

## Evidence-Based Prevention Services

### **History and Purpose**

Evidence-Based Prevention Services should be considered as an option for all cases in which a child(ren) is determined to be a Candidate for Foster Care during the provision of In-Home services. Evidence-Based Prevention Services are legally mandated and are provided to:

- Address child safety and threat factors;
- Promote protective factors;
- Preserve families (maintain child(ren) safely in their home);
- Encourage families to develop a support network and;
- Prevent further abuse or neglect by strengthening the family's capacity to protect and nurture their children.

### **Legal Basis**

#### Family First Prevention Services Act

The Family First Prevention Services Act (FFPSA) passed in February 2018. This law allows states to extend federal (IV-E) reimbursement to cover certain expenditures and services related to preventing foster care placements. This includes evidence-based mental health, substance abuse and parenting services to keep children safely with their families. North Carolina has an approved Title IV-E Prevention Services Plan.

#### Rylan's Law (Session Law 2017-41)

Rylan's Law, enacted in July 2017, governs a legislatively required, statewide reformation of North Carolina's social services and child welfare programs. Rylan's Law provides North Carolina with a blueprint for how we can collectively transform our child welfare system and speaks to the systemic changes that are needed in the oversight of child welfare services to improve outcomes for families and children served. Rylan's Law includes provisions for preventive and In-Home services that provide struggling families with needed supports and treatment to prevent the removal of the children from the home. Health care, mental health, and educational services to children and families involved with the child welfare system are provided regionally to ensure better access to services that are needed.

#### 10A NCAC 70A .0113 Confidentiality of County DSS Protective Services Records

(b) The county director in carrying out his duties may share information and a summary of documentation from the case record without a court order with public or private agencies or individuals that are being utilized to provide or facilitate the provision of protective services to a child.

## Evidence-Based Prevention Services

Protocol-What you must do	Guidance-How you should I do it
<p><b><u>Eligibility</u></b></p> <p>The local county child welfare agency is responsible for determining whether Title IV-E Evidence-Based Prevention Services can be used as a funding source to support service provision to families.</p> <p>When a child has been determined to be a Candidate for Foster Care AND the services are being funded through Title IV-E AND referred to a service on the prevention plan, then the caseworker can use Title IV-E Evidence-Based Prevention Service funding.</p> <p>Determination of eligibility for Title IV-E Evidence-Based Prevention Services must include the results of the North Carolina Risk Assessment.</p> <p>Redetermination for continued use of Title IV-E Evidence-Based Prevention Service funding must occur:</p> <ul style="list-style-type: none"> <li>• At the end of an Evidence Based Practice (EBP)</li> <li>• When the family is no longer accessing the EBP regardless of the reason</li> <li>• Every 90 days in accordance with In-Home policy</li> </ul>	<p><b><u>Determining Eligibility for Evidence-Based Prevention Service</u></b></p> <p>Evidence-Based Services cannot be used until a child has been assessed to be at serious or imminent risk of foster care while receiving In-Home Services AND a case plan is developed with the family. All children who are eligible to receive Title IV-E funding can be assessed for a Title IV-E Evidence Based Prevention Service. The caseworker should consider that the Risk Assessment strongly suggests that a child is eligible for Evidence-Based Prevention Services when the overall risk rating is moderate or high coupled with one of the following:</p> <ul style="list-style-type: none"> <li>• A risk factor of prior CPS In-Home or out-of-home involvement</li> <li>• A risk factor of a child in the home being 3 or younger</li> <li>• A risk factor of either caretaker having a drug or alcohol problem</li> <li>• The maltreatment found during the CPS assessment would have a high probability of resulting in foster care if it recurred</li> <li>• Either caretaker has a Mental Health diagnosis that impacts the care for a child</li> <li>• Either caretaker is or has been involved in Domestic Violence</li> </ul> <p>The receipt of a new CPS report accepted for assessment or the completion of a safety assessment resulting in a new safety plan should trigger consideration of whether a child is at serious or imminent risk of foster care if they are not already receiving Title IV-E funding.</p> <p>The risk of entering foster care can be from the child's birth home, a kinship placement, or from an adoption or guardianship arrangement.</p>

**CASE CRITERIA FOR Evidence-Based Prevention Services**

The determination for appropriate service matching and administrative claiming is the responsibility of the local county child welfare agency. The In-Home caseworker, in consultation, with their supervisor must use the findings from the Structured Decision-Making Tools to inform the services needed for the family. In doing so, the family's needs will be matched with the most appropriate Evidence-Based Prevention Service available.

The In-Home caseworker must document when less intensive services are not available, or appropriate and Evidence-Based Prevention Services are necessary to support the child remaining in the home. When a service is identified the In-Home caseworker must document on the In-Home Family Case Plan ([DSS-5239](#)) the service(s) offered to prevent removal of the child from the home and which safety concerns the services will address.

In-Home Family Case Plan ([DSS-5239](#)) developed with the participation of the family must include:

- The name of each eligible child
- Evaluation of imminent risk for each child and the identified imminent risk criteria for entry into foster care
- Case goals for the caregivers to address imminent risk that would result in foster care if not addressed (reason for agency's involvement)
- The name of the Evidence-Based Prevention service(s) provided to prevent the eligible child's entry into foster care and which eligible child the service(s) will benefit (this will serve as the child-specific prevention plan)
- The identified need(s) of each eligible child and caregivers
- The signature of the parent/caretaker on the case plan is a requirement prior to services starting as it is an indication that the parent agreed to services.

**North Carolina In-Home Family Case Plan Content**

The In-Home Family Case Plan ([DSS-5239](#)), which serves as the child-specific prevention plan, can be modified at any time, but must be modified in accordance with In-Home policy to monitor service progress.

The responsibility of the In-Home caseworkers is to assess each child's safety and risk throughout the life of the case. If the Evidence-Based Prevention Service does not address the safety concerns identified a Child and Family Team Meeting (CFT) is required to determine the necessary steps to reduce risk and the need for placement.

The In-Home Family Case Plan should clearly show

- When no Evidence-Based Prevention Services are available

The selected Title IV-E Evidence-Based Prevention Services must be added the families IHFSA prior to the service starting.

If a parent is unwilling or unable to provide a signature but gives verbal consent, the In-Home caseworker must document the reason for the parent's non-participation or refusal to sign, along with the date and the In-Home caseworker's signature on the designated signature page.

## Evidence-Based Prevention Services

For all referrals made, the caseworker must document:

- a. Referrals made and status of the referral (accepted or denied)
- b. Start and end dates for each service provided
- c. Completion status (if service was not completed, document the reasons why)
- d. Service category of each Evidence-Based Prevention Service provided (Mental Health, Substance Use, and Parenting) correlating with the Family Child Strengths and Needs Assessment

The North Carolina Trauma Screening Tool (DSS-[6195a](#) (age 0-5) or DSS-[6195b](#) (age 6-21) must be completed for all eligible children. The In-Home caseworker must incorporate the information into case planning for the family.

The local county child welfare agency can claim for Title IV-E Evidence-Based Prevention Services funds once all eligibility requirements have been met.

Whenever confidential information about the family is shared, the In-Home caseworker should obtain a Consent for Release of Confidential Information ([DSS-5297](#)) from the parent or legal guardian for documentation in the record.

### Homebuilders® Policy

HOMEBUILDERS® is an Evidenced-Based Intensive Family Preservation Service that works with parents/caregivers of children, birth to 17 years old, who are at immediate or imminent risk of removal from the home and placement into foster care. Families can be natural families, adoptive families, and caregivers with legal guardianship. In North Carolina, HOMEBUILDERS® is available to families with an open In-Home services child welfare case. The HOMEBUILDERS® provider agencies are available 24 hours a day, 7 days a week to accept referrals and provide crisis support. Homebuilders® goal is to:

- Remove the risk of harm to the child/ren, instead of removing the child/ren from the home
- To keep the child, family, and community safe by defusing the potential for violence (physical, sexual, emotional/verbal abuse),
- To assist the family with accessing personal and community supports,
- Stabilize crisis which put the child/ren at imminent risk, and
- Help families develop the skills, competencies, and resources they need to handle future crisis situations more effectively, including preventing other incidences of child maltreatment.

Protocol-What you must do	Guidance-How you should do it
<p><b><u>CASE CRITERIA FOR HOMEBUILDERS® SERVICES</u></b></p> <p>HOMEBUILDERS® must be identified on the In-Home Family Case Plan. Maintaining the child in the home must be the permanent plan. Children may not be on a waiting list or pending entry into group care, psychiatric care, or a juvenile justice institution. At least one parent/caregiver must be available to meet with the provider 4-5 times a week for up to 10 hours a week.</p> <p><b>Making the referral:</b></p> <ul style="list-style-type: none"> <li>● The In-Home caseworker must have contact with the family at least two business days prior to making the referral to ensure eligibility still exists</li> <li>● A phone call to the agency providing HOMEBUILDERS® to initiate the intake process and be available for the provider to follow up</li> <li>● HOMEBUILDERS® will review the clinical needs of the family and the program determines eligibility at the time of referral, and during the first 72 hours of the intervention</li> </ul>	<p>During the discussion with the family about HOMEBUILDERS® the In-Home caseworker should be prepared to share the current safety concerns that place the child at serious and/or imminent risk of removal in behaviorally specific terms. Additionally, In-Home caseworkers must discuss the intensity of the service and their availability within 24 hours of the referral to complete a face-to-face intake.</p> <p>This is a time sensitive service. When conditions exist that create the need for Homebuilders® services, the case worker will need to work quickly to update the IHFSA prior to services starting.</p> <p>HOMEBUILDERS® providers will communicate weekly the number of openings available as well as weekly case progress updates to the local county child welfare agency.</p>

All information must be documented in the case record.	
<p><b><u>DOCUMENTATION AND ONGOING REQUIREMENTS</u></b></p> <p>The In-Home caseworker must provide documentation to the agency providing HOMEBUILDERS® services within 72 business hours after the referral has been accepted for each child to include:</p> <ul style="list-style-type: none"> <li>• Candidacy Determination (In-Home Family Case Plan (<a href="#">DSS-5239</a>))</li> <li>• A Current North Carolina Safety Assessment (<a href="#">DSS-5231</a>)</li> <li>• The North Carolina Trauma Screening Tool (DSS-<a href="#">6195a</a> (age 0-5) or <a href="#">DSS-6195b</a> for (age 6-21))</li> <li>• Common Name Data Services (CNDS) for each child referred</li> </ul> <p>During the provision of HOMEBUILDERS®, the In-Home caseworker must continue to assess the safety and risk to the child(ren) in the home. The In-Home caseworker must address any new or ongoing safety concerns per In-Home policy (Please see the In-Home Manual). The In-Home caseworker must continue required contacts per policy found in the <a href="#">IN-HOME SERVICES POLICY</a>.</p>	<p><b><u>DOCUMENTATION AND ONGOING REQUIREMENTS</u></b></p> <p>The In-Home caseworker should maintain regular contact with the provider agency, once a week, at the minimum. Collaboration with those providing HOMEBUILDERS® throughout their work with the family is essential to the development of lasting behavioral changes. It is in the best interest of the family for the In-Home caseworker to work in partnership with the HOMEBUILDERS® provider to develop exit plans as services near completion.</p> <p>HOMEBUILDERS® is not a stand-alone service and is designed to focus on eliminating the most impending crisis within the family unit. The In-Home caseworker is responsible for case planning and the coordination of services. They also develop service plans designed to support the safety of the child by offering behaviorally specific interventions focused on the issues contributing to the safety concerns.</p> <p>In-Home services are most successful when In-Home caseworkers engage the family's entire Safety Network in its efforts to achieve the goals outlined in the case planning for the family. The In-Home caseworker should provide consistent feedback and engage the family in their perspective regarding the progress towards more lasting behavioral change that maintains the safety of the children in the home.</p>