Service Standards

Family Preservation and Stabilization Services

Purpose

Family Preservation and Stabilization Services strenghen parental capacity, improve family relationships and functioning, increase child and family well-being, ensure child safety, prevent the separation of children from their families, promote successful reunification following a separation, and prevent future crises.

Definition

Family Preservation and Stabilization Services provide time-limited support and services to families coping with circumstances that put children at risk of being separated from their families and placed in out-of-home care, or families with children transitioning to reunification following a separation. Services are designed to help families resolve the pressing issues they face and gain the knowledge, skills, and resources they need to remain together in the future. Although the specific interventions provided will vary based on the challenges facing each individual family, services typically include some combination of the following: crisis intervention, education, counseling, case management, advocacy, and practical assistance. Family Preservation and Stablilization Services should only be provided when children can remain in or return to the home without compromising the safety of any family or community member. While the focus of this section is on keeping children with their biological parents, family preservation services can also be used to stabilize kinship, foster, and adoptive placements to prevent re-entry to service systems and facilities.

This section is designed to accommodate programs that provide two levels of service: (1) family preservation and stabilization services, and (2) intensive family preservation and stabilization services. Intensive programs typically serve families with children at greater risk of being separated from their families, respond to referrals or requests for service within a shorter period of time, provide more frequent and intensive services, and place stricter limits on caseload size.
Interpretation: *Organizations should be familiar with the relevant legal requirements of the Indian Child Welfare Act (ICWA), which governs child welfare proceedings involving American Indian and Alaska Native children in state child welfare systems and requires active efforts be made to prevent removal or support reunification. Family preservation services are one option in a continuum of support services that may be provided to families, and early consultation with children's tribes is critical to ensuring that a full range of culturally-relevant resources have been made available to families and that active effort requirements are fulfilled.*

Examples: *Families receiving services may be experiencing a wide range of challenges and concerns including, but not limited to:*

1. *child abuse and/or neglect;*
2. *domestic violence;*
3. *unstable housing or poor conditions in the home;*
4. *financial distress;*
5. *parental mental health or substance use conditions;*
6. *parental incarceration;*
7. *death, divorce, or separation of parents;*
8. *mental health or behavioral needs in children and youth (e.g., needs related to trauma, anxiety, conduct disorder, substance use, truancy, and/or delinquency);*
9. *parent-child conflicts, including those that result in a child running away;*
10. *resettlement-related stresses experienced by immigrant and refugee families; and/or*
11. *special needs presented by chronic illnesses or disabilities.*

Examples: *Out-of-home placements may include, but are not limited to, placements in:*

1. *kinship care;*
2. *family foster care;*
3. *psychiatric inpatient care;*
4. *residential treatment; and*
5. *juvenile justice facilities.*

Note:*Please see the FPS Reference List for the research that informed the development of these standards.*

Note:*For information about changes made in the 2020 Edition, please see the FPS Crosswalk.*

Table of Evidence

Self Study Evidence

No Self Study Evidence

Family Preservation and Stabilization Services

FPS 1: Person-Centered Logic Model

Purpose

Family Preservation and Stabilization Services strenghen parental capacity, improve family relationships and functioning, increase child and family well-being, ensure child safety, prevent the separation of children from their families, promote successful reunification following a separation, and prevent future crises.

The organization implements a program logic model that describes how resources and program activities will support the achievement of positive outcomes.
Note: *Please see the Logic Model Template for additional guidance on this standard.?*

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

Logic models have been implemented for all programs and the organization has identified at least two outcomes for all its programs.

2

Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- Logic models need improvement or clarification; or
- Logic models are still under development for some of its programs, but are completed for all high-risk programs such as protective services, foster care, residential treatment, etc.; or
- At least one outcome has been identified for all of its programs.

3

Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- Logic models need significant improvement; or
- Logic models are still under development for a majority of programs; or
- A logic model has not been developed for one or more high-risk programs; or
- Outcomes have not been identified for one or more programs.

4

Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,

- Logic models have not been developed or implemented; or
- Outcomes have not been identified for any programs.

Table of Evidence

Self Study Evidence

* • Program logic model that includes a list of outcomes being measured	
• See program description provided during intake	

Site Visit Evidence

No Site Visit Evidence

On-Site Activities

*

- Interviews may include:
    1. Program director
    2. Relevant personnel

FPS 1.01

A program logic model, or equivalent framework, identifies:

a. needs the program will address;
b. available human, financial, organizational, and community resources (i.e. inputs);
c. program activities intended to bring about desired results;
d. program outputs (i.e. the size and scope of services delivered);
e. desired outcomes (i.e. the changes you expect to see in persons served); and
f. expected long-term impact on the organization, community, and/or systems.

Examples: *Please see the W.K. Kellogg Foundation Logic Model Development Guide and COA Accreditation's PQI Guide for more information on developing and using program logic models.*

Examples: *Information that may be used to inform the development of the program logic model includes, but is not limited to:*

1. *needs assessments and periodic reassessments;*
2. *risks assessments conducted for specific interventions; and*
3. *the best available evidence of service effectiveness.*

FPS 1.02

The logic model identifies desired outcomes in at least two of the following areas:

a. change in clinical status;
b. change in functional status;
c. health, welfare, and safety;
d. permanency of life situation;
e. quality of life;
f. achievement of individual service goals; and
g. other outcomes as appropriate to the program or service population.

Interpretation: *Outcomes data should be disaggregated to identify patterns of disparity or inequity that can be masked by aggregate data reporting. See PQI 5.02 for more information on disaggregating data to track and monitor identified outcomes.*

Examples: *Child and family serving organizations interested in pursuing contracts with public entities may consider tracking outcomes that align with nationally recognized indicators of quality in the areas of prevention, safety, permanency, and well-being including, but not limited to:*

1. *percentage of cases in which family relationships and connections were preserved;*
2. *percentage of families with increased economic or housing stability;*
3. *percentage of children with improved behavioral, social, cognitive, and/or physical functioning;*
4. *percentage of parents with improved mental and/or physical health;*
5. *number of cases in which families were successfully reunited following out-of-home care;*
6. *recidivism rate;*
7. *number of cases of recurring maltreatment;*
8. *number of cases of maltreatment-related fatalities; and*
9. *percentage of children whose parents lack secure employment.*

Family Preservation and Stabilization Services

FPS 2: Personnel

Purpose

Family Preservation and Stabilization Services strenghen parental capacity, improve family relationships and functioning, increase child and family well-being, ensure child safety, prevent the separation of children from their families, promote successful reunification following a separation, and prevent future crises.

Program personnel have the competency and support needed to provide services and meet the needs of families.
Interpretation: *Competency can be demonstrated through education, training, or experience. Support can be provided through supervision or other learning activities to improve understanding or skill development in specific areas.*

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2 Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- With some exceptions, staff (direct service providers, supervisors, and program managers) possess the required qualifications, including education, experience, training, skills, temperament, etc., but the integrity of the service is not compromised; or
- Supervisors provide additional support and oversight, as needed, to the few staff without the listed qualifications; or
- Most staff who do not meet educational requirements are seeking to obtain them; or
- With few exceptions, staff have received required training, including applicable specialized training; or
- Training curricula are not fully developed or lack depth; or
- Training documentation is consistently maintained and kept up-to-date with some exceptions; or
- A substantial number of supervisors meet the requirements of the standard, and the organization provides training and/or consultation to improve competencies when needed; or
- With few exceptions, caseload sizes are consistently maintained as required by the standards or as required by internal policy when caseload has not been set by a standard; or
- Workloads are such that staff can effectively accomplish their assigned tasks and provide quality services and are adjusted as necessary; or
- Specialized services are obtained as required by the standards.

3 Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- A significant number of staff (direct service providers, supervisors, and program managers) do not possess the required qualifications, including education, experience, training, skills, temperament, etc.; and as a result, the integrity of the service may be compromised; or
- Job descriptions typically do not reflect the requirements of the standards, and/or hiring practices do not document efforts to hire staff with required qualifications when vacancies occur; or
- Supervisors do not typically provide additional support and oversight to staff without the listed qualifications; or
- A significant number of staff have not received required training, including applicable specialized training; or
- Training documentation is poorly maintained; or
- A significant number of supervisors do not meet the requirements of the standard, and the organization makes little effort to provide training and/or consultation to improve competencies; or
- There are numerous instances where caseload sizes exceed the standards' requirements or the requirements of internal policy when a caseload size is not set by the standard; or
- Workloads are excessive, and the integrity of the service may be compromised; or
- Specialized staff are typically not retained as required and/or many do not possess the required qualifications; or
- Specialized services are infrequently obtained as required by the standards.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards.

Table of Evidence

Self Study Evidence

*	• Table of contents of training curricula	

• Procedures or other documentation relevant to continuity of care and case assignment	

• List of program personnel that includes:
  • Title
  • Name
  • Employee, volunteer, or independent contractor
  • Degree or other qualifications
  • Time in current position
• See organizational chart submitted during application	

Site Visit Evidence

- Sample job descriptions from across relevant job categories
- Documentation tracking staff completion of required trainings and/or competencies
- Training curricula
- Caseload size requirements set by policy, program model, regulation, or contract, when applicable
- Documentation of current caseload size per worker
- Supervisory schedule for 24-hour coverage for the past six months
- Documentation demonstrating that the organization ensures adequate staff coverage (e.g., staff coverage schedule for the past six months)
- Documentation demonstrating that the organization provides the flexibility and support needed to ensure adequate staff coverage (e.g., personnel policy regarding flex time)

On-Site Activities

- Interviews may include:
  1. Program director
  2. Relevant personnel
- Review personnel files

FPS 2.01

Direct service personnel are qualified by:

a. an advanced degree in social work or a comparable human service field; or
b. a bachelor's degree in social work or a comparable human service field and at least two years' experience working with children and families.

Interpretation: *A qualified mental health professional should be available to provide services when a program is designed to serve individuals with mental health needs.*

Examples: *Different program models may have different requirements regarding personnel qualifications. Multisystemic Therapy (MST) is one example of a model for providing family preservation services that requires personnel to be qualified by a master's degree. Other program models, such as Homebuilders, allow personnel to provide services if they meet the qualifications specified in either element (a) or element (b).*

FPS 2.02

When personnel providing support services work directly with families, they are qualified by:

a. skills relevant to, and experience working with, children and families; or
b. available licensing, registration, or certification.

NA: Support services personnel do not work directly with families served.

Interpretation: *Support services personnel must be appropriately qualified and trained according to their level of interaction with service recipients.*

Examples: *Support services personnel may work directly with families by, for example, helping families gain access to resources that meet basic needs (e.g., transportation services, food and clothing distribution), and/or supporting direct service personnel to meet the goals outlined in the family's service plan (e.g., assisting direct service personnel with in-home activities).*

FPS 2.03

Supervisors are qualified by an advanced degree in social work or a comparable human service field and two years of post-master's degree experience working with children and families, preferably in family preservation and stabilization.

FPS 2.04

All direct service personnel are trained on, or demonstrate competency in:

a. understanding child development and individual and family functioning, including family systems and ecological perspectives;
b. empowering, supporting, and mentoring parents and children;
c. engaging and motivating individuals who may be disengaged or difficult to reach;
d. identifying and building on strengths and protective factors;
e. assessing needs, risks, and safety;
f. collaborating with families to develop effective service plans;
g. preventing and intervening in stressful and crisis situations;
h. understanding and collaborating with different organizations, agencies, and systems likely to serve or encounter children and families, including the child welfare, behavioral health, health, educational, and justice systems; and
i. implementing the specific program model used to deliver services, if applicable.

Examples: *Program models that may be used to deliver family preservation services include, for example, Homebuilders, Multisystemic Therapy (MST), and Functional Family Therapy (FFT). Other program models, such as Brief Strategic Family Therapy (BSFT), Parent-Child Interaction Therapy (PCIT), and Child-Parent Psychotherapy (CPP), may be incorporated into a larger family preservation program.*

FPS 2.05 (FP)

Workers and supervisors are trained on or demonstrate competency in relevant provisions of the Indian Child Welfare Act (ICWA), including:

a. the importance of ICWA and special considerations for working with American Indian and Alaska Native children and families, including the cultural norms and historical trauma associated with Indian tribes;
b. the identification of American Indian and Alaska Native children and families;
c. appropriate notice and collaboration with the tribe; and
d. active efforts requirements to prevent separation or reunify families.

Interpretation: *All family preservation personnel should be trained in the basic requirements of ICWA, and additional training should be provided to staff in specialized service units, such as screening/intake. All screening/intake personnel must receive more in-depth training on how to identify children and families with American Indian or Alaska Native heritage.*

FPS 2.06

The organization maintains service continuity for children and families by:

a. using a service delivery model that calls for services to be provided by a single worker, or by a consistent team of workers;
b. assigning a worker at intake or early in the contact; and
c. avoiding the arbitrary or indiscriminate reassignment of direct service personnel.

FPS 2.07 (FP)

Caseloads support the achievement of client outcomes, are regularly reviewed, and generally do not exceed:

a. 12-18 families when providing family preservation and stabilization services; and
b. 2-6 families when providing intensive family preservation and stabilization services.

Interpretation: *There are circumstances under which caseloads may exceed these limits. For example, caseloads may be higher when organizations are faced with temporary vacancies on staff, or if administrative case functions (e.g., entering notes, filing, etc.) are assigned to other personnel. New personnel should not carry independent caseloads prior to the completion of training.*

Examples: *Factors that may be considered when determining caseloads include, but are not limited to:*

1. *the qualifications, competencies, and experience of the worker, including the level of supervision needed;*
2. *whether services are provided by multiple professionals or team members;*
3. *case complexity and circumstances, including the intensity of child and family needs, the size of the family, travel time, and the goal of the case;*
4. *case status, including progress toward achievement of desired outcomes;*
5. *the work and time required to accomplish assigned tasks, including those associated with caseloads and other job responsibilities; and*
6. *service volume.*

FPS 2.08 (FP)

Supervisory personnel familiar with the needs of families served are available to direct service personnel by telephone 24 hours a day.

FPS 2.09

In an effort to guarantee that service delivery hours will be adapted to the availability and needs of families served, the program ensures:

a. sufficient staff coverage at all times;
b. work schedules are flexible; and
c. supports are in place to prevent burnout.

Family Preservation and Stabilization Services

FPS 3: Intake and Assessment

Purpose

Family Preservation and Stabilization Services strenghen parental capacity, improve family relationships and functioning, increase child and family well-being, ensure child safety, prevent the separation of children from their families, promote successful reunification following a separation, and prevent future crises.

The organization's intake and assessment practices ensure that families receive prompt and responsive access to appropriate services.

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2 Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- In a few rare instances, urgent needs were not prioritized; or
- For the most part, established timeframes are met; or
- Culturally responsive assessments are the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- Active client participation occurs to a considerable extent.

3 Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Urgent needs are often not prioritized; or
- Services are frequently not initiated in a timely manner; or
- Applicants are not receiving referrals, as appropriate; or
- Assessment and reassessment timeframes are often missed; or
- Assessments are sometimes not sufficiently individualized;
- Culturally responsive assessments are not the norm, and this is not being addressed in supervision or training; or
- Several client records are missing important information; or
- Client participation is inconsistent; or
- Intake or assessment is done by another organization or referral source and no documentation and/or summary of required information is present in case record.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,

- There are no written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

*	• Eligibility criteria	
*	• Procedures for responding to referrals or requests for service	
*	• Screening and intake procedures	

* • Assessment procedures	
* • Copy of assessment tool(s)	
* • Procedures for determining tribal membership, and facilitating tribal involvement, in cases involving American Indian and Alaska Native children	
* • Procedures for developing and reviewing safety plans, and reporting safety concerns	

Site Visit Evidence

* • Community resource and referral list

On-Site Activities

* • Interviews may include: 1. Program director 2. Relevant personnel 3. Families served • Review case records

FPS 3.01

Families facing challenges that affect child and family safety, well-being, and/or stability are eligible for services when:

a. children are at risk of being placed in out-of-home care, or need services to facilitate family reunification; and
b. children can remain in, or return to, the home without compromising the safety of any family or community members.

FPS 3.02

Upon receiving a referral, the organization:

a. reviews the referral information to make an initial determination regarding the family's eligibility for service; and
b. notifies the referral source if the family does not meet the program's eligibility criteria or the program does not currently have an opening.

Examples: *Agencies that may refer families to services include, but are not limited to:*

1. *child welfare agencies;*
2. *juvenile justice agencies; and*
3. *mental health agencies.*

FPS 3.03 (FP)

The organization responds to accepted referrals and direct requests for service by contacting families within:

a. 72 hours, if providing family preservation and stabilization services; or
b. 24 hours, if providing intensive family preservation and stabilization services.

Interpretation: *Response time should be appropriate to the urgency of family needs and the level of concern for child and/or family safety. Organizations providing intensive services should be able to respond immediately, if the level of crisis warrants an immediate response.*

If a family has been referred to service and the organization is unable to reach the family within the timeframe specified in the standard, the referral source should be notified. If a family has requested service and the organization is unable to reach the family within the timeframe specified in the standard, the organization should document its efforts to initiate contact.

FPS 3.04

Families are screened and informed about:

a. how well family members' needs and risk factors match the organization's services; and
b. what services will be available and when.

NA: Another organization or agency is responsible for screening, as defined in a contract.

FPS 3.05 (FP)

Prompt, responsive intake practices:

a. gather information necessary to identify critical risks, safety threats, and service needs, and determine when a different level of service is necessary;
b. give priority to urgent needs and emergency situations;
c. support timely initiation of services; and
d. provide referral to appropriate resources or placement on a waiting list when families cannot be served or cannot be served promptly.

Interpretation: *When a family cannot be served promptly and services should not be delayed (e.g., because family members have intensive needs), the family should be referred to alternate resources rather than placed on a waiting list. If referral to other appropriate resources is not possible (e.g., because the organization operates in a rural area and alternate resources are not available), the organization must at least inform the referral source that the family cannot be served immediately.*

Examples: *The organization might determine that a family cannot be served because, for example, the safety threats presented by the family are too great, or because the family is relatively low-risk and would be better served by a less intensive program.*

FPS 3.06 (FP)

The organization identifies American Indian and Alaska Native children and collaborates with the tribe or Indian organization to determine the most appropriate plan for the family by:

a. involving representatives from the tribe or local Indian organization in assessment, service planning and monitoring, and aftercare planning, to the greatest extent possible and appropriate;
b. considering and prioritizing culturally-relevant resources available through or recommended by the tribe or local Indian organization, to the greatest extent possible and appropriate; and
c. maintaining connections between the family and tribe, when desired by the family.

Interpretation: *The organization should have established procedures for identifying American Indian and Alaska Native families who are members of a federally recognized tribe, or eligible for membership. Physical appearance, blood quantum, and perceived presence or absence of cultural cues within the family are not sufficient for identification purposes. In some cases, such as with reunification following out-of-home placement, tribal membership may already be established.*

When tribal representatives or local Indian organizations are involved in the case the organization must provide timely notification of all case conferences, including assessments and case reviews, particularly when changes are made or proposed. Evidence of efforts to identify and contact the family's tribe and of tribal participation should be documented in the case record.

Examples: *Tribal participation may occur through in-person attendance, telephone conferencing, or video conferencing.*

FPS 3.07

Family members participate in an individualized, culturally and linguistically responsive assessment that is:

a. completed within established timeframes;
b. conducted through a combination of interviews, discussion, and observation;
c. supplemented with information provided by the referral source, collaborating providers, and/or others involved with the family, when appropriate; and
d. updated as needed based on the needs and progress of family members.

Examples: *Assessment of family relations is often an ongoing process that begins when the worker first meets the family and continues throughout treatment as interventions are implemented and their effects are observed.*

FPS 3.08

Assessments are focused on:

a. understanding individual family members' experiences and perspectives;
b. understanding both the family as a whole and how the family is impacted by the broader community;
c. determining the specific challenges, factors, and patterns that lead to problems in the family's daily life, focusing on the issues that precipitated the need for service;
d. identifying competencies and resources that each family member can utilize to promote change and reduce the risks that precipitated the need for service; and
e. identifying barriers to change.

FPS 3.09

Assessments explore the family's strengths, needs, and functioning related to the following areas:

a. family relationships, dynamics, and functioning, including any presence or history of child abuse or neglect or domestic violence;
b. informal and social supports, including relationships with extended family and community members, as well as connections to community and cultural resources;
c. ability to meet basic financial needs and obtain adequate housing, food, and clothing;
d. physical and behavioral health;
e. cognitive, educational, and vocational development and attainment;
f. trauma exposure and related symptoms;
g. parenting and disciplinary practices;
h. gender identity and sexual orientation; and
i. any history of human trafficking.

Interpretation: *The Assessment Matrix - Private, Public, Canadian, Network determines which level of assessment is required for COA's Service Sections. The assessment elements of the Matrix can be tailored according to the needs of specific individuals or service design.*

FPS 3.10 (FP)

Personnel protect safety during service provision by:

a. assessing safety concerns on a frequent and ongoing basis;
b. collaborating with the family to develop a safety plan that identifies strategies and resources needed to control threats, if serious and immediate safety concerns exist;
c. involving supervisory personnel when reviewing serious and immediate safety concerns, and the safety plans created to address those concerns;
d. reporting serious and immediate safety concerns to the referral source or another appropriate authority; and
e. terminating services and advocating the referral source or another appropriate authority to impose alternative protective measures if safety cannot be reasonably ensured through family preservation services.

Interpretation: *When families are mandated to receive services, the public agency (e.g., the child welfare caseworker) may have primary responsibility for monitoring safety, but the organization should still collaborate with the public agency to ensure that this standard is implemented. When families have sought services voluntarily it will not be relevant to report safety concerns to the referral source, but the organization should still report safety concerns to the appropriate authority in line with mandated reporting responsibilities.*

Examples: *Safety concerns may be related to:*

1. *child abuse or neglect;*
2. *self-harm;*
3. *physical violence between family members;*
4. *threats posed to a family member by an individual in the community; and/or*
5. *threats posed to the worker by a family member.*

Examples: *Other practices addressed throughout this section of standards also contribute to the organization's ability to protect safety. For example, the organization will promote safety by ensuring that:*

1. *families served meet eligibility criteria as per FPS 3.01;*
2. *service frequency is based on family needs and concerns regarding safety as per FPS 5.02;*
3. *staff are available to families 24-7 as per FPS 6.07; and*

4. *supervisors are available to staff 24-7 as per FPS 2.08.*

Family Preservation and Stabilization Services

FPS 4: Service Planning and Monitoring

Purpose

Family Preservation and Stabilization Services strenghen parental capacity, improve family relationships and functioning, increase child and family well-being, ensure child safety, prevent the separation of children from their families, promote successful reunification following a separation, and prevent future crises.

Family members participate in the development and ongoing review of a service plan that is the basis for delivery of appropriate services and support.

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2 Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- In a few instances, client or staff signatures are missing and/or not dated; or
- With few exceptions, staff work with persons served, when appropriate, to help them receive needed support, access services, mediate barriers, etc.; or
- Active client participation occurs to a considerable extent.

3 Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- In several instances, client or staff signatures are missing and/or not dated; or
- Quarterly reviews are not being done consistently; or
- Level of care for some clients is clearly inappropriate; or
- Service planning is often done without full client participation; or
- Appropriate family involvement is not documented; or
- Documentation is routinely incomplete and/or missing; or
- Individual staff members work with persons served, when appropriate, to help them receive needed support, access services, mediate barriers, etc., but this is the exception.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

*	• Service planning and monitoring procedures	

Site Visit Evidence

No Site Visit Evidence

On-Site Activities

*

- Interviews may include:
    1. Program director
    2. Relevant personnel
    3. Families served

- Review case records

FPS 4.01

An assessment-based and family-centered service plan is developed in a timely manner with the full participation of family members, and includes:

a. agreed upon goals, desired outcomes, and timeframes for achieving them;
b. services and supports to be provided, and by whom;
c. procedures for expedited service planning when crisis or urgent need is identified; and
d. a parent or legal guardian's signature.

Interpretation: *Generally children age six and over should be included in service planning, unless there are clinical justifications for not doing so. The organization should also use service planning as an opportunity to provide children with a developmentally-appropriate explanation of why the organization is there, and what will happen during service delivery.*

Examples: *Planning often focuses on identifying the supports and services needed to disrupt dysfunctional patterns and behaviors and replace them with healthier ones, thereby reducing risk factors, enhancing protective factors, resolving the issues that precipitated the need for service, and preventing the need for out-of-home care. Some programs may also establish intermediary goals and plans, on an ongoing basis, to facilitate progress toward the overarching goals specified in the service plan.*

FPS 4.02

Families are informed about:

a. what information will be shared with the agency that made the initial referral for family preservation and stabilization services, if applicable;
b. potential consequences of noncompliance with the service plan, if applicable;
c. any time limits associated with service provision;
d. any limitations on subsequent service or follow-up upon case closure; and
e. the role the organization will play in helping them identify resources that meet ongoing needs.

FPS 4.03

The organization works in active partnership with family members to promote the effective delivery and coordination of needed services by:

a. collaborating with the referral source to promote efficient case coordination and the achievement of desired goals, when families are referred and mandated to receive services by an agency with statutory responsibility;
b. assuming a service coordination role, when no other organization or agency has assumed that responsibility;
c. ensuring that family members receive appropriate advocacy support;
d. assisting with access to the full array of services to which family members are eligible; and
e. mediating barriers to services within the service delivery system.

FPS 4.04

The worker and a supervisor, or a clinical, service, or peer team, review the case at intervals that reflect the duration, frequency, and intensity of services provided, and the needs of persons served, to assess:

a. service plan implementation;
b. progress toward achieving service goals and desired outcomes, as well as factors contributing to or impeding that progress; and
c. the continuing appropriateness of agreed-upon service goals and chosen interventions.

Interpretation: *When experienced workers are conducting reviews of their own cases, the worker's supervisor must review a sample of the worker's evaluations as per the requirements of the standard.*

Interpretation: *When tribal representatives or local Indian organizations are involved in the case, they must receive timely notification of case reviews to support their involvement, particularly when any changes are made to the service plan.*

Examples: *Timeframes for review may vary based on the duration, frequency, and intensity of services provided. For example, it may be appropriate for reviews to occur weekly if services are intended to endure for 8 weeks, and bi-weekly or monthly if services are intended to endure for 12 weeks. In rare cases when preventive services are intended to endure for up to a year, it may be appropriate for reviews to occur quarterly.*

FPS 4.05

The worker and family:

a. review progress toward achievement of agreed upon service goals;
b. discuss family members' concerns and identify any barriers to goal achievement; and
c. sign revisions to service goals and plans.

FPS 5: Family-Focused Approach to Service Delivery

Purpose

Family Preservation and Stabilization Services strenghen parental capacity, improve family relationships and functioning, increase child and family well-being, ensure child safety, prevent the separation of children from their families, promote successful reunification following a separation, and prevent future crises.

Families receive services that are flexible, accessible, and responsive to their particular needs and circumstances.

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2 Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- Active client participation occurs to a considerable extent.

3 Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- Several client records are missing important information; or
- Client participation is inconsistent.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

*

• Procedures for determining service frequency, intensity, and duration, and accommodating the unique needs of the family	

Site Visit Evidence

No Site Visit Evidence

On-Site Activities

*

- Interviews may include:
  1. Program director
  2. Relevant personnel
  3. Families served
- Review case records

FPS 5.01

Services are of limited duration, and content is:

a. focused on resolving the pressing issues that precipitated the need for service; and
b. tailored to meet families' unique needs and characteristics.

Interpretation: *Services will be primarily focused on addressing the pressing issues that precipitated the need for service. However, if family members wish to work on other goals that are not directly related to those issues, the organization may partner with them to do so in an effort to demonstrate respect for family members' voices and priorities, and promote service participation and success.*

Services can be extended if families are not ready for them to end, but the organization should document and justify in the case record any extension of service beyond the established limit.

FPS 5.02

Service frequency and intensity is based on family needs and the level of concern for child and/or family safety, as determined through initial and ongoing assessments.

Examples: *Intensive services may be provided as often as three to five times per week, for as many as six to 15 hours per week, with additional phone contact occurring between in-person meetings. Lower intensity services may be provided less often, for example, once per week. Some organizations may decrease the frequency and intensity of services as time goes on, in an effort to encourage self-sufficiency as the intervention draws to a close.*

FPS 5.03

In an effort to engage all family members and support long-term change, services are:

a. provided in home and community settings that enable families to address problems and learn skills in natural environments;
b. focused on the family as a whole and designed to involve all family members, including children, youth, and adults, as well as extended family or other supportive individuals, to the maximum extent possible and appropriate; and
c. provided at times that accommodate family members' schedules and needs.

Examples: *Times that accommodate family members' schedules may include, for example, evenings and weekends. Times that accommodate family members' needs may include other days and times that family members identify as challenging and need support navigating (e.g., meal time, nap time, vacation days).*

Family Preservation and Stabilization Services

FPS 6: Family Supports, Services, and Interventions

Purpose

Family Preservation and Stabilization Services strenghen parental capacity, improve family relationships and functioning, increase child and family well-being, ensure child safety, prevent the separation of children from their families, promote successful reunification following a separation, and prevent future crises.

Families receive a range of supports, services, and interventions that help them resolve pressing issues and prevent future crises.

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2 Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- Active client participation occurs to a considerable extent.

3 Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- Several client records are missing important information; or
- Client participation is inconsistent.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

*

- Procedures for referring individuals to services

Site Visit Evidence

*

- Educational/informational materials
- Community resource and referral list
- Coverage schedule for 24-hour crisis intervention services for the past six months
- Contracts or service agreements with community providers, including crisis intervention providers, if applicable

On-Site Activities

*

- Interviews may include:
    1. Program director
    2. Relevant personnel
    3. Families served

- Review case records

FPS 6.01

Early sessions are designed to help family members:

a. develop a shared view of the issues that precipitated the need for service, including an understanding of the factors and patterns that lead to the identified issues;
b. take responsibility for the role they may play in contributing to the identified issues, as appropriate; and
c. increase their motivation to make positive changes.

Examples: *Personnel can help motivate family members to make positive changes by, for example:*

1. *reducing negativity and blame within the family;*
2. *encouraging family members to discuss their own reasons for wanting change;*
3. *helping family members examine the consequences of the issues they face, including any discrepancies between the current situation and their hopes for the future;*
4. *avoiding argumentative or blaming strategies that might prompt family members to become defensive or withdraw from the process;*
5. *helping family members see how services can help them;*
6. *evoking rationales for change that make sense to family members; and*
7. *highlighting past successes and strengths family members can draw upon when trying to change.*

FPS 6.02

Family members are helped to develop the competencies needed to improve their family's relationships and functioning, including, as appropriate:

a. communicating in a healthy and effective manner;
b. solving problems effectively;
c. managing conflicts;
d. coping with adversity, stress, and emotions;
e. maintaining and strengthening interpersonal relationships;
f. accessing needed services and support;
g. managing a household;
h. understanding child/youth development, including what is appropriate for different ages and developmental levels;
i. parenting in a sensitive and responsive manner designed to provide protection, meet basic needs, foster emotional security, and promote positive interactions, as appropriate to children’s ages and developmental levels;
j. establishing appropriate roles and interpersonal boundaries; and
k. implementing age-appropriate techniques for providing supervision, setting limits, and managing behavior, including negative or maladaptive behaviors.

Interpretation: *Although the topics addressed with individual families will vary based on their particular circumstances and the specific issues that precipitated their need for service, personnel should be prepared to help family members develop competencies in all the listed areas.*

FPS 6.03

Personnel help family members develop and hone new competencies through:

a. instruction and discussion about the topics and practices being targeted, why they are important, and their relevance to the family;
b. modeling of the skills and strategies being targeted;
c. within-session practice that enables family members to use new skills and strategies with the worker present to intervene in the moment with coaching, positive reinforcement, or corrective feedback, as needed;
d. follow-up tasks that call for practice outside of the session; and
e. support in planning how to use skills and strategies in different situations, how to manage setbacks, and how to avoid future crises.

FPS 6.04

Family members are helped to obtain items, supports, and services that can help them meet basic needs, stabilize the family, and prevent the need for out-of-home care, including:

a. food;

b. clothing;
c. housing;
d. transportation;
e. child care;
f. financial assistance;
g. assistance with household tasks;
h. respite care;
i. medical care;
j. behavioral health care, when the services needed exceed those provided by the program;
k. domestic violence services;
l. legal services;
m. education and employment services; and
n. educational and recreational services for children.

Examples: *Some types of assistance may be provided directly by personnel, while other types may be provided through connection to outside resources or providers. For example, personnel might initially help with transportation by driving a family member to an appointment, but ultimately link the family to another resource that can be useful in the long-term (e.g., financial assistance to obtain a bus pass). Similarly, some supports might be necessary only temporarily (e.g., help cleaning the house while family members develop the competencies needed to manage the home on their own), while others may be necessary for the long-term (e.g., child care and medical care).*

Providing this type of assistance can also help families in ways that extend beyond the meeting of the basic needs themselves. For example, families may be more likely to trust a worker who helps them meet their basic needs, and may be more capable of participating actively in education and counseling when their basic needs are met.

FPS 6.05

In an effort to encourage the development of strong and healthy networks that can provide long-term support, the organization helps family members to:

a. develop plans for managing any negative influences in their social support networks;
b. consider how they can expand their social support networks, as necessary; and
c. plan how to use their social support networks to help maintain positive changes after services end.

Examples: *In some cases helping family members strengthen their interpersonal skills, as addressed in FPS 6.02, may support the development and maintenance of their social support networks. It may also be helpful for families to consider how to incorporate both give and take into their social relationships, since relationships will be more likely to endure if they are mutually satisfying and beneficial. When the case involves an American Indian or Alaska Native family, implementing this standard may include assisting the child or family in applying for tribal membership when desired and appropriate.*

FPS 6.06

When family members have experienced trauma, services maximize the survivor's sense of safety and are designed to help the family:

a. understand how the trauma may impact current functioning;
b. identify, anticipate, and manage responses to trauma reminders; and
c. appropriately support the survivor's recovery.

FPS 6.07 (FP)

To ensure that families receive help when they need it, crisis intervention services are available 24 hours a day, seven days a week, either directly or through a contracted on-call provider.

Interpretation: *If an organization providing intensive family preservation and stabilization services uses an on-call provider when its staff are not available to provide services directly, a contract or service agreement with the on-call provider should: (1) indicate the organization's approach to service, (2) require experience with family preservation and stabilization services, (3) provide a means for sharing information about families' specific issues or any other critical information, and (4) outline expectations and timelines for communication between the on-call provider and the organization (e.g., the on-call provider should contact the organization within one hour of a call for crisis assistance).*

Family Preservation and Stabilization Services

FPS 7: Case Closing and Aftercare

Purpose

Family Preservation and Stabilization Services strenghen parental capacity, improve family relationships and functioning, increase child and family well-being, ensure child safety, prevent the separation of children from their families, promote successful reunification following a separation, and prevent future crises.

The organization works with families to plan for case closing and, when possible, to develop plans for aftercare that can help solidify gains made during service provision.

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2 Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- In a few instances, the organization terminated services inappropriately; or
- Active client participation occurs to a considerable extent; or
- A formal case closing evaluation is not consistently provided to the public authority per the requirements of the standard.

3 Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Services are frequently terminated inappropriately; or
- Aftercare planning is not initiated early enough to ensure orderly transitions; or
- A formal case closing summary and assessment is seldom provided to the public authority per the requirements of the standard; or
- Several client records are missing important information; or
- Client participation is inconsistent.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

*	• Case closing procedures	
*	• Aftercare planning and follow-up procedures	

Site Visit Evidence

*	• Relevant portions of contract with public authority, if applicable	

On-Site Activities

*

- Interviews may include:
    1. Program director
    2. Relevant personnel
    3. Families served

- Review case records

FPS 7.01

Planning for case closing:

a. is a clearly defined process that includes assignment of staff responsibility;
b. begins at intake;
c. involves the worker, the referral source, if applicable, family members, and others, as appropriate to the needs and wishes of family members; and
d. helps the family identify strategies for maintaining positive changes after the intervention concludes.

Examples: *Planning for case closing may include, for example:*

1. *preparing family members for the loss of the therapeutic relationship and the support provided through family preservation services;*
2. *addressing family members' concerns about the intervention ending;*
3. *discussing the timeline for service closure; and*
4. *celebrating the family's progress and accomplishments.*

FPS 7.02

Upon case closing, the organization notifies any collaborating service providers, including the courts and tribal governments, as appropriate.
Interpretation: *If a family is mandated to receive services the referral source and/or court will likely be involved in planning for case closing as per FPS 7.01, rather than being notified upon case closing.*

FPS 7.03

If a family has to leave the program unexpectedly, the organization makes every effort to identify other service options and link family members with appropriate services.
Interpretation: *The organization must determine on a case-by-case basis its responsibility to continue providing services to families whose third-party benefits are denied or have ended and who are in critical situations.*

FPS 7.04

Sufficiently in advance of case closing to ensure an orderly transition, the organization works with families to:

a. develop an aftercare plan that identifies short- and long-term needs and goals and facilitates the initiation or continuation of needed supports and services, including resources to be accessed in case of cisis, and informal and social supports; or
b. conduct a formal case closing evaluation, including an assessment of unmet needs, when the organization has a contract with a public authority that does not include aftercare planning or follow-up.

FPS 7.05

To increase the likelihood that needed supports and services are accessed and gains are maintained, the organization:

a. helps families transition to any needed follow-up services;
b. follows up with families at specified intervals after case closing; and
c. responds to requests for assistance following case closing, to the extent possible and appropriate.

Interpretation: *The organization may not be responsible for elements (a) and/or (b) if it has a contract with a public authority that prohibits or does not include aftercare planning or follow-up.*