more	3–4	5 or more	5 or more	5 or more	5 or more	5 or more	5 or more	5 or more	5 or more	5 or more
<b>5. Are Intensive Family Reunification Services (IFRS) provided in your state?</b>													
Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
<b>6. Are the <i>Preservation</i> services and the <i>Reunification</i> services based on the same model (may include some differences in initial response time, length of service, etc.)?</b>													
Yes	No	Yes	Yes	Yes	No	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes
<b>7. Are there written Intensive Family Preservation Services (IFPS) program standards?</b>													
Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
<b>8. Do the IFPS programs serve only those families whose children are at imminent risk of out-of-home placement?</b>													
Yes	No	Yes	Yes	Yes	Yes	No	Yes	No	No	No	Yes	No	Yes
<b>a. If yes, please provide the definition of “imminent risk” in your state:</b>													
			[1]	[2]	[3]		[4]			[5]	[6]		
<ol style="list-style-type: none"> <li>1. Referring worker and supervisor believe child will be removed if IFPS not available</li> <li>2. Without intensive services, the child is expected to come into custody</li> <li>3. Children who are at risk of removal from the family home due to abuse and-or neglect and who would be placed in foster care if intensive family preservation services were not available to work with the family.</li> <li>4. Child will be removed if services are not initiated immediately</li> <li>5. 18 NYCRR 423.2 (b)(17) IFPS are “defined as casework services and direct therapeutic services provided to families in order to reduce or avoid the need for foster care placements of children who are in imminent danger of such placements.”</li> <li>6. There has been a substantiation of abuse, neglect or dependency as determined by the county DSS and prior to the referral of IFPS AND, there is a rating of ‘high’ or ‘intensive’ on the Family Risk Assessment or Family Risk Reassessment OR the child is NOT considered to be at imminent risk of removal from the home but there is substantiation of abuse OR there has been a finding of In Need of Services prior to the referral to IFPS AND there is a rating of ‘high’ or ‘intensive’ on the Family Risk Assessment or Family Risk Reassessment.</li> </ol>													

Arkansas	Conn.	Indiana	Kentucky	Louisiana	Michigan	Mississippi	Missouri	Nevada (rural areas)	New Jersey	New York	N. Carolina	N. Dakota	Wash.
<b>9. Please list the types of family referrals that are not eligible for IFPS: (For example, families referred for sexual abuse)</b>													
	[7]		[8]	[9]	[10]		[11]	[12]	[13]	[14]	[15]	[16]	
<p>7. Out of Home cases</p> <p>8. Kentucky has legislation that set eligibility limitations. a ) Families in which children are at risk of recurring sexual abuse perpetrated by a member of their immediate household who remains in close physical proximity to the victim or whose continued safety from recurring abuse cannot be reasonably assured; and (b) Families in which one (1) or more adults in the immediate household are drug or alcohol dependent and not in active treatment for such dependency.</p> <p>9. Those not in need of intensive services. Those not at risk of placement change or custody.</p> <p>10. -Sexual Abuse in the absence of a court order. -Cases in which the sole reason for the referral is to maintain safety until out of home placement can be arranged. -Dangerous conditions exist which present safety/risk factors for any assigned worker.</p> <p>11. All families at risk can be referred, but referral may be rejected if safety can't be assured or if family refuses to cooperate.</p> <p>12. Untreated substance abuse, chronic mental illness, domestic violence</p> <p>13. - Families where an SDM Risk Assessment is not High or Very High -Cases where there has been domestic violence with in the past 6 months and safety of the FPS staff is a concern -Risk is too great for child to remain in home -Where goal is to keep child safe in home until a placement is found -Youth presents a serious risk to self or others -Family declines service -Family can be served by less intensive services in community</p> <p>14. Services will be provided to families as long as they are TANF eligible.</p> <p>15. IFPS are directed only to families in which one or more children is at imminent risk of out-of-home placement. Eligibility for services must be certified through documentation of the following referral/acceptance criteria: Safety risk to the child(ren) or to the community has reached the point that the intervention services needs of the family are beyond the resources of the current service provider; with IFPS, it is believed to be safe for the child(ren), the family, the IFPS caseworker and the community for the child(ren) to remain in the home; it has been determined that out-of-home placement is the next action unless an alternative intervention is successful in addressing the issues that will permit a child(ren) to remain in the home; alternative, less intensive intervention strategies have been tried without success or considered but determined not to be in the best interest of the family or at-risk youth; direct and immediate intensive family preservation services intervention is necessary to prevent out-of-home placement; at least one parent or other primary caregiver indicates that she or he is willing and able to participate in IFPS.</p> <p>16. Eligibility criteria is broad but generally families served have youth at risk.</p>													
<b>10. Does the IFPS worker meet with the family face-to-face within 24 hours of the referral?</b>													
Yes	No	Yes	Yes	Yes	Yes		Yes	No	Yes		Yes	No	Yes
<b>a. If no, what is the time limit for the IFPS worker to meet with the family:</b>													
	48 hours		72 hours		48 hours			48 hours		[17]		W/in 5 days	
17. The worker is expected to respond to a referral right away to set up a face-to-face intake meeting convenient to the family.													
<b>11. Does the family have access to the IFPS worker 24/7?</b>													
Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
<b>12. Do IFPS workers meet routinely with families on evenings and weekends?</b>													
Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes
<b>13. What is the maximum number of IFPS cases per worker (caseload) at one time?</b>													
1-4	7	2-3	2	2-3	2	3	2	6	2	4	2-3	4	2-3
<b>14. Please indicate if "case" is defined as:</b>													
a family	a family	a family	a family	a family	a family	a family	a family		a family	a family	a family	a family	a child

Arkansas	Conn.	Indiana	Kentucky	Louisiana	Michigan	Mississippi	Missouri	Nevada (rural areas)	New Jersey	New York	N. Carolina	N. Dakota	Wash.
<b>15. What is the maximum length of time that a family may receive IFPS? (Specify days, weeks, OR months)</b>													
<b># of weeks</b>													
4-6	12	4-6	6	8 (avg. is 4)	6	16	6		4-8		6		4-6
<b># of months</b>													
										[18]		3-6	
18. 18 NYCRR 423.2(b)(17) IFPS may be provided for up to 30 days per family and may be extended for an additional 30 days when necessary to maintain the progress achieved or when the additional days are necessary to avoid the foster care placement of the children.													
<b>16. Does the state have a method of tracking the standards called for in Questions 7-15 to determine if the program is in compliance?</b>													
Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
<b>a. What method(s) is used to track compliance? (For example, case reviews, time sheets)</b>													
[19]	[20]	[21]	[22]	[23]	[24]	[25]	[26]	[27]	[28]	[29]	[30]	[31]	[32]
19. Arkansas DCFS contracts with an agency that does QA and contract monitoring of programs to assess performance													
20. PSDCR On-line data collection													
21. This year we are starting to use the ODM system to track.													
22. program requirements are in contract and included in contract monitoring process. Also regular consultation, technical assistance, training and site visits with 2 IFPS state program Specialists and IFD trainers													
23. Database reporting for: contact within 24 hours length of service intensity of service (direct face to face hours) Case reviews for appropriateness of referral, services													
24. -Monthly reporting from the contracted agency (includes referrals and case closures, case withdrawals and potential referrals). -Case Record Reviews. -Attendance of Case Staffing/ Team Meetings													
25. oversight by two state coordinators and a division director, MACWIS reviews, discharge summaries, regular phone conferences on cases, regular meetings with regional directors of the program													
26. Case reviews, annual reports, data system													
27. (1) Weekly 1:1 staff meeting to review each case; (2) Each case is staffed in group supervision 3 times over the life; (3) Monthly tracking of time spent by staff per case; (4) Weekly review of Unity notes; (5) Satisfaction surveys are provided to clients and referring workers; (6) All charts are reviewed at closure to ensure compliance; (7) CASSI is completed at admission; (8) NCFAS is completed at admission and at 3, 6 and 12 months to measure level of change in family functioning.													
28. Quarterly submission of reports designed to collect compliance information. LOS monitoring by Contracting Units, including periodic site visits.													
29. Review of program reports, site visits, regular and follow-up contacts.													
30. Monitoring reviews comprised of case reviews, time sheets, invoices and other programmatic/fiscal records													
31. Case review and time sheet													
32. Contract oversight agency													
<b>17. What is the average number of total *face-to-face* hours *per family* for the entire length of the IFPS service?</b>													
Up to 36	60	40	8-10/week	38-40	40-60 (10 hrs./week)		48-60	38	32	124	60	17 per mo.	38
<b>18. Is there a provision for after-care services following termination of IFPS services?</b>													
Yes	No	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	No	Yes

Arkansas	Conn.	Indiana	Kentucky	Louisiana	Michigan	Mississippi	Missouri	Nevada (rural areas)	New Jersey	New York	N. Carolina	N. Dakota	Wash.
<b>a. If yes, please describe the after-care services:</b>													
[33]		[34]		[35]	[36]	[37]	[38]	[39]	[40]		[41]		[42]
33. Families are referred to the system of care													
34. It is more of a booster and only as needed.													
35. Up to 2 booster sessions within 6 months of case closure													
36. Family Preservation staff are taught to connect families to on-going services that are specific to the families needs. In most cases, this might include individual therapeutic services for a child or parent. In other cases, we do offer the Families Together Building Solutions program, a less intensive in-home service. We may also use Wraparound services as an on-going supportive process for families.													
37. Information is transferred to ongoing worker who is then responsible for any after-care needed. We are working to improve this.													
38. A follow up plan is developed before termination of intervention. A written plan of recommendations for continued services is completed.													
39. Step-Down Program in some locations provide a minimum of an additional 3 months of supportive services to build upon the work of FPS in addressing issues involving health, mental health, remedial education needs, parental training, employment and finance, and any remaining concerns regarding risk and safety.													
40. (1) Access to crisis services; (2) Follow-up sessions are scheduled for 3-6 and 12 months. At these follow-up sessions families may receive up to 3 additional therapy sessions													
41. Each IFPS service provider provides linkages to step-down/community based services as appropriate and available upon case closure. No specific after-care model is currently required.													
42. Not formally. There are additional 5 hours within 6 months													
<b>19. What is the percentage of families who remain together following the IFPS intervention (for the most recent year available)?</b>													
<b>% at case closure</b>													
N/A	90%	N/A	92%	86%	99%		82.47%	99%	91.4%	100%	96%	86%	88%
<b>% at 6 months</b>													
			92%	83%			71.09%	98%			N/A		87%
<b>% at 12 months</b>													
			97%		89%		66.76%	97%	81.2%		N/A		
<b>% other time interval (please specify both the percentage and the number of months)</b>													
							77.21% at 3 mo.						
<b>20. Has an evaluation of the IFPS program been conducted within the past 3 years?</b>													
Yes	Yes	No	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes
<b>21. Over the past 5 years, how many child deaths, due to abuse or neglect, have there been during the time that a family was receiving IFPS?</b>													
0	0	N/A	0	0	Six	0?	6	0	0	0	N/A	N/A	0
<b>22. Who provides the direct IFPS services?</b>													
Therapist and Paraprofessional work together	Single Therapist, with team back up	Single Therapist, with team back up	Single Therapist, with team back up	Single Therapist, with team back up	Single Therapist, with team back up	Therapist and Paraprofessional work together	Contracted IIS Specialists	Single Therapist, with team back up	Single Therapist, with team back up	Therapist and Paraprofessional work together	FPS worker with Supervisory oversight	Single Therapist, with team back up	Single Therapist, with team back up
<b>23. Are IFPS workers required to have ongoing supervision that includes case consultation?</b>													
Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Arkansas	Conn.	Indiana	Kentucky	Louisiana	Michigan	Mississippi	Missouri	Nevada (rural areas)	New Jersey	New York	N. Carolina	N. Dakota	Wash.
<b>24. Are IFPS workers required to use a specific clinical model (i.e. cognitive behavioral, solutions focused therapy) as part of the intervention?</b>													
	No	Yes	Yes	Yes	Yes	No	No	Yes	Yes	No	No	Yes	Yes
<b>a. If yes, please list or describe the clinical model:</b>													
		[43]	[44]	[45]	[46]			[47]			[48]	[49]	[50]
43. cognitive behavioral													
44. Homebuilders													
45. Homebuilders Model (IFD)													
46. For Families First of Michigan, the model is the skill-based, strength-focused model of intervention.													
47. Brief Solution Oriented Therapy model													
48. Specific clinical model is not dictated, however, counseling shall be based on a cognitive, behaviorally oriented model that encourages the development of linkages with natural helping networks and community resources.													
49. Solution focused therapy													
50. CBT, skill focused, enhanced with MI													
<b>25. Is mandatory training on IFPS required for the workers who provide IFPS services?</b>													
Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes
[51]		[52]	[53]	[54]	[55]		[56]				[57]	[58]	[59]
51. once a year													
52. 4 days of Fundamentals plus extra day for Supervisors													
53. 4 classroom days plus shadowing (observe) and supervisor observed prior to case responsibility, additional 4 days required during 1st year ongoing requirements													
54. Core Curriculum is 4-5 days plus a series of ongoing trainings of 2-3 days in duration each (critical thinking, motivational interviewing, relapse prevention, goal setting, cognitive and behavioral interventions, etc. . . .)													
55. For Families First: Seven days of Core Training, as well as, seven days of Substance Affected, Domestic Violence and Cultural Self Awareness training. (NOTE: the Core training is designed to incorporate the worker shadowing and initial case experience into the training, thereby allowing the worker to apply actual experiences in the training modules. Training is mandated by contract and is considered an essential part of IFPS programming.)													
56. 6 days of initial training													
57. 6													
58. Provider makes the determination													
59. 14 days													
<b>26. Who pays for the mandatory training?</b>													
State or County		State or County	State or County	State or County	State or County	IFPS Pro-viders	State or County	State or County	State or County	IFPS Pro-viders	State or County	IFPS Pro-viders	State or County
<b>27. Are IFPS services provided by public sector or private sector workers?</b>													
Contracted Private Agency Employees	Contracted Private Agency Employees	Contracted Private Agency Employees	Contracted Private Agency Employees	Both Public and Private Employees	Contracted Private Agency Employees	Both Public and Private Employees	Contracted Private Agency Employees	State Em-ployees	Contracted Private Agency Employees	Contracted Private Agency Employees	Both Public and Private Employees	Contracted Private Agency Employees	Contracted Private Agency Employees



Arkansas	Conn.	Indiana	Kentucky	Louisiana	Michigan	Mississippi	Missouri	Nevada (rural areas)	New Jersey	New York	N. Carolina	N. Dakota	Wash.	
<b>28. If contracted private agency workers or independent contractors provide the services, what is the contracted dollar amount?</b>														
<b>\$ per child</b>														
									\$2,933					
<b>\$ per family</b>														
	\$3,750			Up to \$3,900	\$4,744				\$6,431	\$1,744.27	\$6,000		About \$6,000	
<b>\$ per hour</b>														
												\$129.88		
<b>Other rate (please specify)</b>														
		Starting 4/1: \$9,000/ worker/ mo.	Varies by contract	Will change in 2012	Actual Cost contracts for IFPS			\$188 per specialist per day						
<b>29. How frequently is a Request for Proposals (RFP) issued for IFPS services?</b>														
Every 3 years	5 or more years	Every 2 years	Annually		Every 3 years			5 or more years		5 or more years	5 or more years	Every 3 years	Every 2 years	5 or more years
<b>30. Does the RFP include an option for extension of the contract?</b>														
Yes	No	Yes	Yes		Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes	Yes
<b>a. If yes, for how many years can the contract be renewed?</b>														
3 years	3 years	[61]	Annually	[62]	[63]	3 years	4 years		Annually	Annually	2 years	2 years	Annually	
61. A contract can be extended without an RFP if we want for 2 additional years.														
62. CSoC 2012 Providers to contract with State Management Organization (SMO)														
63. The decision to extend would be at the discretion of the Department of Human Services, not the provider and would be for a period no longer than a year.														
<b>31. Are concrete service dollars (emergency assistance) available for IFPS families?</b>														
Yes	No		Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes	No	Yes	
<b>a. If yes, average dollar amount per case:</b>														
		Included in the \$9,000		[63]	\$300		N/A		\$55/family	\$500	\$300		\$500 max. \$350 avg.	
63. Initially, \$100 was allowed via IFPS funds, however, that amount was eliminated and providers may request State Preventive or Reunification funds as needed.														
<b>32. Comments</b>														
				[64]		[65]				[66]				
64. CSoC 2012 brings Medicaid coverage for Homebuilders IFPS. Different rate structure than the State is currently paying.														
65. We have not had the same program in place for all these years. We have utilized in-house programs, two separate contractors for FP and Reunif. and now one contractor for both.														
66. The emergency assistance funds will be built into the program budget as part of the grant amount. The maximum emergency assistance amount should not exceed \$500 for each family. Information for this survey was provided by program staff at OCFS and through consultation with NYS regulations..														

One area of variance is that some states do not limit services to only those families whose children are at imminent risk of out-of-home placement. In these states, it would be difficult to conduct research on the effectiveness of IFPS using placement prevention as the outcome measure. If the target population is not at imminent risk, any control group study would likely find that both the control group and treatment group experienced high levels of placement avoidance, which could wrongly be interpreted to mean the service had no effect. Another reason to link IFPS services to imminent risk is that the cost benefit of IFPS comes primarily from preventing out-of-home placements. If research cannot show those placements are truly averted because the child was at imminent risk, cost savings cannot be claimed.

Another area of variance is the length of time placement prevention is tracked. Almost all states report the placement prevention rate at case closure, but far fewer have these data available post-intervention. There is little research available to serve as a guide for selecting an appropriate time interval for measuring this outcome. But there is general agreement that placement prevention rates should be tracked for some period after case closure.

To summarize, exemplary IFPS states reflect the following:

**Model Fidelity:** The best-researched and consistently effective model of IFPS is HOMEBUIDERS®. The exemplary IFPS states adhere closely to this model's key intensity components: meeting with the family within 24 hours, 24/7 worker availability including evenings and weekends, low case-load, brief length of service, and high number of face-to-face service hours.

**Accountability:** Exemplary IFPS programs develop and monitor standards and conduct regular evaluations. Program data and findings are readily available and widely shared.

**Universality:** Exemplary IFPS programs serve families with children of all ages. Until recently, the number of older youth (12–17) served by IFPS programs was unknown. This survey shows that exemplary IFPS states are serving a significant number of older youth (average of 29%) and that aligns well with recent research demonstrating that IFPS services to older youth are as effective as IFPS services to younger-aged children.

**Replicability:** An increasing number of the exemplary IFPS programs provide the necessary tools for implementation by other states including model components and data.

**Sustainability:** Exemplary IFPS programs employ quality control measures, data collection and reporting systems, and program effectiveness to justify an ongoing adequate funding level, even in challenging economic times.

**Advancing the Field:** Many of the exemplary IFPS states have participated in research studies, bearing the cost of staff time, data collection, and other related costs. Ongoing research on the effectiveness of IFPS advances the field of Intensive Family Preservation Services.

Please see the [Resource Directory](#) for more information on IFPS programs including a list of contacts for exemplary IFPS states; links to a model RFP for IFPS, an IFPS ToolKit, a book on implementing IFPS, research on the use of IFPS with older youth; and training and technical assistance.

## IFPS Adapted for Safety Services

IFPS has always been used to keep children safely with their families. A new use of IFPS is to apply elements of IFPS specifically to safety plans and related services. States that have adapted IFPS for safety related services provided data for the following chart. The linkage of IFPS to safety services is best reflected in the notes for Questions 8 and 9 that describe eligibility. Note the references to “safety plan,” “impending danger,” “impending safety threat,” and “emergency situation.” In response to these issues affecting safety, the services are then used to keep families together.

Although it is too soon to find many commonalities among the various state programs, it appears that, in general, CPS workers conduct an investigation and develop the safety plan and then refer the case to the safety worker. If the first meeting of the safety worker with the family is not within 24 hours, the CPS worker may continue to monitor for safety. Safety workers are all available 24/7 with most on evenings and weekends. Caseloads, length of service, and face-to-face hours spent with families vary. Only one of the programs has been evaluated.

While it is not yet possible to aggregate the data from these states into commonly shared findings, it is important to be aware of the adaptation of IFPS for safety related services. In the IFPS survey four years ago there was no identifiable program using IFPS with a safety program and now 6 states have identifiable programs. That is likely an indicator that there will continue to be growth in the number of states adapting IFPS for use with safety related services. States interested in this use of IFPS would be well-advised to obtain more information and more data prior to establishing their own programs.

The [Resource Directory](#) includes a list of contacts for states adapting IFPS for safety services and a link to an RFP for establishing a program.

## IFPS Survey Results 2011 — Safety Services

Iowa	Ohio	Oklahoma	Oregon	Texas	West Virginia
<b>1. Are Intensive Family Preservation Services (IFPS) provided in your state?</b>					
Yes	Yes	Yes	Yes	Yes	Yes
<b>2. How many counties in your state offer IFPS?</b>					
99	Unknown	77		254	All
<b>Total number of counties in the state</b>					
99	88	77		254	55
<b>3. What percent of the total number of youth served by the IFPS program are younger children and what percent are older youth?</b>					
<b>Younger Children (0–11 years)</b>					
	N/A	75		N/A	
<b>Older Youth (12–17 years)</b>					
	N/A	25		N/A	
<b>4. How many years has IFPS been available in your state?</b>					
5 or more	5 or more	3 to 4		5 or more	5 or more
<b>5. Are Intensive Family Reunification Services (IFRS) provided in your state?</b>					
Yes	Yes	Yes		Yes	Yes
<b>6. Are the <i>Preservation</i> services and the <i>Reunification</i> services based on the same model (may include some differences in initial response time, length of service, etc.)?</b>					
Yes		Yes		Yes	No
<b>7. Are there written Intensive Family Preservation Services (IFPS) program standards?</b>					
Yes	Yes	Yes	Yes	Yes	No
<b>8. Do the IFPS programs serve only those families whose children are at imminent risk of out-of-home placement?</b>					
No	No	Yes	Yes	Yes	Yes

Iowa	Ohio	Oklahoma	Oregon	Texas	West Virginia
<b>a. If yes, please provide the definition of "imminent risk" in your state:</b>					
[1]	[2]	[3]	[4]	[5]	
<p>1. Some counties may also provide post reunification family preservation services as well. Based on the safety assessment it is determined that there are major concerns about the safety and welfare of the child; there are immediate threats of serious harm present or protective capacities in the family cannot control any identified threats; that the child may be at serious risk of harm/maltreatment and a consideration of out of home placement may be necessary. The safety assessment documents the evaluation of safety factors or signs of present danger, past history, child vulnerability and family protective capacities to determine the necessary safety response.</p> <p>2. Impending danger means the presence of a threatening family condition that is: (A) specific and observable; (B) out-of-control; (C) certain to happen in the next several days; and (D) likely to have a severe effect on a vulnerable child. (2) Impending danger includes specific threats to a child's safety that: (A) are harmful but are not immediate, obvious, or active at the onset of CPS intervention; (B) are identified and understood after fully evaluating individual and family conditions and functioning; (C) will result in severe harm if safety intervention does not occur and is not sustained;</p> <p>3. An impending safety threat has been identified during the Child Protective Services Assessment, or a Protective Action is required when a child is at immediate risk of harm.</p> <p>4. Imminent danger means there is an immediate threat to the physical health or safety of the child, or that sexual abuse is about to occur to the child.</p> <p>5. An emergency situation in which the welfare or the life of the child is threatened. Such emergency exists when there is reasonable cause to believe that any child in the home is or has been sexually abused or sexually exploited, or reasonable cause to believe that the following conditions threaten the health or life of any child in the home: 1. Non accidental trauma inflicted by a parent, guardian, sibling or a babysitter or other caretaker; or 2. A combination of physical and other signs indicating a pattern of abuse which may be medically diagnosed as battered child syndrome; or 3. Nutritional deprivation; or 4. Abandonment by the parent, guardian or custodian; or 5. Inadequate treatment of serious illness or disease; or 6. Substantial emotional injury inflicted by a parent, guardian or custodian; or 7. Sale or attempted sale of the child by the parent, guardian or custodian.</p>					
<b>9. Please list the types of family referrals that are not eligible for IFPS: (For example, families referred for sexual abuse)</b>					
[6]	[7]	[8]	[9]	[10]	[11]
<p>6. IFPS for Iowa would be considered Safety Plan Services for cases during a child protective assessment, but would also be considered Family Safety, Risk, and Permanency Services. During Safety Plan cases, the child must be assessed as conditionally safe and reside in the home, services are designed to move them to safe status and prevent removal from the home.</p> <p>7. Determined by each county.</p> <p>8. Current policy does not rule out any type of referral.</p> <p>9. DHS will not refer and Contractor shall not accept referrals or continue services if any of the following conditions are present within the family: a. at least one child has been removed from the home and placed in a court-ordered out-of-home placement, unless the plan is to return the child within 4 weeks; b. a child has died or experienced life-threatening harm as a result of maltreatment, unless conditions and circumstances have significantly improved; c. parents are actively refusing to participate in an in-home Safety Plan; d. a child has been found to have been sexually abused and the person who committed the sexual abuse remains in the home without successfully completing appropriate treatment, and; e. a household member has a history of committing violent acts towards persons outside the family and/or demonstrates a current propensity to commit violent acts towards persons outside the family.</p> <p>10. Examples of cases with factors that may not be appropriate for Family Based Safety Services (FBSS) include the following: • A conflict exists between a parent and child and the child is a teenager without disabilities. • The local juvenile probation office is providing services to meet the needs of the family. • The local mental health or mental retardation authority is providing services to meet the family's needs. • Excessive discipline, that does not rise to the level of physical abuse, is being used on a child older than age 5 who has no disabilities. • A viable, safe parent or relative has been caring for the child when the parent whose issues brought the family to CPS's attention is not providing care, the viable parent or relative takes the CPS intervention seriously, AND the relative did not become a caregiver through a placement facilitated by CPS. • A child has sustained severe injuries as a result of abuse or neglect (for example, a shaken baby, broken bones, burns). • Siblings are in substitute care and the child in the home may be unsafe. • A parent or caretaker indicates that he or she will not cooperate with CPS services. • A parent or caretaker violated the safety plan during the investigation. • The voluntary out-of-home (parental child safety) placement is not working out or the caregivers have agreed to provide care for only a limited time (for only days or weeks) • A parent has a significant history of involvement with CPS, such as having lost his or her parental rights to the child's sibling, not complying with required goals, or not making progress on those goals, when family-based safety services (FBSS) were previously offered. • The parents are active substance abusers who have no motivation to change and have no safe alternative placement for the child. • A parent is psychotic or sociopathic and is the primary caretaker. • A parent with severe intellectual disabilities has no other protective factors in the home. • An investigation of sexual abuse has a disposition of Reason to Believe (preponderance of evidence) or Unable to Determine (no preponderance and unable to prove the abuse/neglect did not happen) and the alleged perpetrator remains in the home. • Sadistic or ritualistic abuse has occurred.</p> <p>11. Families that do not have safety concerns.</p>					

Iowa	Ohio	Oklahoma	Oregon	Texas	West Virginia
<b>10. Does the IFPS worker meet with the family face-to-face within 24 hours of the referral?</b>					
Yes		No	Yes	No	No
<b>a. If no, what is the time limit for the IFPS worker to meet with the family:</b>					
	Determined by county agencies. Likely to depend on the safety issues and family needs and functioning level.	There is no time limit currently, the CPS worker may continue the Preservation Services until the case is transferred to the Preservation Services Worker.	5 day response allowed for reunification referrals	Within 10 days of receipt of the referral.	Depends on the agency providing the service
<b>11. Does the family have access to the IFPS worker 24/7?</b>					
Yes	Yes	Yes	Yes	Yes	No
<b>12. Do IFPS workers meet routinely with families on evenings and weekends?</b>					
Yes	Yes	No	Yes	Yes	Yes
<b>13. What is the maximum number of IFPS cases per worker (caseload) at one time?</b>					
It is difficult to say as the cases are served by private Contractors and the DHS case monitors service delivery.	N/A	The maximum is 10	up to 5 depending on need	8 to 10	Limits determined by providers
<b>14. Please indicate if "case" is defined as:</b>					
a family		a family	a family	a family	a family
<b>15. What is the maximum length of time that a family may receive IFPS? (Specify days, weeks, OR months)</b>					
<b># of days</b>					
15 days is one unit for Safety Plan Services, can refer up to 2 units (total of 30 days)	N/A	Currently there is no limit in our policy.	60	60-120	
<b># of weeks</b>					
Family Safety, Risk, and Permanency (FSRP) is the ongoing service delivery and can be open for as long as the family needs services to address behavioral goals.					
<b># of months</b>					
					9 months before reviewed by anyone other than caseworker and supervisor
<b>16. Does the state have a method of tracking the standards called for in Questions 7–15 to determine if the program is in compliance?</b>					
Yes		No	Yes	Yes	Yes

Iowa	Ohio	Oklahoma	Oregon	Texas	West Virginia
<b>a. What method(s) is used to track compliance? (For example, case reviews, time sheets)</b>					
Contact logs, reports, case reviews, etc.	Not sure of how you are defining compliance. However, it is likely this information is tracked at the county level and likely by the agency providing the service.		Case reviews, time sheets, local contract manager reports	Supervision/Caseworker staffings/Conferences/SACWIS/Weekly/Monthly Data Reports	Retrospective review by Administrative Service Organization, (managed care agency)
<b>17. What is the average number of total *face-to-face* hours *per family* for the entire length of the IFPS service?</b>					
It varies	Information would likely be available at the county level.	It is dependent upon the case scenario and the decision made by the Supervisor.	2-20 hours per month. No length of service data yet	40 hours per family (This is the minimum number of hours.)	depends on the service (average of 39 hours in 92 days)
<b>18. Is there a provision for after-care services following termination of IFPS services?</b>					
Yes		Yes	Yes	No	Yes
<b>a. If yes, please describe the after-care services:</b>					
In the event that a family receives Safety Plan Services, depending upon outcome of assessment, the family may be eligible for FSRP Services (ongoing) - there may also be connections to the community.	Each county agency would likely have their own provision/requirement for this decision.	It is required to devise an "after care" plan with the family that is approved by the supervisor.	Only connections to ongoing mental health and addiction services. No further in-home services.	However, we do help the family utilize community-based resources.	<a href="http://www.wvdhhr.org/bcf/aso/documents/um_guidelines_2008.pdf">http://www.wvdhhr.org/bcf/aso/documents/um_guidelines_2008.pdf</a>
<b>19. What is the percentage of families who remain together following the IFPS intervention (for the most recent year available)?</b>					
<b>% at case closure</b>					
N/A	Each county agency and the agency providing the service would likely have this information.	N/A	New program, but appears above 90%		
<b>% at 6 months</b>					
N/A		N/A			
<b>% at 12 months</b>					
N/A		N/A		90.7% (this includes all FBSS cases, including IFPS)	
<b>% other time interval (please specify both the percentage and the number of months)</b>					
N/A		N/A			
<b>20. Has an evaluation of the IFPS program been conducted within the past 3 years?</b>					
No		No	No	Yes	No
<b>21. Over the past 5 years, how many child deaths, due to abuse or neglect, have there been during the time that a family was receiving IFPS?</b>					
N/A	N/A	N/A	None reported	N/A	

Iowa	Ohio	Oklahoma	Oregon	Texas	West Virginia
<b>22. Who provides the direct IFPS services?</b>					
Direct services are provided by Contractors who win bids under RFP. These are performance based contracts.	Depends on the county agency policy and practice and or the agency that provides this service for them.	State CW worker		CPS Caseworkers	licensed behavioral health providers
<b>23. Are IFPS workers required to have ongoing supervision that includes case consultation?</b>					
Yes		No	Yes	Yes	No
<b>24. Are IFPS workers required to use a specific clinical model (i.e. cognitive behavioral, solutions focused therapy) as part of the intervention?</b>					
No		No	Yes	No	No
<b>a. If yes, please list or describe the clinical model:</b>					
	Information not available. Each county agency or service providing agency may have different intervention methods.		Each contractor uses different model. CBT and Solution Focused are most common. Also wrap around models used by some providers.		
<b>25. Is mandatory training on IFPS required for the workers who provide IFPS services?</b>					
Yes		Yes	No	Yes	No
<b>a. If yes, how many days of mandatory training are required?</b>					
I believe it is 24 hours per accreditation requirements of the Contractors providing these services	Information not available.	One	Must meet educational and experience standards in contract.	75 days initial classroom	
<b>26. Who pays for the mandatory training?</b>					
IFPS Providers		State or County	IFPS Providers	State or County	
<b>27. Are IFPS services provided by public sector or private sector workers?</b>					
Contracted Private Agency Employees		State Employees	Independent Contractors	State Employees	Independent Contractors
<b>28. If contracted private agency workers or independent contractors provide the services, what is the contracted dollar amount?</b>					
<b>\$ per family</b>					
		N/A	\$2,500 to \$4,500 per family		
<b>Other rate (please specify)</b>					
Safety Plan Services, the contractor can earn up to 521.16 with incentive payments included. FSRP Services, monthly rate of 473.10 plus ability to earn performance incentive payments		N/A		N/A	rate based on service and service provision
<b>29. How frequently is a Request for Proposals (RFP) issued for IFPS services?</b>					
5 or more years		5 or more years	Every 2 years		5 or more years



Iowa	Ohio	Oklahoma	Oregon	Texas	West Virginia
<b>30. Does the RFP include an option for extension of the contract?</b>					
Yes		No	Yes		No
<b>a. If yes, for how many years can the contract be renewed?</b>					
usually 2 year contract with up to 4 one year renewals.		No RFPs are put out for IFPS	5 years		
<b>31. Are concrete service dollars (emergency assistance) available for IFPS families?</b>					
Yes		Yes	Yes	Yes	Yes
<b>a. If yes, average dollar amount per case:</b>					
N/A		\$500	\$200- \$500 depending on contract.	\$200 per case	within reason
<b>32. Comments</b>					
Iowa does not specify between family preservation and family reunification services. Iowa has family centered child welfare services that include both Safety Plan Services (short term) and then Family Safety, Risk, and Permanency Services (ongoing services). For more information and a clearer understanding of how services are provided in Iowa, you may contact me directly or review a copy of the most recent RFP that was released in December 2010.	The State does not provide direct services to children, families, adults, youth. As a State Supervised County Administered System, the 88 counties of this state handle all service delivery programs for their counties and those served. Therefore, we do not have all the details of how each of these 88 counties administer the IFPS programs and services you are referring to. You may want to provide this survey to the county agencies to get more information about how they coordinate and administer these programs. I have responded to the best of my knowledge and ability to the questions presented.		We're new at this and getting CPS to develop concrete safety requirements has been inconsistent at times. This may leave providers caught between families who say everything is fine and CPS who say without this service children may have to be removed.	# 29 & #30 are N//A to Texas #20 The Strengthening Families Initiative was evaluated in 2009. This program focused on IFPS services to families experiencing chronic neglect associated with poverty. The FBSS program was recently evaluated this calendar year. #25 Although not specific to IFPS, the Department provides 40 days of mandatory classroom training for all new FBSS caseworkers, in addition to 35 days hours of on the job training. #26 Additional training is provided to staff through state and local resources. Each region has a training budget that includes assisting IFPS staff enhance their general knowledge and skills. Overall Comment: Family Group Decision Making (Family Group Conferencing) is utilized as a support to FBSS, including IFPS inviting the family to join CPS staff to develop a service plan.	WV uses a managed care system, (with independent, contracted licensed behavioral health providers), to provide an array of in-home services to prevent removal or aid in reunification. Families receiving these services must be an open child protective services case, based on safety concerns. These services are available for up to 9 months based on a worker and supervisor making a determination the service is needed. In cases where the children are not removed, services can be provided for 9 months, 12 months if removed from the home, before a review of the case is completed. If additional services are needed, the Administrative Services Organization completes a review and forwards the case to state office staff for review as well. <a href="http://www.wvdhhr.org/bcf/aso/documents/um_guidelines_2008.pdf">http://www.wvdhhr.org/bcf/aso/documents/um_guidelines_2008.pdf</a>

## Less Intensive Family Preservation Services

There are many families in need of family preservation services who do not have a child at imminent risk of placement. For these families less intensive services can meet their needs. What do less intensive services look like? For this survey, 7 state programs were selected as representative of less intensive family preservation services. The state of Utah is included as an example of a program that could be viewed as either IFPS or less intensive services. A look at the following chart reveals that there are many similarities between IFPS and less intensive services. Generally, both offer services statewide, include older youth, have worker availability 24/7, worker meets with the family within 48 hours of referral, and providers offer supervision and case consultation for workers.

Key differences between IFPS and less intensive services are mostly determined by the level of intensity. The maximum caseload for IFPS is usually 4 while for less intensive 4 is more likely the minimum and the worker caseload may be as high as 20. The maximum length of intervention for IFPS is most frequently 6 weeks while less intensive services are offered for an average of 40 weeks. Face-to-face time with families is usually a minimum of 5 hours per week for IFPS while it may be half that or lower for less intensive services. Other significant differences include: two-thirds of IFPS programs provide after care and require a clinical model while one-third of less intensive programs have these features.

It should be noted that some of these states are aiming for IFPS with these less intensive services. Not achieving the intensity level of IFPS is often a result of the amount of state funding that is available. If contract providers are required to accept all referrals from a public agency and the funding level decreases, then providers have to increase the caseload and also increase the length of service or decrease the number of service hours in order to be in compliance. That results in moving from IFPS to a less intensive service.

IFPS has a solid body of research for support, but that body of research is lacking for less intensive services. A great deal more data is needed to inform states of the key components, outcome measures, and implementation for effective less intensive services.

The [Resource Directory](#) contains a list of state contacts for less intensive services and a link to an in home services curriculum overview that can be used for any family centered services.

# IFPS Survey Results 2011 — Less Intensive Services

Alaska	Arizona	Colorado	Illinois	Kansas	Tennessee	Utah
<b>1. Are Intensive Family Preservation Services (IFPS) provided in your state?</b>						
Yes	Yes	Yes	Yes	Yes	Yes	
<b>2. How many counties in your state offer IFPS?</b>						
11 IFPS Programs	15	64	1	105	95	29
<b>Total number of counties in the state</b>						
No counties in AK	15	64	102	105	95	29
<b>3. What percent of the total number of youth served by the IFPS program are younger children and what percent are older youth?</b>						
<b>Younger Children (0–11 years)</b>						
75%	70%	N/A	1	45%	65%	58%
<b>Older Youth (12–17 years)</b>						
25%	30%	N/A		55%	35%	42%
<b>4. How many years has IFPS been available in your state?</b>						
5 or more	5 or more	5 or more	5 or more	5 or more	5 or more	5 or more
<b>5. Are Intensive Family Reunification Services (IFRS) provided in your state?</b>						
Yes	Yes	Yes	Yes	No	Yes	Yes
<b>6. Are the <i>Preservation</i> services and the <i>Reunification</i> services based on the same model (may include some differences in initial response time, length of service, etc.)?</b>						
No	Yes	No	Yes	No	Yes	Yes
<b>7. Are there written Intensive Family Preservation Services (IFPS) program standards?</b>						
No	Yes	Yes	Yes	Yes	Yes	Yes
<b>8. Do the IFPS programs serve only those families whose children are at imminent risk of out-of-home placement?</b>						
No	Yes	No	No	Yes	Yes	No
<b>a. If yes, please provide the definition of “imminent risk” in your state:</b>						
	Impending Danger - refers to a family situation or a behavior, emotion, motive, perception, or capacity of a household member that is determined to be out-of-control and will likely result in serious harm to a child within the near future.			Imminent implies more than speculation but less than certainty. An event is imminent if a reasonable person using common sense, training or experience concludes an event will occur without delay unless there is prompt intervention. K.A.R. Kansas Administrative Regulations K.S.A. Kansas Statutes Annotated.	circumstances or behaviors likely to produce, within a relatively short period of time, a reasonably strong probability that the child will be placed in state custody	

Alaska	Arizona	Colorado	Illinois	Kansas	Tennessee	Utah
<b>9. Please list the types of family referrals that are not eligible for IFPS: (For example, families referred for sexual abuse)</b>						
[1]	[2]	[3]	[4]	[5]	[6]	[7]
<p>1. Families with little/no identified risk should not be referred. Families where all children are removed should not be referred.</p> <p>2. We have several levels to our Family Support, Preservation and Reunification Services contract. Intensive Family Preservation is the IFPS. Moderate level are for families whose children are safe with high/moderate risk of abuse/neglect - no court involved cases. Family Support is for potential or low risk - open CPS cases with no court involvement or community based families. Reunification and Placement Stabilization level is to assist in expediting the return of children who are in out-of-home placement or in voluntary foster care, or assist in placement transition to a lesser level of care or stabilization/maintenance in kinship or adoptive placement.</p> <p>3. Children in residential treatment.</p> <p>4. the program serves families who have given birth to a substance exposed infant</p> <p>5. Families having at least one child in Custody as Child in Need of Care and are referred to the Foster Care service provider or who are already in out of home placement.</p> <p>6. sexual abuse, severe child abuse, drug exposed children</p> <p>7. 1) A family has the ability to access resources, supports, and services on their own, and there is minimal risk to abuse/neglect to the child, and the family requires no ongoing monitoring by DCF. 2) The child needs to be removed from the home to be safe.</p>						
<b>10. Does the IFPS worker meet with the family face-to-face within 24 hours of the referral?</b>						
No	Yes	Yes	Yes	Yes	No	Yes
<b>a. If no, what is the time limit for the IFPS worker to meet with the family:</b>						
3-5 days to accept referral. 3-5 days to meet after referral is accepted.				48 hours	48 hours	
<b>11. Does the family have access to the IFPS worker 24/7?</b>						
No	Yes	Yes	Yes	Yes	Yes	Yes
<b>12. Do IFPS workers meet routinely with families on evenings and weekends?</b>						
Yes	Yes	Yes	Yes	Yes	Yes	No
<b>13. What is the maximum number of IFPS cases per worker (caseload) at one time?</b>						
varies by program. suggested caseload is 4-6 cases	15 to 20	12	10 to 12	Determined by the contracted providers	20 families	6
<b>14. Please indicate if "case" is defined as:</b>						
a family	a family	a child	a family	a family	a family	a family
<b>15. What is the maximum length of time that a family may receive IFPS? (Specify days, weeks, OR months)</b>						
<b># of days</b>						
	120			365	90	90
<b># of months</b>						
12 months		18	18-24			
<b>16. Does the state have a method of tracking the standards called for in Questions 7-15 to determine if the program is in compliance?</b>						
Yes	Yes	Yes	Yes	Yes	Yes	No

Alaska	Arizona	Colorado	Illinois	Kansas	Tennessee	Utah
<b>a. What method(s) is used to track compliance? (For example, case reviews, time sheets)</b>						
Site reviews; quarterly reports indicate; on-site case reviews	Quality Assurance process - case reviews and contract compliance tools.	Administrative Review Division conducts case file reviews around the state, as well as county, data pulled on a monthly basis and reviewed for appropriateness and eligibility.	case reviews	Electronic data system, case reviews, and administrative site visits.	Case reviews and SACWIS data	
<b>17. What is the average number of total *face-to-face* hours *per family* for the entire length of the IFPS service?</b>						
N/A	40	N/A		Varies based on families needs	10	78
<b>18. Is there a provision for after-care services following termination of IFPS services?</b>						
No	Yes	Yes		Yes	No	No
<b>a. If yes, please describe the after-care services:</b>						
	Community bases referrals.	Counties can provide a "County Designed Program" that provides after-case services, is optional.		Aftercare services are provided for 365 days from referral.		
<b>19. What is the percentage of families who remain together following the IFPS intervention (for the most recent year available)?</b>						
<b>% at case closure</b>						
	91%	92%			80%	
<b>% at 6 months</b>						
	97%					
<b>% at 12 months</b>						
<b>% other time interval (please specify both the percentage and the number of months)</b>						
N/A			N/A	SFY10 - 83.7% of children were maintained at home		
<b>20. Has an evaluation of the IFPS program been conducted within the past 3 years?</b>						
Yes	No	Yes	No	Yes	Yes	No
<b>21. Over the past 5 years, how many child deaths, due to abuse or neglect, have there been during the time that a family was receiving IFPS?</b>						
0	Unknown	Unknown	0	1 since SFY 2007	10?	
<b>22. Who provides the direct IFPS services?</b>						
majority paraprofessional and OCS caseworker teams	Therapist and Paraprofessional work together with families	All of the above.	Therapist Team: two or more therapists routinely work with the same families	Single Therapist, with team back up	Single Therapist, with team back up	Caseworkers- some clinical, some not.

Alaska	Arizona	Colorado	Illinois	Kansas	Tennessee	Utah
<b>23. Are IFPS workers required to have ongoing supervision that includes case consultation?</b>						
Yes	Yes	Yes	Yes	Yes	Yes	Yes
<b>24. Are IFPS workers required to use a specific clinical model (i.e. cognitive behavioral, solutions focused therapy) as part of the intervention?</b>						
No	No	Yes	Yes	No	No	No
<b>a. If yes, please list or describe the clinical model:</b>						
		County by county determination - focused on evidenced based models/practice.				
<b>25. Is mandatory training on IFPS required for the workers who provide IFPS services?</b>						
No	Yes	Yes	No	Yes	No	No
<b>a. If yes, how many days of mandatory training are required?</b>						
	As specified by DCYF	138 Hours + Computer based training + OJT		Varies by Provider agency		
<b>26. Who pays for the mandatory training?</b>						
	IFPS Providers	State or County		IFPS Providers		
<b>27. Are IFPS services provided by public sector or private sector workers?</b>						
Both Public and Private Employees	Contracted Private Agency Employees	Both Public and Private Employees	County Employees	Contracted Private Agency Employees	State Employees	State Employees
<b>28. If contracted private agency workers or independent contractors provide the services, what is the contracted dollar amount?</b>						
<b>\$ per family</b>						
	\$5,000		approx. \$1,100 per month	Avg. \$3,885		
<b>Other rate (please specify)</b>						
lump sum grants awarded		Unknown - differs by county to county, provider, salaried staff.				
<b>29. How frequently is a Request for Proposals (RFP) issued for IFPS services?</b>						
Every 3 years	Annually	Annually	5 or more years	Every 4 years		
<b>30. Does the RFP include an option for extension of the contract?</b>						
Yes	Yes	Yes	No	Yes		
<b>a. If yes, for how many years can the contract be renewed?</b>						
Annually	4 years	3 years		Two 2-year renewal option		

Alaska	Arizona	Colorado	Illinois	Kansas	Tennessee	Utah
<b>31. Are concrete service dollars (emergency assistance) available for IFPS families?</b>						
No	Yes	Yes	No	Yes	Yes	Yes
<b>a. If yes, average dollar amount per case:</b>						
	\$300	Special Economic Assistance - \$400 per year/ per family.			not over \$500 per family	Unknown
<b>32. Comments</b>						

## Where Do We Go From Here?

The stated purpose of this survey is to help states establish new IFPS programs or strengthen existing programs. The place to start is by comparing your state's in-home programs with the programs listed in the charts. By identifying where your state fits, you can determine where you want to go.

It's critical to be *intentional* when establishing an exemplary IFPS program. Pay special attention to eligibility and the key components of exemplary IFPS programs. The greatest danger to IFPS is lack of model fidelity. In the past, lack of model fidelity resulted in research questioning the effectiveness of IFPS. Exemplary IFPS programs with model fidelity result in research that demonstrates the effectiveness of IFPS.

What if your state has to choose between offering IFPS and a less intensive service? While it is tempting to provide less intensive services to more families rather than IFPS to a smaller number of families, you also need to consider effectiveness and cost benefit. Exemplary IFPS programs consistently demonstrate effectiveness in keeping families together and a cost benefit of \$2.54 for each dollar invested in IFPS. While less intensive services are also needed by families, there is little research to demonstrate effectiveness or cost benefit. More outcome measures need to be developed for less intensive services, as placement prevention cannot be used as an outcome measure when children are not at imminent risk of out-of-home placement. For whatever type of program is selected, be sure to include an evaluation component, as programs seldom survive in these tight-budget times, unless they have been proven to be effective.

It is too early to know if IFPS adapted for use with safety programs will be successful. There is insufficient data to determine commonality of program characteristics and outcomes. But with the history of a strong safety record, it does seem to make sense to use IFPS in connection with safety plans and related services.

For whatever type of program that your state would like to establish or strengthen, refer to the [Resource Directory](#) that follows for assistance.



# Resource Directory

## IFPS

### Contacts for Exemplary IFPS States:

Nell Aucoin  
DCFS  
627 North 4th Street, 3-222-15  
Baton Rouge, LA 70508  
225-342-0018, 337-262-1410  
[nell.aucoin@la.gov](mailto:nell.aucoin@la.gov)

Lynn Baniak  
NYS Office of Children & Family Services  
52 Washington St.  
Room 313 South  
Rensselaer, NY 12144  
518-474-9435  
[Lynn.Baniak@ocfs.state.ny.us](mailto:Lynn.Baniak@ocfs.state.ny.us)

Dena Driver  
DSS/Children's Division  
615 Howerton Court  
Howerton Bldg  
Jefferson City, MO 65102  
573-522-5062  
[Dena.Driver@dss.mo.gov](mailto:Dena.Driver@dss.mo.gov)

Tamara Garner  
Dept. of Human Service  
Family and Children's Services  
750 North State Street  
Jackson, MS 39202  
769-257-1915  
[tamara.garner@mdhs.ms.gov](mailto:tamara.garner@mdhs.ms.gov)

Tim Kelly  
Department of Social & Health Services  
1115 Washington St. SE  
Olympia, WA 98504  
360-902-7772  
[tim.kelly@dshs.wa.gov](mailto:tim.kelly@dshs.wa.gov)

Brian Lynch  
NJ DCF - Dept. of Youth and Family Service  
50 E. State Street  
Trenton, NJ 08625-0717  
609-292-0941  
[brian.lynch@dcf.state.nj.us](mailto:brian.lynch@dcf.state.nj.us)

Tracy Miller  
Department of Human Services  
600 E Boulevard Avenue  
Bismarck, ND 58505  
701-328-1725  
[tramiller@nd.gov](mailto:tramiller@nd.gov)

Kristin O'Connor  
NC Division of Social Services  
325 N. Salisbury Street  
2410 Mail Service Center  
Raleigh, NC 27699-2410  
919-334-1148  
[kristin.oconnor@dhhs.nc.gov](mailto:kristin.oconnor@dhhs.nc.gov)

Jeffrey Radecki  
State of Nevada Dept. of Health and Human Services  
Division of Child and Family Services  
4126 Technology Way, 3rd Floor  
Carson City, NV 89706  
1-702-486-7633  
[jradecki@dcfs.nv.gov](mailto:jradecki@dcfs.nv.gov)

Lynda M. Robertson  
Cabinet Health & Family Services  
275 East Main Street  
Dept for Community Based Services  
Frankfort, KY 40621  
502-564-2136  
[lynda.robertson@ky.gov](mailto:lynda.robertson@ky.gov)

Linda Robinson  
DHS / Division of Children and Family  
PO Box 1437 Slot S 569  
Little Rock, AR 72203  
501-682-2447  
[Linda.Robinson@arkansas.gov](mailto:Linda.Robinson@arkansas.gov)

Theodore Sanford  
Children and Families  
505 Hudson Street  
Hartford, CT 06106  
860-560-5084  
[theodore.sanford@ct.gov](mailto:theodore.sanford@ct.gov)

---

Sarah Sparks  
Department of Child Services  
302 East Washington Street, MS47  
Indianapolis, IN 46204  
317-232-7116  
[Sarah.Sparks@dcs.in.gov](mailto:Sarah.Sparks@dcs.in.gov)

Guy Thompson  
Michigan Department of Human Services  
235 S. Grand Ave. Suite 510  
P.O. Box 30037  
Lansing, MI 48909  
517-373-6286 or 517-335-3704  
[thompson@michigan.gov](mailto:thompson@michigan.gov)

Example of an Exemplary IFPS State Request for Proposals (RFP):  
<http://www.nfnp.org/preservation/missouri-rfp-for-ifps.html>

IFPS ToolKit  
<http://www.nfnp.org/preservation/ifps-toolkit.html>

IFPS for Older Youth Research Report  
<http://www.nfnp.org/news-notes/2010/186-older-youth.html>

Best Book on IFPS (*Keeping Families Together*)  
[http://www.institutefamily.org/products\\_books.asp](http://www.institutefamily.org/products_books.asp)

Importance of IFPS Program Fidelity  
<http://www.nfnp.org/articles/132-ifps-fidelity.html>

## **Training and Technical Assistance**

National Resource Center for In-Home Services:  
<http://nrcinhome.socialwork.uiowa.edu/training/TTAprocess.shtml>

National Family Preservation Network  
<http://www.nfnp.org> or [director@nfnp.org](mailto:director@nfnp.org)

Institute for Family Development  
[http://www.institutefamily.org/training\\_practitioners.asp](http://www.institutefamily.org/training_practitioners.asp)

---

## IFPS for Safety Related Services

### Contacts for Safety States:

Jimmy Arias  
Oklahoma Dept. of Human Services  
10 N. Mounds St.  
Sapulpa, OK 74066  
405-213-4532  
[jimmy.arias@okdhs.org](mailto:jimmy.arias@okdhs.org)

Carla Harper  
WV Department of Health and Human Resources  
350 Capitol St.  
Charleston, WV 25045  
304-356-4571  
[Carla.J.Harper@wv.gov](mailto:Carla.J.Harper@wv.gov)

Sandra Holt  
Ohio Department of Job and Family Services/  
Office of Families and Children  
50 West Town Street  
Columbus, OH 43215  
614-466-1213  
[Sandra.Holt@jfs.ohio.gov](mailto:Sandra.Holt@jfs.ohio.gov)

Ted Keys  
Department of Human Services  
500 Summer St. NE, E68  
Salem, OR 97301-1067  
503-945-6614  
[ted.keys@state.or.us](mailto:ted.keys@state.or.us)

Lori Lewis-Conerly  
Department of Family & Protective Services  
701 West 51st Street, 1st Floor West  
Austin, TX 78751  
512-438-4747  
[lori.conerly@dfps.state.tx.us](mailto:lori.conerly@dfps.state.tx.us)

Mindy Norwood  
Iowa Department of Human Services  
1305 E. Walnut  
Des Moines, IA 50319  
515-281-4212  
[mnorwoo@dhs.state.ia.us](mailto:mnorwoo@dhs.state.ia.us)

Example of Request for Proposal (RFP) for Safety:

[http://bidopportunities.iowa.gov/index.php?pgname=viewrfp&rfp\\_id=5685](http://bidopportunities.iowa.gov/index.php?pgname=viewrfp&rfp_id=5685)

---

## IFPS for Less Intensive Services

### Contacts for Less Intensive States:

Susan Blackburn  
Division of Children, Youth & Families  
1789 W Jefferson  
Phoenix, AZ 85007  
602-542-2835  
[SBlackburn@azdes.gov](mailto:SBlackburn@azdes.gov)

Susan Gile  
SRS/Children & Family Services  
915 SW Harrison, DSOB, 5th Floor  
Topeka, KS 66612  
785-296-5254  
[Susan.Gile@srs.ks.gov](mailto:Susan.Gile@srs.ks.gov)

Sam Gillespie  
DCFS  
100 W. Randolph  
6-100  
Chicago, IL 60601  
312-814-5483  
[sam.gillespie@illinois.gov](mailto:sam.gillespie@illinois.gov)

Kevin Jackson  
Division of Child and Family Services  
195 N 1950 W  
Salt Lake City, UT 84116  
801-739-3870  
[kevinjackson@utah.gov](mailto:kevinjackson@utah.gov)

John Johnson  
Dept. of Children's Services  
436 6th Avenue, North  
8th Floor- Cordell Hull Building  
Nashville, TN 37243  
615-253-6351  
[john.johnson@tn.gov](mailto:john.johnson@tn.gov)

Jill Jordan  
CDHS - Child Welfare  
1575 Sherman Street  
Denver, CO 80126  
[Jill.Jordan2@state.co.us](mailto:Jill.Jordan2@state.co.us)

Jennifer Maier  
State of Alaska DHSS/OCS  
POB 110630  
Juneau, AK 99811-0630  
907-465-3458  
[jennifer.maier@alaska.gov](mailto:jennifer.maier@alaska.gov)

### Overview of Training Curriculum for Less Intensive Services:

<http://nfpn.org/preservation/in-home-services-training.html>