In-Home Visitation and Levels of Service

Visitation and Contact Guidelines for ALL Cases

All in-home cases require at least two face-to-face visits during the month with each caregiver and each child in the household. At least one face-to-face visit must be made by an In-Home social worker or supervisor. The second monthly visit may be made either by an In-Home social worker, supervisor, or family support worker. In situations where an In-Home social worker or supervisor completes only one of the face-to-face visits, they are required to have at least one additional communication per month with the caregiver. The form of communication can be a phone call or virtual visit.

During each visit with families receiving in-home services, the social worker shall assess for any change in the safety of the children in the home; ensure that the needs of all the children in the home are being met; and assess progress on the family's case plan and initiate updates through discussions with the caregiver. Once a month, each child should be interviewed by the social worker or supervisor separate and apart from their caregiver (when age/developmentally appropriate).

In addition to monthly contacts/visits with caregivers and children, social workers must maintain monthly contacts with the caregivers' and children's service providers. Children's educational and day care center collateral contacts are included under this service provider requirement. These contacts can be in the form of phone calls, emails or face-to-face contacts, to include family or team meeting with a focus on the caregiver's engagement/participation in services and to evaluate their progress in achieving case plan goals.

As a case approaches case closure, the social worker shall convene a teaming meeting and invite community-based partners to provide supportive services to support the family after closure and develop a sustainability plan.

Levels of Service

It is important that In-Home aligns its services to be in consideration with each families' unique needs and families may need more contact and services than set forth above. To this end, In-Home has established that a family's risk level will be the primary determination of the level of services they receive, including contact guidelines with families and collaterals. These guidelines will replace the previously used Level of Care. Aligning the level of service with the risk assessment and re-assessment tool creates a system based on a best practice methodology and eliminates arbitrary designations of level of service.

CPS opens and transfers cases to In-Home when there has been a substantiation **and** the family has a high or intensive risk level; this will determine the level of services provided by In-Home in the first 30 days. At 30 days In-Home completes a risk reassessment to determine the level of services the family needs. Supervisors shall review risk levels with workers every 90 days in conjunction with updated service plans and functional assessments. Risk reassessments should also be completed when circumstances change (e.g. a safety plan is necessary, a new report of abuse of abuse or neglect, etc.).

The in-home level of service is based on the risk reassessment score using supervisory overrides when clinically appropriate. There will be occasions where a family's risk level does not accurately reflect their needs as described below. In those circumstances, a supervisory override should be considered. **However, if a family situation includes any of the criteria outlined for an intensive risk level, they must receive the same contact and services outlined for an intensive level case.**

Additionally, for cases with an intensive risk level or that meet the criteria of an intensive case, the social work team is expected to have twice a month contact with service providers and/or collaterals. This can be in the form of teaming meetings, family meetings, emails, or telephone calls. (contacts must be documented in FACES) .

Contact Guidelines based on SDM Risk Levels

SDM Risk Level	Description/Criteria	Contact Guidelines and Protocol
INTENSIVE	1. Caregiver actions or family circumstances contribute to imminent danger of serious physical or emotional harm to the child or inability to meet child's basic needs. This may include but is not limited to: • Caregiver displays chronic or severe mental health challenges or symptoms that impair their ability to meet child's basic needs and/or ensure safety. • Caregiver's use of alcohol or drugs results in behaviors that seriously and consistently impede their ability to meet the child's basic needs and/or ensure safety. • Intimate partner relationships that have resulted in children experiencing substantial harm due to witnessing the violence and/or being injured. • Caregiver disciplines with physical or verbal violence, resulting in serious physical or emotional harm to the child. 2. Family has an active safety plan in place. 3. Family is being community papered or has recently become court involved; in consultation with the supervisor, these families may be stepped down as they stabilize or move towards closure. 4. Concerns around the care of medically fragile or developmentally disabled child/youth. 5. Youth frequent runaways/concerns around sex trafficking.	No less than weekly face to face visits with families, which can be by a CFSA Social Worker, Supervisor or CFSA Family Support Worker, with **at least** two face to face visits/month in the family's home by the social worker or supervisor. Visits will relate directly to the case plan goals and reflect substantive information on progress, barriers, and safety. Families with an active safety plan may have more visits as needed. Teaming meeting (formal or informal) held within 60 days of the completion of the initial case plan, and subsequently as needed. At least two contacts with service providers and collateral contacts during the month. If a case continues to have an intensive risk level at the first 90-day re-assessment, a consult should be held to determine if additional actions, e.g. community papering, a Multi-Administration Clinical Staffing (MACS), should be considered.
High	1. Caregiver actions or family circumstances are barriers to the child's long-term safety, permanency or well-being. This may include but is not limited to: • Caregiver displays symptoms such as depression or apathy resulting in occasional difficulty dealing with situational stress or crises. • Caregiver's substance use impairs the ability to parent in some ways and occasionally results in behaviors that make it difficult to meet child's basic needs consistently.	At least twice a month face to face visits in the home by the social worker or supervisor. FSW may be utilized for additional visits as needed. Visits will relate directly to the case plan goals and reflect substantive information on progress, barriers, and safety. At least one contact with service providers and collateral contacts during the month.

Contact Guidelines based on SDM Risk Levels

SDM Risk Level	Description/Criteria	Contact Guidelines and Protocol
	2. Family has multiple risk or complicating factors (e.g. homelessness, lack of support, ongoing difficulty meeting the basic needs of children, limited life skills, etc.) that require a high level of attention and monitoring to ensure that the children's needs are being met, but for whom there is no imminent risk or danger. 3. Multiple reports for the same issues.	
Moderate	1. Family has demonstrated increased protective capacities which have actively helped to create child safety, permanency and/or well-being. 2. Family has demonstrated a change in behavior or circumstances from initial complaint and children's basic needs are being met in the community without child welfare involvement. 3. There is no imminent risk or danger to children. Families' needs can be met in the community without child welfare involvement OR the case is in the maintenance phase (awaiting a service, court order, utility bill pay, etc.).	No less than twice a month face to face visits for each family, with at least one visit being conducted by the social worker or supervisor in the home. Visits will relate directly to the case plan goals and reflect substantive information on progress, barriers, and safety. At least one contact with service providers and collateral contacts during the month. At closure, family celebration will be held to recognize progress and develop a sustainability plan.
Low	1. Family has demonstrated increased protective capacities which have actively helped to create child safety, permanency and/or well-being. 2. Family has demonstrated a change in behavior or circumstances from initial complaint and children's basic needs are being met in the community without child welfare involvement. 3. There is no imminent risk or danger to children. Families' needs can be met in the community without child welfare involvement.	No less than twice a month face to face visits for the family, with at least one visit being conducted by the social worker in the home. Visits will relate directly to the case plan goals and reflect substantive information on progress, barriers, and safety. At least one contact with service providers and collateral contacts during the month. At closure, family celebration will be held to recognize progress and develop a sustainability plan