

### **Section 3 Overview**

This section focuses on the actual delivery of treatment services to the family. The information in this section will assist staff in understanding procedures used throughout the entire service delivery process, from opening to termination. Including other professionals in the service delivery process is often vital for improved family functioning. This section will provide procedures for accessing and utilizing contracted services. Another important aspect of the service delivery process includes case evaluation and clinical supervision. Information pertaining to these topics can also be found in this section.

### **Chapter 7 Overview**

This chapter introduces philosophy and characteristics of the Intensive In-Home Services (IIS) program. Additionally, an overview of the characteristics of the IIS model is provided. The information provided will help Children's Service Workers understand the referral, intervention, and termination process of the IIS program.

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### **Memoranda History:**

## **7.1 Introduction**

Intensive In-Home Services (IIS) is a short-term, intensive, home-based, crisis intervention program that combines skill-based interventions with maximum flexibility so that services will be available to families according to their individual needs. The goal of IIS is to offer families in crisis the alternative of remaining together safely, averting out-of-home placement of children whenever possible. IIS are, however, offered solely to families that have a child or children at imminent risk of removal from the home due to neglect, abuse, family violence, mental illness, delinquency, or other circumstances. Services provided assist with crisis management and restoration of the family to an acceptable level of functioning.

**Chapter Memoranda History:** (prior to 01-31-07)

**Memoranda History:**

## **7.2 Philosophy Of IIS**

IIS was developed to maintain children, at imminent risk of Out-of-home placement, safely within their families. As an intensive intervention program, the overriding goal is the protection of children through the enhancement of family capabilities. Safety of all family members is the concern of IIS; however, safety of the child is the primary consideration.

IIS functions to modify the home environment and/or family behavior so that the child may remain safely in the household. Services are focused on assisting in crisis management, restoring the family to an acceptable level of functioning, and gaining support within their community to remain safely together.

**Chapter Memoranda History:** (prior to 01-31-07)

**Memoranda History:**

### **7.3 Characteristics Of The IIS Model**

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

- Referrals will be accepted 24 hours a day, seven days a week.
- An IIS Specialist visits the family within 24 hours of referral and services commence immediately.
- The services are provided in the family's home or natural environment that may include neighborhoods, school or work settings.
- The intervention is intensive – twenty hours a week or more are devoted to each family. An average of eight to ten hours per week of face-to-face or telephone contact with families is expected.
- Services are time limited – usually four to six weeks.
- The primary specialist is available to the family 24 hours a day, seven days a week. Back up will be assured and provided by an IIS supervisor or another specialist familiar with the family.
- Each specialist will carry only two cases.
- Flexible dollars are available for emergency needs as well as for client reinforcement.
- Specialists help clients with concrete advocacy and service coordination needs as well as therapeutic/clinical needs.
- The intervention represents a cognitive-behavioral model which emphasizes teaching and skill building.
- Services focus on family empowerment.

**Chapter Memoranda History:** (prior to 01-31-07)

**Memoranda History:**

Title: Child Welfare Manual  
Section 3: Delivery Of Services/Intact Families  
Chapter 7: Intensive In-Home Services (IIS)  
Effective Date:  
Page: 1

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#### **7.4 Referrals For IIS**

An IIS referral is required in all cases when a Children's Service Worker plans to recommend removal of a child(ren).

Related Subject: Section 4, Chapter 1.5 Factors in Recommending Out-Of-Home Care
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**Chapter Memoranda History:** (prior to 01-31-07)

**Memoranda History:**

## **7.5 Components Of IIS Intervention**

A trained IIS specialist is assigned to each family, providing skill-based services with maximum flexibility to meet the unique needs of the family. The specialist and the family become a team, working in partnership on problems and issues that placed the child at risk of removal from the home. IIS includes many phases of service delivery. Key components are: Pre-referral, referral, screening, assessment, treatment planning, termination, and follow-up or aftercare. The delivery of IIS is accomplished in the following manner:

### **7.5.1 Pre-Referral**

Referrals for IIS originate from many sources. While the majority of referrals come from The Children's Division (CD), others come from The Department of Mental Health, The Division of Youth Services, the juvenile office, and other community resources such as practitioners, hospitals, and schools. Self-referrals are also received from families experiencing a crisis. The Children's Division staff are responsible for assessing the appropriateness of referrals for IIS if recommendation has been made for out-of-home placement of children.

A preliminary screening is required in all cases when a Children's Service Worker plans to recommend the removal of a child(ren) except in the following situations:

- When a child(ren) cannot be adequately protected during the referral and assessment process and must be removed on an emergency basis; or
- When all caregivers have indicated that they will not cooperate with IIS.

The preliminary screening is defined as a conference between the Children's Service Worker and Supervisor to determine if the case is appropriate to refer for Intensive In-Home Services. When it has been determined that IIS is the most appropriate service for a family (in those circumstances) the family is referred for services.

### **7.5.2 Referral**

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

### **7.5.3 Screening**

Screenings occur within twenty-four (24) hours of receipt of a referral. A screening is an opportunity for specialists to meet face-to-face with the family, assess the initial criteria, and explain the service to the family. Specialist should be flexible enough to respond to the referral within an hour if the family's presenting problems or safety needs indicate such a need. If possible, the referral agent accompanies the specialist during the initial screening visit. At this first meeting, specialists are responsible for developing, with the family, a plan for safety.

### **7.5.4 Assessment**

Once it has been determined that IIS is appropriate for the family, the assessment phase is initiated. This phase refers to an identified period where information is gathered with the family to assist in understanding family functioning and existing factors that place the child(ren) at risk. If at any time during the intervention it is determined that it is no longer reasonably safe for the child(ren) to remain in the home, a recommendation for immediate removal of the child(ren) is made.

### **7.5.5 Service Plan/Treatment Plan**

Service plans guide the course of the IIS intervention. The focus of service planning is the development of solutions that will remove the risks placing the child(ren) in jeopardy of out-of-home placement. Also, issues that are indirectly related to the child(ren) being at risk of placement are addressed in the family service plan. For example, a father who is unemployed may physically abuse his child, in part, due to the stress experienced by unemployment. Therefore, a goal of his treatment plan may address employment. Family members are strongly encouraged to be active participants in the service planning process. Family Support Team Meetings (FSTM) are a mechanism used in the service planning.

Related Subject: Section 4, Chapter 7.2 Family Support Team Meetings
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### **7.5.6 Service Delivery**

After the needs of the family are established, the specialist delivers services uniquely designed to address the needs identified. Service delivery is psycho-educational in orientation, providing necessary information and skill-building opportunities for family members. Specialists teach families problem-solving and other life skills, focusing on assisting in crisis management and the specific issues placing the child at risk of removal from the home. Depending on the needs of the family, the specialist may also provide concrete services and assist the family in establishing linkages with formal and informal community services.

### **7.5.7 Follow-up / Aftercare**

Follow-up is a process that begins at referral. A follow-up plan is established prior to the termination of the IIS intervention. Follow-up focuses on assisting families in maintaining the benefits of the IIS intervention and addressing issues that were not addressed during the intervention due to specific time frames and prioritization. At this phase, IIS specialists clearly communicate recommendations (a written plan is preferred) for continued services for the family.

### **7.5.8 Termination**

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

## **Chapter Memoranda History:** (prior to 01-31-07)

### **Memoranda History:**

CD07-49

## **7.6 Documentation**

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

- Treatment Plan
- Progress Notes
- Service Delivery Summary
- Follow-up Plan
- Documentation of Crisis Fund Expenditures and Purpose

**Chapter Memoranda History:** (prior to 01-31-07)

**Memoranda History:**

### **7.7 Desired Outcomes:**

- Outcome Goal: Child Safety

Children shall be safe from abuse and neglect. The goal for child safety is to protect children from harm, prevent abuse/neglect, and reduce the risks to their safety or well-being.

- Outcome Goal: Improved Child Functioning

Improved child functioning, recognizes that children have essential needs for care that go beyond child safety. Services must be provided to support and enhance a child's capacity to experience normal social, educational, physical, and vocational development. The assumption is that improved child functioning will result in improved outcomes related to the child's long-term accomplishments.

- Outcome Goal: Improved Family Functioning

Improved family functioning provides services that shall support and enhance parents' and families' capacity to safely care for and nurture their children. The assumption is that improved functioning of the family will result in improved outcomes related to child safety and family continuity/family permanency and contribute to positive long-term outcomes.

- Outcome Goal: Family Continuity/Family Permanency

The best place for a child to grow up is in a family. Family centered IIS services are intended to achieve safety for children by strengthening family and child functioning. When decisions need to be made to remove a child from the home, IIS facilitates this decision-making process in a timely and family-fair manner that supports the best interest of the child.

- Outcome Goal: Family Satisfaction

Families should be satisfied with the services provided. Surveys are given to families to assess this outcome.

### **Chapter Memoranda History:** (prior to 01-31-07)

### **Memoranda History:**