



IHBS

INTENSIVE HOME-BASED SERVICES

1 OF 4 INNOVATIVE INTERVENTIONS

WHY ARE WE DOING IHBS?

PROVIDE INTENSIVE SERVICES TO CRT FAMILIES THAT HAVE AN IMMINENT RISK OF OUT OF HOME PLACEMENT



PREVENT CHILDREN ENTERING FOSTER CARE



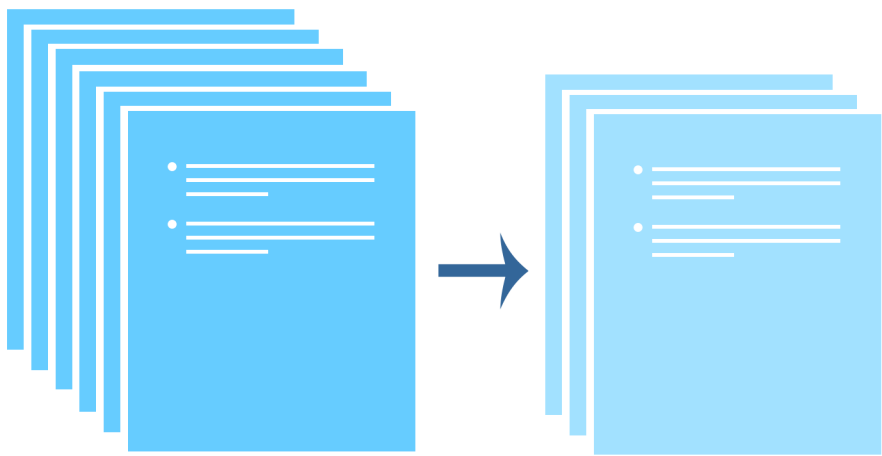
SERVE FAMILIES EFFECTIVELY TO DECREASE REPEAT REFERRALS TO CWS

HOW DOES IT HELP FAMILIES?

- FAMILIES WILL BE CONNECTED WITH A THERAPIST IMMEDIATELY IN THEIR TIME OF CRISIS
- PARENTS WILL HAVE IMPROVED COPING, PARENTING AND OTHER NECESSARY SKILLS
- WELL-BEING OUTCOMES OF CHILDREN AND THEIR FAMILIES WILL BE IMPROVED
- CHILDREN CAN REMAIN SAFELY AT HOME



HOW DOES THIS HELP ME?



- REDUCED WORKLOADS DUE TO REDUCTIONS IN PLACEMENT
- REDUCED WORKLOADS DUE TO LOWER INCIDENCE OF NEW REPORTS

WHAT ARE WE LEARNING?

- IN 2015, **21** FAMILIES RECEIVED IHBS SERVICES.
- 62% WERE THEN CLOSED WITHOUT FURTHER CPS INVOLVEMENT.



- DOES IHBS MAKE A DIFFERENCE IN KEEPING FAMILIES SAFELY TOGETHER?
- WHAT HAPPENS TO CHILDREN AFTER IHBS?

HOW CAN I HELP?

THE EVALUATION TEAM WANTS TO TELL A STORY ABOUT

- WHO THE CHILDREN ARE THAT ARE SERVED BY IHBS
- WHAT HAPPENED TO THEM OVER THE COURSE OF IHBS
- WHAT THE RESULTS OF IHBS ARE COMPARED TO BUSINESS AS USUAL

YOU CAN HELP BY REFERRING APPROPRIATE CASES AND ENTERING THE FOLLOWING INFORMATION INTO CPSS AND SHAKA

CPSS

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0037 DATA SUCCESSFULLY ADDED
01/28/15                SERVICE DATA - ADD                KFKCC50N
11:31:35.9                K363810U

CASE NO    00090625                CASE NAME    3-IVE-WAIVER, GINGER
CLIENT NO  0000092115            FMN    02    NAME    3-IVE-WAIVER, GINGER
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SERVICE NO    001
SERVICE ACTION CODE    M102 INTENSIVE HOME-BASED SERVICES - IV-E WAIVER ON
SERVICE OVERRIDE CODE    -
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PROVIDER CODE    _____
PROVIDER NAME    CATHOLIC CHARITIES
CPO FOSTER PARENT CODE    _____
UNITS/HOURS    _____ AMOUNT/RATE    _____
PAYMENT REQUIRED? (Y/N)    N
PRIMARY RECIPIENT FMN    _____
DATE NEEDED    1_ 1_ 2015
INITIATION DATE    _____
SERV TERM CODE    _____
SERV TERM DATE    _____

NEXT CA50 KEY    _____                END DATA
    
```



**M102
SAC CODE**



START/END DATES

SHAKA

State of Hawaii Automated Keiki Assistance
Monday, April 04, 2016 10:47 AM

SHAKA Cases Intake CWI Calendar Reports & Charts Document Center NYTD Transition Plans Admin Procedures Manual Help ShakaTown Management Quick Search

My Account - Imua Kakou - Management - Services - Waiver - Reports - Help - Feedback

SHAKA (Staging)/SSL Intake Tracking Child Safety Assessment

You are on the Test Site! Data entered may be erased.

Child Safety Assessment

Case Information

Intake information

Intake Name: UHMC 2 Intake Number: J1234 Assessment Date/Time: []

Worker Name: []

Reason(s) for Safety Assessment:

- Initial Contact (or within 7 working days of the first face-to-face contact)
- Conclusion of the Investigation (within 60 days)
- Prior to Removal
- Reunification Assessment (prior to return of child to the home)
- Change in Visitation Plan
- New Safety Concerns
- Prior to Case Closure



FINAL SAFETY ASSESSMENT