

ATTACHMENT ELEVEN

Intensive Family Preservation Service Attachment

DEFINITION

Intensive Family Preservation (IFP) provides intensive therapeutic and skill building interventions to a specific target population of families. This service is designed for families in crisis, whose children are at imminent risk of removal and placement or for families who have recently had a child placed out of home. Intensive Family Preservation aims to keep children at home in a safe, stable and nurturing family environment, improve parenting capacity and family functioning, improve children's well-being, and prevent unnecessary placement and/or safely facilitate the reunification of a children with their families.

This service is designed to create rapid, sustainable change in the family unit by focusing on interventions that build on family strengths in order to eliminate safety threats and/or reduce the risk of child maltreatment.

This service must be delivered in the family home or in a natural family environment, be available 24 hours a day, 7 days a week, including holidays and weekends. This service must include multiple in-person direct contacts and indirect contacts (e.g. e-mails, text messages) with the family each week. This service also includes discharge planning of specific community resources that connect families with concrete supports to build upon the parental resilience and foundational parenting knowledge initiated by the IFP team.

TARGET POPULATION

1. Families who have an identified safety threat and/or risk factors and whose children are at risk of an initial out of home placement; or,
2. Families whose children have been removed within the last 90 calendar days and the plan is reunification.

LENGTH OF SERVICE

The length of IFP service is 6 weeks.

STAFF CREDENTIALS

Any Therapist providing this service must be either a fully Licensed Mental Health Practitioner, or a provisionally Licensed Mental Health Practitioner under the supervision of a fully Licensed Mental Health Practitioner. The Contractor may also consider individuals who are Master's Degree Level in Counseling and/or Social work, and have completed all of the required classes but are currently obtaining internship hours with the Contractor. Interns must be supervised by a fully Licensed Mental Health Practitioner. Documentation of intern supervision must be kept in accordance with DHHS record retention policies and submitted to DHHS upon request. The supervising fully Licensed Mental Health Practitioner must sign all reports from the intern until the intern is fully licensed.

The Skill Builder must have obtained a Bachelor's Degree in human services, such as, but not limited to, a degree in Social Work, Psychology, Sociology, and Early Childhood Development; or a related field. The Skill Builder may also be enrolled in college and be within two semesters of completing a Bachelor's Degree in human service or a related field. A person who is on semester, summer, or other break, but was enrolled the previous semester and will be enrolled after the break, shall be considered to be enrolled in college.

The Contractor may also consider individuals for the Skill Builder position who have an Associate's

degree plus two years of experience in human services or a related field; and, individuals who are obtaining internship hours in a human services field while obtaining a Bachelor's Degree to be comparable to a Bachelor's Degree.

Upon the request by DHHS, the Contractor shall provide to the DHHS Contract Manager a written plan that outlines additional training and supervision that will be provided to staff who do not have a Bachelor's Degree or are not working on a Bachelor's Degree.

If an employee does not meet the standards outlined above, the Contractor shall notify the DHHS Contract Manager, or Designee, and provide the name of the employee, their job function, and education deficiencies which prevent them from meeting the contractual standards.

INTENSIVE SERVICES

The Contractor shall maintain a caseload size of no more than 4 - 6 families per team. The team shall be defined as one Therapist and one Skill Builder. Direct service hours are a combination of Therapist and Skill Builder hours spent with the family. Direct service time is defined as in-person visits, phone calls, and HIPPA compliant video conferencing services. Examples of HIPPA compliant video conferencing services include, but are not limited to, Thera-Link and Doxy.me. At a minimum, 50% of all direct service hours provided by the Therapist must be in-person visits with the family. Likewise at a minimum, 50% of all direct service hours provided by the Skill Builder must be in-person visits with the family.

At the end of the contract period, DHHS and the Contractor shall reconcile payments made for IFP services when the Contractor fails to deliver a minimum average of eight (8) hours per week of direct service time for all families served during the length of the Contract period. The Contractor's outcome performance will be considered during this reconciliation.

ACCEPTING & RESPONDING TO REFERRALS

The Contractor shall be available to accept DHHS IFP Service Referrals 24 hours a day, 7 days a week, including weekends and holidays. The Contractor shall accept all DHHS Referrals for IFP services.

MINIMUM REPORTING REQUIREMENTS

The Contractor shall conduct a client-driven, family assessment across the family's life domains, including safety assessment and planning, domestic violence assessment, suicide assessment, and crisis planning.

The Contractor shall develop a crisis intervention plan with the family at the first point of contact, indicating availability of the IFP team 24 hours a day, 7 days a week. The plan must be submitted to the referring DHHS Child and Family Services Specialist within 3 calendar days.

The Contractor shall provide a written treatment plan for the family with the family's signature indicating agreement with the plan. This plan shall be submitted to the referring DHHS Child and Family Services Specialist within the first 7 calendar days from the date of the DHHS Referral.

Weekly written progress reports shall also be provided to the referring DHHS Child and Family Services Specialist. The weekly report shall include information regarding the family's progress with achieving goals identified by the treatment plan and a contact log. The Contractor shall maintain the contact log and make the contact log available to DHHS upon request. The weekly reports will serve as the required monthly report for the given month.

The Contractor shall provide a written discharge plan to the referring DHHS Child and Family Services

Specialist, prior to discharging the family. The discharge plan shall include the family's involvement in the creation of the plan as well as specific community services and informal, social supports the family has been connected to during the IFP's length of service.

The Contractor shall obtain feedback from the family and referring DHHS Child and Family Services Specialist through post-service, satisfaction surveys. The Contractor shall maintain the surveys and make them available to DHHS upon request.

PROVIDER OUTCOMES

1. At service closing 85% of families whose children were in-home at the time of service initiation will have maintained their children safely in-home at the close of services.
2. Six months post service closing, 85% of families who had their children in-home were able to safely maintain their children without removal or placement outside of the home.
3. Face to Face contact will occur within 24 hours of service assignment (measured as average of all families serviced during contract period.)

ESTABLISHED RATE

DHHS shall pay the Contractor a rate that varies based upon the distance travelled to deliver IFP services. The total rate shall be paid upon the completion of six weeks (42 days) of service delivery. If IFP services end due to unexpected circumstances prior to six weeks, DHHS shall pay the Contractor at the daily rate for the number of days services were delivered. DHHS shall pay the Contractor as follows:

- **Tier 1 Rate:** When the distance between the IFP Therapist's starting point address and the family's home address is fifteen (15) miles or less, DHHS shall pay the Contractor a maximum of **\$4,178.16 per family** for six weeks of service delivery.
- **Tier 2 Rate:** When the distance between the IFP Therapist's starting point address and the family's home address is at least sixteen (16) miles but not more than ninety-nine (99) miles, DHHS shall pay the Contractor a maximum of **\$6,756.12 per family** for six weeks of service delivery.
- **Tier 3 Rate:** When the distance between the IFP Therapist's starting point address and the family's home address is one hundred (100) miles or more, DHHS shall pay the Contractor a maximum of **\$8,921.64 per family** for six weeks of service delivery.

The Contractor shall provide DHHS with each Therapist's starting point address at least seven (7) calendar days immediately after the execution of this contract, and in no instance less than 24 hours after the contract is signed; and, at least seven (7) calendar days prior to utilizing a new therapist to deliver IFP services during the term of this contract. The distance between the IFP Therapist's starting point address and each family's home address will be calculated using MapQuest or Google Maps. Any fraction of a mile calculated shall be rounded up to the nearest mile.

If IFP services end due to unexpected circumstances prior to six weeks (42 days), DHHS shall pay the Contractor at the following daily rates for the number of days that services were delivered:

- Tier 1 Daily Rate: \$99.48 per day
- Tier 2 Daily Rate: \$160.86 per day
- Tier 3 Daily Rate: \$212.42 per day

The IFP Service Authorization will be created for a time period of six weeks (42 days) starting from the date of the initial face-to-face meeting between the Contractor and the family, unless otherwise indicated in the DHHS Service Referral.

If an interpreter is requested by DHHS, the Contractor may request reimbursement for the actual cost of the interpreter service. At the time of the billing, the Contractor must provide documentation from the interpreter indicating the actual cost of the interpreter's services.

TRAINING

The Contractor shall have a written, detailed training plan for IFP staff that includes both pre-service and ongoing training requirements. The Contractor shall make the training plan available to DHHS upon request.