



Family Preservation and Stabilization Services

DEFINITION

Family Preservation and Stabilization Services provide crisis intervention, therapy, counseling, education, support, and, advocacy to families who are coping with circumstances that can put children at risk of being separated from their families and placed in out-of-home care, or families transitioning to reunification following a separation. Family preservation is sometimes considered an alternative response to a Child Protective Services (CPS) intervention.

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.

While the focus is on children remaining with their biological families, family preservation services are also used to stabilize foster and adoptive placements to prevent re-entry to service systems and facilities.

Research Note: *Intensive family preservation programs were traditionally intended to reduce out-of-home placement rates and, consequently, placement prevention was initially the outcome of ultimate interest. However, more recent literature criticizes the use of placement prevention as the principal outcome measure and emphasizes the importance of also valuing broader aspects of child and family functioning, such as environment, parental capabilities, family interactions, family safety, and child well-being.*

Research Note: *Studies have shown that at least 25% of all out-of-home placements could have been prevented with access to some form of family preservation and stabilization services. Research also demonstrates that it is much more difficult to successfully implement FPS services when the family has already experienced child separation.*

Note: *Families are considered to be at risk when one or more of the following circumstances exist:*

- a. *family violence, physical and/or emotional abuse, and neglect;*
- b. *parent-child conflicts, including those that result in a child running away;*
- c. *housing problems or financial distress;*

Purpose

Family Preservation and Stabilization Services improve family functioning, increase child and family well-being, ensure child safety, reduce the need for CPS intervention and/or the removal of children from the home, and strengthen families with children returning from out-of-home care.



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- d. *substance use conditions;*
- e. *mental health conditions or serious emotional disturbances;*
- f. *delinquency or incarceration;*
- g. *death, divorce, or separation of parents;*
- h. *resettlement-related stresses experienced by immigrant and refugee families; and/or?*
- i. *special needs presented by chronic illnesses or handicapping conditions*

Note: *Out-of-home placements can include, but are not limited to, placements in: kinship care, family foster care, psychiatric inpatient care, residential treatment, and juvenile justice facilities.*

Note: *Popular family preservation models include: 1) the crisis intervention model, 2) the home-based model, and 3) the family treatment model.*

Note: *The Indian Child Welfare Act (ICWA) provides a set of "minimum federal standards," which govern state child welfare proceedings involving American Indian and Alaska Native children. ICWA requires that active efforts be made to prevent removal or support reunification. Active efforts require affirmative, thorough, timely, and culturally responsive engagement with families to satisfy the case plan by accessing resources and services and partnering with the tribe. Early consultation with children's tribes is critical to ensuring that a full range of resources have been made available to the family and that active effort requirements are fulfilled. Agencies may work with tribal leadership, elders, religious figures, or professionals with expertise concerning the given tribe to determine culturally-responsive active efforts and identify culturally appropriate services for the family. Family preservation services are just one option in a continuum of support services that may be provided to families to prevent removal or support reunification.*

While collaboration with federally recognized tribes is required by ICWA, agencies should reach out to tribal representatives when children have heritage in tribes that are not federally recognized as well. Tribes and Indian organizations serve as an important resource to agencies working with American Indian and Alaska Native families. Tribes can facilitate families' connections to their culture and tribal government, inform families and the agency of culturally relevant services available to them, act as an advocate for children and their families, and provide ongoing support and information throughout all aspects of service delivery. Actively seeking tribal involvement is particularly important when tribes do not have the infrastructure to participate formally in the case or when the tribes are geographically distant from the family's home and their participation is somewhat limited.

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The terms "American Indian and Alaska Native", "Indian", or "Native" are used interchangeably throughout the standards to refer to children or families who are members of federally recognized tribes and protected under ICWA as well as to agencies or organizations that belong to or advocate on behalf of tribes.

Note: Please see [FPS Reference List](#) for a list of resources that informed the development of these standards.

Table of Evidence

Self-Study Evidence

- Provide an overview of the different programs being accredited under this section. The overview should describe:
 - a. the program's approach to delivering services;
 - b. eligibility criteria;
 - c. any unique or special services provided to specific populations; and
 - d. major funding streams.
- If elements of the service (e.g., assessments) are provided by contract with outside programs or through participation in a formal, coordinated service delivery system, provide a list that identifies the providers and the service components for which they are responsible. Do not include services provided by referral.
- Provide any other information you would like the Peer Review Team to know about these programs.
- A demographic profile of persons and families served by the programs being reviewed under this service section with percentages representing the following:
 - a. racial and ethnic characteristics;
 - b. gender/gender identity;
 - c. age;
 - d. major religious groups; and
 - e. major language groups
- As applicable, a list of groups or classes including, for each group or class:
 - a. the type of group/class;
 - b. whether the group/class is short-term or ongoing;
 - c. how often the group/class is offered;
 - d. the average number of participants per session of the group/class, in the last month; and
 - e. the total number of participants in the group/class, in the last month

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- A list of any programs that were opened, merged with other programs or services, or closed
- A list or description of program outcomes and outputs being measured

On-Site Evidence

No On-Site Evidence

On-Site Activities

No On-Site Activities

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PA-FPS 1: Service Philosophy, Modalities, and Interventions

The program is guided by a service philosophy that:

- a. sets forth a logical approach for how program activities and interventions will meet the needs of children and families;
- b. ensure services are family-focused, family-driven, culturally and linguistically competent, and trauma-informed;
- c. guides the development and implementation of program activities and services based on the best available evidence of service effectiveness; and
- d. specifies the service modalities and interventions that personnel may employ.

Interpretation: *A program model or logic model can be a useful tool to help staff think systematically about how the program can make a measureable difference by drawing a clear connection between the service population's needs, available resources, program activities and interventions, program outputs, and desired outcomes.*

Interpretation: *Being culturally and linguistically responsive includes attention to geographic location, language of choice, mode of communication, and the person's racial, ethnic, cultural background, age, sexual orientation, gender identity, gender expression, and developmental level. Variations of this phrase are used throughout the standards and relate to this definition.*

Research Note: *A trauma-informed approach to service delivery is one of that involves recognizing signs and symptoms of trauma by emphasizing the following during service-delivery:*

- safety;
- trustworthiness and transparency;
- peer support;
- collaboration and mutuality;
- empowerment, voice, and choice; and
- cultural, historical, and gender issues.

Rating Indicators

1) Full Implementation, Outstanding Performance

A rating of (1) indicates that the agency's practices fully meet the standard and reflect a high level of capacity.Â Â

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- All elements or requirements outlined in the standard are evident in practice, with rare or no exceptions; exceptions do not impact service quality or agency performance.

2) Substantial Implementation, Good Performance

A rating of (2) indicates that an agency's infrastructure and practices are basically sound but there is room for improvement.

- The majority of the standards requirements have been met and the basic framework required by the standard has been implemented.
- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality or agency performance.

3) Partial Implementation, Concerning Performance

A rating of (3) indicates that the agency's observed infrastructure and/or practices require significant improvement.

- The agency has not implemented the basic framework of the standard but instead has in place only part of this framework.
- Omissions or exceptions to the practices outlined in the standard occur regularly, or practices are implemented in a cursory or haphazard manner.
- Service quality or agency functioning may be compromised.
- Capacity is at a basic level.

4) Unsatisfactory Implementation or Performance

A rating of (4) indicates that implementation of the standard is minimal or there is no evidence of implementation at all.

- The agency's observed service delivery infrastructure and practices are weak or non-existent; or show signs of neglect, stagnation, or deterioration.
- Please see [Rating Guidance](#) for additional rating examples.

Table of Evidence

Self-Study Evidence

- Service philosophy
- Procedures for the use of therapeutic interventions
- Policies for prohibited interventions

On-Site Evidence

- Documentation of training/certification related to therapeutic

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interventions

On-Site Activities

- Interview:
 - a. Clinical or program director
 - b. Relevant personnel
 - c. Individuals/families served
- Review case records

PA-FPS 1.01

The service philosophy provides a logical basis for the services and supports delivered to children and families, and is based on program goals and the best available evidence of service effectiveness.

PA-FPS 1.02

Prior to implementing any therapeutic interventions with children and families, staff:

- a. are sufficiently trained and certified in the modality, as appropriate and available;
- b. conduct age-appropriate discussions with each family member regarding the circumstances that precipitated the need for the service;
- c. explain the benefits, risks, side effects, and alternatives to the family;
- d. obtain written, informed consent of all children and family members involved; and
- e. monitor the use and effectiveness of such interventions.

Interpretation: *Agencies that choose to engage in modalities or interventions that do not have an established evidence base should ensure that practices do not cause physical or psychological harm by demonstrating in their procedures that they have acknowledged the potential risks of implementing such methods and subsequently taken appropriate measures to minimize risks.*

Agencies should be mindful that interventions adopted for the broader population, including evidence-based practices, may be ineffective or harmful to American Indian and Alaska Native children and families, and instead identify culturally-appropriate interventions that have been demonstrated to be effective for the population served.

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PA-FPS 1.03

Organizational policy prohibits:

- a. corporal punishment;
- b. the use of aversive stimuli;
- c. interventions that involve withholding nutrition or hydration, or that inflict physical or psychological pain;
- d. the use of demeaning, shaming, or degrading language or activities;
- e. forced physical exercise to eliminate behaviors;
- f. unwarranted use of invasive procedures or activities as a disciplinary action; and
- g. punitive work assignments.

PA-FPS 1.04

An intervention is discontinued immediately if it produces adverse side effects or is deemed unacceptable according to prevailing professional standards.

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PA-FPS 2: Access to Service

Services are available to families who need assistance improving family functioning, increasing child well-being, and keeping children safe at home.

Rating Indicators

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Table of Evidence

Self-Study Evidence

No Self-Study Evidence

On-Site Evidence

- Procedures for collaborating with agencies that refer families for service, if applicable
- Materials provided to the public and/or other agencies informing them about the agency's services

On-Site Activities

- Interview:
 - a. Program director
 - b. Relevant personnel

PA-FPS 2.01

Services are available to families facing challenges that affect child and family safety, well-being, and/or stability 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.

Research Note: *Intensive programs were traditionally intended for families with children at "imminent" risk of placement, and one study found that treatment effects were strongest among the highest risk cases. However, programs may define "imminent" differently, and research suggests that services are generally not delivered to families with children truly at risk of placement. Further, research indicates that it can be difficult to successfully target these families, even when doing so is an explicit program goal. This finding reinforces the importance of measuring broader aspects of child and family functioning rather than focusing solely on placement prevention.*

PA-FPS 2.02

When families are referred and mandated to receive services by an agency with statutory responsibility, the agency works with the referring agency to promote efficient case coordination and collaboration.

Interpretation: *Services are often provided through the child welfare,*

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juvenile justice, or mental health systems.

NA *Families are not referred to services by other agencies.*

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PA-FPS 3: Screening and Intake

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

Rating Indicators

1) Full Implementation, Outstanding Performance

A rating of (1) indicates that the agency's practices fully meet the standard and reflect a high level of capacity.Â Â

- All elements or requirements outlined in the standard are evident in practice, with rare or no exceptions;Â exceptions do not impact service quality or agencyÂ performance.Â

2) Substantial Implementation, Good Performance

A rating of (2) indicates that an agency's infrastructure and practices are basically sound but there is room for improvement.Â

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Please see [Rating Guidance](#) for additional rating examples.Â

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Table of Evidence

Self-Study Evidence

- Screening procedures
- Procedures for determining tribal membership and facilitating tribal involvement in cases involving American Indian and Alaska Native children

On-Site Evidence

No On-Site Evidence

On-Site Activities

- Interview:
 - a. Program director
 - b. Relevant personnel
 - c. Families served
- Review case records

(FP) PA-FPS 3.01

The agency responds to referrals or requests for service by directly 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. Agencies providing intensive services should be able to respond immediately, if necessary. When special circumstances result in the postponement of contact, the agency should document these circumstances, as well as its efforts to initiate contact, within the first 24 hours of referral or request for service.*

PA-FPS 3.02

The family is screened and informed about what services will be available and when, and works with the agency to determine how well family members' needs and risk factors match the agency's services.

Interpretation: *The agency should consider both the intensity and duration of the services it provides and recommend the most appropriate and least*

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intrusive service alternative that will preserve child and family safety and well-being.

NA *Another provider is responsible for screening, as defined in a contract.*

(FP) PA-FPS 3.03

Prompt, responsive intake practices:

- a. are culturally responsive;
- b. are trauma-informed;
- c. ensure equitable treatment;
- d. give priority to urgent needs and emergency situations;
- e. support timely initiation of services; and
- f. provide for placement on a waiting list, if applicable.

Interpretation: *To ensure that transgender and gender non-conforming service recipients are treated with respect and feel safe, intake forms and procedures should allow individuals to self-identify their gender. Additionally, service recipient choice regarding their first names and pronouns should be respected.*

Interpretation: *Trauma-informed intake practices explore whether a service recipient has been exposed to traumatic events and exhibits trauma-related symptoms and/or mental health disorders. A positive screen indicates that an assessment or further evaluation by a trained professional is needed.*

PA-FPS 3.04

Families who cannot be served, or cannot be served promptly, are referred or connected to appropriate resources.

NA *The agency accepts all clients.*

(FP) PA-FPS 3.05

The agency identifies American Indian and Alaska Native families and collaborates with the tribe or Indian organization to the greatest extent possible and appropriate to:

- a. determine the most appropriate plan for the family; and
- b. maintain connections between the family and tribe when desired by the

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family.

Interpretation: *The agency is responsible for having established procedures for identifying American Indian and Alaska Native families who are members of an Indian 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.*

Research Note: *Early identification of American Indian and Alaska Native families supports delivery of culturally responsive services and is critical to ensuring that the requirements of ICWA are followed should children later be removed from the home. To facilitate accurate determinations of tribal membership, agencies should provide tribes with: parents' genograms or family ancestry charts; parents' maiden, married, and other known former names or aliases; parents' current and former addresses; and parents' places of birth and birthdates.*

Note: *Evidence of efforts to identify and contact the family's tribe and of tribal participation should be documented in the case record.*

PA-FPS 3.06

During intake, the agency gathers information to identify critical service needs and/or determine when a more intensive service is necessary, including:

- a. personal and identifying information;
- b. physical and mental health status, and emergency health needs;
- c. developmental histories; and
- d. safety concerns, including imminent danger or risk of future harm.

Research Note: *According to the National Council for Behavioral Health (NCBH), Mental Health First Aid and Youth Mental Health First Aid are federally recognized evidence-based practices and training programs designed to empower direct service providers with the skills needed to identify and respond appropriately to mental health distress and crises at the point of initial screening. These practices promote early detection and intervention, especially in cases where the service recipient may pose a threat of physical harm to self or others.*

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PA-FPS 4: Assessment

Children and families participate in a comprehensive, individualized, strengths-based, family-focused, culturally- responsive, and trauma-informed assessment.

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.*

Research Note: *For an assessment to be trauma-informed, it assumes that every individual has likely been exposed to experiences that are traumatic, including abuse (physical, psychological, or sexual), neglect, out-of-home placements, exposure to community or familial violence, or persistent stress. Adopting this assumption in all levels of treatment ensures the organization actively avoids instances that can re-traumatize service recipients.*

Research Note: *When a case involves American Indian or Alaska Native family, tribal representatives or individuals with knowledge of the tribe and tribal customs, should be involved in the assessment to the greatest extent possible and appropriate to improve the quality of the assessment by ensuring that it is culturally grounded and involves the family and tribal community.*

Rating Indicators

1) Full Implementation, Outstanding Performance

A rating of (1) indicates that the agency's practices fully meet the standard and reflect a high level of capacity.Â Â

- All elements or requirements outlined in the standard are evident in practice, with rare or no exceptions;Â exceptions do not impact service quality or agencyÂ performance.Â

2) Substantial Implementation, Good Performance

A rating of (2) indicates that an agency's infrastructure and practices are basically sound but there is room for improvement.Â

- The majority of the standards requirements have been met and the basic framework required by the standard has been implemented.Â Â
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3) Partial Implementation, Concerning Performance

A rating of (3) indicates that the agency's observed infrastructure and/or practices require significant improvement.Â Â

- The agency has not implemented the basic framework of the standard but instead has in place only part of this framework.Â Â Â
- Omissions or exceptions to the practices outlined in the standard occur regularly, or practices are implemented in a cursory or haphazard manner.Â
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- Capacity is at a basic level.

4) Unsatisfactory Implementation or Performance

A rating of (4) indicates that implementation of the standard is minimal or there is no evidence of implementation at all.Â Â

- The agencyâ€™s observed service delivery infrastructure and practices are weak or non-existent; or show signs of neglect, stagnation, or deterioration.Â Â
Please see [Rating Guidance](#) for additional rating examples.Â

Table of Evidence

Self-Study Evidence

- Assessment procedures
- Assessment tools and/or criteria included in assessment

On-Site Evidence

- Qualifications of personnel who conduct assessments

On-Site Activities

- Interview:
 - a. Program director
 - b. Relevant personnel
 - c. Families served
- Review case records

PA-FPS 4.01

Personnel who conduct assessments are qualified by relevant training, skill, and experience and can children and families with special needs.

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PA-FPS 4.02

When personnel conduct assessments, family members are considered the primary source of information.

Interpretation: *Collateral sources of information can be sought to help confirm and/or enhance information for assessment purposes. When services are mandated by a referring agency with statutory responsibility, that agency may supply additional information about the need for service.*

Interpretation: *Extended family members may participate in the assessment process if their involvement is appropriate.*

PA-FPS 4.03

The information gathered for assessments is comprehensive, directed at concerns identified in the initial screening, and limited to material pertinent for meeting service requests and objectives.

PA-FPS 4.04

Assessments are conducted in a strengths-based and culturally responsive manner and focused on:

- a. increasing family engagement in the process;
- b. gaining a better understanding of children's and families' experiences;
- c. learning about times families managed challenging situations successfully; and
- d. identifying competencies and resources that each family member can utilize and leverage to promote change and reduce the risks that precipitated the need for service.

Interpretation: *All children and families have areas of strength and resilience. Staff should engage all family members involved in the case in an open and safe dialogue about their strengths, struggles, fears, and experiences during the assessment process, especially to inform treatment efforts. A comprehensive assessment that guides effective service planning is best achieved when families are engaged as partners in identifying their strengths and needs.*

Research Note: *It may be especially important to identify strengths related to the protective factors that have been shown to support effective parenting and promote child and family well-being, even under stress. Research has shown that protective factors including nurturing and attachment, knowledge*

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of parenting and child and youth development, parental resilience, social connections, and concrete supports for parents are linked to lower incidence of child abuse and neglect and family dysfunction.

PA-FPS 4.05

Assessments are designed to explore, as appropriate, each family member's strengths, needs, and functioning related to the following areas:

- a. physical health, including any chronic health problems;
- b. emotional stability, mental health, and adjustment and coping skills;
- c. behavior;
- d. educational readiness, attainment, and cognitive development;
- e. family relationships, family dynamics, and any history or presence of domestic violence;
- f. informal and social supports, including relationships with adults and peers in the extended family and community, as well as connections to community and cultural resources;
- g. substance use;
- h. trauma exposure and related symptoms;
- i. parenting skills and disciplinary practices;
- j. gender identity and sexual orientation; and
- k. any history of human trafficking.

Research Note: *Research on suicide prevention shows that behavioral health conditions, such as mental illness and/or substance use disorders, and traumatic or violent life events can heighten suicide risk. Identifying risks, warning signs, and protective factors during the assessment process can facilitate prompt access to necessary services and interventions.*

PA-FPS 4.06

Assessments are completed within timeframes established by the agency.

PA-FPS 4.07

Providers continually evaluate progress, needs, strengths, risks, impediments to service, and the continued need for service, and document the results of their ongoing evaluations once a month.

Interpretation: *Consistently applied criteria should be used to evaluate risks or needs that may inhibit resolution of pressing issues. The agency*

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can develop its own criteria or use an established risk assessment tool.

Interpretation: *When tribal representatives or local Indian organizations are involved in the case, they must receive timely notification of evaluations to support their involvement. Phone and video conferencing can be used to facilitate tribal participation.*

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PA-FPS 5: Service Planning and Monitoring

Each family member participates in the development and ongoing review of a service plan that is the basis for delivery of appropriate services and support.

Interpretation: *Generally children age six or over are to be included in service planning, unless there are clinical justifications for not doing so.*

Interpretation: *When the case involves an American Indian or Alaska Native family, tribal representatives or individuals with knowledge of the tribe and tribal customs should be involved in the service planning process to the greatest extent possible and appropriate, and culturally relevant resources available through or recommended by the tribe or local Indian organizations should be considered and prioritized when developing the service plan.*

Rating Indicators

1) Full Implementation, Outstanding Performance

A rating of (1) indicates that the agency's practices fully meet the standard and reflect a high level of capacity.Â Â

- All elements or requirements outlined in the standard are evident in practice, with rare or no exceptions;Â exceptions do not impact service quality or agencyÂ performance.Â

2) Substantial Implementation, Good Performance

A rating of (2) indicates that an agency's infrastructure and practices are basically sound but there is room for improvement.Â

- The majority of the standards requirements have been met and the basic framework required by the standard has been implemented.Â Â
- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality or agencyÂ performance. Â

3) Partial Implementation, Concerning Performance

A rating of (3) indicates that the agency's observed infrastructure and/or practices require significant improvement.Â Â

- The agency has not implemented the basic framework of the standard but instead has in place only part of this framework.Â Â Â
- Omissions or exceptions to the practices outlined in the standard occur regularly, or practices are implemented in a cursory or haphazard manner.Â

Purpose

Family Preservation and Stabilization Services improve family functioning, increase child and family well-being, ensure child safety, reduce the need for CPS intervention and/or the removal of children from the home, and strengthen families with children returning from out-of-home care.



Family Preservation and Stabilization Services

- Service quality or agency functioning may be compromised.
- Capacity is at a basic level.

4) Unsatisfactory Implementation or Performance

A rating of (4) indicates that implementation of the standard is minimal or there is no evidence of implementation at all.

- The agency's observed service delivery infrastructure and practices are weak or non-existent; or show signs of neglect, stagnation, or deterioration.
- Please see [Rating Guidance](#) for additional rating examples.

Table of Evidence

Self-Study Evidence

- Service planning and monitoring procedures

On-Site Evidence

- Documentation of case review

On-Site Activities

- Interview:
 - a. Program director
 - b. Relevant personnel
 - c. Families served
- Review case records

PA-FPS 5.01

A family-centered service plan is developed within a timeframe that is responsive to family needs, with the full participation of family members.

Interpretation: *Service planning is to be conducted so that family members retain as much personal responsibility and self-determination as possible and desired. Individuals with limited ability in making independent choices can receive help with making or learning to make decisions.*

PA-FPS 5.02

The service plan is based on the assessment and includes:

- a. agreed upon goals, desired outcomes, and timeframes for achieving

Purpose

Family Preservation and Stabilization Services improve family functioning, increase child and family well-being, ensure child safety, reduce the need for CPS intervention and/or the removal of children from the home, and strengthen families with children returning from out-of-home care.



Family Preservation and Stabilization Services

them;

- b. services and supports to be provided, and by whom; and
- c. a parent or legal guardian's signature.

Interpretation: *The agency should demonstrate an acknowledgement of the value of incorporating culturally-grounded interventions into the service plan, and include traditional practices or customs of the child's culture, tribe, or faith-based community to the greatest extent possible and appropriate.*

(FP) PA-FPS 5.03

During service planning the agency explains:

- a. available options;
- b. how the agency can support the achievement of desired outcomes;
- c. the benefits, cultural relevance, and alternatives to planned services for all family members;
- d. what information will be shared with the agency that made the initial referral for family preservation and stabilization services, if applicable; and
- e. expectations and potential consequences of noncompliance with the service plan.

(FP) PA-FPS 5.04

Families are informed about:

- a. any time limits associated with service provision;
- b. any limitations on subsequent service or follow-up upon case closure; and
- c. the role the agency will play in helping them identify resources that meet ongoing needs.

PA-FPS 5.05

Extended family members and significant others, as appropriate and with the consent of the family, are advised of ongoing progress and invited to participate in case conferences.

Interpretation: *The agency can facilitate the participation of extended family and significant others by, for example, helping arrange transportation*

Purpose

Family Preservation and Stabilization Services improve family functioning, increase child and family well-being, ensure child safety, reduce the need for CPS intervention and/or the removal of children from the home, and strengthen families with children returning from out-of-home care.



Family Preservation and Stabilization Services

or including them in scheduling decisions.

PA-FPS 5.06

The provider and family regularly review progress toward achievement of agreed upon goals and sign revisions to service goals and plans.

PA-FPS 5.07

The provider and a supervisor, or a clinical, service, or peer team, regularly review the case to assess:

- a. service plan implementation;
- b. the family's progress toward achieving goals and desired outcomes; and
- c. the continuing appropriateness of agreed upon goals.

Interpretation: *Experienced providers may conduct reviews of their own cases. In such cases, the provider's supervisor reviews a sample of the provider's evaluations as per the requirements of the standard. Timeframes for service plan reviews should be adjusted depending upon issues and needs of persons receiving services, and the frequency and intensity of services provided. For example, if services are intended to endure for 8 weeks, reviews may need to occur biweekly whereas it may be more appropriate to conduct monthly reviews when services are intended to endure for 12 weeks or more. In rare cases when preventive services endure for up to a year, reviews can occur quarterly unless otherwise indicated.*

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. Phone and video conferencing can be used to facilitate tribal participation.*

Purpose

Family Preservation and Stabilization Services improve family functioning, increase child and family well-being, ensure child safety, reduce the need for CPS intervention and/or the removal of children from the home, and strengthen families with children returning from out-of-home care.



Family Preservation and Stabilization Services

PA-FPS 6: Family-Focused Approach to Service Delivery

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

Rating Indicators

1) Full Implementation, Outstanding Performance

A rating of (1) indicates that the agency's practices fully meet the standard and reflect a high level of capacity.Â Â

- All elements or requirements outlined in the standard are evident in practice, with rare or no exceptions;Â exceptions do not impact service quality or agencyÂ performance.Â

2) Substantial Implementation, Good Performance

A rating of (2) indicates that an agency's infrastructure and practices are basically sound but there is room for improvement.Â

- The majority of the standards requirements have been met and the basic framework required by the standard has been implemented.Â Â
- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality or agencyÂ performance. Â

3) Partial Implementation, Concerning Performance

A rating of (3) indicates that the agency's observed infrastructure and/or practices require significant improvement.Â Â

- The agency has not implemented the basic framework of the standard but instead has in place only part of this framework.Â Â Â
- Omissions or exceptions to the practices outlined in the standard occur regularly, or practices are implemented in a cursory or haphazard manner.Â
- Service quality or agencyÂ functioning may be compromised.Â Â Â
- Capacity is at a basic level.

4) Unsatisfactory Implementation or Performance

A rating of (4) indicates that implementation of the standard is minimal or there is no evidence of implementation at all.Â Â

- The agency's observed service delivery infrastructure and practices are weak or non-existent; or show signs of neglect, stagnation, or deterioration.Â Â
Please see [Rating Guidance](#) for additional rating examples.Â

Purpose

Family Preservation and Stabilization Services improve family functioning, increase child and family well-being, ensure child safety, reduce the need for CPS intervention and/or the removal of children from the home, and strengthen families with children returning from out-of-home care.



Family Preservation and Stabilization Services

Table of Evidence

Self-Study Evidence

- A description of services
- A description of typical or preferred length of service
- Procedures and/or criteria for extending services

On-Site Evidence

No On-Site Evidence

On-Site Activities

- Interview:
 - a. Program director
 - b. Relevant personnel
 - c. Families served
- Review case records

PA-FPS 6.01

Families and providers establish respectful, family-centered relationships that facilitate collaborative and productive service planning and delivery.

Interpretation: *To facilitate the development of supportive, trust-based relationships that empower families, services should be delivered by a single provider, or by a consistent set of providers who work together as a team.*

Research Note: *Literature emphasizes the importance of developing good relationships with families, and one study found that parents were more likely to report improvements in discipline and emotional care of their children when they viewed their relationships with providers as positive. The same study also found that encouraging open communication and making frequent visits were predictors of a positive relationship.*

PA-FPS 6.02

Service providers act as consultants and facilitators of change who empower family members and help them to:

- a. identify strengths, competencies, resources, and options;
- b. understand problems in new, more helpful ways; and
- c. devise solutions to specific problems.

Purpose

Family Preservation and Stabilization Services improve family functioning, increase child and family well-being, ensure child safety, reduce the need for CPS intervention and/or the removal of children from the home, and strengthen families with children returning from out-of-home care.



Family Preservation and Stabilization Services

PA-FPS 6.03

Services are provided in home and community settings.

PA-FPS 6.04

Services are:

- a. tailored to meet families' unique needs;
- b. designed to involve all family members, including extended family, children, youth, and adults, to the maximum extent possible and appropriate; and
- c. available 24 hours a day, 7 days a week to ensure that families receive help when and where they need it.

PA-FPS 6.05

Service frequency and intensity is based upon the initial and ongoing assessments of family functioning and determined by:

- a. family needs; and
- b. the level of concern for child and/or family safety.

Interpretation: *The frequency and intensity of services should be modified to reflect any observed or measured changes in individual or family functioning, as referenced in PA-FPS 4.06, PA-FPS 506, and PA-FPS 5.07.*

PA-FPS 6.06

Services are of limited duration and focused on resolving the pressing issues that precipitated the need for service.

Interpretation: *Services are generally time-limited. However, it can also be appropriate to extend services when families are not ready for them to end. An agency should document and justify in the case record any extension of service beyond the limit it establishes.*

Research Note: *Although services reviewed under this section are traditionally of limited duration, some literature questions the extent to which short-term services can be expected to solve the problems of the families typically served, many of whom experience chronic and serious difficulties. Research in the field of child welfare suggests that long-term supports and*

Purpose

Family Preservation and Stabilization Services improve family functioning, increase child and family well-being, ensure child safety, reduce the need for CPS intervention and/or the removal of children from the home, and strengthen families with children returning from out-of-home care.



Family Preservation and Stabilization Services

services should be maintained for at least 12 months in cases of family reunification. This perspective points to the importance of linking families with more long-term supports and services, as referenced in PA-FPS 7 and PA-FPS 10.

Purpose

Family Preservation and Stabilization Services improve family functioning, increase child and family well-being, ensure child safety, reduce the need for CPS intervention and/or the removal of children from the home, and strengthen families with children returning from out-of-home care.



Family Preservation and Stabilization Services

PA-FPS 7: Family Supports, Services, and Interventions

Families receive a range of supports, services, and interventions that help them resolve pressing issues and improve child, parent, and family functioning.

Interpretation: *When the case involves an American Indian or Alaska Native family, services offered by the tribe should be considered and prioritized to the greatest extent possible and appropriate when coordinating the delivery of services.*

Rating Indicators

1) Full Implementation, Outstanding Performance

A rating of (1) indicates that the agency's practices fully meet the standard and reflect a high level of capacity.

- All elements or requirements outlined in the standard are evident in practice, with rare or no exceptions; exceptions do not impact service quality or agency performance.

2) Substantial Implementation, Good Performance

A rating of (2) indicates that an agency's infrastructure and practices are basically sound but there is room for improvement.

- The majority of the standards requirements have been met and the basic framework required by the standard has been implemented.
- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality or agency performance.

3) Partial Implementation, Concerning Performance

A rating of (3) indicates that the agency's observed infrastructure and/or practices require significant improvement.

- The agency has not implemented the basic framework of the standard but instead has in place only part of this framework.
- Omissions or exceptions to the practices outlined in the standard occur regularly, or practices are implemented in a cursory or haphazard manner.
- Service quality or agency functioning may be compromised.
- Capacity is at a basic level.

4) Unsatisfactory Implementation or Performance

A rating of (4) indicates that implementation of the standard is minimal or

Purpose

Family Preservation and Stabilization Services improve family functioning, increase child and family well-being, ensure child safety, reduce the need for CPS intervention and/or the removal of children from the home, and strengthen families with children returning from out-of-home care.



Family Preservation and Stabilization Services

there is no evidence of implementation at all.Â Â

- The agency's observed service delivery infrastructure and practices are weak or non-existent; or show signs of neglect, stagnation, or deterioration.Â Â
Please see [Rating Guidance](#) for additional rating examples.Â

Table of Evidence

Self-Study Evidence

- A description of services
- Procedures for linking families to services and providing ongoing monitoring and follow-up

On-Site Evidence

- Coverage schedule for crisis intervention services
- Qualifications of personnel providing services to individuals with serious mental health needs, if applicable

On-Site Activities

- Interview:
 - a. Program director
 - b. Relevant personnel
 - c. Families served
- Review case records

(FP) PA-FPS 7.01

Families are helped to meet their basic needs for:

- a. food;
- b. clothing;
- c. housing;
- d. transportation;
- e. health and medical care;
- f. child care; and
- g. financial assistance.

Interpretation: *Resources should be culturally relevant and can be provided directly or by referral. In some cases workers may help families directly, for example, by providing transportation, and in other cases it may be appropriate to connect the family with services offered by other*

Purpose

Family Preservation and Stabilization Services improve family functioning, increase child and family well-being, ensure child safety, reduce the need for CPS intervention and/or the removal of children from the home, and strengthen families with children returning from out-of-home care.



Family Preservation and Stabilization Services

community providers. If needed resources are lacking or not easily accessible within the community, the agency should advocate for their availability. To meet these basic needs continuously over time families may also need to be connected to services described in PA-FPS 7.03, such as vocational and employment services.

Research Note: Research suggests that families receiving family preservation services often lack the resources needed to meet their basic needs. Some literature suggests that it may be important to address these needs at the beginning of service delivery, noting that it can be difficult to address other more complex problems if material needs remain unmet.

PA-FPS 7.02

Family members are engaged in safety planning and involved in identifying potential safety strategies and resources.

PA-FPS 7.03

Family members are helped to develop and apply desired and needed competencies in areas that include, as appropriate:

- a. life-skills and effective self-care;
- b. positive parenting and appropriate methods of discipline;
- c. managing a household and budgeting;
- d. effective communication and maintaining interpersonal relationships, including relationships with other family members;
- e. decision-making and problem solving;
- f. coping with stress, adversity, and conflicts;
- g. managing and coping with mood and behavior problems;
- h. accessing needed community resources; and
- i. collaborating effectively with children's child care providers, pre-schools, or schools, as appropriate.

PA-FPS 7.04

Families are helped to obtain culturally-relevant community services needed to improve family functioning and promote positive parent and child development.

Interpretation: Needed community services can include: educational and literacy services, vocational and employment services, housing services,

Purpose

Family Preservation and Stabilization Services improve family functioning, increase child and family well-being, ensure child safety, reduce the need for CPS intervention and/or the removal of children from the home, and strengthen families with children returning from out-of-home care.



Family Preservation and Stabilization Services

respite care services, mental health services, services for substance use conditions, domestic violence services, legal services, and children's services (including educational, recreational, social, and therapeutic services that promote children's physical, emotional, cognitive, and social development). To facilitate access to and reduce unnecessary duplication among services, the agency should collaborate with other involved providers, including, when applicable, personnel at the agency that makes the initial referral for family preservation and stabilization services.

PA-FPS 7.05

Children and family members in the home are helped to:

- a. explore their natural resources and personal strengths;
- b. identify current sources of support, including peer support;
- c. develop plans for managing any negative influences in their social support networks; and
- d. consider how they can expand their social support networks, as necessary

Interpretation: *When the case involves an American Indian or Alaska Native family, implementing this standard may involve assisting the child or family in applying for tribal membership when desired and appropriate.*

Interpretation: *Extended family, friends, neighbors, co-workers, and other community members may help to provide the ongoing support a family will need over time.*

Research Note: *Literature emphasizes the important role that a healthy support network can play even after a case has been closed, noting that the people in a parent's network can offer emotional support, help solve problems, serve as resources when parents need concrete assistance, and even enrich the lives of their children. A social support network can also have a stress buffering effect, which can in turn have a positive impact on parenting.*

Research Note: *The research indicates that strengths-focused interventions take an inventory of both internal resources (e.g., self-efficacy) and external resources (e.g., social support) as assets to be utilized in treatment. Using strengths and resources is a key factor when building resilience.*

Purpose

Family Preservation and Stabilization Services improve family functioning, increase child and family well-being, ensure child safety, reduce the need for CPS intervention and/or the removal of children from the home, and strengthen families with children returning from out-of-home care.



Family Preservation and Stabilization Services

(FP) PA-FPS 7.06

Crisis intervention services are available 24 hours a day, 7 days a week.

Interpretation: *Crisis intervention services may be provided directly or through a contracted on-call provider.*

If an agency offering intensive family preservation and stabilization services uses an on-call provider when its staff are not available to provide services directly, the on-call provider should: (1) share the agency's approach to service, (2) have experience with family preservation and stabilization services, and (3) be familiar with families' specific issues or have a means of promptly acquiring all critical information.

(FP) PA-FPS 7.07

When a program is designed to serve individuals with serious mental health needs, a qualified mental health professional is available to provide services, as needed.

Interpretation: *If a program is not specifically designed to serve individuals with serious mental health needs, individuals who need these services can receive them by referral.*

Interpretation: *When the case involves tribal representatives, the qualified mental health professional should be identified or approved by the tribal community to ensure that services are culturally appropriate and include the family and tribal community to the greatest extent possible.*

NA *The agency does not serve individuals with serious mental health needs.*

Purpose

Family Preservation and Stabilization Services improve family functioning, increase child and family well-being, ensure child safety, reduce the need for CPS intervention and/or the removal of children from the home, and strengthen families with children returning from out-of-home care.



Family Preservation and Stabilization Services

PA-FPS 8: Assessing the Need for Out-of-Home Care

Safety assessments are conducted on a regular basis, and qualified professionals are involved in evaluations of the need for placement in out-of-home care.

Interpretation: *When the case involves an American Indian or Alaska Native family, a representative from the tribe or Indian organization must be involved in regular evaluations of the need for out-of-home care to ensure compliance with Indian Child Welfare Act requirements governing the removal of an Indian child from the home. Ongoing and active participation by tribal representatives can be facilitated through phone and video conferencing to overcome geographic or resource challenges.*

Interpretation: *Qualified professionals will have two years related experience and an advanced degree in social work or a comparable human service field. When an agency is considering the necessity of placing a child in out-of-home care, protocols or guidelines and consistently applied criteria should be used to evaluate risks and support the making of sound, consistent decisions. If placement is appropriate but the agency does not have the authority to remove children from their homes, personnel should make a formal recommendation to the agency that has the authority to do so.*

Research Note: *The Indian Child Welfare Act requires that, prior to separating an American Indian or Alaska Native child from his or her family, the state must be able to demonstrate to the court that active efforts have been made to prevent removal and that all efforts have been unsuccessful. The Act also requires that a qualified expert witness who is not the child's regularly assigned social worker testifies in court that serious emotional or physical harm would likely occur if the parent were to maintain custody of the child. Agencies are strongly encouraged to contact the child's tribe to identify a qualified expert witness.*

Research Note: *The provisions of the Indian Child Welfare Act apply to the separation of any American Indian or Alaska Native child in which reunification is conditional rather than "upon demand," including cases in which a voluntary agreement has been established. Voluntary consent to foster care is not valid unless it complies with specific procedural requirements outlined in ICWA, including that the consent be executed in writing, recorded before a judge, and accompanied by a certificate authenticating that the terms and consequences of voluntary separation were fully explained and understood. Parents of American Indian and Alaska Native children should be informed of their right, under ICWA, to withdraw consent and the process and timeframes for doing so.*

Purpose

Family Preservation and Stabilization Services improve family functioning, increase child and family well-being, ensure child safety, reduce the need for CPS intervention and/or the removal of children from the home, and strengthen families with children returning from out-of-home care.



Family Preservation and Stabilization Services

Rating Indicators

1) Full Implementation, Outstanding Performance

A rating of (1) indicates that the agency's practices fully meet the standard and reflect a high level of capacity.

- All elements or requirements outlined in the standard are evident in practice, with rare or no exceptions; exceptions do not impact service quality or agency performance.

2) Substantial Implementation, Good Performance

A rating of (2) indicates that an agency's infrastructure and practices are basically sound but there is room for improvement.

- The majority of the standards requirements have been met and the basic framework required by the standard has been implemented.
- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality or agency performance.

3) Partial Implementation, Concerning Performance

A rating of (3) indicates that the agency's observed infrastructure and/or practices require significant improvement.

- The agency has not implemented the basic framework of the standard but instead has in place only part of this framework.
- Omissions or exceptions to the practices outlined in the standard occur regularly, or practices are implemented in a cursory or haphazard manner.
- Service quality or agency functioning may be compromised.
- Capacity is at a basic level.

4) Unsatisfactory Implementation or Performance

A rating of (4) indicates that implementation of the standard is minimal or there is no evidence of implementation at all.

- The agency's observed service delivery infrastructure and practices are weak or non-existent; or show signs of neglect, stagnation, or deterioration.
- Please see [Rating Guidance](#) for additional rating examples.

Table of Evidence

Self-Study Evidence

- Procedures for assessing the need for out-of-home care

Purpose

Family Preservation and Stabilization Services improve family functioning, increase child and family well-being, ensure child safety, reduce the need for CPS intervention and/or the removal of children from the home, and strengthen families with children returning from out-of-home care.



Family Preservation and Stabilization Services

- Assessment tools and/or criteria included in assessment

On-Site Evidence

- Qualifications of personnel involved in assessing the need for out-of-home care

On-Site Activities

- Interview:
 - a. Program director
 - b. Relevant personnel
- Review case records

Purpose

Family Preservation and Stabilization Services improve family functioning, increase child and family well-being, ensure child safety, reduce the need for CPS intervention and/or the removal of children from the home, and strengthen families with children returning from out-of-home care.



Family Preservation and Stabilization Services

PA-FPS 9: Case Closing

Case closing is a planned, orderly process.

Rating Indicators

1) Full Implementation, Outstanding Performance

A rating of (1) indicates that the agency's practices fully meet the standard and reflect a high level of capacity.

- All elements or requirements outlined in the standard are evident in practice, with rare or no exceptions; exceptions do not impact service quality or agency performance.

2) Substantial Implementation, Good Performance

A rating of (2) indicates that an agency's infrastructure and practices are basically sound but there is room for improvement.

- The majority of the standards requirements have been met and the basic framework required by the standard has been implemented.
- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality or agency performance.

3) Partial Implementation, Concerning Performance

A rating of (3) indicates that the agency's observed infrastructure and/or practices require significant improvement.

- The agency has not implemented the basic framework of the standard but instead has in place only part of this framework.
- Omissions or exceptions to the practices outlined in the standard occur regularly, or practices are implemented in a cursory or haphazard manner.
- Service quality or agency functioning may be compromised.
- Capacity is at a basic level.

4) Unsatisfactory Implementation or Performance

A rating of (4) indicates that implementation of the standard is minimal or there is no evidence of implementation at all.

- The agency's observed service delivery infrastructure and practices are weak or non-existent; or show signs of neglect, stagnation, or deterioration.
- Please see Rating Guidance for additional rating examples.

Purpose

Family Preservation and Stabilization Services improve family functioning, increase child and family well-being, ensure child safety, reduce the need for CPS intervention and/or the removal of children from the home, and strengthen families with children returning from out-of-home care.



Family Preservation and Stabilization Services

Table of Evidence

Self-Study Evidence

- Case closing procedures

On-Site Evidence

- Contract with public authority, if applicable

On-Site Activities

- Interview:
 - a. Program director
 - b. Relevant personnel
 - c. Families served
- Review case records

PA-FPS 9.01

Planning for case closing:

- a. is a clearly defined process that includes assignment of staff responsibility;
- b. begins at intake; and
- c. involves the provider, family members, and others, as appropriate.

PA-FPS 9.02

Upon case closing, the agency notifies any collaborating service providers, including the courts and tribal governments, as appropriate.

PA-FPS 9.03

If a family is asked to leave the program, the agency makes every effort to link family members with appropriate services.

PA-FPS 9.04

The agency that has an interagency agreement informs the collaborating agency of the case closing evaluation findings and assessment of unmet needs, in writing, as appropriate to the agreement and with the permission

Purpose

Family Preservation and Stabilization Services improve family functioning, increase child and family well-being, ensure child safety, reduce the need for CPS intervention and/or the removal of children from the home, and strengthen families with children returning from out-of-home care.



Family Preservation and Stabilization Services

of the family.

NA *The agency does not have a relevant agreement.*

Purpose

Family Preservation and Stabilization Services improve family functioning, increase child and family well-being, ensure child safety, reduce the need for CPS intervention and/or the removal of children from the home, and strengthen families with children returning from out-of-home care.



Family Preservation and Stabilization Services

PA-FPS 10: Aftercare and Follow-Up

The family and provider work together to develop an aftercare plan to help the family solidify gains made during the provision of services, and follow-up occurs when possible and appropriate.

Interpretation: *While the decision to develop an aftercare plan is based on the wishes of the service recipient, unless aftercare is mandated, the agency is expected to be strongly proactive with respect to aftercare planning.*

Interpretation: *When a case involves an American Indian or Alaska Native family, resources available through the tribe or Indian organizations should be considered when developing an aftercare plan.*

Research Note: *Although services reviewed under this section are traditionally short-term and time-limited, research suggests that some of the benefits associated with service delivery may diminish several months after interventions conclude. Accordingly, some literature emphasizes the importance of promoting the use of follow-up services and supports, as referenced in the Research Note to PA-FPS 6.06.*

Rating Indicators

1) Full Implementation, Outstanding Performance

A rating of (1) indicates that the agency's practices fully meet the standard and reflect a high level of capacity.Â Â

- All elements or requirements outlined in the standard are evident in practice, with rare or no exceptions;Â exceptions do not impact service quality or agencyÂ performance.Â

2) Substantial Implementation, Good Performance

A rating of (2) indicates that an agency's infrastructure and practices are basically sound but there is room for improvement.Â

- The majority of the standards requirements have been met and the basic framework required by the standard has been implemented.Â Â
- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality or agencyÂ performance. Â

3) Partial Implementation, Concerning Performance

A rating of (3) indicates that the agency's observed infrastructure and/or practices require significant improvement.Â Â

- The agency has not implemented the basic framework of the standard

Purpose

Family Preservation and Stabilization Services improve family functioning, increase child and family well-being, ensure child safety, reduce the need for CPS intervention and/or the removal of children from the home, and strengthen families with children returning from out-of-home care.



Family Preservation and Stabilization Services

but instead has in place only part of this framework.Â Â Â

- Omissions or exceptions to the practices outlined in the standard occur regularly, or practices are implemented in a cursory or haphazard manner.Â
- Service quality or agencyÂ functioning may be compromised.Â Â Â
- Capacity is at a basic level.

4) Unsatisfactory Implementation or Performance

A rating of (4) indicates that implementation of the standard is minimal or there is no evidence of implementation at all.Â Â

- The agencyâ€™s observed service delivery infrastructure and practices are weak or non-existent; or show signs of neglect, stagnation, or deterioration.Â Â
Please see Rating Guidance for additional rating examples.Â

Table of Evidence

Self-Study Evidence

- Aftercare/follow-up procedures

On-Site Evidence

No On-Site Evidence

On-Site Activities

- Interview:
 - a. Program director
 - b. Relevant personnel
 - c. Families served
- Review case records

PA-FPS 10.01

An aftercare plan is developed sufficiently in advance of case closing to ensure an orderly transition.

PA-FPS 10.02

The family and provider work together to create a culturally-responsive aftercare plan that:

- a. addresses short-term and long-term needs and goals;

Purpose

Family Preservation and Stabilization Services improve family functioning, increase child and family well-being, ensure child safety, reduce the need for CPS intervention and/or the removal of children from the home, and strengthen families with children returning from out-of-home care.



Family Preservation and Stabilization Services

- b. arranges for the initiation or continuation of all needed community services, including, where appropriate, a less intensive family counseling or support program; and
- c. helps the family identify sources of informal and social support.

PA-FPS 10.03

To increase the likelihood that needed supports and services will be accessed, the agency:

- a. helps families transition to new services; and
- b. advocates with service providers on behalf of families.

Interpretation: *The agency should take the initiative to explore suitable resources and contact service providers when appropriate, and with the permission of the family.*

PA-FPS 10.04

The agency follows up with families at specified intervals after case closing.

Purpose

Family Preservation and Stabilization Services improve family functioning, increase child and family well-being, ensure child safety, reduce the need for CPS intervention and/or the removal of children from the home, and strengthen families with children returning from out-of-home care.



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PA-FPS 11: Personnel

Personnel are capable of helping families resolve pressing issues and improve family functioning.

Note: *When the agency is unable to fully implement one of more of the standards within this part, intensive efforts should be made to fully implement the other standards. For example, if the agency is unable to recruit personnel with specific qualifications, it can ensure that appropriate supervision and workload standards are implemented.*

Rating Indicators

1) Full Implementation, Outstanding Performance

A rating of (1) indicates that the agency's practices fully meet the standard and reflect a high level of capacity.

- All elements or requirements outlined in the standard are evident in practice, with rare or no exceptions; exceptions do not impact service quality or agency performance.

2) Substantial Implementation, Good Performance

A rating of (2) indicates that an agency's infrastructure and practices are basically sound but there is room for improvement.

- The majority of the standards requirements have been met and the basic framework required by the standard has been implemented.
- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality or agency performance.

3) Partial Implementation, Concerning Performance

A rating of (3) indicates that the agency's observed infrastructure and/or practices require significant improvement.

- The agency has not implemented the basic framework of the standard but instead has in place only part of this framework.
- Omissions or exceptions to the practices outlined in the standard occur regularly, or practices are implemented in a cursory or haphazard manner.
- Service quality or agency functioning may be compromised.
- Capacity is at a basic level.

4) Unsatisfactory Implementation or Performance

A rating of (4) indicates that implementation of the standard is minimal or

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there is no evidence of implementation at all.Â Â

- The agency's observed service delivery infrastructure and practices are weak or non-existent; or show signs of neglect, stagnation, or deterioration.Â Â
Please see [Rating Guidance](#) for additional rating examples.

Table of Evidence

Self-Study Evidence

- Program staffing chart that includes lines of supervision
- List of personnel that includes:
 - a. name;
 - b. title;
 - c. degree held and/or other credentials;
 - d. FTE or volunteer;
 - e. length of service at the agency;
 - f. time in current position
- Table of contents of training curricula
- Average caseload size, per worker, for the last month
- Procedures and criteria used for assigning cases, and for assigning and evaluating workloads
- Description of how agency ensures adequate staff coverage and compensates personnel appropriately

On-Site Evidence

- Job descriptions
- Documentation of training
- Training curricula
- Supervision schedule

On-Site Activities

- Interview:
 - a. Supervisors
 - b. Personnel
- Review personnel files

PA-FPS 11.01

Direct service personnel are qualified by:

- a. an advanced degree in social work or a comparable human service field;

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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.

PA-FPS 11.02

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.

Interpretation: *Support services personnel may be involved in 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 workers with in-home activities). Support services personnel must be appropriately qualified and trained according to their level of interaction with service recipients.*

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

Note: *See PA-FPS 7 for a review of the various support services that organizations should offer families.*

(FP) PA-FPS 11.03

Direct service personnel have the competencies needed to:

- a. understand child, adult, and family functioning;
- b. identify strengths and protective factors;
- c. assess risks and safety;
- d. identify environmental factors that impact families;
- e. empower, engage, and build relationships with families;
- f. communicate respectfully and effectively with families from a wide range of backgrounds, cultures, and perspectives;
- g. support and mentor families as they manage their homes, parent their children, and use community resources;
- h. intervene in stressful and crisis situations;
- i. link families with needed services; and
- j. collaborate with community providers.

Interpretation: *Competency can be demonstrated through a combination of education, training, and experience. New personnel should receive needed*

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experiential and/or classroom training within three months of hire and prior to working independently with families.

PA-FPS 11.04

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.

(FP) PA-FPS 11.05

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

PA-FPS 11.06

Supervisors ensure that there are worker safety plans in place to protect staff during their interactions with service recipients in their homes.

PA-FPS 11.07

Supervisors or experienced personnel provide additional supervision and support when personnel are new or are still developing competencies.

(FP) PA-FPS 11.08

Employee workloads support the achievement of positive outcomes for families, are regularly reviewed, and are based on an assessment of the following:

- a. the qualifications, competencies, and experience of the provider, including the level of supervision needed;
- b. case complexity and status;
- c. the work and time required to accomplish assigned tasks, including those associated with individual caseloads and other job responsibilities;
- d. whether services are provided by multiple professionals or team members; and

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- e. service volume, accounting for assessed level of needs of new and current families and referrals.

Interpretation: *Case complexity can take into account: the intensity of child and family needs, the size of the family, and the goal of the case. Generally, caseloads do not exceed: (1) 12- 18 families in programs providing family preservation and stabilization services, and (2) 2-6 families in programs providing intensive family preservation and stabilization services. However, there are circumstances under which caseloads may exceed these limits. For example, caseload size may vary depending upon the volume of administrative case functions (e.g., entering notes, filing, etc.) assigned to the worker. Caseloads may also be higher when agencies are faced with temporary vacancies on staff. New personnel should not carry independent caseloads prior to the completion of training.*

Note: *The evaluation of this standard will focus on whether the assigned workload is manageable for staff, taking into account the factors cited in the standard and interpretation. The specific caseload sizes stated in the interpretation are only a suggestion of what might be appropriate. Each agency should determine what caseload size is appropriate, and reviewers will evaluate: (1) whether the agency's designated caseload size reflects a manageable workload, and (2) whether the agency maintains caseloads of the size it deemed appropriate.*

PA-FPS 11.09

The program director or designee ensures:

- a. work schedules are flexible;
- b. sufficient staff coverage at all times;
- c. supports are in place to prevent burnout; and
- d. non-exempt employees that work overtime are appropriately compensated.

Interpretation: *It is expected that service delivery hours will be adapted to the availability and needs of the families served rather than provided only during conventional working hours, and that the agency will support this with a flexible set of human resources policies or procedures.*

Interpretation: *Non-exempt employees should be compensated for overtime according to the Fair Labor Standards Act.*

PA-FPS 11.10

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Workers and supervisors are knowledgeable about job relevant provisions of the Indian Child Welfare Act (ICWA) including, but not limited to:

- a. the importance of ICWA and special considerations for working with American Indian and Alaska Native children and families;
- b. the identification of American and Alaska Native children and families;
- c. appropriate notice and collaboration with the tribe; and
- d. active effort requirements to prevent separation or reunify families.

Interpretation: *All family preservation personnel should be trained in the basic requirements of ICWA with additional training for staff in specialized service units, such as intake. All screening personnel must be trained on how to identify children and families with American Indian or Alaska Native heritage. Workers should also be informed of the norms and historical trauma associated with Indian tribes.*

Research Note: *Training resources on the Indian Child Welfare Act are available from the Bureau of Indian Affairs, the National Indian Child Welfare Association, and the California Social Work Education Center.*

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