

DSS Policy and Procedure Guide	
Division 03: Child Welfare	Chapter 13: Prevention Services
Item 001: Voluntary Family Maintenance Services to Potential Juvenile Court Dependents	
Suggested changes send to: DSS PSOA Mailbox	Issued: September 18, 2017
References: Division 31 Regulations Chapter 31-215 and Chapter 31-320 through 325	Revisions in Red
	Replaces Issue: April 18, 2014

[Transfer From ER to VFM / Change In Circumstance That Impact Child Safety / Safety Contact / Contact Guidelines / VFM SW Responsibilities / Contacts / Case Plan / Community Resources / Reviews/ Case Closing / Time Limits](#)

Preamble

Child Welfare Policy and Procedure Guides are meant to be used as tools to relay best practice and staff expectations. It is understood that specific case scenarios may not always align themselves with the stated practices and that at all times what is of paramount importance is the Safety and Well-being of the children we are charged to protect.

Policy

The Department of Social Services (DSS) Voluntary Family Maintenance (VFM) program provides interventions to families at imminent risk of Juvenile Court involvement. Families with an identified child, age 0 years through 17 years, who is at “high” or “very high” risk of being abused, neglected or exploited, will be assessed for VFM services. The VFM program provides up to 12 months of case management services to protect and strengthen families.

Purpose

Provide intensive voluntary services to strengthen families and ensure the child(ren)’s safety, well-being and stability. VFM engages families through the provision of strength based, family-focused, community-oriented and best practice services.

Procedure

Through collaboration in Team-Decision Making (TDM’s) and departmental staffings, DSS staff will continue to assess a family’s eligibility and the appropriateness of VFM services. Assessments are made using a variety of tools and skills as well as the information presented at the TDM. The VFM Suitability Form ([CWS 0079](#)) assesses past history and previous compliance with this and other agencies. The VFM Explanation of Services Sheet explains and clarifies the DSS’s service delivery practices and addresses the client’s ability to protect their child(ren) and to accept their responsibility to actively participate in the mutually agreed upon services as outlined in the Case Plan (6044).

Once a family has accepted VFM services arrangements will be made to facilitate a “Safety Contact” in the home to assess the immediate safety of the child(ren) once returned to the care of the family. The Social Worker (SW) and the family will create a formal (CWS/CMS) Case Plan based on the identified needs and interventions. The SW will link the family to community resources and government supports that provide services which include but are not limited to: Parenting, Housing, Domestic Violence, Physical Health, Mental Health Services, Legal Services, Education, Substance Abuse, and Employment and Temporary Assistance. The SW will work with the family through on-going contacts in the family home, with the number of monthly contacts determined by the Structured Decision Making Risk Assessment (SDM) risk level of the family. The case will be reassessed at least every three months for ongoing services or closure for up to 12 months. When assessing for case closure the VFM SW will conduct a staffing/TDM.

Transfer From Emergency Response (ER) to VFM

Cases will be transferred from the Emergency Response (ER) program to VFM within five working days of the TDM in which the family accepted VFM. The service component will be changed to Family Maintenance once the ER Social Work Supervisor (SWS) has reviewed the case transfer document. If the case transfer document is incomplete, the case will be returned to ER for the necessary corrections and be returned to VFM within two working days.

Change in Circumstance That Impact Child Safety

If the family refuses VFM services prior to the transfer of the case and/or at the “Safety Contact”, the case will remain in ER. The VFM SWS will notify the ER SW and SWS of the family’s refusal and re-assign the case to the ER SW.

If there are changing circumstances up to 30 days after the TDM, such as lack of follow through of the Safety Plan, positive drug screen, non-compliance, unable to locate family, the ER SW and VFM SW will re-assess the case for safety threats and re-staff the case to determine if VFM services continue to be appropriate.

Safety Contact

Once the family has been accepted for VFM services, the VFM SW will complete a “Safety Contact” within three **calendar** days of the date of the TDM or staffing. **This includes holidays and weekends.** During the “Safety Contact” the SW will verify the safety plan created at the previous TDM or staffing is being followed. The VFM SW will actively use core elements and behaviors of the Fresno Practice Model. The VFM SW who attended the TDM and accepts the case to VFM will e-mail the **designated** Job Specialist (JS). The VFM SW will provide the family’s name and case number to **the** JS who will verify if the family is eligible for Linkages. The “Safety Contact” will be noted on the sign up log of expected transfers and will be entered into the Child Welfare Services/Case Management Services (CWS/CMS) within the next **three calendar days, including holidays and weekends.**

The Safety Plan, developed at the TDM/staffing, and the initial Case Plan will be used to create the Case Plan in CWS/CMS. The Case Plan will be reviewed with the client(s) and signed within 30 days of the initial face to face contact with the child(ren).

Narratives will be entered into CWS/CMS describing the initial contacts within seven working days of the contact. The content of the narrative will include the SW’s assessment of the follow-up of the safety plan as well as the progress of the service referrals and compliance with the Case Plan.

Contact Guidelines

All family members identified in the Case Plan will have at least one monthly face-to-face contact. **Fresno County’s VFM Policy requires more than one face to face contact with a minor under the age of two years and one of the contacts must be completed in the home.** Face- to-face contacts will be completed according to the Structured Decision-Making (SDM) California Contact Guidelines. See table below:

MINIMUM CONTACT GUIDELINES FOR IN-HOME SERVICES		
Risk Level	Caregiver and Child Contacts	Location
Low	One face-to-face per month with caregiver and child One collateral contact	Must be in caregiver’s residence
Moderate	Two face-to-face per month with caregiver and child Two collateral contacts	One must be in caregiver’s residence
High	Three face-to-face per month with caregiver and child Three collateral contacts	Two must be in caregiver’s residence
Very High	Four face-to-face per month with caregiver and child Four collateral contacts	Two must be in caregiver’s residence

At the end of the first three months, all new cases should have the SDM Risk Re-Assessment completed and the rating changed if applicable. This should be narrated in CWS/CMS.

During monthly conferences the VFM SW and SWS will assess the appropriateness of case closure. Cases may be closed if the client(s) is making moderate to sufficient progress and is able to complete the Case Plan on their own, at the client(s) request or because the family is making none to minimal progress in the Case Plan and chooses not to further utilize VFM services. If the decision to close the case is due to no progress, refer to the “Case Closing” section below.

VFM SWs and Social Worker Aides (SWAs) will utilize Community Based Organizations (CBOs) and other community resources as well as government supports to provide resources and support to the families.

In working with VFM families, VFM SWs and SWAs will utilize family engagement skills, strength-based, family centered and community-oriented practice to provide appropriate services.

VFM SW Responsibilities

Contacts

Contacts may be made on either an announced or unannounced basis. Contacts are mandatory in accordance with the SDM Contact Guidelines and contacts should include an inspection of the areas in which the child(ren) eats, sleeps and receives personal care.

The VFM SW shall interview each child outside the presence of their parent(s) at least once per month.

Contacts should record the safety and well-being of the child as well as parental progress in the Case Plan (See Division 31 Contacts for details, [Chapter 31-320 through 325](#)).

Child(ren) under the age of two years will be seen more than once a month in accordance to the SDM risk level.

The second or subsequent contacts may be made by a person other than the assigned VFM SW such as a SWA, Exceptional Parents Unlimited (EPU) Home Visitor, Public Health Nurse (PHN) etc. or by another authorized person. However, these contacts must be documented in the CWS/CMS records.

Case Plan

The family and the assigned SW will work together to develop the VFM Case Plan. Case Plans are created to identify interventions based on the strengths and needs of the family which will serve to ameliorate the concerns of the DSS and the client/family. They are to be individualized to the specific family and its concerns (See Division 31 on Case Plans Chapter [31-215](#)). **Case Plans are also to contain Danger Statements and Safety Goals that reflect the concerns specific to the family.**

Case Plans will be reviewed and updated according to the schedule mandated by the state (See the Division 31 on Case Plans Chapter [31-215](#)).

Community Resources

Community Representatives, Parent Partners, and Cultural Brokers will be invited to initial TDM's and to staffings. The Parent Partner and/or Cultural Broker may participate in Case Plans and in supporting families receiving VFM services. Cultural Brokers and Parent Partners may be referred to assist the family after the case is accepted into VFM.

Within the first **three** months of the family accepting VFM services and at least once per quarter thereafter, the VFM SW shall contact the family's local law enforcement agency to check for any recent service calls to the family home.

Reviews

VFM cases will be regularly reviewed by the SW and the SWS during individual conferences as well as every six months. In addition they will be reviewed whenever there is a major change in family composition.

SDM Risk Assessments and Re-Assessments will be **completed and** reviewed every three months by the SW.

Random reviews shall be conducted as needed.

Case Closing

VFM cases are closed for the following reasons (not limited to the following): successful completion of the VFM Case Plan within specified time limits; loss of contact with the family; failure to respond to contact attempts; lack of compliance with the Case Plan; client request. Cases that are to be closed will have a TDM, mapping, or staffing, with the client, participating service providers and the family's network of support.

Reasons for the case closure as well as the results of the staffing/TDM/mapping are to be accurately documented in the CWS/CMS. Documentation should include a summary of the actions/activities undertaken by the SW, staff, service providers and the client leading up to closure. Part of the supportive documentation is the SDM Risk and Safety Re-Assessments, which are to be completed as part of the process and entered into the body of the narrative in CWS/CMS. All information found in the narrative must be included in the CWS/CMS Closure Summary.

- Successful Completion of all or part of the Case Plan
 - The client, SW, or both may determine that the family has made sufficient progress in the Case Plan to justify closing the VFM case so that the family may continue to make progress on its own. A staffing will be held with the family, their network of support, service providers, the VFM SW and VFM SWS prior to the VFM case being closed. The SW will review the initial allegations/behaviors that led to DSS intervention and how the family has eliminated or diminished the safety threats to their children. The family will be encouraged to use their network of support as DSS closes their VFM case.
- Closure for Loss of Contact
 - When a client cannot be found the SW will research the whereabouts of the family by completing a Parent Search, contacting the Job Specialist or Eligibility Worker, making a minimum of three home calls, telephone the client, and/or contact relatives/network of support in an attempt to locate the client.
 - If the family is still not located, the VFM SW shall follow the procedure in PPG 03-03-026, Timelines for Subsequent Contacts After Initial Attempts to

Contact the Family Have Been Unsuccessful and Unable to Locate Procedure.

- All attempts to contact the family must be documented in CWS/CMS.
- A letter will be sent to the last known address with a specific date by which time the family must contact the SW or the case will be closed. Explain the consequences of closure (i.e. should the case come back into the system VFM may not be provided).
- Closure for Lack of Compliance
 - When a client demonstrates a lack of compliance, an Imminent Risk TDM, mapping, or a Multi-Disciplinary staffing will be conducted prior to closing the VFM case.
 - If a family refuses VFM Services an Imminent Risk TDM or mapping will be conducted prior to closing the VFM case.
 - The client will be given a copy of the TDM Action Plan. If the family does not attend the TDM, a letter will be sent to the last known address with a specific date by which time the family must contact the SW or the case will be closed. Explain the consequences of closure (i.e. should the case come back into the system VFM may not be provided). The Action Plan will detail the actions to be taken (case closure), the reason for such actions (failure to comply with the Case Plan) and will offer the client resources to deal with problems on their own as well as an explanation of possible consequences of future contacts with DSS/Children's Protective Services (CPS).
- Client Request
 - If there are ongoing safety threats in the family, an Imminent Risk TDM will be held and the steps regarding an Action Plan as described in "Closure for Lack of Compliance" will be followed.
 - If there are not safety threats in the family, a staffing will be held.

Time Limits

In general, VFM cases are limited to a total of 12 months of services. Program directives require review at three, six or nine months and termination of services at those intervals if sufficient progress is, or is not being made. The SDM Risk Re-Assessment will be reviewed at three, six, and nine months. If continuance is reasonable and necessary, a VFM case may continue beyond the 12 months mandate with Program Manger (PM) approval and all county funding.

All VFM cases will be reviewed with the SWS at **three, six and nine** months duration. If a case is to be continued beyond the 12 months a memo to the PM must be presented detailing progress made

to this point and reasons to continue the case beyond 12 months. Those reasons include, but are not limited to:

- support-either financial or emotional
- acquisition/completion of other services