Family Preservation Services 627

PREFACE

Family Preservation Services are services designed to help families alleviate crises that might lead to out-of-home placement of children; maintain the safety of children in their own homes; support families preparing to reunify; and assist families in obtaining services and other supports necessary to address their multiple needs in a culturally sensitive manner. These services focus on family strengths and competencies; child well being and safety; they are intense and time limited.

Family Preservation Services include the following:

Parent Aide -- (Chapter 627-01)

This service empowers parents to more effectively parent their children. This service helps prevent out-of-home placements, keeps families safely together, enables families to identify formal and informal resources in the community and reduces the likelihood of abuse and/or neglect of children. The Parent Aide service uses the relationship between the parent(s) and the parent aide as a tool to encourage, teach, and assist parents.

Intensive In-Home Services -- (Chapter 627-05)

This service provides families, who are at risk of one or more children being placed in out-of-home care, with intensive in-home crisis intervention and family education. Therapists work with families in the family's home and are on call 24 hours a day, seven days a week. Services are time-limited and the therapists carry a limited caseload.

Respite Care -- (Chapter 627-10)

This service is temporary child care for families with disabled children, including chronically or terminally ill children, children with serious behavioral or emotional problems, and drug-

affected children. This type of temporary, or respite care, is intended to provide families, or primary caregivers, periods of temporary relief from the pressures of caring for these children.

Safety/Permanency Funds -- (Chapter 627-15)

This service provides flexible funding that can be accessed through the county social service agencies on behalf of families where children are at risk of out-of-home placement. This funding has been approved for a variety of hard services for which families are not eligible through other programs, such as transportation to services, rent, utilities, etc. This flexible funding can also be used to establish permanency for children who are in out of home care.

Prime Time Child Care -- (Chapter 627-20)

This service provides temporary care to children from families where child neglect and/or abuse has occurred or is a risk. This service is most heavily utilized by families already known to child protection services. Parents are able to attend alcohol and drug treatment, parenting classes, and other needed services and supports while their children are receiving child care. Child care providers who provide Prime Time Child Care receive additional training to deal with at-risk families.

Crossroads Service

This service provides child care assistance for eligible teen-age parents who are pursuing high school, GED or alternative high school education. The goal of the program is to keep young parents in school with the hope that they will become self-supporting. The Crossroads Service will provide reimbursement for the actual cost of child care and transportation for an eligible parent. (The Crossroads Service is a separate manual and is Chapter 620-15.)

Values, Principals, and Beliefs of Wraparound

Wraparound is a strength based philosophy of care that includes a definable process involving the child and family that

results in a unique set of community services and supports individualized for that child and family.

Wraparound is a process not a program. It does not create new programs or services but it is the method of meeting the needs of families through the coordination and identification of natural supports and formal services. This process is team driven, focuses on least restrictive methods of care and uses the family's strengths, preferences and choices in the process whenever possible. It is a continuum of intensity, which is driven by family needs, complexity, and level of risk.

The North Dakota Department of Human Services, Children and Family Services Division has adopted these values as the philosophical base for the service delivery system.

1. **Unconditional commitment to working with families and children is provided.**
   a. Families are provided with respect, honesty and openness.
   b. The family's language is utilized. Jargon is avoided.
   c. We are committed to never giving up on children and families while keeping children safe.
   d. Setbacks may reflect the changing needs of family members, not resistance.
2. **Families are full and active partners and colleagues in the process. ("VOICE AND CHOICE")**
   a. Voice: The family is listened to, heard and valued. The skills and knowledge of the family members are essential to the change process.
   b. Choice: Families are provided information on choice and identifying where choices exist and where there are limitations on choice. The outcomes of different choices are discussed.

c. Family members have clear voice and choice in the process. They are full members in all aspects of the planning, delivery, management and evaluation of services and supports.

d. The family's view is respected. Families are the experts with their own children.

e. Safety is paramount in all systems and choices are made to ensure that children, families and communities are safe. (i.e. Child Protective Services, Division of Juvenile Services)

f. The "expertise" of the system is valuable when discussing "bottom lines" such as: legal mandates, court orders, negotiable and non-negotiable rules/policies etc. The system can let go of power and allow families to make decisions when safety is assured.

g. This is a joint decision making process with the family rather than a "deciding for" the family.

3. Services are culturally responsive.

a. Cultural diversity is valued and respected.

b. Each family is culturally unique.

c. Differences are valued as strengths.

d. The impact of culture on workers and agencies is recognized and understood.

4. This is a team driven process.

Global Concept: Partnering with other systems and natural supports of families, help bridge the complexity of our work. Partnering is no longer a luxury, but essential because problems often are too big and too complex for one system alone. Collaboration produces results and it provides clarity for families and children/youth that interact with numerous systems which can be confusing at times. The team process allows us to focus on the whole child/family and be better positioned to address issues negatively impacting their functioning.

a. Families, children, natural and conventional supports, and agencies are all part of the team.

b. A multi system assessment is needed to help provide the family with the necessary resources.

c. Collaboration between systems and team members is important in building and delivering effective services to families. Teams work together and share core values, beliefs and principles.

d. The multi system approach provides shared risk with involved families.

e. The team approach provides for an integrated system of care.

5. Services focus on strengths and competencies of families, not on deficiencies and problems.

a. Strengths discovery is central to getting to know the family.

b. Strengths are utilized in addressing the safety needs of the children and families.

c. The strengths of all family members and supports are assessed and utilized in developing and implementing the plan.

6. Service plans are outcome based.

a. The needs of all family members are identified and addressed in the plan.

b. Goals and tasks with measurable outcomes are established to address change (rather than compliance).

c. Services and supports are built on strengths that are unique to the family and child.

d. Family members are full partners in establishing plans.

e. The single plan of care is utilized across systems.

7. **Services and plans are individualized to meet the needs of children and families.**
   a. Plans are flexible in nature.
   b. Families should have access to services identified in the plan.
   c. Services and supports can be coordinated into one plan.
8. **Resources and supports, both in and out of the family, are utilized for solutions.**
   a. A balance of formal and informal, natural and conventional supports is utilized.
   b. Families are key in identifying supports.
   c. The community is recognized and respected as a key resource and support.
9. **People are the greatest resource to one another.**

Parent Aide Services 627-01

Policies and Procedures 627-01-01

Parent Aide Services Defined 627-01-01-01

(Revised 2/15/09 ML #3171)

View Archives

A parent aide is a paraprofessional who establishes a trusting relationship with parents experiencing difficulties in parenting. This relationship is used as a vehicle for helping families resolve problems, while building upon the families' strengths.

The parent aide service, a component of Family Preservation Services, is focused on the relationship between the parent and the parent aide. The Parent Aide Service empowers parents to more effectively parent their children. This service helps prevent out-of-home placements; keeps family units together safely; enables families to identify formal; and informal resources in the community and reduces the likelihood of abuse and neglect of children.

Parent Aide Service Philosophy 627-01-01-05
(Revised 2/15/09 ML #3171)

View Archives

Families that are in crisis and at risk of abusing and neglecting their children benefit from a positive relationship with other individuals. This relationship can be used to encourage, teach, and assist parents in their role of caring for their children. This is especially true for parents who were abused and neglected as children and now find themselves in a similar relationship with their own children. This service facilitates the nurturing of parents so that they may more appropriately nurture their children. With this positive relationship, parent aides are able to effectively model and teach parenting skills and household management.

Funding Source 627-01-01-10

(Revised 2/15/09 ML #3171)

View Archives

The Parent Aide Service shall be funded jointly by the Department of Human Services, Children and Family Services Division, and County Social Service Board. The County Social Service Board will enter into a Memorandum of Agreement (MOA) with the Department of Human Services, Children and Family Service Division will provide 90% of the funding and the county will provide a 10% match.

Reimbursement Process 627-01-01-15

(Revised 2/15/09 ML #3171)

View Archives

Parent Aide expenses shall be claimed on SFN 119, Monthly Summary of CSSB Operating Expenditures.

Service Description 627-01-01-20

Parent Aide Service Goals 627-01-01-20-01
(Revised 2/15/09 ML #3171)

View Archives

The primary goal of this service is to help parents change their unhealthy pattern of behavior toward their children to one which will enable them to live as a healthier, functioning and safe family unit where the children are safe from maltreatment.

Subsidiary Goals of the Service Include: 627-01-01-20-05
(Revised 2/15/09 ML #3171)

View Archives

- High-risk situations are neutralized;
- Parents develop the ability to trust and establish support systems within the community;
- The parents learn social skills;
- The parents' self esteem improves;
- The parents are able to recognize impending crises and develop the skills to deal with them effectively;
- Children are seen as individuals with thoughts, feelings, and needs;
- The parents derive pleasure from being with their child(ren);
- • Child-rearing techniques improve;
- In cases where the child(ren) has been removed, the child is returned as soon as possible; and
- The child(ren) will not experience abuse or neglect in the future.

Parent Aide Service Outcomes 627-01-01-20-10
(Revised 2/15/09 ML #3171)

View Archives

When parents demonstrate the following behaviors, the goals of the service have been reached:

- Parents have transferred their dependency needs from the child(ren) to the parent aide and other positive resources;
- Reaching out to neighbors, friends, relatives and/or helping organizations in times of crisis and stress replace the primary dependence on the parent aide.
- The parents are using the resources outlined in their single plan of care;
- The parents are using more appropriate and consistent child management techniques;
- As witnessed by the parent aide and/or the case manager, the parents have demonstrated impulse control when their child(ren) are being particularly difficult;
- The parents have asked for options regarding child rearing and have displayed their ability to implement an option;
- It is evident through the discussion and actions of the parents that they have recognized and solved some of their child-rearing problems;
- The parents demonstrate in both their discussion and actions that their child's(ren's) behavior is congruent with that of other children of the same age;
- The parents express the awareness that a child is an individual with needs, feelings, and rights of his/her own;
- In conversations with the parent aide and other team members, the parents speak about the child(ren) in positive terms;
- The child(ren) seeks help from the parents and seems relaxed and unafraid in the parents' presence;

- The parent has demonstrated improvement in all of these areas and is able to recognize this improvement; and
- The case manager and other professional team members have documented specific improvements in the parents' ability to cope with crises.

Caseload Standards 627-01-01-25

(Revised 2/15/09 ML #3171)

View Archives

The relationship between the Parent Aide and the client is the ingredient that will promote change. The supervision of the Parent Aide is critical in establishing caseload parameters that will best service clients, reduce Parent Aide burnout and achieve timely service goals.

To promote the strong development of this critical relationship, the Parent Aide Services caseload standard is:

- A full-time Parent Aide should serve no more than a maximum caseload of eight to ten families at any given time. There may be times when a Parent Aide has up to twelve families open at one time but there are usually two to three families that are working toward closure requiring less time.
- If the parent aide is not full-time, the caseload should be calculated using the percentage of an FTE. An example would be if the parent aide is employed 50 percent for this service the caseload standard is four to five families.

Flexible Time 627-01-01-30

(Revised 2/15/09 ML #3171)

View Archives

The Parent Aide's time should be flexible. It is recommended that non-traditional work hours be recognized, accepted and counted as part of total hours worked. Parent Aide Service should be convenient for families to access. An example would be phone calls with the families or community resources related to the case during non-traditional work hours.

Child and Family Team Process 627-01-01-35
(Revised 2/15/09 ML #3171)

View Archives

The child and team process is used in developing the single plan of care and promoting ongoing communications. The family and parent aide are members of the child and family team. The case manager facilitates the child and family team process and is responsible for completion of the single plan of care. Other team members may include service providers, the school, and natural supports such as the neighbor or minister. Each team member will bring their knowledge, skills, and strengths for input into the child and family team process and development of the single plan of care.

Releases of information should be obtained from all team members.

Parent Aide/Client Relationship 627-01-01-40

(Revised 2/15/09 ML #3171)

View Archives

The relationship which develops between parent(s) and parent aide is the most important factor in the success of the parent aide service. This relationship passes through a number of stages including: a development stage, a transition stage, a partial dependency stage, and a stage of independence, ending with the termination of the formal relationship.

Development of the Relationship 627-01-01-40-01 (Revised 2/15/09 ML #3171)

View Archives

During the initial period of contact between the parent aide and parent, the parent aide's behavior should promote the development of a nurturing relationship. During this stage, parent aides must make themselves readily available to the parents and reach out to the parents in a caring manner. Parent aides should be relaxed and natural with parents, and they should show the parents that they are concerned about them. These parents may not have experienced knowing someone who would really listen to them and recognize them as individuals, and parent aides can provide this kind of experience. Parent aides demonstrate that their primary concern is for the parents. They are willing to reach out to these parents, to provide them with support, and to make extra effort to help them. Parent aides need to be very honest in their relationships with parents.

As a result of the parent aides' behavior, parents learn that they can trust them. Parents begin to see their parent aides as dependable; they realize that the parent aide's behavior is consistent and predictable; and they can rely on them. The parents should also come to believe that the parent aides care about them as individuals. Parents begin to have their dependency needs met by the parent aides, thus decreasing their need to depend on their children. This method of caring continues throughout the parent aide/parent relationship.

Transition Period Stage 627-01-01-40-05

(Revised 2/15/09 ML #3171)

View Archives

This stage is reached once the parent aide/parent relationship has been established. The parent trusts the parent aide and may begin to test their relationship through negative behaviors. The parents learn that it is acceptable to feel angry and thus start to verbalize anger and frustration. Parents may be somewhat hostile to parent aides during this stage. The parents are also learning that it is possible to exercise control over their impulses, even during times of stress.

During the transition period in the relationship, parent aides must increase their support to the parents. At the same time, the parent aides must help the parents to set limits for themselves. The focus of the parent aide's behavior should be on the parent's capacity to accept responsibility for changing some of their inappropriate patterns of behavior.

Partial Dependency Stage 627-01-01-40-10

(Revised 2/15/09 ML #3171)

View Archives

This stage is the beginning of autonomy and improved self esteem on the part of the parents. They have learned that the parent aides will care for them as people despite their negative behaviors. This causes the parents to be more positive about themselves, as well as others. They become less self-critical and learn to be self-nurturing.

The parent aides at this stage should positively reinforce the new behaviors of the parents, especially patterns of effective parenting. The parent aides can also help the parents learn problem-solving techniques.

Independence Stage 627-01-01-40-15

(Revised 2/15/09 ML #3171)

View Archives

At this point in the relationship, the parent's self-esteem has improved. The parents are able to recognize and avert potential crisis situations; the parents are able to use formal and/or natural supports appropriately in times of stress; the parents recognize that their children have feelings and needs and enjoy being with them; and the parents are using appropriate and consistent child-rearing techniques.

The parent aide continues to support and care for the parents, but begins to decrease their contact. The parent aide will also discuss with the parents the positive changes they have made. This discussion can take place during the child and family team meetings.

Termination of Case 627-01-01-40-20

(Revised 2/15/09 ML #3171)

View Archives

The decision to formally terminate the parent aide/parent relationship should be based on evidence that the original problems causing the abuse/neglect have been resolved to the point that the family can protect the child. There should also be evidence that the parents will voluntarily seek assistance when they are experiencing difficulties. This decision should be made with the child and family team.

It is important to remember that although the formal relationship will terminate, parent aides and parents may continue to have some type of contact. When considering termination, parent aides should receive a great deal of supervision. There are, however, some general procedures to follow when terminating the relationship:

- There should be a gradual decrease in parent aide/parent contact;
- There should be a gradual weaning of the parent's dependence on the parent aide in conjunction with the parent's development of other natural and formal supports;
- There should be a discussion with the child and family team about positive changes that have been achieved; and
- The parent should know that, although the formal relationship has ended, contact with the parent aide may be maintained.

The Do's and Don't of the Parent Aide Service 627-01-01-45

The Parent Aide Should: 627-01-01-45-01

(Revised 2/15/09 ML #3171)

View Archives

- Establish a relationship of trust and friendship;
- Help the parent become involved in activities designed to reduce isolation and to establish a support system;
- Encourage school and medical appointments by providing transportation and accompanying the parent to and from appointments;
- Engage in enjoyable activities with the parents, such as shopping and picnicking;
- Provide guidance in household tasks, such as meal planning, budgeting, helping with child care needs; (Do with, not for.)
- Help the parent become aware of child development;
- Help the parent learn how to provide nurturance to his/her child;
- Help the parent to learn appropriate and consistent child management techniques; and
- Maintain confidentiality requirements of the agency.

Each family's needs will be different. Depending on the result of the assessment of needs many of the above referenced items may or may not be a part of the single plan of care as tasks for the parent aide and family.

The Parent Aide Should Not: 627-01-01-45-05
(Revised 2/15/09 ML #3171)

View Archives

- Become so emotionally involved in the relationship with the parent that they cannot objectively assess problems;
- Focus attention solely on the child(ren) and should not become involved with the child unless asked to do so by the parent;
- Discuss the abuse or neglect situations in a punitive manner;
- Criticize but volunteer options;
- Assist the parent in developing homemaking and/or parenting skills until they have developed a relationship with the parent; and
- Pressure the parent to adopt the parent aide's style of living, beliefs, or cultural patterns.

Development of the Single Plan of Care 627-01-01-50 (Revised 2/15/09 ML #3171)

View Archives

The single plan of care, facilitated by the case manager, will be mutually developed with the child and family team. The initial single plan of care should focus primarily on developing the Parent Aide/parent relationship and the development of a safety plan. When this goal is achieved, as assessed by the child and family team, subsequent plans can proceed by prioritizing the areas of need. The initial single plan of care must be completed within 30 days of the first face-to-face meeting with the family. The subsequent plans must be formally reviewed every 90 days by the child and family team.

Goals 627-01-01-50-01

(Revised 2/15/09 ML #3171)

View Archives

Achievement of the goals in a single plan of care should reduce risk to the children and their families.

Goals directly address the needs of the child or family identified in the assessment process. Goals describe what behavior the child or family will be doing differently once the change has occurred. Goals measure change in behavior and describe the outcome you are attempting to accomplish with the family.

The specified goals should be:

- Clearly phrased in a concise and understandable manner to the family;
- Written in behaviorally specific terms and defined so all parties understand what is expected. Goals should not be defined as services;
- Measurable and time limited. Behaviors which can be measured by frequency within certain time frames will better enable the child and family team to evaluate progress;
- Realistically obtainable;
- Mutually agreed upon by the child and family team. Goals are set with the family and not for them; and
- Stated in a positive manner using the family's definition whenever possible.

When possible, goals should identify increments of change so that the child and family team can see when change is beginning to occur. NOTE: Using increments may not be possible with goals that directly address maltreatment of children.

Take for example, an 18-month-old was left alone several times throughout the week. We cannot establish a goal to eliminate the lack of supervision incrementally (i.e., the child is left alone only one day per week). A toddler cannot be left alone for any amount of time; change must occur rapidly to ensure the child's safety will be a goal that addresses the presenting problem and behaviorally specific. Additional goals, to address contributing and underlying factors, may be established and are also written incrementally and behaviorally.

Family Approval of Single Plan of Care 627-01-01-50-05 (Revised 2/15/09 ML #3171)

View Archives

The single plan of care is to reflect a cooperative agreement between the child and family team members and therefore signed by all team members. The case manager should give a copy of the plan to the family.

Tasks 627-01-01-50-10

(Revised 2/15/09 ML #3171)

View Archives

To achieve the goals in the single plan of care, the child and family team must identify tasks that, when completed, will achieve the specific goals. Tasks describe how the change (which has been defined in the goal) will take place. Tasks can be specified for any member of the team including the family unit, natural supports, parent aide, case manager, or other provider or resource. Care must be taken not to overwhelm the family with tasks. The parent aide's tasks should complement the family's tasks. They should encourage family empowerment and enhance the family's ability to problem solve.

Time Limited 627-01-01-55

(Revised 2/15/09 ML #3171)

View Archives

Parent Aide Services are to be intense, goal-directed, and time-limited. Parent Aide service is not appropriate if the need is for long-term monitoring or maintenance. Other services such as Homemaker/Home Health Aide, support group, etc. should be considered.

Criteria for Case Selection 627-01-01-60

(Revised 2/15/09 ML #3171)

View Archives

Parent Aide services may be made available to those families experiencing significant difficulties that lead to the need for family preservation services and/or reunification services. Typically, these families may have come to the attention of county social services through child protection. However, child protection intervention is not mandated in order to access this service.

Parent Aides May Be Appropriate in the Following:

627-01-01-60-01

(Revised 2/15/09 ML #3171)

View Archives

- Parents who have referred themselves;
- Families who are socially and psychologically isolated;
- Parents who are emotionally immature;
- Parents who have low self-esteem;
- Families who are experiencing a temporary crisis which has resulted in situational abuse;
- Families who are experiencing stress and thus have the potential for abuse and neglect problems;
- Young parents who need assistance with parenting; and
- Neglect cases where the neglect results from a lack of resources or lack of knowledge about appropriate child care.

The Following Situations Are Not Appropriate:

627-01-01-60-05

(Revised 2/15/09 ML #3171)

View Archives

- Parents who have severe untreated emotional problems, such as psychosis, clinical depression, or sadistic personalities;
- Parents who are suffering from untreated and active substance abuse;
- Cases which present a potential threat or danger to the Parent Aide;
- Sexual abuse cases, unless all family members are receiving treatment; and
- Maintenance cases where the goal is monitoring or parents' needs are beyond the scope of this **time-limited service**.

Training 627-01-01-65

Initial 627-01-01-65-01
(Revised 2/15/09 ML #3171)
View Archives

New parent aides shall participate in initial training provided by the UNDCFS Training Center and the Children and Family Services Division. The Department of Human Services will reimburse the new parent aide for travel, hotel, and per diem at the state rate.

In-Service Training - Annual 627-01-01-65-05

(Revised 2/15/09 ML #3171)

View Archives

Parent aides shall receive a minimum of 20 hours of in-service training annually. The annual in-service training must be pertinent to the provision of parent aide service as defined in this service chapter.

Supervision of Parent Aides 627-01-70

(Revised 2/15/09 ML #3171)

View Archives

- The case manager supervising the parent aide should assess the case situation to determine if the family is in need of parent aide service. The case manager should refer to the "Criteria for Case Selection" (01-01-60). Other agencies (such as schools) should not be allowed to independently make a determination that parent aide services are appropriate. The child and family team process through the strengths discovery will identify which services are needed to reduce the risk of harm to the child(ren).
- The case manager supervising the parent aide shall thoroughly review the case with the parent aide. The parent aide must have access to the case file and any other information known to the agency about the case.
- The case manager and parent aide should jointly plan for how the parent aide will be introduced to the family, i.e. parent aide makes the first visit alone or with the case manager. If the parent aide makes the first visit alone, the case manager needs to set the stage for the service with the parents by reviewing the service prior to the parent aide's arriving at the home.
- The case manager should recognize the need for the relationship building time. The case manager should provide guidance to the parent aide on the contact hours necessary for each case.
- The child and family team should meet as frequently as needed to develop the single plan of care. The case manager should use the “Level of Service Determination” to determine the level of intensity needed, child and family team.
- The case manager shall meet on a regularly scheduled basis with the parent aide, at least bi-monthly to staff a case. The case manager and parent aide should review the Parent Aide

Case Activity Record, (Sample) (see Forms Appendix), when discussing the progress of the service plan.

- The child and family team must meet at least quarterly to discuss the progress made, evaluating the goals and tasks -- changing, adding, clarifying, etc.
- The case manager is responsible for maintaining the parent aide caseload standards.
- Off-set time should be allowed for phone conversations between parent aides and parents during non-working hours.
- The case manager should assist the parent aide in the development of a resource library.
- The case manager should work with the parent aide on the establishment of appropriate boundaries with the parent, checking with the parent aide periodically on the boundary issue.

Parent Aide Case Activity Record, Sample 627-01-01-70-01 (Revised 2/15/09 ML #3171)

View Archives

This sample form or a similar form should be used by the parent aide to document the parent aide's activity with the family.

Click here to view and/or print this document.

Parent Aide Services Data 627-01-01-75

(Revised 2/15/09 ML #3171)

View Archives

The case manager must enter parent aide cases in the single plan of care (SPOC) system. SPOC is the computerized treatment plan for child welfare case management. Data will be captured and reported from SPOC.

Intensive In-Home Family Service 627-05

Intensive In-Home Family Service Defined 627-05-01 (Revised 2/15/09 ML #3171)

View Archives

This service provides families, who are at risk of one or more children being placed in out-of-home care, with intensive in-home crisis intervention and family education. Therapists work with families in their own homes and are on call 24 hours a day, seven days a week. Services are time-limited and therapists carry a limited caseload.

Intensive In-Home Family Service Philosophy 627-05-05 (Revised 2/15/09 ML #3171)

View Archives

The following elements are considered the essential ingredients in Intensive In-Home Family Service's philosophy:

- X Involve families as partners;
- X Empower families to help themselves;
- X Focus on strengths and competencies rather than deficiencies;
- X Advocate for and offer culturally responsive services;
- X Provide services which are accessible and available to families;
- X Begin the work where the family is willing to start;
- X Help families establish their own goals for change;
- X Listen to each family member's point of view;
- X Identify family and community resources;
- X Assist families in building support networks; and
- X Terminate services when goals are achieved.

Intensive In-Home Family Service Description 627-05-10 (Revised 2/15/09 ML #3171)

View Archives

The Intensive In-Home Family Service is provided through a contract between the North Dakota Department of Human Services, Children and Family Services Division and private non-profit agencies. The North Dakota Model is available and is designed, through assessment, to meet the needs of families. The length of service is brief, solution-focused and outcome-based. The average length of service is usually two to six months. Services provided beyond six months will require a thorough review of the family's continued service needs involving the child and family team process. For families referred to the North Dakota Model through county social service agencies or tribal social services, there must be a case manager assigned from that referring agency. For families referred to Intensive In-Home Family Services from other entities there should be a contact person who is involved with the family and may be a member of the child and family team. The County is not required to assign a case manager for these referrals from other entities. The County may choose to open an administrative case to track these referrals.

Human Service Center intensive In-Home Family Service

627-05-10-01

(Revised 2/15/09 ML #3171)

View Archives

In addition to the model described in Section 05-10, three Human Service Centers provide Intensive In-Home Family Services. They ascribe to the same philosophy identified in Section 05-05. The process for delivery of the Human Service Center based Intensive In-Home Family Service is dictated by each Human Service Center Administrator.

Intensive In-Home Family Service Case Selection Criteria

627-05-15

(Revised 2/15/09 ML #3171)

View Archives

This service is available to families who have one or more children at risk of being placed in out-of-home care. A child is at risk if the referring agency states the child is at risk of out-of-home placement and one or more of the following criteria is present:

X	Court determination for need of placement;
X	Temporary custody transferred from parents with reunification as the plan;
X	Court-ordered case management/services;
X	History of significant law violation, physical or sexual abuse and/or neglect, incorrigibility, delinquency, substance abuse, severe mental health issues, etc.;
X	A referral from the child and family team process;
X	Prior placement of any child from within the family unit;
X	Prior placement history of child identified in the referral;
X	Prevent adoption disruption;
X	Child protection assessment resulting in "Services Required"; and/or
X	Earlier intervention before court involvement to prevent placement outside the home.

Situations not covered above will be reviewed by the Intensive In-Home Family Service provider and the referring agency.

Assessment Process for Intensive In-Home Family Service 627-05-20

(Revised 2/15/09 ML #3171)

View Archives

The assessment process will include the following:

1. An eco-systemic family assessment that includes family strengths, family needs, child/parent risk factors, family structure, organization and functioning, involvement of referral sources, and other treatment services provided. It should also address barriers to service delivery.
2. The providers will select a menu of assessment tools that may include the genogram, ecomap, timeline, nurturing inventories, AAPI, CAFAS, etc. The needs of the family will dictate the tools used.
3. The assessment process will begin at the opening date of service and be completed within 30 days. An assessment report will be written within that time frame and made available to the referring agency.
4. Based on the assessment, behaviorally specific treatment goals and tasks with time frames for completion will be established. Goals will be realistic, obtainable, and describe what behavior the child or family will be doing differently once change has occurred.
    a. Roles and expectations of family members, service providers and other team members must be clearly defined.
    b. Treatment strategies will be developed as a team effort with the child and family team, which includes of the family, Intensive In-Home therapist, the referring case manager, and other formal and natural supports.
    c. The child and family team must review treatment goals every 90 days and sign off on the plan.
    d. Before closing services with the family, the provider of intensive-in-home services must complete a

Safety/Strength/Risk Assessment and provide feedback to the child and family team.

Funding of Intensive In-Home Family Services 627-05-25 (Revised 2/15/09 ML #3171)

View Archives

The North Dakota Department of Human Services provides 100% of the funding for the North Dakota Model. The funding source is a combination of state and federal funds.

Billing and Reimbursement Process for Intensive In-Home Family Service 627-05-25-01

(Revised 2/15/09 ML #3171)

View Archives

The Intensive In-Home provider must bill the Department of Human Services using reimbursement form SFN 1763. The amount of reimbursement is determined by the contract between the Department of Human Services and the Intensive In-Home provider.

The Intensive In-Home provider will bill Medicaid for those families who are Medicaid eligible.

Referral and Reporting Requirements for Intensive In-Home Family Services 627-05-30

(Revised 2/15/09 ML #3171)

View Archives

When choosing from the check lists below, chose the court-ordered services as one of the options if the court is involved. If the court is not involved, choose the two that present the most serious risk of harm to the child(ren).

Referral Check List 627-05-35

(Revised 2/15/09 ML #3171)

View Archives

The following check list must be completed when making a referral to Intensive In Home:

Referral Reasons: (please check up to two primary reasons per family unit)

Categories:

1. Court ordered services
    a. JC/DJS _____
    b. Social service case management _____
2. Reunification _____
3. Child protection/services required _____
4. Earlier intervention/services recommended _____
5. Prevent adoption disruption _____
6. Referred from child/family team process _____
7. Children's Mental Health _____

Referral Concerns/Risk Factors: (please check up to two primary risks per family)

	Child abuse/neglect
	Substance abuse
	Severe mental health issues
	Law violations/domestic violence/incarcerations (adults)
	Rule violations/status offense/delinquency (youth)
	Prior placement history of children
	Physical/developmental disability (child or adult)
	Parent/child conflict/family discord
	Joblessness/financial/housing

Intensive In-Home Family Services Provider 627-05-40
(Revised 2/15/09 ML #3171)

View Archives

The Intensive In-Home Family Services providers shall submit an annual data report to the Department of Human Services. The report will include the following:

- Number of families served _____
- Number of children placed _____
- Number of children at risk _____
- Number of children in the home _____
- % of placements prevented in families served _____
- Type of referral source _____
    - County child protection/child welfare _____
    - Reunification _____
    - Mental health (Partnership) _____
    - Juvenile court action/DJS _____

- Other _____

  _____

  _____

- Referral Reasons:
  - Court ordered services
    - JC/DJS _____
    - Social service case management _____
  - Reunification _____
  - Child protection/services required _____
  - Earlier intervention/services recommended _____
  - Prevent adoption disruption _____
  - Referred from child/family team process _____
- Referral Concerns/Risk Factors:
  - Child abuse/neglect _____
  - Substance abuse _____
  - Severe mental health issues _____
  - Law violations/domestic violence/incarcerations (adults) _____
  - Rule violations/status offense/delinquency (youth) _____
  - Prior placement history of children _____
  - Physical/developmental disability (child or adult) _____
  - Parent/child conflict/family discord _____
  - Joblessness/financial/housing _____

- Length of service _____
- Number of parents incarcerated _____
- Number of successful reunifications _____
- Number of CP reports during case _____
- Number of families with disrupted adoption _____
- Demographics
  - # of Black families _____
  - # of Native American families _____
  - # of Asian families _____
  - # of Hispanic families _____
  - # of White families _____
  - # of Biracial families _____
  - # of Refugee families _____
  - # of MA families _____
  - # of other

    _____

    _____
- Goal Achievement

Regions served:

_____

_____

_____

Satisfaction surveys-agency attachment

Respite Care Service 627-10

Respite Care Service Defined 627-10-01

(Revised 2/15/09 ML #3171)

View Archives

This service is temporary child care for families who have children with disabilities, including chronically or terminally ill children, children with serious behavioral or emotional problems and drug affected children. This type of temporary, or respite care, is intended to provide families or primary caregivers' periods of temporary relief from the pressures of caring for these children. The focus of the service is the family unit and its ability to care for children with the disabling condition within that unit.

Respite Care Service Purpose and Philosophy 627-10-05 (Revised 2/15/09 ML #3171)

View Archives

The purpose of respite care service is to provide support to strengthen parents' capacity to care for their children. This support helps reduce the number of stressors in the family, reduces the child's risk of eventual out-of-home placement, and helps prevent the possibility of abuse or neglect. This service will be especially helpful to families who lack traditional supports, such as extended family members who can occasionally relieve parents of their caregiving responsibilities. Respite care services will also give affected children a positive, supportive experience with a significant adult other than their parents.

Respite care funds are not to be used while parents are working or going to school.

Coordination of Respite Care Service 627-10-10

(Revised 2/15/09 ML #3171)

View Archives

Respite care services are coordinated and provided on a regional basis utilizing existing public and private agencies. The coordinating agency will appoint a respite care coordinator to be responsible for administering the service.

Referring Agencies for Respite Care Service 627-10-10-01 (Revised 2/15/09 ML #3171)

View Archives

Referring agencies shall complete SFN 145, Respite Application and Referral, with the family. This completed form must be forwarded to the respite care coordinator to determine case selection. Agencies referring families to the respite care service may include county social service boards, public and private schools, regional human service centers, public and private non-profit agencies, the juvenile court, and the Division of Juvenile Services. Self-referrals from families are encouraged and accepted.

Respite Care Service Case Selection Criteria 627-10-15 (Revised 2/15/09 ML #3171)

View Archives

The respite care service targets families who have children with the following disabling conditions:

- developmentally disabled;
- hard of hearing or deaf;
- speech or language impaired;
- visually handicapped;
- seriously emotionally disturbed;
- orthopedically impaired;
- children with specific learning disabilities who require special education or related services;
- chronically or terminally ill;
- children afflicted with AIDS or HIV related conditions;
- drug affected children including fetal alcohol syndrome;
- children with serious behavior disorders, i.e. ADD/ADHD/ODD*; and
- high risk emotional/environmental setting.

Children served must be under the age of 18.

---

*ADD	Attention Deficient Disorder
*DHD	Attention Deficient Hyperactive Disorder
*ODD	Oppositional Deficient Disorder

Respite Care Service Access 627-10-15-01

(Revised 2/15/09 ML #3171)

View Archives

Respite care service is provided to families based on the individual need of the family. Up to 180 hours of care may be approved per family. Additional hours may be approved and will be determined on a case-by-case basis. The cost of the care to the family will be determined by the Human Service Center sliding fee scale. The maximum amount that a family may be charged is $5 per hour or $20 per day. Families may access respite care service through a case manager with whom they are already working or by simply contacting the coordinating agency.

Authorization to Disclose Information 627-10-15-01-01
(Revised 2/15/09 ML #3171)

View Archives

The family may sign a SFN 1059, Authorization to Disclose of Information, at the time of referral to the respite care service. The referring agency may be requested to provide a copy of the signed Authorization for Release of Information to the respite care coordinator.

Responsible Party Financial Information, SFN 1226

627-10-15-01-05

(Revised 2/15/09 ML #3171)

View Archives

Families who are referred to respite care service may be asked to complete the SFN 1226, Responsible Party Financial Information, to determine if the family has any financial responsibility for the respite care service. The referring agency may be requested to provide a copy of this form to the respite care coordinator.

Respite Care Service Multidisciplinary Team 627-10-20 (Revised 2/15/09 ML #3171)

View Archives

Each regional coordinating agency may establish a multidisciplinary team which may include regional and local agency representatives and parents. The team will assist the coordinator in evaluating the referrals for respite care service to ensure the maximum effectiveness of service delivery. The SFN 145, Respite Care Application and Referral, will be used by the team to assess referrals. The team will meet regularly to assist with the coordination of respite care services for the families in need.

Respite Case Providers 627-10-25

(Revised 2/15/09 ML #3171)

View Archives

The coordinating agency will arrange for respite care services by either entering into an agreement with an independent provider or contracting with other providers, i.e. licensed child care providers, Easter Seals, Friendship House, etc. When entering into an agreement with an independent provider, the SFN 158, Respite Care Service Provider Agreement, must be completed and signed by the respite care provider and the respite care coordinator. Independent providers must contact the Commissioner of Labor or Job Service to ensure Independent Provider status within North Dakota. The rate per hour per child paid to the respite care provider will be based on the needs of the family and negotiated by the respite care coordinator. The number of hours of service that the respite care provider may provide per family shall be designated by the respite care coordinator. The coordinating agency does not regulate the time frames that the service hours are provided other than requiring that they be provided in a designated quarter. Quarter refers to a 3-month period of time during the year that services are provided.

The respite care provider may be required to sign an Authorization to Disclose Information (SFN 1059) for the purpose of doing a Child Protective Services (CPS) background check.

Respite Care Service Family Agreement, SFN 151

627-10-25-01

(Revised 2/15/09 ML #3171)

View Archives

The Respite Care Service Family Agreement, SFN 151, must be completed and signed by the family, the respite care provider, and the respite care coordinator when service negotiations are completed. Each signatory shall receive a copy.

Respite Care Billing, SFN 155 627-10-30

(Revised 2/15/09 ML #3171)

View Archives

The respite care provider should submit monthly the Respite Care Billing and summary of services to the respite care coordinator. The coordinating agency will make payment for the service provided within 30 days upon verification of the billing and summary submitted. The Respite Care Billing, SFN 155, or a similar form may be used by the respite care provider.

Respite Care Provider Training 627-10-35
(Revised 2/15/09 ML #3171)

View Archives

The coordinating agency will provide or arrange for training of the respite care providers. The training provided or arranged should focus on basic child behavior and child management. In addition, the respite care provider should have current CPR and first aid training. When more specialized care is needed for a particular child(ren), special training to provide such care will be arranged for by the coordinating agency using existing resources, e.g., The Diabetes Association, hospice, hospitals, etc.

Respite Care Service Data 627-10-40

(Revised 2/15/09 ML #3171)

View Archives

The respite care coordinator will keep data to include the number of families and children served, reason for the referral and average length of service. This information will be gathered each year by the Administrator of Family Preservation Services for inclusion in the State Child and Family Services Plan and Annual Progress and Services Report.

If there is an open Single Plan of Care (SPOC), Respite Care under the "Family Preservation Section" must be completed.

Safety/Permanency Funds 627-15

Safety/Permanency Funds Defined 627-15-01

(Revised 2/15/09 ML #3171)

View Archives

This flexible funding can be accessed through county social service agencies on behalf of families where children are at risk of out-of-home placement, are being reunited safely with their families, or assist with other permanency plans for children.

Criteria for Use of Safety/Permanency Funds 627-15-05 (Revised 2/15/09 ML #3171)

View Archives

All other avenues of payment must be exhausted prior to using these funds due to limited available funds. Other avenues may include county funds, churches, fraternal organizations, etc.

Approval of the Safety/Permanency Funds 627-15-10 (Revised 2/15/09 ML #3171)

View Archives

The use of these flexible funds must be jointly approved by the Regional Representative of County Social Services and a county representative.

Completion of Safety/Permanency Form 627-15-10-01 (Revised 2/15/09 ML #3171)

View Archives

SFN 307, Request for Safety/Permanency Funds, must be fully completed and signed by both the county representative and the Regional Representative of County Social Services before payment will be made by the Department of Human Services.

Approval of Payments Above $600

Verbal approval must be obtained from the Administrator of Family Preservation Services for amounts over $600. If the Family Preservation Services Administrator is not available, authorization must be received from the Children and Family Services Division Director or designee.

Funding of Safety/Permanency Funds 627-15-15
(Revised 2/15/09 ML #3171)

View Archives

These funds are allocated based on the percentage of children under the age of 18 in each region. The Department of Human Services, Children and Family Services Division, provides 90% of the funding and counties provide 10%.

County Reimbursement Procedure 627-15-15-01

(Revised 2/15/09 ML #3171)

View Archives

The county social service agency will pay the initial bill for Safety/Permanency Funds and receive 90% reimbursement by claiming their expenses on the SFN 119, Monthly Summary of CSSB Operating Expenditures.

For reimbursement, the county should complete the following information on SFN 119, Monthly Report of County Social Service Board Operating Expenses and Receipts.

X Section B, "Miscellaneous Expenses” -- Use Code 068 at the top of any of the blank columns.

X Itemize on Line 10 in Section B, "Foster Care Wraparound” -- 90% reimbursement.

Human Service Center Safety/Permanency Funds 627-15-20 (Revised 2/15/09 ML #3171)

View Archives

The human service centers also have flexible funding entitled Safety/Permanency Funds. Families receiving services at the human service centers have access to these funds. The criteria for use of these flexible funds is the same as the county based Safety/Permanency Funds (**see 15-05**).

Each human service center has its own approval process and do not seek approval of payments over $600.

Prime Time Child Care 627-20

Definitions 627-20-01

(Revised 2/15/09 ML #3171)

View Archives

Prime Time Child Care provides temporary child care to children of families who are in crisis. Typically, these families have come to the attention of social services through an abuse or neglect report. However, child protection intervention is not mandated in order to access this service.

Child Care Provider 627-20-01-01
(Revised 2/15/09 ML #3171)

View Archives

A licensed child care provider is a provider who meets the licensing standards identified in one of the following N.D.A.C. Sections 75-03-08, 75-03-09, 75-03-10, or 75-03-11 dealing with Early Childhood Services.

Prime Time Services/Philosophy 627-20-05
(Revised 2/15/09 ML #3171)

View Archives

The Prime Time Child Care Service was established to provide child care for families in crisis. This service is intended to enable parents to attend parenting classes, therapy, other supportive programs or get respite from their parenting responsibilities. If used, this service should be a part of a family service plan or Single Plan of Care (SPOC) and should be assessed at least quarterly.

This service may be used to reduce the likelihood of children needing to be placed in foster care or outside their family.

Prime Time Child Care is not intended for parents to use while attending school or work.

Funding Sources 627-20-10

(Revised 2/15/09 ML #3171)

View Archives

The Prime Time Child Care Service shall be funded jointly by the Department of Human Services, Children and Family Services Division, and County Social Service Board. The Department of Human Services, Children and Family Services Division will provide 90% of the funding and the county will provide 10%.

Prime Time Child Care Service Requirements 627-20-15
(Revised 2/15/09 ML #3171)

View Archives

County Social Service Boards providing Prime Time Child Care Services shall meet the following service requirements:

X Maintain agreements/contracts with licensed child care providers to provide services.

X An explanation of why the children are considered "at risk" should accompany referrals to this service.

X The county case manager and at least one other staff should discuss the appropriateness of the referral and hours of care needed.

X Review cases at least quarterly to determine whether the service is still appropriate. Reviews shall be noted in the case file. If the family is receiving ongoing Wraparound case management services a Single Plan of Care (SPOC) is developed with the family and Prime Time Child Care would be included as a service for the family to achieve a goal. The SPOC also must be formally reviewed every 90 days.

X County Social Services should brief all providers utilized on the expectations and procedures of this service. Providers shall have an additional two hours of annual training regarding the behavioral and physical indicators of child abuse and neglect including the legal requirements of reporting.

X County Social Services should include the child care provider on the client's release of information in order that pertinent case information can be shared about the children's needs while in care.

X County Social Services should involve the child care provider in periodic case staffings to share the child's progress, problems and concerns with the social worker assigned to the case. If Wraparound Case Management is being provided the child care provider should be a part of the child and family team.

X County Social Services should give the child care provider a child information sheet completed by the child's parent that includes information on emergency contacts, persons in the living unit, and other persons in the parent's support system who can assist the family.

Rate of Payment for Prime Time Child Care 627-20-20 (Revised 2/15/09 ML #3171)

View Archives

The County Social Service Boards shall enter into agreements with child care providers that reflect local child care rates and that take into consideration the level of care needed for any particular child. Transportation expenses are allowable under the Prime Time Service.

Reimbursement Process 627-20-25

(Revised 2/15/09 ML #3171)

View Archives

Prime Time Child Care expenses shall be claimed on SFN 119, Monthly Report of County Social Service Board Operating Expenses and Receipts.

Prime Time Child Care Services Data 627-20-30

(Revised 2/15/09 ML #3171)

View Archives

Prime Time Child Care Services Data to include the number of families and children served; the reason for referral and the average number of hours provided must be gathered by the County Social Services Agency; and made available to the Administrator of Family Preservation Services. This data will be included in the State Child and Family Services Plan and Annual Progress and Services Report.

If there is an open Single Plan of care (SPOC), the Family Preservation section of SPOC must be completed.

Child Care Billing Report, SFN 616 627-20-35
(Revised 2/15/09 ML #3171)

View Archives

Click here to view and/or print this form.

Samples 627-20-40

Sample Agreement, 627-20-40-01

(Revised 2/15/09 ML #3171)

View Archives

This is a sample agreement form for parents, providers, and county social services to use. A form such as this reduces the likelihood of misunderstandings occurring about the provision of Prime Time Child Care and also sets a review data for the agency, provider, and parent.

Click here to view and/or print this sample agreement.

Checklist for Prime Time Child Care Case Managers

627-20-40-05

(Revised 2/15/09 ML #3171)

View Archives

This sample checklist may be used to assist in the management of prime time child care cases.

Click here to view and/or print this sample form.

Forms Appendix 627-25

SFN 616, Child Care Billing Report 627-25-01
(Revised 2/15/09 ML #3171)

View Archives

The form will be completed by the prime time child care provider and forwarded to the county social service agency who will process payment to the provider.

Click here to view and/or print this form.

Parent Aide Case Activity Record (Sample) 627-25-05
(Revised 2/15/09 ML #3171)

View Archives

The sample Parent Aide Case Activity Record or a similar form should be used to document the parent aide's activity with the family.

Click here to view and/or print this form.

SFN 145, Respite Care Application and Referral 627-25-10 (Revised 2/15/09 ML #3171)

View Archives

Agencies referring families to the respite care service must complete this form with the family and forward to the respite care coordinator.

Click here to view and/or print this form.

SFN 1059, Authorization to Disclose Information 627-25-15 (Revised 2/15/09 ML #3171)

View Archives

This form will be used to release information regarding the family at the time of referral to family preservation services.

Click here to view and/or print this form.

SFN 1226, Financial Determination Form 627-25-20
(Revised 2/15/09 ML #3171)

View Archives

Families who are referred to the respite care service must complete this form to determine if the family has any financial responsibility for the respite care service.

Click here to view and/or print this form.

SFN 158, Respite Care Service Provider Agreement 627-25-25 (Revised 2/15/09 ML #3171)

View Archives

When the coordinating agency enters into an agreement with an independent provider-to-provider respite care services, this form must be completed and signed by the coordinator and the provider.

Click here to view and/or print this form.

SFN 151, Respite Care Service Family Agreement 627-25-30 (Revised 2/15/09 ML #3171)

View Archives

When respite care service negotiations are completed, this form must be completed and signed by the family, the respite care provider, and the respite care coordinator.

Click here to view and/or print this form.

SFN 155, Respite Care Billing 627-25-35

(Revised 2/15/09 ML #3171)

View Archives

The respite care provider must complete this form or a similar form and forward to the coordinating agency who will make payment for services provided within 30 days.

Click here to view and/or print this form.

SFN 307, Request for Safety/Permanency Funds 627-25-40 (Revised 2/15/09 ML #3171)

View Archives

This form must be fully completed and signed by both the county representative and the regional representative of county social services before payment will be made by the Department of Human Services for safety/permanency funds.

Click here to view and/or print this form.

SFN 119, Monthly Summary of CSSB Operating Expenditures

627-25-45

(Revised 2/15/09 ML #3171)

View Archives

County social service agencies will pay the initial bill for safety/permanency funds and receive 90% reimbursement by claiming their expenses on the SFN 119, Monthly Summary of CSSB Operating Expenditures.

Click here to view and/or print this form.