National Family Preservation Network
Safe children. Strong families.

IFPS Nationwide Survey

2014 Special Edition

Celebrating 40 Years:
Past, Present, and Future

Presented by the
National Family Preservation Network

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Introduction

The National Family Preservation (NFPN) has conducted nationwide surveys of Intensive Family Preservation Services (IFPS) in 1994, 2007, 2011, and now 2014. This year marks the fortieth anniversary of IFPS (HOMEBUILDERS® model) so this special edition of the survey will reflect four decades of keeping families safely together.

The report has four sections:

- Exemplary IFPS Programs—2014
- New Survey Questions
- IFPS Then and Now
- The Future of IFPS

The IFPS survey this year is primarily an updated version of the 2011 survey as there were few significant changes in the past three years. The reader is referred to the 2011 Survey Report* for a more technical and detailed description of IFPS services nationwide, especially with regard to IFPS adapted for safety services and less intensive versions of IFPS.

In celebrating milestones of achievement, it's important to link the past with both the present and the future. The past history of IFPS provides a strong foundation for the present and a roadmap for the future. Throughout this year NFPN will be making the connection between past, present, and future with this report being one critical element.

The earliest years of IFPS consisted mainly of onsite training and a limited number of books and published research articles. There was little universally accessible information until the early 1990s when information kits, news clippings, articles, reports, photos, and the first

*http://nfpn.org/preservation/ifps-nationwide-survey-2011

nationwide directory were published. Thus, the bulk of the information readily available is from the last two decades.

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Priscilla Martens
Executive Director
May, 2014

Exemplary IFPS Programs—2014

In the first nationwide survey of IFPS in 1994 a half-dozen states reported they had implemented the HOMEBUILDERS® model of IFPS on a statewide basis (75% or more of counties). Kentucky, Missouri, New Jersey, and Michigan have continuously provided IFPS while Tennessee and Louisiana discontinued IFPS for a period of time. Twenty years later 12 states responding to the survey have a statewide model of IFPS based on the HOMEBUILDERS® model.

The most exciting news is that the District of Columbia and Hawaii plan to implement HOMEBUILDERS® IFPS this year. Any other states that are considering implementation of IFPS would do well to review how exemplary states have implemented IFPS as reflected in the following chart:

Arkansas	Conn.	Indiana	Kentucky	Louisiana	Michigan	Mississippi	Missouri	New Jersey	N. Carolina	N. Dakota	Wash.
1. Are Intensive Family Preservation Services (IFPS) provided in your state?											
Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
2. How many counties in your state offer IFPS?											
65	63	92	120	38	83	82	114	21	100	53	37
Total number of counties in the state											
75	63	92	120	64	83	82	114	21	100	53	39
3. What percent of the total number of youth served by the IFPS program are younger children and what percent are older youth?											
Younger Children (0–11 years)											
60%	65%	Unknown	80%	68.4%	83%	87% (0-11)	80%	80%	81%	50.25%	83%
Older Youth (12–17 years)											
40%	35%	Unknown	20%	31.6%	17%	13% (12-21)	20%	20%	19%	49.75%	17%
4. How many years has IFPS been available in your state?											
5 or more	5 or more	5 or more	5 or more	5 or more	5 or more	5 or more	5 or more	5 or more		5 or more	5 or more
5. Are Intensive Family *Reunification* Services (IFRS) provided in your state?											
Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
6. Are the *Preservation* services and the *Reunification* services based on the same model (may include some differences in initial response time, length of service, etc.)?											
Yes	No	Yes	Yes	Yes	No	Yes	Yes	Yes	No	Yes	Yes
7. Are there written Intensive Family Preservation Services (IFPS) program standards?											
Yes	No [1]	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

1. No specific program standards developed. We have a contract that outlines scope of work, population, staffing, and contract requirements.

Arkansas	Conn.	Indiana	Kentucky	Louisiana	Michigan	Mississippi	Missouri	New Jersey	N. Carolina	N. Dakota	Wash.
8. Do the IFPS programs serve only those families whose children are at imminent risk of out-of-home placement?											
Yes	No	No	Yes	Yes	Yes	No	Yes	No	Yes	No	Yes
a. If yes, please provide the definition of "imminent risk" in your state:											
	[2]		[3]	[4]	[5]		[6]		[7]		[8]

2. Contract states "emerging safety concerns" which encompasses those children we would remove if not for the program and those chronic families who need support.
3. Referring worker and supervisor believe child will be removed if IFPS not available
4. Child will enter custody without intensive services
5. Children at risk of removal due to abuse or neglect (CPS referrals). Also, referrals from Native American tribes and some domestic violence shelters.
6. Children at 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.
7. The family has a high score on the DSS risk assessment.
8. Definition in state law: A decision has been made by the department that without IFPS a petition requesting the removal of the child will be immediately filed or that a voluntary placement agreement will be immediately initiated.

Arkansas	Conn.	Indiana	Kentucky	Louisiana	Michigan	Mississippi	Missouri	New Jersey	N. Carolina	N. Dakota	Wash.
9. Please list the types of family referrals that are not eligible for IFPS: (For example, families referred for sexual abuse)											
N/A	[9]	N/A	[10]	[11]	[12]	[13]	[14]	[15]	[16]	[17]	[18]

9. No exclusionary criteria. Must be an active case.

10. Kentucky has legislation that set eligibility limitations. (a) Families in which children are at risk of recurring sexual abuse perpetrated by a member of their immediate household who remains in close physical proximity to the victim or whose continued safety from recurring abuse cannot be reasonably assured; and (b) Families in which one (1) or more adults in the immediate household are drug or alcohol dependent and not in active treatment for such dependency.

11. Those not at imminent risk

12. -Sexual Abuse in the absence of a court order. -Cases in which the sole reason for the referral is to maintain safety until out of home placement can be secured. -Dangerous conditions exist which present safety/risk factors for any assigned worker.

13. Referrals that are not appropriate for CFSSP and therefore would not be accepted, include the following: Parents who are moderately to severely mentally challenged (cannot function outside of a facility); Families in which the parent or target child is actively psychotic, suicidal, or homicidal; Parents who have killed, maimed or seriously injured a child; Families in which the primary problem has been sexual abuse and the perpetrator remains in the home; Families with a long standing history with MDHS or in the service system; Drug and alcohol dependent families (unless voluntarily combined with active drug and alcohol treatment programs); Reunification cases where the child or children have been in the MDHS system over 240 days; Reunification cases where the child has been removed from the home without a permanency plan for reunification; Reunification cases where the child has been removed from the home without a date for the child's return within 6 to 8 weeks of the service period; Reunification cases must have a review hearing prior to the referral with recommendation for reunification within the first 6 to 8 weeks of the service period.

14. Children where safety can't be assured

15. Family with active domestic violence within the past 6 months, families where there is a concern for FPS worker safety, families who decline FPS services

16. IFPS are directed only to families in which one or more children is at imminent risk of out-of-home placement. Eligibility for services must be certified through documentation of the following referral/acceptance criteria: Safety risk to the child(ren) or to the community has reached the point that the intervention services needs of the family are beyond the resources of the current service provider; with IFPS, it is believed to be safe for the child(ren), the family, the IFPS caseworker and the community for the child(ren) to remain in the home; it has been determined that out-of-home placement is the next action unless an alternative intervention is successful in addressing the issues that will permit a child(ren) to remain in the home; alternative, less intensive intervention strategies have been tried without success or considered but determined not to be in the best interest of the family or at-risk youth; direct and immediate intensive family preservation services intervention is necessary to prevent out-of-home placement; at least one parent or other primary caregiver indicates that she or he is willing and able to participate in IFPS.

17. Eligibility criteria is broad but generally families served have youth at risk.

18. There are no criteria for automatic exclusion

10. Does the IFPS worker meet with the family face-to-face within 24 hours of the referral?											
Yes	No	No	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes
a. If no, what is the time limit for the IFPS worker to meet with the family:											
	72 hours	48 hours			48 hours for Family Reunification Program				24-48 hrs.	W/in 5 days	

Arkansas	Conn.	Indiana	Kentucky	Louisiana	Michigan	Mississippi	Missouri	New Jersey	N. Carolina	N. Dakota	Wash.
11. Does the family have access to the IFPS worker 24/7?											
Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
12. Do IFPS workers meet routinely with families on evenings and weekends?											
Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
13. What is the maximum number of IFPS cases per worker (caseload) at one time?											
1–4	5	6–12	2	3	2	6	2	2 per week	2–3	8	3
14. Please indicate if "case" is defined as:											
a family	a family	a family	a family	a family	a family	a family	a family	a child	a family	a family	a family
15. What is the maximum length of time that a family may receive IFPS? (Specify days, weeks, OR months)											
# of weeks											
4–6	12	4–6	6	4–8	6	8 (FP) 16 (Reun.)	6	4–8	6		6
# of months											
										3–6	
16. Does the state have a method of tracking the standards called for in Questions 7–15 to determine if the program is in compliance?											
Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
a. What method(s) is used to track compliance? (For example, case reviews, time sheets)											
[19]	[20]	[21]	[22]	[23]	[24]	[25]	[26]	[27]	[28]	[29]	[30]

19. Arkansas DCFS contracts with an agency that does QA and contract monitoring of programs to assess performance
20. Statewide program lead, AO gatekeepers. Are providers are required to enter client level data - mostly caregiver information, limited data on children
21. ODM
22. Program requirements are in contract and included in contract monitoring process. Also regular consultation, technical assistance, training and site visits with 2 IFPS state program Specialists and IFD trainers
23. Online Data Management system for HOMEBUILDERS® providers
24. -Monthly reporting from the contracted agency (includes referrals and case closures, case withdrawals and potential referrals). -Case Record Reviews. -Attendance of Case Staffing/Team Meetings
25. The state and private provider work together to document and track compliance.
26. Peer record review. SACWIS system
27. Report submission to contract unit and agency central office
28. Monitoring reviews comprised of case reviews, time sheets, invoices and other programmatic/fiscal records
29. Case review and time sheet
30. A contracted quality assurance provider tracks model adherence through a comprehensive data system in which providers enter case records,labor distribution reports, mileage reports, and client and referent feedback

Arkansas	Conn.	Indiana	Kentucky	Louisiana	Michigan	Mississippi	Missouri	New Jersey	N. Carolina	N. Dakota	Wash.
17. What is the average number of total *face-to-face* hours *per family* for the entire length of the IFPS service?											
Up to 36	[31]	40	8–10/week	37	40–60 (10 hrs./week)	[32]	8/week	32	40	25.13	40
31. 2 home visits per week for the first 4 weeks and a minimum of 1 visit per week for remaining 8 weeks. Removed hours from contract.											
32. Differs based on case type, FP versus reunification, and also number of extensions, individual case needs, etc.											
18. Is there a provision for after-care services following termination of IFPS services?											
Yes	Yes	Yes	No	Yes	Yes	Yes	No	Yes	Yes	No	Yes
a. If yes, please describe the after-care services:											
[33]	[34]	[35]	N/A	[36]	[37]	[38]	[39]	[40]	[41]	N/A	[42]
33. Families are referred to the system of care											
34. No after care services but provider can request extension. DCF must be in agreement and specified workplan what will be done/hope to gain within that timeframe.											
35. Booster sessions as needed for HOMEBUILDERS® program.											
36. Up to 2 booster sessions within 6 months of case closure											
37. Family Preservation staff are taught to connect families to on-going services that are specific to the families needs. In most cases, this might include individual therapeutic services for a child or parent. In other cases, we do offer the Families Together Building Solutions program, a less intensive in-home service. We may also use Wraparound services as an on-going supportive process for families.											
38. MDHS can request after-care or follow up services by requesting a case extension, MDHS reviews and may approve extension requests for up to 30 days, additional extensions may be requested.											
39. Reviewed status every 3, 6, 9, and 12 months											
40. There is a step down program in some areas that involve three months of support from FPS to the family											
41. Each IFPS service provider provides linkages to step-down/community based services as appropriate and available upon case closure. No specific after-care model is currently required.											
42. Limited booster sessions available for six months following services.											
19. What is the percentage of families who remain together following the IFPS intervention (for the most recent year available)?											
% at case closure											
N/A	92%	N/A	94%	94%	99%	91%	77.1%	94.67%	98.8%	88.2%	90%
% at 6 months											
			92%								
% at 12 months											
			90%		89%			91.33%			

Arkansas	Conn.	Indiana	Kentucky	Louisiana	Michigan	Mississippi	Missouri	New Jersey	N. Carolina	N. Dakota	Wash.
20. Has an evaluation of the IFPS program been conducted within the past 3 years?											
Yes	No	Yes	No	Yes	Yes	No [43]	Yes	No	No	No	Yes
43. Not an external evaluation – MCHS conducts an annual evaluation of program to prepare and submit Annual Contract Report to DHS											
21. Over the past 5 years, how many child deaths, due to abuse or neglect, have there been during the time that a family was receiving IFPS?											
0	Unknown	Unknown	0	0	3	0	N/A	N/A	0	Unknown	0
22. Who provides the direct IFPS services?											
Therapist and Paraprofessional work together	Other: BA level with experience	[44]	Single Therapist, with team back up	Single Therapist, with team back up	[45]	Therapist and Paraprofessional work together	Single Therapist, with team back up	Single Therapist, with team back up	FPS worker with Supervisory oversight	Single Therapist, with team back up	Single Therapist, with team back up
44. HOMEBUILDERS® model uses 1 case manager per family. We also have FCT available which uses 1 therapist with a support staff person.											
45. Other: For FRP, a Therapist and Worker both provide intervention.											
23. Are IFPS workers required to have ongoing supervision that includes case consultation?											
Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
24. Are IFPS workers required to use a specific clinical model (i.e. cognitive behavioral, solutions focused therapy) as part of the intervention?											
N/A	No	Yes	Yes	No	Yes	Yes	No	No	No	Yes	Yes
a. If yes, please list or describe the clinical model:											
	[46]	[47]	[48]	[49]	[50]	[51]			[52]	[53]	[54]
46. Our program is not a clinical model - some providers do have master's level providing direct services but not all. No formal clinical model used.											
47. HOMEBUILDERS®, CBT, FCT											
48. HOMEBUILDERS®											
49. HOMEBUILDERS®—therapist uses evidenced based interventions											
50. For Families First of Michigan, the model is the skill-based, strength-focused model of intervention.											
51. TF-CBT, CBT, Partners for Change Outcome Management System (PCOMS) using an Outcome Rating Scale and Session Rating Scale entered into MyOutcomes data base to monitor progress; Transtheoretical Change; Active Parenting (certified trainers and use of EBP parenting curriculum/materials for Case Managers)											
52. Specific clinical model is not dictated, however, counseling shall be based on a cognitive, behaviorally oriented model that encourages the development of linkages with natural helping networks and community resources.											
53. Solution focused therapy											
54. Cognitive behavioral interventions, teaching of life skills, Motivational Interviewing, relapse prevention											

Arkansas	Conn.	Indiana	Kentucky	Louisiana	Michigan	Mississippi	Missouri	New Jersey	N. Carolina	N. Dakota	Wash.
25. Is mandatory training on IFPS required for the workers who provide IFPS services?											
Yes	No	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes
If yes, how many days of mandatory training are required?											
Once a year		5 days	[55]	[56]	[57]	[58]	6 days	N/A	6 days	Yearly training (not measured by days)	14 days
55. 4 classroom days plus shadowing (observe) and supervisor observed prior to case responsibility, additional 4 days required during 1st year ongoing requirements											
56. 5 for Core plus ongoing (12 days +)											
57. For Families First: Seven days of Core Training, as well as, seven days of Substance Affected, Domestic Violence and Cultural Self Awareness training. (NOTE: the Core training is designed to incorporate the worker shadowing and initial case experience into the training, thereby allowing the worker to apply actual experiences in the training modules. Training is mandated by contract and is considered an essential part of IFPS programming.)											
58 5 days preservice and 2 annually											
26. Who pays for the mandatory training?											
State or County	N/A	State or County	State or County	State or County	State or County	IFPS Providers	State or County	State or County	State or County	IFPS Providers	State and IFPS Providers
27. Are IFPS services provided by public sector or private sector workers?											
Contracted Private Agency Employees	Contracted Private Agency Employees	Contracted Private Agency Employees	Contracted Private Agency Employees	Contracted Private Agency Employees	Contracted Private Agency Employees	Contracted Private Agency Employees	Contracted Private Agency Employees	Contracted Private Agency Employees	Both Public and Private Employees	Contracted Private Agency Employees	Contracted Private Agency Employees
28. If contracted private agency workers or independent contractors provide the services, what is the contracted dollar amount?											
$ per child											
N/A								$2,933			
$ per family											
					$4,744			$6,431	$6,000		$6,000
$ per hour											
				$114.16						$129.88	
Other rate (please specify)											
	Varies—funding level/allocation based on % of caseload	$9,000 per worker per month	Up to $6,200 per family but actual amounts vary by contract	Medicaid rate - Increase requested in 2014 (tba)	Actual Cost contracts for IFPS	$2.5 million grant for entire statewide program	$191.40 per day				

Arkansas	Conn.	Indiana	Kentucky	Louisiana	Michigan	Mississippi	Missouri	New Jersey	N. Carolina	N. Dakota	Wash.
29. How frequently is a Request for Proposals (RFP) issued for IFPS services?											
Every 3 years	Every 3 years	Every 2 years	Every 2 years	N/A	Every 3 years	Every 3 years	Every 4 years	5 or more years	Every 3 years	Every 2 years	5 or more years
30. Does the RFP include an option for extension of the contract?											
Yes	Yes	Yes	Yes	N/A	Yes	Yes	Yes	Yes	No	Yes	No
a. If yes, for how many years can the contract be renewed?											
3 years	2 years	2 years	Annually	[59]	[60]	Annually	Annually	[61]	2 years	2 years	Annually
59. CSoC 2012 Providers to contract with State Management Organization (SMO) 60. The decision to extend would be at the discretion of the Department of Human Services, not the provider and would be for a period no longer than a year. 61. Subject to annual appropriation and contract in good standing											
31. Are concrete service dollars (emergency assistance) available for IFPS families?											
Yes	Yes (through DCF not program)	No	Yes	No	Yes	Yes	No	Yes	Yes	No	Yes
a. If yes, average dollar amount per case:											
N/A	Varies		N/A	[62]	$300	$250 (flex funds - not expended on all cases but budgeted)	$200	$55 per family	N/A		$500
62. Initially, $100 was allowed via IFPS funds, however, that amount was eliminated and providers may request State Preventive or Reunification funds as needed.											

New Survey Questions

Some new questions were added to the survey in 2014.

The first nationwide survey of IFPS reported that 16,229 families in 16 states had received IFPS services in FY 1992. But it has proven elusive to determine the number of families receiving IFPS nationwide on an annual basis since then. The 2014 survey included a specific question asking the number of families served. The 12 exemplary states reported that they serve 11,542 families annually. While it is not possible to make a direct comparison with the number of families served in 1994 with the number served in 2014, the best guess is that there are a similar number or perhaps even fewer families served by IFPS today than there were 20 years ago. Responses from several exemplary states indicate they serve fewer families now than in the past.

Another new question asked how many hours of *initial* training are required for IFPS workers with responses showing a wide range of 6–60 hours of training with 7 states requiring 30 or more hours of initial training. Eight states require *ongoing* training. About half of the states indicated that IFPS providers offer field placements to college/university students but there appear to be a very limited number of placements. The following is the chart of new survey questions and responses:

Arkansas	Conn.	Indiana	Kentucky	Louisiana	Michigan	Mississippi	Missouri	New Jersey	N. Carolina	N. Dakota	Wash.
1. How many families *statewide* have received IFPS services in the most recent fiscal year?											
290	922	657	961	376	3,458	395	1,893	877	528	357	828
2. How many hours of *initial* training are required for IFPS workers (*initial* defined as prior to a worker accepting referrals and inclusive of the first year of employment)?											
6	[1]	35		[2]	56	[3]	18	36	36	[4]	60
1. 0 hours. Nothing specified in contract. Contracted agencies do train employees but there is no set curriculum.											
2. 52 hours. Core is 30 hours plus ongoing throughout year (up to 50 or more depending on trainings offered)											
3. (40 hours pre-service and 12 additional hours within the first year)											
4. 24 hours of Foundation Training, then 2–3 weeks of shadowing and one to one supervision											
3. Who provides the *initial* training?											
Contracted Trainer	Private Provider Who Employs the IFPS Worker	Contracted Trainer	[5]	Private Provider Who Employs the IFPS Worker	[6]	Private Provider Who Employs the IFPS Worker	Contracted Trainer	College/ University and Contracted Trainer	Contracted Trainer	Private Provider Who Employs the IFPS Worker	Contracted Trainer
5. Both contracted trainer and public agency											
6. Family Preservation Trainers provide the training. They are a separate unit within the state child welfare training institute.											
4. Is *ongoing* training required for IFPS workers (*ongoing* defined as any training after the first year of employment that is related to the delivery of IFPS services)?											
No	No	Yes		Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
a. If yes, how many hours annually are required for ongoing training?											
	0			Varies	40	12	10	24			24 in year 2 (not required after)
5. Do IFPS providers offer field placements to college/university students?											
[7]	No	No	N/A	Yes	Yes	Yes	No	No	Yes	Yes	Yes
7. IFPS Providers may have field placements for college/university students within their agency but they are not specifically assigned to our Intensive Family Services. They may get some experience with IFS but not exclusively.											
a. If known, how many students statewide had IFPS field placements in the most recent fiscal year? Students in IFPS field placements											
				1	Unknown	6			1	8-10 (approx.)	1

List of Contacts for Exemplary States

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IFPS Then and Now

To begin our look at the past into the present, a timeline shows the major IPFS events and activities over the past 40 years:

IFPS Timeline

1974 HOMEBUILDERS® model of IFPS begins in Tacoma, Washington, with four therapists employed by Catholic Community Services

1976 HOMEBUILDERS® expands to include a juvenile court project funded by the federal government

1977 HOMEBUILDERS® begins a nationwide training program

1979 HOMEBUILDERS® provides services to prevent placement in a psychiatric hospital

1980 HOMEBUILDERS® provides services to prevent placement of developmentally disabled children

1982 HOMEBUILDERS® has a new parent organization, Behavioral Sciences Institute (later changed to Institute for Family Development)

1986 The Edna McConnell Clark Foundation provides $3.3 million to develop model programs for family preservation

1987 HOMEBUILDERS® establishes a program in the Bronx, New York

The house had no front door. There were bullet holes in the wall . . . Neighbors gathered on the front porch, a sentry at the door. Drug traffic was heavy . . .

. . . The only furniture in the house was a run-down couch and a potty seat for the toddler. There were no beds, no chairs, no appliances . . .

. . . The family preservation therapist came daily to work with the mother and make sure the children were safe and fed.

At first the mother didn't want to get up from the floor where she slept. By the second week she was waiting on the porch for the therapist. Together they found another house.

The mother moved, taking her children with her. She left the father of her four children; he remained on drugs. She completed a drug treatment program and is getting her GED.

She says if the therapist hadn't come, she would have never survived.

1988 The federal government funds a project to determine the effectiveness of HOMEBUILDERS® at preventing out-of-home placement

1991 Two research studies are published on the effectiveness of HOMEBUILDERS® at preventing out-of-home placement

1992 With funding from the Edna McConnell Clark and the Annie E. Casey foundations, the National Family Preservation Network (NFPN) is formed to serve as the primary national voice for the preservation of families

1993 The federal Family Preservation and Support Act is passed to provide $1 billion over five years for family preservation and support programs

1994 NFPN publishes the first national directory of IFPS—the HOMEBUILDERS® model is reported to be in use in 35 states and 223 programs

1996 A random assignment study is conducted on the effectiveness of HOMEBUILDERS® with families that are reunifying

1999 NFPN adds reunification and father-involvement as initiatives to preserve families

2002 First study of HOMEBUILDERS® that includes targeting through random assignment and a separate reunification study that tests a new assessment tool

NFPN releases the NCFAS and NCFAS-R assessment tools/training packages for use with IFPS intact and reunifying families

2004 North Carolina study of HOMEBUILDERS® covering a seven-year time frame

2005 Research is published demonstrating the effectiveness of IFPS with post-adoptive families

2006 A study shows that only those programs adhering to the HOMEBUILDERS® model of IFPS reduce out-of-home placements and produce cost benefits

2007 The Casey Foundation funds a nationwide survey of IFPS and research on the effectiveness of IFPS with intact and reunifying families

2008 The Casey Foundation provides funding for an IFPS Summit in Louisville, KY

2010 A study shows IFPS is effective with older youth (12–17 years old)

2011 Third nationwide survey of IFPS is published—14 states have exemplary statewide programs

2013 IFPS Coast-to-Coast Blog begins

2014 Casey Foundation provides funding in recognition of the 40th anniversary of IFPS that include a gala event, development of an IFPS Repository, and the fourth publication of a nationwide IFPS survey

A study shows continued effectiveness of IFPS with family preservation and reunification programs

Early Pioneer

It's apparent from reviewing the timeline that funding from the Clark and Casey Foundations has been critical to the implementation and sustainability of IFPS. Douglas Nelson became president of the Casey Foundation in 1990. That year he was also one of the earliest prophetic voices to declare the potential impact of IFPS on the entire child welfare system. The following are Mr. Nelson's reflections from then to now:

Douglas W. Nelson

Institute for Family Development and the National Family Preservation Network 40th Anniversary Celebration

Submitted by Douglas W. Nelson
Retired President and CEO
Annie E. Casey Foundation

It is an honor to join you in celebrating the 40th Anniversary of HOMEBUILDERS®. For many years, I had the privilege of working with the leaders that developed, supported and conducted the valuable and important work of family preservation. Due to the dedication of so many committed child welfare experts, child welfare systems now go far beyond the provision of protective investigations, foster care placements and adoption services to provide a much wider array of programing that incorporates multiple supports to both ensure children's safety and strengthen families. This shift to better integrated service delivery—with the family at the heart of these services—would not be possible without the development of family preservation services.

As we come together to celebrate the successes of HOMEBUILDERS® and many other family preservation program models, it is clear family preservation has fundamentally changed child welfare. The impact of family preservation programs is immeasurable. The countless number of children and their families that avoided the additional

trauma associated with separation is not only felt in the present, but has had significant and positive impact on the life histories of thousands of our nation's most underserved and disadvantaged families.

Twenty-five years ago when I wrote the chapter "Recognizing and Realizing the Potential of 'Family Preservation' " in *Reaching High Risk Families*, family preservation was still a fledgling movement. Since then, the implementation of family preservation programs has been a transformative force, one that has affirmed the fundamental importance of family connections in the life of every child. Family preservation's influence and impact can be seen across many facets of our child welfare work, from the importance of family and child voice in team decision making, to the advancement of differential response, to a resurgence of the importance of kin in a child's life.

And now twenty-five years later, when child welfare has seen significant swings in practice models, when the volume of open cases has peaked and declined, when federal support has waned, family preservation's vision and mission have endured. It is no longer a trendy new practice idea—it is embedded in our social justice and in our everyday practice. An accomplishment few others can boast.

I am convinced that the lessons learned from the development and implementation of family preservation program models will continue to inform child welfare practice and system reform efforts in the next twenty five years. It is a timeless model that encourages and supports the fundamental belief that all children need and deserve a family.

Congratulations on a job well done. I am proud to have been a foot soldier in this historic movement.

What Was Said Then

An information packet on IFPS in 1994 provided a detailed overview of IFPS with the following components and a sample quote from each. Note that all of these components are still as essential today as they were 20 years ago:

1994 IFPS Information Packet

Quick Facts

An investment in families before they split up is an investment in children's future.

Myths and Facts

Myth: Foster care is a "safe haven" and children can always be protected there.

Fact: Too often, the devastating norm for foster children is multiple moves, long stays, and no stable permanent family ties.

Essential Elements for Success

Availability of the worker 24/7, working with families in their homes, small caseloads, short-term, intensive services, a mixture of "hard" and "soft" services, treating each family as a unit, meeting the family's goals, services tailored to each family's needs.

Crisis in Child Welfare

Today, although nearly half of the country's foster children are returned to their families in six months, the foster care system has turned into a way of life for hundreds of other children who spend a major portion of their young lives without permanent families.

Statistics

The cost of IFPS varies widely from state to state but the median cost in 1992 was $4,500 per family ($3,000 per child) . . . This is compared to a national median cost of $17,500 to support a child in foster care for a year.

IFPS and Family Support

Under the new federal law (Family Preservation and Support Act) states will receive nearly $1 billion over five years to expand community-based family support and preservation programs.

IFPS Coast to Coast

21 states support family preservation services—16 through legislation—15 states are now committed to expanding the program statewide.

Contacts/Resources

Lists of national experts, family preservation providers, legal and advocacy groups, resource materials, and documentaries.

Case Studies

Stories of four families who stayed together with IFPS services.

Ensuring Children's Safety

Safety of children, and of all family members, is the primary consideration of IFPS workers.

Evaluating the Results

With two decades of experience, intensive family preservation has a solid track record.

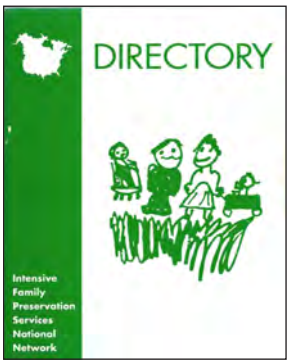
Broadening Horizons

Building on the success of IFPS in the child welfare system, other systems are now using the same model . . . mental health, juvenile justice, substance abuse, domestic violence.

Quotes

Sixteen quotes from national leaders including this Quintessential Quote: "Family preservation services appeal to our better side. With their constant commitment to the strengths, not weaknesses, of families in trouble, they are proving that most families can learn to stay together, that people can change" (Bill Moyers, *Families First*, PBS documentary).

Nationwide Surveys of IFPS: Comparing 1994 with 2014



The first nationwide survey of IFPS produced the 1994 IFPS Directory showcasing 223 programs that were based on the HOMEBUILDERS® model.

For a flavor of "then–now," three programs have been selected. The following are side-by-side comparisons of the 1994 survey responses for the state/individual IFPS program and the 2014 responses to the same survey:

LOUISIANA

Item	Then (mid-1990s)	Now (2007–2014)
Statewide Teams	14 (12 based on HOMEBUILDERS®) Included DCFS "in-house" teams as well as outside providers	6 All outside providers. No DCFS in-house teams. Note: IHBS has not been offered continuously. Funding ended in the mid to late 90s and did not resume until 2007.
Families Served	600	335 (fewer teams so fewer families are able to be served)
Funding	$2 milion	Medicaid funded since 2012
Parishes Served	57 out of 64 total	33 out of 64 total
Data Tracking	Minimal	Online Data Management tracking of all HOMEBUILDERS® cases referred/served (including service logs, assessments, service plans, etc.)
Training and Consultation	Provided by the Institute for Family Development (IFD)	Provided by IFD

For states considering funding of IFPS through Medicaid, the following are:

"Lessons Learned" from Louisiana Submitted by Nell Aucoin

1. Establishing a rate

Providers should complete a budget sheet outlining in detail all income/expenses in order to get an accurate cost of sustain-

ing the program. This budget must be very conservative to account for any turnover, lulls in referrals, employee vacation/sick leave, training, etc. Include personnel salaries/wages for Program Manager, Supervisor and Support staff (especially for billing), benefits, Client expenses ("reinforcement"), travel (this is a big one, especially for rural areas), office expenses/supplies, rent/equipment, publications, handouts/resources for families, etc. . . .

Consider Medicaid's payment structure in that Face to Face hours are billable but not the other components of a typical HOMEBUILDERS® intervention. Talk with other States regarding their funding for HOMEBUILDERS® (Kentucky, Washington, Indiana . . .).

Our initial established rate was too low:
$22.71 per 15 minute unit (Bachelor level)
$28.54 per 15 minute unit (Master level)

In comparison, the Multisystemic Therapy (MST) rate was:
$28.54 per 15 minute unit (Bachelor level)
$36.01 per 15 minute unit (Master level)

2. What QA pieces are required by the managed care provider or Medicaid? What documentation is needed? What data elements need to be captured?

Louisiana HOMEBUILDERS® teams had been using an online data management system to capture all case related information (service logs, assessments, service summaries, outcomes, etc.). An additional system was required for documentation and billing with managed care and Medicaid (so factor in this additional time for paperwork).

There is a "managed care/medical approach" that doesn't always fit with the HOMEBUILDERS® child welfare population. For example, are there requirements or an expectation that the therapist will secure a release of information from a child's primary care physician? Are advanced psych directives required for adolescents and adults? In

child welfare referrals, it is usually the parent that has *issues* leading to abuse/neglect, such as substance abuse or domestic violence as opposed to a "target child with a diagnosis." It took a year to clarify that Medicaid would pay for a HOMEBUILDERS® intervention when a child did not have a diagnosis. Prior to that time, authorizations were declined. They are now accepted with a code of 799.9.

Have an orientation for providers so it is clear what documentation/forms are required to be in the record so there are no surprises during an audit (which happened).

3. During Transition

Identify a liaison or contact person to troubleshoot issues between the provider(s) and the managed care agency/or Medicaid.

The transition to managed care and new services covered under Medicaid can be extremely difficult as everyone learns the new codes and procedures. Expect this to last a year or two.

Difficulties encountered:

- Phone-in authorization requests took too long (hours).
- Faxed authorization request were not always timely and were sometimes lost or missing.
- Hours (phone/e-mail) fixing authorization or payment issues

Other

A positive aspect of Medicaid coverage for HOMEBUILDERS® is that it opened it up to more children/families. Previously, HOMEBUILDERS® provided services to only DCFS children/families (the state was paying). Now that Medicaid pays for the service, it has opened it up to youth involved with OJJ (Office of Juvenile Justice) as well as children facing psychiatric hospitalization—to prevent removal from the home. The Medicaid payment model fits better with this population—the ones with a diagnosis facing psychiatric hospitalization.

MICHIGAN

DETROIT NEWS
AUGUST 27, 1993

Family preservation protects children

By Gerald Miller

A mission of the Michigan Department of Social Services is to protect children. Within that context, the philosophy is to strengthen families so children can be reared safety, intervening in people's lives "in the least intrusive manner and for the shortest possible time" needed to accomplish this goal. For most children, protection and safety can best be assured within their family.

■ The writer is director of the Michigan Department of Social Services.

Efforts to preserve or reunite families — the premise under which Michigan has operated for many years — has recently been questioned in some quarters. Some people feel the interests of the family are placed above the protection of children.

This is absolutely not so. We understand and accept their concern, and everyone agrees that harm to children in any circumstance is tragic. But let me assure you that the safety and well-being of children is always foremost.

Many people who argue for the removal of children see the damage which has been done by abusive or neglectful parents. I can understand that. However, they are not around to see the long-term damage to children that can result from acting hastily or unnecessarily to remove them from their families.

They also do not see the enormous successes that have resulted from our family preservation efforts, even sometimes with families once thought to be beyond hope. We hear from many families (96 percent in the latest study) that family preservation is exactly what they needed to help them deal with their problems — and they would recommend it for other families.

The two basic options available in most situations are either remove the child from the risk or remove the risk from the child. It is our belief that children are generally served best in the context of their own family; thus the second option is the one we should strive to attain.

This is not always possible and, when necessary, the court is petitioned to remove children who are at risk.

Out-of-home placement, even though necessary in some cases, always creates trauma for a child. Children get the message that it must have been their fault because, in their minds, they are the ones being punished — they are being removed from parents, friends, neighbors, sometimes school and other things familiar to them. Children generally suffer severe feelings of guilt and anxiety.

Children *love* their parents, and their goal is almost always to be reunited with their parents — except in very severe and unusual circumstances.

When children are removed from their parents, efforts begin immediately to plan for a permanent future for them. The first option is always to explore the possibility of reuniting the family. Other options may be living with older siblings, other relatives or a legal guardian.

Some family situations deteriorate so badly that the termination of parental rights must be considered so the child can be adopted.

One extremely important point to remember: Safeguards exist throughout the system. The role of the Probate Court is dominant in all decisions; to place children in foster care, to return them to their parents, to terminate the parents rights, to find the children another home or to approve adoption.

Family preservation or reunification, even though just one of the options, is the central focus not only because it is considered to be good practice — it's the law.

Foster care is a valuable and necessary ingredient for a quality child-care system, a short-term goal until a more permanent solution can be arranged. However, it is not a panacea — in many cases, the answer is *not* to quickly remove children from homes that may appear less than desirable.

The results of a life in the foster care system can be devastating. Children who have been in foster care tend to develop a long-term dependency on government support and exhibit much higher rates of school dropout and incarceration. It is a well-substantiated fact that out-of-home care is far more costly to the people of Michigan — both fiscally and in human terms — than keeping families safely together.

The safety of children must always be the primary concern, but rushing to "save" children can have, in the long run, the opposite effect. Sometimes ... many times the best way to save the child is by saving the family.

1992

MICHIGAN

FAMILIES FIRST

Agency Name: Michigan Department of Social Services
Agency Address: Grand Tower Building, Suite 413
P.O. Box 30037, 235 South Grand
Lansing, MI 48909

State Coordinator: Susan Kelly

Telephone Number: (517) 373-3465
Fax Number: (517) 373-2799

Number of IFPS Programs in the State: 50
Number of IFPS Programs In The State Based On The HOMEBUILDERS Model: 50
Number Of Counties/Districts Served In The State: 82
Total Number Of Counties/Districts In The State: 83

Total Funding for IFPS Programs (FY '92): $17,500,000

REFERRAL SOURCES

Public Child Welfare Agency
Public Social Services Agency
Public Mental Health Agency
Probate Court
Juvenile Corrections
Social Services

NUMBERS SERVED

	1992 ACTUAL	1993 PROJECTED
FAMILY	2,771	3,048
CHILDREN	7,565	8,321

2014

MICHIGAN
Families First of Michigan
April 28, 2014

Agency Name: Michigan Department of Human Services
Agency Address: Grand Tower Building, Suite 510
235 S. Grand Ave., P.O. Box 30037
Lansing, Michigan 48909

Family Preservation Manager: Guy Thompson

Telephone Number: (517) 335-3704
Fax Number: (517) 241-7047

Number of Families First of Michigan Providers: 37
Based on the HOMEBUILDERS model: 37
Number of Counties/Districts served: 83
Service Area: Statewide

Total Funding for Families First of Michigan for FY 2014: $17,244,500.00

REFERRAL SOURCES

Public Child Welfare Agency
Public Social Services Agency
Private Child Welfare Agency
Post-Adoption Resource Centers
Tribal Social Services
Juvenile Corrections
Domestic Violence Shelters

NUMBERS SERVED

	2013 ACTUAL	2014 PROJECTED
FAMILY	3062	3438
CHILDREN	7943	8534

NEW JERSEY—The Bridge, Inc.

Moneefah D. Jackson
The Bridge Supervisor
& NFPN Board Member

1992

ESSEX AND UNION COUNTIES FAMILY PRESERVATION SERVICES

Agency Name: The Bridge, Inc.
Agency Address: 589 Grove Street
Irvington, NJ 07111

Number of Sites:	1
Contact Person: Wilbert Taylor, Director	
Telephone Number:	(201) 371-3771
Fax Number:	(201) 371-9638
Program Catchment Area:	2 Counties
Agency Type:	Private
Start Date of IFPS Program:	1987

FUNDING SOURCE

Approximate Percentages of Funding Source(s):	
State	100 %

STAFF

Number of Full-Time Staff Members Serving Families:	11
Number of Part-Time Staff Members Serving Families:	0
Number of Other Staff Not Serving Families:	3
Maximum Number of Families Served By Program:	20
Maximum Number of Families Served By One Worker:	3
Average Length of the Intervention:	5.5 Weeks
Program Time Limit For Intervention	Yes
Intervention Time Limit:	8 Weeks
Number of Families Served During FY'92:	162
Number of Target Children at Imminent Risk of Removal Served (FY '92):	324
Projected Number of Families to Be Served in FY '93:	152
Projected Number of Target Children at Imminent Risk of Removal to be served in FY '93:	400

REFERRAL SOURCES

Public Child Welfare Agency	Yes
Public Social Services Agency	Yes
Public Mental Health Agency	Yes
Emergency Room Of Psychiatric Hospital	Yes
Family Court	Yes
Juvenile Corrections	Yes
CBOs	Yes

ASSESSMENT

Information Gathered on Client Satisfaction:	Yes

This program has been evaluated.

Year(s) of Assessment:	1992
Type(s) of Review Conducted:	Process Evaluation; Monitoring by Funding Source
Was The Assessment Conducted Externally To Agency:	Yes
Program Considers Itself To Be Based On Homebuilders Model:	Yes

2014

ESSEX & UNION COUNTIES FAMILY PRESERVATION SERVICES

Agency Name:	The Bridge, Inc.
Location:	589 Grove Street Irvington, NJ 07111
Number of Sites:	1
Contact Person:	Allison F. Reynolds, Program Director
Telephone Number:	(973) 371-3771
Fax Number:	(973) 372-0016
Program Catchment Area:	Essex & Union
Agency Type:	Private
Start DATE of FPS Program:	1987

Funding Source

Approximate Percentages of Funding Sources (s):	100%
Number of Full-Time Staff Members Serving Families:	11
Number of Part-Time Staff Members Serving Families:	0
Number of Other Staff Not Serving Families:	3
Maximum Number of Families Served By Program:	20
Maximum Number of Families Served by One Worker:	2
Average Length of Intervention:	6.0
Program Time Limit for Intervention:	Yes
Intervention Time Limit:	8 Weeks
Number of Families Served During FY' 2013:	91
Number of Target Children at Imminent Risk of Removal Served (FY'2013):	207
Projected Number of Families to Be Served in FY'2014:	138
Projected Number of Target Children at Imminent Risk of Removal to be served in FY' 2014:	222

REFERRAL SOURCES

Public Child Welfare Agency:	Yes
Public Social Services Agency:	No
Public Mental Health Agency:	No
Emergency Room of Psychiatric Hospital:	No
Family Court:	No
Juvenile Corrections:	No
CBOs:	No

ASSESSMENT

Information Gathered on Client Satisfaction:	Yes

THIS PROGRAM HAS BEEN EVALUATED

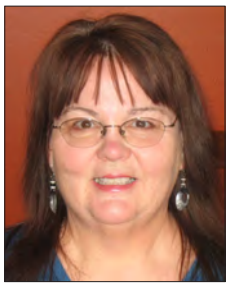
Year (s) of Assessment:	2013
Type (s) of Review Conducted:	Process Evaluation; Monitoring by Funding Source
Was The Assessment Conducted Externally To Agency:	Yes
Program Considers Itself to Be on Homebuilders Model:	Yes

New Changes in The Bridge, Inc.—FPS:

- We no longer have a great amount of referral resources.
- All of our referrals come from DCP&P.
- After the counselors terminate their cases, they have four days in between getting a case—in order for them to complete their paperwork.
- We no longer have a Technical Support Unit (TSU).
- DCP&P oversees the New Jersey FPS programs.

MISSOURI

A "then–now" look at Missouri comes from a unique perspective.



Bonnie Washeck

Over the course of two decades, Bonnie Washeck was one of Missouri's staunchest supporters of IFPS. She served in all IFPS positions: specialist, supervisor, program manager, IFPS statewide administrator, and as Deputy Director.

Bonnie recalls that from the beginning, the state of Missouri had both state workers and contracted providers delivering IFPS services. The contractors and the state staff and managers made it a priority to have good communication and understanding with one another to create and maintain strong teams. The policy expectations were the same for both contract and state staff and state IFPS workers had a flexible work schedule just as the private sector IFPS workers did.

Missouri had a very robust data collection and was able to publish annual reports that showed excellent outcomes. IFPS also received COA accreditation status.

It took several years of training and implementation for the staff to start speaking the IFPS language and make the cultural changes of truly family centered, strengths based, and collaborative practice at the family level.

Missouri viewed IFPS as a collaborative effort with everyone involved in IFPS working together to maintain the program and ensure quality. Several state administrators insisted on maintaining fidelity to the HOMEBUILDERS® model of IFPS.

Missouri was one of the first states to develop its own training for IFPS workers and also allowed any child welfare social worker to attend trainings.

TENNESSEE

One of the newest IFPS programs in the nation, is a federally-funded project in Tennessee. The following is a recent interview with Edwina Chappell, Principal Investigator, TIES project:

1. How long has your agency provided IFPS? Share about the history.

Ours is a partnership of a state mental health and substance abuse authority, state child welfare, community-based mental health center, and nonprofit research organization. The partnership began in 2012 when we applied for a collaborative grant with the Administration for Children and Families.

2. Why does your agency provide IFPS?

We had previous experience with IFPS as a statewide service designed to keep children safely and successfully in their homes rather than in state custody. A grant opportunity became available that allowed us to test the IFPS model on a smaller scale and evaluate its efficiency in families where parental substance abuse is an issue.

3. What qualities do you look for in an IFPS therapist?

We look for a culturally competent team of master's level clinical staff that is comfortable being family focused and values "family" as a necessary contributor to children's wellbeing. Staff must be open to IFPS values and competencies, and have a passion for direct service delivery. Keeping children safe and making a positive difference for them and their families must be staff's top priority.

4. What changes do you see in families that receive IFPS?

The data have shown that families are more hopeful after experiencing IFPS. There is some decay after six to 12 months, but families still remain more hopeful than at baseline. Families indicate appreciation to their therapist for new skills and connections. Families also report a more positive attitude around child welfare since IFPS.

5. How do you measure success of IFPS services?
We examine the extent to which we have been able to reduce entry into custody, as well as re-entry reductions for re-unification cases. We are further collecting data on increased social and emotional development of children and families using the North Carolina Family Assessment Scales.

6. What advice and resources can you share with other agencies that want to establish a strong IFPS program?
Contact the National Family Preservation Network (NFPN) for guidance. They will work with you in determining how to establish a strong IFPS program. Their IFPS Toolkit, available on the website, is also very useful, as are other site resources.

That's a brief look at how the past has impacted the present.
Now, what about the future?

The Future of IFPS

The 40th anniversary of IFPS happens to coincide with most of the current leaders in the field approaching retirement. That leads to the question of how IFPS will be transmitted to the upcoming generations. Here are some ideas as to how IFPS may be preserved and passed along:

1. **NFPN and the Institute for Family Development (IFD) are jointly developing an online IFPS Repository.** The website will serve as the electronic library for irreplaceable memorabilia and documents from the past, current documents that are critical to retaining and expanding the knowledge base of IFPS, and room for growth to add more documents in the future.

2. **Further development of training and tools for the field that are linked to research.** Based on reliable and valid assessment tools, NFPN developed exit instruments that corresponded to the assessment measures, field-tested the instruments, and included them in a research study showing positive outcomes. The exit instruments are now being disseminated.

3. **Renewed emphasis on broad collaboration.** In the early years, IFPS spread through the efforts of a broad collaborative including national organizations, state child welfare administrators, universities, social work educators, and researchers. One starting place for renewed collaboration might be an agreement between universities, states, and IFPS providers to expand the number of field placements for students. Early exposure can result in more students choosing a career in IFPS. A renewed focus on collaboration would also include inter-agency agreements to provide IFPS as is the case in Tennessee with an IFPS program that involves a partnership with the mental health, substance abuse, and child welfare systems.

4. **Leadership training and mentoring** are needed to help move people up the ladder from therapist to supervisor to program manager to administrator. Addressing this issue can also help with retention.

5. **The field must develop innovative proposals to attract funding.** Funding is especially needed to support cross-system collaboratives, research, and development of new leaders.

There is a lot of hard work ahead! Everyone involved in IFPS can and should contribute to preserving IFPS for future generations.

Last Word

The HOMEBUILDERS® model of IFPS services is the most important development in the history of services to families.

Demonstrating that the most challenging families can safely remain together, offering these families unlimited access to intensive services, treating them as partners, and anticipating that they can and will change in a brief period of time is an audacious undertaking.

And one that has withstood the test of time.