

**MISSOURI
INTENSIVE IN-HOME SERVICES
STANDARDS OF PRACTICE**

July 2002

Missouri Intensive In-home Services Standards of Practice

IIS VISION: For children to remain physically and emotionally safe, secure, and healthy within their families and communities.

Any program of Intensive In-home Services (IIS) that is directly provided or purchased by the Missouri Division of Family Services (DFS) must comply with the standards of practice described herein. Included in such programs are providers of IIS, Ad Hoc IIS, and Intensive In-home Follow-up Services (IIFS).

These standards are intended to guide providers within the universal framework of Missouri's IIS Model. Specific requirements of contractual providers may be found in the State of Missouri Request for Proposal and contract award.

Introduction

IIS MISSION: To offer families in crisis the alternative to remain safely together, averting the out-of-home placement of children whenever possible through the provision of short-term, intensive, home-based, crisis intervention services.

Intensive In-home Services (IIS) are short-term, intensive, home-based, crisis intervention services that offer families in crisis the alternative to remain safely together, averting the unnecessary out-of-home placement of children. IIS is based upon the belief that families can, through intervention; learn to nurture their children, improve their functioning, gain support within their communities, enabling them to remain safely together. Families that have a child or children at imminent risk of removal from the home due to neglect, abuse, family violence, mental illness, emotional disturbance, juvenile status offense, or juvenile delinquency may be candidates for IIS.

Services are provided in the family's home or other natural setting. Families are assigned one (1) principal specialist who is responsible for spending an average of eight (8) to ten (10) hours per week (more if needed) over the course of the intervention, in direct contact with the family. IIS combines skill-based intervention with maximum flexibility so that services are available to families according to their unique needs. Trained specialists teach families problem-solving and other life skills. In addition, the IIS specialist provides information to families regarding available helping resources. In all, IIS focuses on assisting in crisis management and restoring the family to an acceptable level of functioning. IIS is available statewide in all one-hundred and fourteen (114) counties and the city of St. Louis for the benefit of all Missouri families.

Part I Service Standards

A. Systemic Context of IIS

Reaching across child welfare, mental health, and juvenile justice systems is the commitment to prevent the unnecessary out-of-home placement of children. In child welfare, three landmark pieces of legislation, the Adoption Assistance and Child Welfare Act of 1980, the Omnibus Budget Reconciliation Act of 1993, and the Adoption and Safe Families act of 1997, emphasized the philosophy that foster care placement is a temporary, not permanent solution to caring for children whose families are unable to provide a safe environment. This legislation also emphasized that the child's family is the first choice among an array of permanency options for the child and that all states must make all reasonable efforts to prevent the removal of children from their homes and to speed up family reunification when placement was necessary. Affirming the right of every child to a permanent family, federal law directs states to shift out-of-home placement from being the first to the last resort for children.

- Mental Health
In mental health, the thrust to develop a system of care for emotionally disturbed children included a specific focus on preventing the placement of children in psychiatric and residential facilities. The Child and Adolescent Service System (CASSP) Program under the National Institute of Mental Health has guided states in the development of systems of care.
- Juvenile Justice
In juvenile justice, the movement in the past two decades for deinstitutionalization of youths has also spurred efforts to prevent placement whenever possible. The focus is on providing community-based services in attempts to better serve youth and avert the placement, especially of status offenders, into the juvenile justice system.
- Education
Another partner in the development of placement alternatives for children and youth is the educational system. Federal mandates regarding the provision of services to handicapped children are serving to encourage educators to work towards in-home options in lieu of out-of-home placement.
- Child Welfare
The momentum for child placement prevention is fueled also by existing conditions in the Child Welfare out-of-home care system. These problems include the increased number of children entering out-of-home care, shortage of foster homes, more severely disturbed children entering placement, and the increased challenges of achieving timely permanency for children. The human and fiscal cost of child placement in out-of-home care is of paramount concern.

B. IIS Core Beliefs

IIS represents a unique approach to serving families in crisis. IIS is intended to assist in maintaining children at immediate risk of out-of-home placement, safely within their families. It is not designed to solve or remedy all the family's problems. As an intensive intervention, the goals of IIS are two-fold and intertwined—to protect children and to keep families safely together.

IIS is based on a belief that children can be protected and nurtured through the enhancement of family capabilities. By establishing relationships with families based on their strengths, IIS focuses on enhancing family skills, abilities, and resources. Most importantly, IIS is based upon the belief that families can, through intensive intervention learn to nurture children, improve their functioning, and gain support within their community to enable families to remain safely together.

The principles that guide IIS practice include:

- Safety is our first concern
- Children have a right to their family
- The family is the fundamental resource for child nurturance
- It is in the best interest of the child for his or her family to remain intact in the absence of compelling evidence to the contrary
- Parents should be supported in their efforts to care for their children
- We are most effective when we work in partnership with families
- Families are doing the best that they can, considering their circumstances, at any given point in time
- All families have the potential for change
- A crisis is an opportunity for change
- Families are diverse and have a right to be respected for the special cultural, racial, ethnic, lingual, and spiritual traditions that make them unique
- Children may develop successfully in different types of families and one family form should not be discriminated against in favor of another
- It is not possible to accurately predict which situations are amenable to change
- It is important to reduce barriers to services
- We are accountable to our customers and to ourselves for services delivered

The overriding goal of IIS is protection of children through the enhancement of family capabilities. Safety of all family members is the concern of IIS; however, safety of the child is the primary consideration. IIS does not advocate leaving a child in a high-risk situation; rather, the goal is to modify the home environment or behavior of family members so that the child can remain in the household safely. Services are focused on assisting in crisis management and restoring the family to an acceptable level of functioning.

C. Characteristics of Missouri IIS

IIS is designed first and foremost as a crisis intervention model which emphasizes teaching and skill building during periods when the family is in crisis and most amenable to change. Service components include the following:

- Referrals are accepted twenty-four (24) hours a day, seven (7) days a week
- An IIS specialist visits the family within twenty-four (24) hours of referral and, upon acceptance, services commence immediately
- Services are provided in the family's home or natural environment that may include neighborhoods, school, or work settings
- Intervention is intensive – up to twenty (20) hours a week or more are devoted to each family with an average of eight (8) to ten (10) hours per week expected of direct face-to-face contact with families.
- Services are time limited - usually four to six (4-6) weeks in duration
- The primary specialist is available to the family twenty-four (24) hours a day, seven (7) days a week with back-up assured and provided by an IIS supervisor or another specialist familiar to the family
- Each specialist actively serves only two (2) families at a given time
- Flexible dollars are available for emergency needs as well as for family support and reinforcement
- Specialists assist families with concrete, advocacy, and service coordination needs as well as therapeutic/clinical needs
- The intervention represents a cognitive-behavioral model which emphasizes teaching and skill building
- Services focus on family empowerment and inclusion
- Regular meetings are conducted between family members, the specialist, supervisor, case manager, follow-up provider, and other pertinent individuals

- Coordination of post-IIS follow-up services
- Specialists and supervisors possess specific qualifications and training requirements

C. Desired Outcomes of IIS

IIS are unique in duration, intensity, and locus of intervention; and through the delivery of such service, focus on the achievement of nationally accepted performance outcomes for children and families. The desired outcomes of IIS are:

- Child Safety
Children shall be safe from abuse and neglect. The goal of child safety is to protect children from harm, prevent abuse/neglect, and reduce risks to their safety or well-being.
- Improved Child Functioning
Improved child functioning, recognizing that children have essential needs for care that go beyond child safety. Services shall be provided to support and enhance a child's capacity to experience normal social, educational, physical, and vocational development. The assumption is that improved child functioning will result in improved outcomes related to the child's long-term accomplishments.
- Improved Family Functioning
Improved family functioning, providing services that shall support and enhance parents' and families' capacity to safely care for and nurture their children. The assumption is that improved functioning of the family will result in improved outcomes related to child safety and family continuity/family permanency, contributing to positive long-term outcomes.
- Family Continuity/Family Permanency
The best place for a child to grow up is within a family. Family-centered IIS services are intended to achieve safety for children by strengthening family and child functioning. When decisions need to be made to remove a child from the home, IIS facilitates this decision-making process in a timely and respectful manner that supports the best interest of the child.
- Family Satisfaction
Families shall be satisfied with the services provided. IIS shall be provided according to the needs and satisfaction of the family.

C. Objectives of IIS

- Intercept families at the time of crisis to thwart additional deterioration in family circumstances
- Maintain children safely within their family and community
- Assess the family's level of functioning, noting behavioral assets and strengths
- Teach problem-solving skills to family members
- Avoid unnecessary placement of children in substitute care and subsequent high human and fiscal cost
- Defuse the potential for family violence
- Empower families to handle future crisis without reliance on violence or impaired behavior and/or decrease dependency on public systems
- Enable families to be equal participants in the service planning process
- Ensure active demonstration of respect and sensitivity for individual and family diversity
- Connect families to formal and informal community supports
- Provide an interagency and community resource model of coordinated intervention and services

C. IIS Service Population

IIS is most appropriate for families who have a child at imminent risk of out-of-home placement. Imminent risk exists when those who have responsibility for recommending the out-of-home placement of children (e.g., parents, child welfare, juvenile courts, and mental health) are at the point of making such a critical decision. The child may be removed on an emergency basis, but with IIS the child may be returned home or maintained at home safely; however without IIS, placement of the child will occur. The target population includes children who are abused or neglected, severely emotionally disturbed, status offenders, and/or delinquents.

IIS Eligibility Criteria:

- A child is at imminent risk of out-of-home placement
- With assistance from IIS, it must be safe for the child, family, IIS specialist, and community to maintain the child within the home

- The family must be comprised of at least one (1) caregiver and one (1) child, inclusive of adoptive, kinship, guardianship, and long-term foster family arrangements
- At least one (1) caregiver within the family is voluntarily willing and able to participate in IIS
- The at-risk child to be served is between birth and twenty-one (21) years of age

G. Delivery Process of IIS

A qualified IIS specialist is assigned to each family, providing skill-based services with maximum flexibility to meet the unique needs of the family. The specialist and the family become a team, working in partnership on concerns and issues that placed the child at risk of removal from the home. IIS is delivered through the following key phases: Pre-referral, Referral, Screening, Initial Assessment, Service Planning, Service Delivery, Termination, and Follow-up. Although, for the purpose of description the following phases are described separately, some phases may overlap or occur concurrently (e.g., Screening and Initial Assessment, Screening and Service Delivery, etc.).

Pre-Referral

Referrals for IIS originate from many sources. While the majority of referrals come from child welfare, many come from mental health, juvenile justice, family courts, private practitioners, hospitals, and schools. Families experiencing crisis may also self-refer. Division of Family Services staff are responsible for evaluating the appropriateness of IIS for each family referred. When it has been determined that IIS is the most appropriate service for a family, the family is referred for such services.

Referral

All families referred for IIS are received on a first-come-first-serve basis. At the referral phase, families who do not meet the referral criteria or in instances where specialists have no available openings (IIS specialists provide services to a maximum of two (2) families at a time), families are not accepted for services. Waiting lists are not maintained for IIS referrals based upon the rationale that responding to an immediate crisis can not be postponed to a later date.

Screening

Screenings occur within twenty-four (24) hours of receipt of a referral. A screening is an opportunity for the specialist to meet face-to-face with the family; reviewing the reason for referral; exploring risk factors to the child, family, and specialist; explaining IIS and the potential benefits of the service; and evaluating if IIS is the most appropriate service for the family. If possible, the referral agent accompanies the specialist during the initial screening visit.

Initial Assessment

Once it has been determined that IIS is appropriate for the family, the IIS intervention is initiated. At this point, IIS specialists are responsible for developing with the family an immediate plan for child and family safety. Once the IIS intervention is initiated, the initial assessment phase begins. The initial assessment phase refers to an identified period where information is gathered with the family to assist in understanding family functioning and existing factors that place the child(ren) at risk.

Service Planning

Service plans guide the course of an IIS intervention. The focus of service planning is the development of solutions that will remove the risks placing the child(ren) in jeopardy of out-of-home placement. Unique issues that are directly or indirectly related to the child(ren) being at risk of placement are addressed in the family service plan. Family members are actively engaged in the service planning process, providing critical and expert family-specific information.

Service Delivery

After the strengths and needs of the family are identified, the specialist delivers services uniquely designed to meet the needs of the family. Service delivery is psycho-educational in orientation, providing necessary information and skill-building opportunities for family members. Specialists teach families problem-solving and other life skills, focusing on assisting in crisis management and specific issues placing the child at risk of removal from the home. Depending on the needs of the family, the specialist may also provide concrete services and assist the family in establishing linkages with formal and informal community resources. Specialists continually assess risk to the child, family, and community throughout the intervention. Specialists also track progress of family members and the appropriateness of services provided, making adjustments in service as needed to best meet the needs of the child and family.

When appropriate, the specialist's skill-based interventions:

- Enhance the personal skills of the family members by teaching anger/depression/anxiety management, self-criticism reduction, and strategies for coping with stress and frustration
- Enhance the interpersonal relationships of the family by teaching skills in communication, assertiveness, listening, problem solving and negotiation, giving and accepting feedback, appropriate sexual behavior, accepting "no" from others, accepting criticism, and displaying respect for others
- Enhance other life skills of the family members by teaching job and job-seeking skills, personal grooming and self care, time and money management, food management and nutrition, leisure-time activity skills, transportation methods, academic skills, and basic household maintenance

IIS intervention may include some or all of the following services:

- ◆ Case management
- ◆ Parenting education
- ◆ Child development training
- ◆ Solution-focused brief family therapy
- ◆ Chemical dependence intervention
- ◆ Sexual abuse intervention
- ◆ Education/skill building
- ◆ Advocacy
- ◆ Utilizing formal and informal resources
- ◆ Job readiness skills
- ◆ Housekeeping
- ◆ Budgeting and home management
- ◆ Modeling and coaching families in the use of leisure time
- ◆ Concrete needs such as food, housing, or health care

IIS specialists, when necessary:

- Transport family members
- Assist in modeling the completion of household chores
- Obtain additional community services for families

In providing the above services, the specialist models appropriate behavior and facilitates skill-building so families can develop the ability to function successfully and independently.

The use of Family Support Team Meetings (FST's) will be carefully considered and explored with the family throughout the IIS intervention as a potentially valuable practice for each family served. An FST is a family-centered, solution-focused methodology that facilitates early identification and response to a family's strength and needs through group process. All parties significant to a family are invited to participate, including, but not limited to: the family (parent/child), IIS specialist, IIS supervisor, DFS service worker, DFS service worker supervisor, treatment providers, school personnel, and the family's natural helpers. This model also draws upon the family's history of solving problems and helps provide long-term solutions for issues related to child safety, permanency, and well-being. Please refer to ***Family Support Team Meetings During IIS*** (Attachment A) for detailed description and protocol for the use of FST's with IIS families.

In the event that FST's do not occur, regular outcome-focused meetings are conducted with the IIS specialist and supervisor; the referral agency worker and/or follow-up provider; and others significant to the family's progress (e.g., friend, teacher, clergy, therapist, etc.). The purpose of such meetings is to assess the progress of the family during the previous week of intervention and strategize for future service provision.

Termination

Planning for this phase begins at the on-set of the IIS intervention. On-going progress assessment throughout the intervention provides a basis for determining a family's readiness for IIS termination. When the goals outlined in the service plan have been accomplished and safety issues for the family have been decreased to eliminate risk of placement for the child(ren), termination of IIS may occur with the family remaining intact.

If at any time during the intervention concerns are identified that indicate it is no longer reasonably safe for the child(ren) to remain in the home, a recommendation for immediate removal of the child(ren) is made. If the specialist at any time during the intervention believes that the family situation has changed and that the family no longer meets the criteria for IIS, the specialist will immediately notify the referring agency and appropriate DFS personnel. The information will be reviewed and if it is determined in the best interest of the child/family to terminate IIS, the referral agency and DFS will make alternate plans with the family. In some instances, this decision may require the out-of-home placement of a child. For specific information regarding the out-of-home placement of a child during IIS, please refer to ***Protocols and Guidelines for Determining When Out-Of-Home Placement is Appropriate During an IIS Intervention*** (Attachment B).

Follow-up

Assessing for follow-up service needs is a process that begins at the on-set of the IIS and continues throughout the intervention period. A follow-up plan is established prior to the termination of the IIS intervention. Prior to the final week of intervention, the need for follow-up services will be explored with the family. When appropriate, the IIS specialist will facilitate with the family a plan for the ongoing use of formal and informal community resources.

Follow-up focuses on assisting families in maintaining the benefits of the IIS intervention and addressing any issues that were not possible to adequately address during the intervention period due to specific time frames and prioritization. At this phase, the IIS specialist clearly communicates recommendations for continued services for the family.

When a family completes IIS, the referral agency will coordinate follow-up services for the family. Follow-up services will be addressed by the family, IIS specialist, and referral worker during the intervention. As needed, the IIS specialist will be available for consultation and in certain instances may make support contacts with the family following IIS termination.

Tracking of information regarding families served by IIS will be accomplished following IIS intervention. Tracking information will be collected for a period of twelve (12) months from the date of a family's exit from IIS. Such information will be obtained at one (1), six (6), and twelve (12) month follow-up intervals post-IIS and reported to the state IIS data system.

H. IIS Staff Requirements

IIS Specialist

The IIS specialist(s) must possess the following minimum qualifications:

- A Master's Degree in Social Work or a comparable human services field* and two (2) years experience in providing crisis intervention and/or child protective services to families, or if approved by the state agency, a Bachelor's Degree in Social Work or a comparable human services field* and three (3) years experience in providing crisis intervention and/or child protective services to families.
- Experience in providing in-home services to children and their families.
- Demonstrated knowledge and skills of interpersonal engagement, crisis intervention, communication, educational skill-building, and child protection.
- Demonstrated willingness to work a non-structured, flexible schedule, routinely including evenings and weekends.

Each IIS specialist shall have the capacity to provide IIS for a minimum of fifteen (15) families annually. However, each specialist shall provide services for no more than two (2) families at any given time.

IIS specialists must be available to provide IIS twenty-four (24) hours per day, three hundred and sixty-five (365) days per year. However, it is recognized that at times specialist will require vacation and sick leave. When the assigned specialist is on leave, continuity of quality services to the family must be ensured. Such services shall be delivered by a qualified substitute specialist. It is preferred that the substitute in-home specialist not accept new families for screening and intervention, unless they are substituting for a specialist on extended leave and plan to complete the entire IIS intervention with the family.

Substitute specialists shall be available for emergencies as well as for assigned specialists' planned leave. Substitute in-home specialists shall include the IIS supervisor or a specialist known to the family. Familiarization of the family with the substitute specialist shall occur, at a minimum, through a home visit prior to the assigned specialists' planned leave.

***Comparable Human Services Field is defined as psychology, psychiatric nursing, psychiatry, mental health counseling, rehabilitation counseling, pastoral counseling, marriage and family therapy, and human services.**

IIS Supervisor

Supervision of specialists shall be provided in accordance with the following ratio: One (1) full-time supervisor for four (4) in-home specialists; three-fourth (¾) time supervisor for three (3) in-home specialists; half (½) time supervisor for two (2) in-home specialists; and one-fourth (¼) time supervisor for one (1) or one-half (.5) in-home specialists. While the preference is full-time staff, two (2) part-time in-home specialists may fill a full-time specialist position, upon approval by the state agency.

The IIS supervisor must possess the following minimum qualifications:

- All the qualifications stated for an IIS specialist; and either
- A minimum of one (1) year experience supervising direct crisis intervention and/or child protective services to families; or
- A minimum of two (2) years experience providing IIS direct services, or providing direct crisis intervention and/or child protective services to families.

Adequate and active supervision is an essential component of IIS. Supervision is designed to provide on-going consultation and support to specialists and to ensure program quality. IIS supervisors are expected to meet the following standards:

- Provide on-the-job training to newly employed specialists. This training is in addition to training provided by the state. On-the-job training will include, but not limited to: having a specialist shadow a supervisor or experienced specialist during an intervention; and shadowing the new specialist in day-to-day work with families.
- Provide back-up for specialists.
- Attend initial family screening with specialists. If it is not possible for the supervisor to attend the initial screening, the supervisor will accompany the specialist to the family's home within the first seven (7) days of service.
- Provide at least one (1) hour per week of individual consultation to each specialist.
- Be available for consultation twenty-four (24) hours per day, seven (7) days a week, with allowances for leave (e.g., vacation, sick days, etc.).
- Supervisors will track the number of hours that they accomplish in direct face-to-face contact with families.

C. IIS Service Period

IIS shall be provided to each family for a period of no less than four (4) weeks, but no more than six (6) weeks. Intervention of less than four (4) weeks or in excess of six (6) weeks shall be determined according to family need and require authorization by the state agency.

J. IIS Accountability

The provider will keep and maintain records on each IIS family that include but are not limited to the following:

- Initial Assessment
- Service Plan
- Chronological Contact Documentation
- Progress Evaluations
- Termination Summary
- Follow-Up Plan
- Documentation of Crisis Fund Expenditures
- Customer satisfaction

C. IIS Data Collection

All providers will complete the following forms and submit them as directed for DFS data collection and analysis:

- Referral Log (FP-100)
- Tracking Form (FP-200)
- Additional outcome measurement tools, as required

Part II Training Standards

C. Intensive In-home Services Training Components

- Introduction to IIS Skills Part One and Part Two Training
New specialists and supervisors are required to participate in state provided Introduction to IIS Skills Part I and Part II training. Participation in Introduction to IIS Skills Part I training should be completed as soon after hire date as possible and within the first three (3) months of hire. There should be at least two months between attending Part I and Part II, to allow participants to complete one (1) IIS intervention. This allows for the specialist to acquire IIS field experience which is beneficial to have prior to receiving Part II training.
- On-the-Job Training
Complimentary to the required Part I and Part II training, IIS staff must complete a thorough On-the-Job training experience as prescribed by the IIS On-the-Job Training Protocol. The Protocol contains expectations that assist the IIS supervisor in assuring an optimum learning experience for the specialist. On-the-Job training provides for a comprehensive array of learning activities, including shadowing and being shadowed through an entire IIS intervention, becoming knowledgeable of IIS policy and procedures, and becoming familiar with local community resources.
- On-Going Training
Specialists and supervisors are required to attend sixteen (16) hours of state provided advanced or special issues training annually. In addition, specialists and supervisors are required to obtain twenty (20) hours per year of training on topics related to IIS. This additional training may include participation in conferences, in-service presentations, workshops, etc.
- Supervisor's Training
All supervisors are required to attend state provided supervisors training the first time it is offered after hire date.
- On-Site Training
When requested, On-Site Training will be available as trainer's schedules allow. This training will respond to specific needs identified of site staff.

C. Trainer Qualifications and Guidelines

Qualified trainers will provide all training for IIS. Requirements for IIS trainers are:

- Meet all requirements of an IIS specialist
- Have experience providing IIS from the point of referral through termination

- At least two (2) years experience as an IIS supervisor/specialist preferred or demonstrated knowledge and expertise in IIS
- Completion of IIS train-the-trainer process
- Participation in an annual performance review

Family Support Team Meeting Description and Protocol During Intensive In-home Services

Family Support Team Meetings

A Family Support Team (FST) meeting is a family-centered, solution-focused methodology that facilitates early identification and response to a family's strengths and needs. FST meetings help to establish a partnership between the service provider and the family by balancing the power and shared decision-making between the family, the child protection agency, and community partners. This model also draws upon the family's history of solving problems and helps provide long-term solutions for issues related to child safety, permanency, and well-being. The composition of team may include:

- Family members, including children if age appropriate
- IIS specialist
- Referring worker
- DFS representative, if DFS was not referring agent
- DJO, if court involved
- Representatives of agencies involved with the family
- Other individuals whom the family identifies as helpful, including relatives, friends, clergy, employers, etc.

The following are therapeutic aspects of a FST meeting:

- Provide an arena for those individuals significant to the family, including child(ren), to discuss family issues and concerns
- Establish and support an environment in which various aspects of family systems can be discussed (e.g., empowerment issues)
- Highlight aspects of current living arrangements and decisions regarding family participation in establishing and maintaining a permanent plan for child(ren)
- Provide an atmosphere of support and protection for all participating family members to express concerns, ideas, suggestions, perceptions, and possible solutions for identified family needs
- Assist family in negotiating and compromising with each other to develop a plan with the child welfare systems involved that is in the best interest of the child(ren)
- Provide child(ren) with an opportunity to express what they believe needs to be done to achieve their permanency

- Encourage family members to identify how they may be or are able to be a resource to the child(ren) or family member who is the current caretaker of the child(ren)
- Discuss logistics of how the family will assist in providing for child(ren) as part of maintaining them within family systems

The protocol for the use of FST meetings with intact families is as follows:

- In providing IIS to a family, the IIS specialist, case manager, and family will jointly explore if the FST process might be appropriate for the family. Some questions to consider that may assist in making this decision include:

To what extent has the IIS specialist been engaged with the family?

To what extent does the family understand the FST concept?

Has the family identified extended family members or other natural helpers who might serve as resources?

Has the family and IIS specialist identified goals to work on?

Is the family willing or able to share information in a group process?

Does the IIS specialist understand the family's needs well enough to facilitate a FST meeting?

- If the family chooses to utilize the FST process, an initial FST meeting should be held as soon as family members are prepared and scheduling arrangements are completed with key individuals pertinent to the FST.
- FST meetings with IIS families will be co-facilitated by the IIS specialist and case manager. During the IIS intervention, the IIS specialist will be the primary provider of services; however, the case manager will continue to be available to assist in service delivery to the family as necessary throughout the IIS intervention.
- A family's decision not to engage in the FST process will not have any bearing upon a family receiving IIS.

Family Support Team Members Roles and Responsibility

- Family (parent/child)—To lead in the identification of family goals and desired outcomes. To inform other team members of the individual strengths and needs of family members. Also to assist in the identification of resources that will help the family.
- Natural Helpers (individuals selected by the parent/child)—To advocate for the parent/child assist in accessing needed resources.

- IIS Specialist/Case Manager—To assist the family in identifying service needs and resources. Also to facilitate the meeting and coordinate the service plan.
- IIS Specialist Supervisor/Case Manager Supervisor—To assist the IIS specialist, casemanager, and family in identifying issues of concern and resources needed to address those issues.
- Service Providers (including aftercare workers)—To provide services for the parent and/or child and advise the team of the parent and/or child's progress during the intervention.
- Other Agencies Involved with Family—To provide resource information regarding additional systems that interface with the family.

Meeting Format and Procedure:

- Identify members of the team
- Clarify the purpose of the meeting
- Present the ground rules (e.g., everyone should have equal voice and opportunity to express their views, every idea is a possibility, ideas are not to be judged). The team should focus on what the family needs and desires.

In situations in which any individual invited to the FST meeting may be a safety risk to the child, worker, community; a safety plan should be established with the DFS casemanager and supervisor prior to the FST meeting. Safety planning for the meeting could include things such as:

- Seating arrangements
- Location of room
- Position of door
- Phone Available
- Setting ground rules at beginning of meeting
- Law enforcement
- Identify family strengths and resources to meet goals
- Identify needs, prioritize needs, and develop a plan of service.

Service Plan Development:

- Listen to the family's perception of the problems/issues
- Obtain information regarding the family's history, boundaries, strengths, and weaknesses
- Determine any special needs of the child/family (e.g., physical/mental health, educational, religious, ethnic, lingual, and/or other cultural factors)

- Identify specific safety and risk issues
- Establish goals according to what the family wants to accomplish (related to the risk factors)
- Define objectives, tasks and activities needed to achieve goals in a step-by-step plan of action
- Identify responsibilities of various parties; including when, where, and how they are to be accomplished
- Obtain signatures of all team members on the service plan and distribute a copy of the completed plan to each member

Protocols and Guidelines for Determining When Out-Of-Home Placement is Appropriate During an IIS Intervention

C. Assessment

Factors that preclude reasonable safety for the child, family, community or specialist, shall include but not be limited to:

- Key (essential) family members are unwilling and/or unable to plan for safety
- The safety plan that was developed and agreed upon was not followed
- Child's behavior has deteriorated to the extent that no known safety plan adequately ensures safety
- Family member's behavior has deteriorated to the extent that no known safety plan adequately ensures safety
- Serious incident of child abuse and neglect or threat toward the family, child, or community has caused a need for immediate action to ensure safety (e.g., calling 911, law enforcement, child abuse and neglect hotline, and/or a crisis response team)

C. Consultation and Notification

When the specialist is concerned that safety cannot be assured, the following steps are indicated:

- Immediately consult with the supervisor or designee to discuss concern and possible plans, including recommendation of placement.
- When time allows and safety is immediately assured, discuss concern with family. Family members are an intricate part of the decision-making process and together an alternate safety plan may be developed. Based upon the seriousness of the situation and concern, a Family Support Team (FST) meeting may be helpful.
- If an immediate response is needed (not allowing for a consultation) the specialist should call **911**, local law enforcement, child abuse and neglect hotline, and/or a crisis response team.
- The DFS case manager should be notified immediately after safety concerns have been identified. If the case manager is not available, attempts should be made to verbally inform DFS in the following sequence until DFS notification is accomplished:
 - Case Manager
 - Case Manager's Supervisor I
 - Case Manager's Supervisor III
 - IIS Site Coordinator
 - County Director
 - Assistant Area Director
 - Area Director

Notification and consultation protocols may vary from site to site and shall be defined in the IIS site plan. IIS specialists and supervisors are expected to be knowledgeable of local protocols.

C. Documentation

The following needs to be documented in the record:

- reason for concern
- date of emergency consultation
- safety plan or recommendation for placement
- individuals contacted
- description of emergency actions and results

C. Family Support Team

1. If the child(ren) remain at home with a safety plan in place (not placed in out-of-home care for emergency reasons) a FST should be considered to develop a new and/or maintain an existing service plan. The team may consist of:
 - Family, including children if age appropriate
 - IIS specialist
 - Referring Worker
 - DFS representative, if DFS was not referring agent
 - DJO, if court involved
 - Representatives of agencies involved with the family
 - Other individuals whom the family identifies as helpful, including relatives, friends, clergy, employers, etc.

1. In situations in which any individual invited to the FST meeting may be a safety risk to the child, worker, community; a safety plan should be established with the DFS casemanager and supervisor prior to the FST meeting. Safety planning for the meeting could include things such as:
 - Seating arrangements
 - Location of room
 - Position of door
 - Phone Available
 - Setting ground rules at beginning of meeting
 - Law enforcement

1. The recommendations of the plan developed by the team should be documented with goals, steps, and parties responsible. The plan should be signed by all members and each member given a copy (placement options, concurrent planning, and time frames for follow-up should be discussed).

1. If the recommendation is out-of-home placement, it is not the responsibility of the IIS specialist to place children; however, they may assist as appropriate and beneficial to the child and/or family.

1. Supporting documentation by the IIS specialist should be attached to the FST plan and submitted to the casemanager within twenty-four (24) hours.

1. The IIS specialist may be required to write an affidavit and/or appear in court.

D. Termination of IIS when Placement Occurs

1. Discuss termination of intervention with case manager.
2. Delineate duties for transition, assisting with child placement and/or family support activities as appropriate.
3. Terminate intervention when appropriate and all duties assigned to IIS are complete. Child safety remains the utmost concern and the child's safety needs to be safe prior to IIS termination.
4. Document all pertinent information in record when these guidelines and protocol are used.
5. Submit the complete case record to DFS within ten (10) calendar days of IIS termination.