INTENSIVE FAMILY REUNIFICATION SERVICES PROTOCOL

March 2003
EXECUTIVE SUMMARY

The National Family Preservation Network (NFPN) is pleased to present the Intensive Family Reunification Services Protocol. The protocol includes an overview of the history, program standards, linkages to federal laws and policies, current research, public policy resources, and tools for reunifying children with their families. In making this protocol available, NFPN intends to expand the availability of Intensive Family Reunification Services and ensure that they are rooted in proven, research-based models.

While reunification has always been the primary goal for children removed from their families, only in recent years has the effectiveness of reunification services been linked to intensive services. NFPN promotes applying Intensive Family Preservation Services (IFPS) principles and practices to reunification cases.

Although federal laws and policies have consistently supported family reunification, states’ interpretation of the 1997 Adoption and Safe Families Act has shifted the focus from family preservation and reunification to termination of parental rights and adoption. There is no indication, however, that there will ever be a sufficient number of adoptive homes for the number of children legally free for adoption. The federal Child and Family Services Review is once again shining the spotlight on reunification as states struggle to meet the standards for reuniting children with their families within twelve months and preventing re-entry into foster care.

NFPN believes that states can meet the federal requirements for reunification through short-term, intensive, home-based services designed to reunite families in which children are likely to remain in out-of-home placement for longer than six months without this intervention. Recent research commissioned by NFPN and conducted by Dr. Raymond Kirk of the University of North Carolina supports this theory. Agencies providing intensive reunification services, using a reunification assessment tool developed by Dr. Kirk, met the federal standards for reunification and prevention of re-entry into foster care. The assessment tool was found valid and reliable and has been endorsed by the Child Welfare League of America in its Research to Practice Initiative.

NFPN recommends a three-stage model of reunification services, including a preparatory stage, an intensive services stage when the child is placed in the home, and a “step-down” stage following the intensive services. A chart with an overview of reunification models in eight states is provided.

NFPN provides resources, tools, training, and technical assistance to states for intensive reunification services. After reviewing the protocol, please let us know how we may assist you.

Funding for the development of the Intensive Family Reunification Services Protocol was provided by the David and Lucile Packard Foundation.
Intensive Family Reunification Services
PROTOCOL

Introduction
The National Family Preservation Network (NFPN) is pleased to present the Intensive Family Reunification Services Protocol. The protocol provides an overview of the history, values and beliefs, program standards, research, public policy, and resources on safely and effectively reuniting families following out-of-home placement.

Reunification services in this protocol are closely tied to, yet not identical to Intensive Family Preservation Services. NFPN maintains that application of IFPS principles and practices to reunification services is the most effective method for reunifying families. These services may be provided within any child and family service system, including child welfare, juvenile justice, mental health, and developmental disabilities. For purposes of this protocol, the child welfare system will represent all other systems.

Background
Reunification has always been the primary goal when children are removed from their parents. However, it is increasingly challenging for states to achieve reunification within the shortened time frames for permanency required by the 1997 Adoption and Safe Families Act. The Act has resulted in states shifting their focus from family preservation and reunification to termination of parental rights and adoption. Still, there is no indication that a sufficient number of adoptive homes exists for children who have been legally separated from their parents. The grim alternative is children growing up and aging out of foster homes with no family of their own.

NFPN believes that more children can be safely reunited with their families through intensive family reunification services. In order to achieve this goal, NFPN has developed new tools and resources to share with states, and this protocol lays the foundation.

Purpose
The purpose of the Intensive Family Reunification Services Protocol is to:

- Introduce intensive reunification services that can meet federal standards for reunifying families within a limited period of time.
- Define intensive reunification services and list program standards for effective reunification services.
- Demonstrate the effectiveness of intensive reunification services through research findings.
- Offer information, resources, tools, and training for reunification services.

The National Family Preservation Network is the primary national voice for the preservation of families through intensive preservation and reunification services.
History
An identifiable system of child welfare in this country may be most easily traced to the mid-1800s when the Children's Aid Society began picking up homeless and destitute children from the streets of New York City and shipping them by trainloads to Midwest rural homes. Certainly, some of these children needed adoptive homes but it's very likely many could have returned to their families if in-home resources had been available. Seventy years later the same Children's Aid Society stated in their annual report:

“Even after a child has been removed, every effort should be continued to rehabilitate the home and when success crowns one's efforts, the child should be returned.”

Thus was born the dichotomy, still prevalent today, of “rescuing” children from their homes vs. returning them home after providing needed services. In fact, for another 50 years following the Children's Aid Society report, most of the time and effort of social workers went into maintenance of children in foster care. Some workers did question the benefits of long-term foster care as reflected in this comment by A. Jolowicz in 1946:

“There are occasions when a worker viewing the end result of long years of foster care for a particular child will remark with both candor and discouragement that the child could not have been much worse off if he had remained in his own home.”

Not until 1959 did a large-scale study by the Child Welfare League of America reveal that neither the parents nor the agencies serving children in foster care had any definite plans for their future. Two-thirds of the children were growing up in foster care.

During the 1960s and 1970s research further revealed that foster care “drift” resulted in long-term placements, multiple placements, and no sense of permanence for children. Federal policies and funding provided incentives for foster care but did not adequately fund preventive or restorative services. The response to shortcomings in the child welfare system led to a focus known as “permanency planning.” Permanency planning refers to efforts to first prevent unnecessary child placement, and second, to return children from foster care to their biological families or to some other permanent placement such as an adoptive home.

One outgrowth of the concern about children growing up in foster care was development of the HOMEBUILDERS program in 1974, in Washington State. This program was designed to prevent unnecessary out-of-home placements. HOMEBUILDERS and other alternatives to foster care received a huge impetus from the Adoption Assistance and Child Welfare Act of 1980. This law made explicit the objectives of placement prevention and permanency planning, and linked family preservation and reunification services to making reasonable efforts to keep families together. The immediate effect of the law was a 25% decrease in foster care maintenance payments within two years of its passage while the proportion of funds allocated for preventive and protective services increased from 8% to 23% during that same time period.

In recent years, the pendulum has swung in the other direction as states are facing increased caseloads due largely to substance abusing parents, high turnover of social workers, and an increasing number of child deaths. It’s time to once again revisit the issue of reunification and the tools and resources that are available to states in this new decade and century.

Sources:
Linkages to Federal Legislation and Policies

The impact of the federal Adoption and Assistance Act of 1980 on reunification has previously been stated. The 1997 Adoption and Safe Families Act (ASFA) has also affected reunification. ASFA specifically authorized funding for 15 months of intensive reunification services. The Act thus reinforced that reunification is the primary goal when children are removed from the home. Yet, almost all of the new initiatives that states are undertaking in response to ASFA are in the area of adoptive services.

Under ASFA, states are also required to reduce time to reunification without increasing re-entries into foster care. In FY 1999, 44 states achieved a 50% reunification rate or higher within 12 months. However, states with high percentages of reunifications also had high re-entry rates into foster care.

States are now undergoing the federal Child and Family Services Review involving an audit of each state’s child welfare system. States are required to reunify 76.2% of children placed in out-of-home care within 12 months with less than 8.6% of these children re-entering foster care. In states reviewed thus far, about a third are meeting the reunification standard in a sampling of cases with a somewhat higher percentage meeting the re-entry standard.

The inability to achieve these federal standards demonstrates that states need to again focus on reunification. There is no indication that the current focus on adoption initiatives will ever result in a sufficient number of adoptive homes. Although states have significantly increased their adoption rates, less than 40% of children eligible for adoption were adopted in FY 2000 according to the federal Adoption and Foster Care Analysis and Reporting Systems (AFCARS). And, adoption disruptions are increasing dramatically. Unless states make reunification a priority backed by commitment, time, and resources, many children will continue to grow up in foster homes. Children aging out of foster care face a bleak future. They often lack a high school diploma, experience high unemployment, are frequently involved in criminal activities, and have children of their own before acquiring resources for adequate parenting.

Source for 1999 reunification data:

Definition of Intensive Family Reunification Services

In defining reunification services, it is essential to first make a distinction between reunifying children with their parents and an intensive service model to reunite families. Many children are reunited with their families after a short period of time in foster care (two to three months). Intensive reunification services are not necessary and are not appropriate for these families.

Intensive reunification services are short-term, intensive, family-based and designed to reunite families when children are likely to remain in out-of-home placement for longer than six months without this intervention. The goal is to meet federal standards and policies for reunification, prevent foster care drift and multiple foster care placements, and provide children with the best permanent placement, their own home, when it can be safely achieved.
Values and Beliefs

The values and beliefs underlying intensive reunification services are the same as those for Intensive Family Preservation Services and were developed by the HOMEBUILDERS program. The following is taken directly from the HOMEBUILDERS standards:

Safety is our first concern.
The safety of clients, practitioners, and other members of the community is of utmost importance and is our highest priority.

It is best for children to be raised in their own families whenever possible.
Children usually benefit most from living with their immediate or extended families. In situations where it is not possible for them to do so, permanency planning is the best option to help reduce the effects of separation and loss.

We are most effective when we work in partnership with our clients.
Clients have the best information about themselves and their lives, and treating them as partners and colleagues is the best way to gain access to that information. Everyone has strengths, skills, and unique cultural experiences. If we recognize these experiences and treat clients with respect we will be most likely to develop positive working relationships and to be successful in our work with them.

People are doing the best they can.
People's behavior is influenced by many factors, including their past and present environment, the skills they have learned, and the social support that they have available. It is critical that we remain non-judgmental while assessing the effects of these factors on each individual.

All people have the potential to change.
People change constantly, as a result of planned and incidental learning. The knowledge that people can and do change helps us maintain an optimistic outlook. A skills-based teaching approach helps us influence the direction and nature of that change.

We cannot tell which situations are amenable to change.
Historical information can help us assess each family’s situation, but is not sufficient to predict which families will make changes during our intervention. Therefore we must remain open-minded about each family’s chances of success.

A crisis is an opportunity for change.
In a time of crisis, clients may find that their usual ways of doing things no longer work. This presents us with an opportunity to help them develop new and more effective skills.

We are accountable to our clients and ourselves for service quality.
It is essential that we provide services that meet the needs of both the families we are trying to help and the people who refer them to us. In order to do so all of our consumers must become involved in the process of evaluating our work. Only with this involvement can we be truly accountable for the quality of the services we provide.

It is important to reduce barriers to services.
It is the job of the practitioner to do everything possible to reduce the barriers that make it difficult for clients to take advantage of our services. We can reduce these barriers and increase motivation by being
accessible and flexible, and taking the service into families’ homes. When the help that we offer is attractive, comfortable, and culturally responsive, clients will be inspired to believe that change can occur.

Source: An Introduction to the IFPS Standards, Institute for Family Development

Intensive Family Reunification Services Program Standards

Intensive family reunification services are closely related to Intensive Family Preservation Services and thus have very similar standards. The reunification standards promulgated by NFPN allow for flexibility in developing a model while maintaining program integrity. These are the basic standards that apply to the intensive stage of the reunification process:

- Staff are available 24 hours a day, 7 days a week
- Staff have small caseloads (2–4 families)
- A reunification worker sees the family within 72 hours of referral
- Reunification services are primarily delivered in the home
- Intensive services (5–20 hours per week) are provided
- Services are available and provided on evenings and weekends
- Services are time-limited (60–90 days)

In the research study on intensive family reunification commissioned by NFPN, Dr. Raymond Kirk suggested a 3-stage model for implementing IFPS-based reunification services. Stage 1 is preparatory and precedes the return of the child to the home. This stage is marked by interactions between the reunification worker and the parents that address the issues of ambivalence about and readiness for the child's return. This period of time includes home visits between the child and parents, observed by the reunification worker. During this stage, a family assessment is also conducted using the North Carolina Family Assessment Scale for Reunification (NCFAS-R) developed by Dr. Kirk in cooperation with NFPN. Stage 2 is marked by intensive service delivery to the family immediately following the child's return home, within four weeks of the original referral. This phase closely resembles a typical IFPS intervention. Services may include, but are not limited to, any of the following:

- Parent training
- Family communication building
- Teaching behavior management
- Marital counseling
- Life skills training
- Self-management of moods/behavior
- School interventions
- Safety planning
- Relapse prevention
- Concrete and advocacy services

Stage 2 ends with the closure assessment of the NCFAS-R instrument. The ratings at closure are statistically significant in determining the likelihood of success of the reunification.
Stage 3 is the “step-down” stage when reunification or aftercare workers are available to help resolve issues that arise following the removal of intensive services. During Stage 3 families are monitored with respect to continued child safety and family functioning. Families may also request services. The “step-down” services provide a safety net for reunification cases.

Intensive family reunification services have only recently been established as a model with the corresponding documentation, research, resources, and training. To obtain a clearer picture of a working model, the reader is referred to Attachment A, which provides an overview of intensive reunification models in eight states. In addition, the state of Missouri has a written model for Family Reunion Services closely related to the intensive services reunification model recommended by NFPN.


### Staffing

Qualified and dedicated staff are critical to the success of the Intensive Family Reunification Services (IFRS) program. Staff are required to demonstrate a wide range of skills. They must be available at all hours to respond to crises, which are the best time to teach and model the new behavior and skills family members need if they are to stay together.

IFRS practitioners ideally have a master's degree in social work. The alternative is a bachelor's degree in a related field with two years of experience. All beginning practitioners need formal training in the IFRS program model and on-the-job training with another experienced practitioner or a supervisor. All IFRS practitioners should receive annual training.

The IFRS supervisor provides back-up to the practitioner as well as supervision. The recommended ratio of supervisors to staff should not exceed 1:6.

### Research

The question of the effectiveness of Intensive Family Preservation Services (IFPS) in assisting child welfare service providers to reunify children with their families of origin is in some ways more straightforward than the question of whether IFPS is effective in preventing out-of-home placements. Research on Intensive Family Preservation Services (IFPS) has been ongoing for more than two decades, and has primarily focused on measuring the “placement prevention” rate among families referred for service because one or more child was at imminent risk of removal from the home due to child abuse or neglect. A large proportion of the discussion surrounding IFPS research has been devoted to the problem of defining “imminent risk of removal,” as controversy about the effectiveness of IFPS has centered on whether families served by IFPS are/were truly at high risk of removal. When reunification cases are considered, the question of whether a child is at high risk of removal is mute: the child was at high enough risk to have been removed. Thus, the question of risk of out-of-home placement, per se, is resolved.

This is not meant to imply, however, that reunification services are free from service targeting issues. In some cases, children might be safely returned home without reunification services. In other cases, even intensive services may not overcome skills, resource, or parenting deficits sufficiently to safely return children home. Families receiving reunification services are not likely to be in crisis at the time of reunification, and some family issues may be less readily apparent than in crisis-driven placement prevention cases. This situation, in and of itself, builds a strong case for intensive reunification services.
to promote child and family safety. But at this juncture it is too soon to establish proscriptive eligibility criteria for reunification services. Additional research is needed on service targeting strategies for Intensive Family Reunification Services. However, the research literature has not been silent on targeting and other research questions, as the following studies illustrate.

A study in Utah (Lewis, Walton, and Fraser, 1995) employed an experimental design, and an IFPS program model to see if IFPS was more effective than routine foster care services for reuniting families. The intervention lasted 90 days and focused on family strengthening and intensive preservation services methods. Children were returned to the families within 15 days of the beginning of service, providing a minimum of 75 days of service to the intact family. At the end of the 90-day intervention, 92% of the treatment group had returned home, versus only 28.3% of the control group.

In a follow up study, Walton, Fraser, Harlan and Lewis (1995) discussed the qualitative aspects of the intervention in the Utah study. They noted that IFPS was originally developed to address the issue of unnecessary removal. However, when removal was necessary they noted that many children remained in out-of-home placements longer than necessary. They were critical of the fact that vigorous reunification plans had not been the norm in the public child welfare agencies.

A year later a similar team (Fraser, Walton, Lewis, Pecora, and Walton, 1996) conducted a one-year follow up on the Utah study population and concluded that few agencies developed clearly articulated reunification services for children in out-of-home care. They suggested that too frequently reunification occurs without resolution of problems that led to the initial placement. This position also was supported by the work of Barth and Barry (1987).

Very recently, Walton (1998) conducted a six-year follow-up on the same treatment population and determined that children who had received the reunification-based IFPS services required less case supervision time, lived at home longer, and if placed were in less structured placements. This series of Utah studies offers strong support for the use of IFPS interventions with reunification cases but was tied to a single model of intervention. Other researchers explored differing models.

A study by Pierce and Geremia (1999) in Missouri utilized a 60-day treatment model during which workers were available “24/7,” similar to IFPS interventions. Caseloads averaged 3 families, and families targeted for the service were those who were determined to be unlikely to be reunited in less than six months without intensive services. Children had to be returned to the home within 14 days of the beginning of service. The study sample included 312 children from 169 families. At the end of service, 63 percent of the children were successfully reunited, as defined by not reentering care. The Missouri program model recently studied and reported by Lewendowski & Pierce (2000) used a less intensive model known as The Family Centered Out Of Home Care Pilot. The model employed in the project had workers carrying caseloads of 12 during the service interval of up to 12 months. Success was measured by the absence of recidivism within 18 months. The study families were compared to families in neighboring counties that did not receive services under the pilot. There was no statistically significant difference between the groups in terms of reunification or recidivism.

Taken together, the results of the proceeding studies seemed to favor the idea of shorter term (e.g., 60 day) treatment models with low caseloads, short duration, intensive services, and 24 hour a day availability, although these factors were not addressed directly in the studies. Future research needs to focus more specifically on program model variables such as caseload, duration, and intensity.

The discussion sections of these studies contained interesting speculations on reasons why certain models were more or less effective than others. There is other research that suggests that reunification
cases possess unique features that differentiate them from placement prevention cases. Among the most informative of these are studies by Hess, Folaron and Jefferson (1992) and Hess and Folaron (1991). The setting of these two studies was Illinois, and the study methods included intensive case record reviews and interviews. From the results of the study Hess, et al proposed that a major impediment to successful reunification is parental ambivalence. The strongest predictors of parental ambivalence were identified as:

- Biological parents requesting child placement before the initial placement
- Biological parents requesting child placement after reunification
- Biological parents refusing treatment or services
- Biological parents missing court appearances
- Biological parents missing scheduled visitations

These authors also offer support for assertions in some of the Utah studies that reunifications frequently occur prior to the resolution of family problems that led to the initial separation. Specifically, they found many cases where the courts returned children home after “completion” of case plans (e.g., parenting classes) without any evidence of behavioral change or skill acquisition on the part of the parents. In fact, in eight of these failed cases, the courts ordered reunification over the objections of the child welfare agency.

Taken as a whole, this modest body of research on IFPS interventions with reunification cases indicates that IFPS may be quite effective in assisting with the reunification process; and, taken as a whole there are indications that IFPS interventions may be tailored specifically for reunification cases. For example, the studies reviewed suggest that a treatment interval of up to 90 days makes the most sense. The treatment models that employed the more intensive services achieved higher success rates then the less intensive, longer-term services. They also suggest that the factors that make reunification cases unique when compared to placement prevention cases (e.g., ambivalence and resolution of pre-existing risks and service needs prior to reunification) can be identified and addressed.

These findings have led the National Family Preservation Network (NFPN) to embark on a series of research studies and resource development activities ongoing since 1999. With funding from the David and Lucile Packard Foundation, NFPN partnered with several IFPS programs that were serving reunification cases to field test an adaptation of the North Carolina Family Assessment Scale as an aid to these cases. Two domains were added to the NCFAS to form the NCFAS-R (for reunification). The domains comprise subscales that contribute to the concepts of ambivalence the family might be experiencing as a result of their history and period of separation, and the family’s readiness for reunification in terms of resolution of predisposing or emergent needs to promote successful reunification.

The development process of the NCFAS-R has been described elsewhere (Kirk, 2000) and studies have been conducted (Kirk, 2001, 2002) that show promise for establishing the efficacy of IFPS interventions for reunification cases. Reliability and validity of the research tools has been established (Kirk, 2001, 2002), and results of reunification efforts are very promising, with study results from three test sites showing approximately a 76% success rate in reuniting families who receive the IFPS-based interventions. Further, families’ improvements on the individual domains measuring family functioning have been statistically associated with successful reunification as has being rated at or above the “baseline” level of functioning on the NCFAS-R at case closure. The Child Welfare League of America
recently reviewed these studies and granted Commendable Practice status to the use of the NCFAS-R in reunification cases.

Future research on the use of IFPS interventions with reunification cases will need to confirm these initial positive findings, continue to examine variations of the basic IFPS-reunification models, and compare IFPS-reunification results to results obtained using other intervention strategies. Appropriate targeting of reunification services to families must be included in this research.

References


*Source: The research summary was provided by Dr. Raymond Kirk, University of North Carolina at Chapel Hill.*
Public Policy

Reunification has always been an integral part of the child welfare system. However, many states lack an intensive model of family reunification. The following is a guide for implementing successful intensive family reunification services:

- Offer intensive family reunification services on a statewide basis.
- Target families who are not likely to reunify within 6 months, absent intensive services, using a proven assessment tool.
- Develop intensive reunification services based on proven, research-based models.
- Implement standards for best practice
- Provide specialized training to all reunification staff
- Use a research-based assessment tool to identify factors in successful reunifications and track re-entry into out-of-home placements
- Fund a committed intensive family reunification services manager.
- Evaluate services on an annual basis

Federal law has set outcome requirements for family reunification. Intensive family reunification services are the key to meeting these standards. NFPN, in cooperation with Dr. Raymond Kirk, has developed a reunification assessment tool (NCFAS-R) that has been field-tested with intensive reunification services programs and found valid and reliable. Programs in the field test also met federal standards for reunifying families within twelve months and preventing re-entry into foster care. The Child Welfare League of America in its Research to Practice Initiative has endorsed the tool.

Resources

National Family Preservation Network offers tools, resources, training, and technical assistance on intensive reunification services:

Review of reunification programs: NFPN will conduct a review of a state’s family reunification program and offer recommendations for improvement, including program standards and integrity, assessment, and evaluation.

Assessment tool: NFPN offers a self-contained training package on the reunification assessment tool (NCFAS-R) that consists of the tool, database for computerizing reunification cases, training video, case vignette, user’s guide, and consultation by phone or e-mail.

Training and technical assistance: NFPN provides on-site training for using the reunification assessment tool and technical assistance in establishing or expanding intensive reunification programs.

Conferences, workshops: NFPN will co-sponsor conferences on intensive reunification services or provide speakers for workshops hosted by other organizations.

Advocacy: NFPN will provide information on the effectiveness of intensive reunification services and assist agencies and organizations advocating for intensive reunification services.

For more information on NFPN’s products and services, please visit our Web site at <www.nfpn.org> or call Priscilla Martens, Executive Director, at 888-498-9047.
## INTENSIVE FAMILY REUNIFICATION MODELS

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<thead>
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<th>NJ</th>
<th>AL</th>
<th>PA</th>
<th>WA</th>
<th>KY</th>
<th>MO</th>
<th>AZ</th>
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<td>1.</td>
<td>State</td>
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<tr>
<td>2.</td>
<td>Geographical area covered:</td>
<td>Statewide</td>
<td>Statewide</td>
<td>Dauphin Co.</td>
<td>Statewide/ Two models</td>
<td>Statewide</td>
<td>Statewide</td>
<td>Pima Co.</td>
</tr>
<tr>
<td>3.</td>
<td>Meet face-to-face with family within 24 hours of referral?</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
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<td></td>
<td>If not within 24 hours, please specify the maximum number of hours prior to first meeting.</td>
<td>72 hours</td>
<td>72 hours</td>
<td>Within 1 week</td>
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<td>4.</td>
<td>Family has access to their worker 24/7:</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>5.</td>
<td>Workers meet routinely with families on evenings and weekends:</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>6.</td>
<td>Maximum number of families per worker (caseload):</td>
<td>3</td>
<td>3</td>
<td>4–5</td>
<td>2: 30-day model</td>
<td>5: 90-day model</td>
<td>6 maximum, 4 standard</td>
<td>3</td>
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<td>7.</td>
<td>Average number of total direct service hours (face-to-face/telephone):</td>
<td>9–10 per week</td>
<td>8 per week</td>
<td>5–7 per week</td>
<td>40–50 per total intervention</td>
<td>At least 2 per week</td>
<td>5–7 per week</td>
<td>30–35 per total intervention</td>
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<td>8.</td>
<td>Workers are:</td>
<td>Full-time pvt. agency</td>
<td>Full-time state/ Full-time pvt./ Contract workers</td>
<td>Full-time pvt. agency</td>
<td>Full-time pvt. agency; Part-time pvt.; Contract</td>
<td>Full-time and Part-time pvt. agency</td>
<td>Full-time state; Full-time pvt.</td>
<td>Full-time pvt.</td>
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<td>Full-time State</td>
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<td>Full-time Private Agency</td>
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<td>Part-time Private Agency</td>
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<td></td>
<td>Contract Workers</td>
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<td>9.</td>
<td>Maximum length of services (number of days or weeks):</td>
<td>3–5 months</td>
<td>12 weeks</td>
<td>3–5 months</td>
<td>40 days or 90 days</td>
<td>6 months</td>
<td>60–90 days</td>
<td>90–120 days</td>
</tr>
<tr>
<td>11.</td>
<td>Does the referring agency specify a time frame for returning the child to the family?</td>
<td>28 days</td>
<td>4 weeks</td>
<td>Varies</td>
<td>7 days: 30-day model</td>
<td>30 days: 90-day model</td>
<td>Within a timely fashion</td>
<td>2 weeks</td>
</tr>
<tr>
<td>12.</td>
<td>What are the criteria that a family must meet in order to be eligible for reunification services?</td>
<td>Willing adult; no physical/sexual abuse</td>
<td>Willing adult; no physical/sexual abuse</td>
<td>Approval by state gatekeeper</td>
<td>Family willing; children not out of home more than 15 of past 22 months</td>
<td>Parent of child willing; regular visits; court in agreement; safe environment</td>
<td>Willing adult; safe environment; no physical/sexual abuse</td>
<td>Family willing; visits occurring</td>
</tr>
</tbody>
</table>