

Family-Centered Services

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Family-Centered Services

Family-centered services are an important part of the Department's strategy to protect children from repeat maltreatment, make affirmative efforts to preserve families and whenever possible, prevent placement of children outside of their own homes.

Both state and federal law recognize that services to help families remain intact are essential to our society. The Department is committed to family-centered services that are responsive to the wide variety of children's needs and ensure that whenever possible, reasonable efforts to provide the most supportive and least intrusive response for each child and family involved with the child welfare system.

Family-centered services address the needs of children within the context of their families to improve safety, permanency, and well-being outcomes. Family-centered services assist children and their families to:

- ◆ Prevent and alleviate child abuse, neglect, and delinquency.
- ◆ Prevent out-of-home placement of children.
- ◆ Provide support and service to children placed with kin or fictive kin.
- ◆ Reunite families whose children have been placed outside the home, maintain reunification when children have returned home, and maintain other alternative planned permanent placements when children been placed in another permanent setting.

Children and families are referred to the Department for family-centered services as a result of child abuse assessments or Child in Need of Assistance (CINA) proceedings in juvenile court. Services provided to children and their families will reflect:

- ◆ The unique needs of the family and the nature of their crisis situation;
- ◆ The behavior and immediate challenges of individual family members; and
- ◆ The potential for abuse, neglect, or out-of-home placement.

Family-centered services are designed to deliver a flexible array of strategies and interventions to promote achievement of goals for child and family safety, permanency, well-being, and reduction of risk.

Family-centered services may be helpful in the following types of situations:

- ◆ When the child is at risk of out-of-home placement and services are needed to make reasonable efforts to preserve the family unit.
- ◆ When services are necessary to address documented abuse or neglect.
- ◆ When the child is placed outside of the home and services are necessary to work toward family reunification or an alternative permanent setting.
- ◆ When the child needs services to maintain family reunification or maintain the placement in a planned permanent arrangement, such as placement with kin or fictive kin.
- ◆ Identify and move a child toward achieving other permanent family connections, such as an adoptive placement or guardianship arrangement.
- ◆ Provide transition planning and support as the youth moves toward adulthood.

Family-centered services shall not duplicate placement services but shall enhance collaboration and improve coordination with other child welfare service contractors and service providers.

NOTE: If a referral was made for family-centered services and the youth enters shelter or a qualified residential treatment program (QRTP) for more than 30 days, family-centered services must end. Refer to 18-D(3), [QRTP/Group Care](#) for more information on these cases.

Based on assessment of child and family needs, family-centered services should be comprehensive and intensive enough to promote change and mitigate identified factors that place the child at risk.

Definitions Specific to Family-Centered Services

“Business Day” means any day other than a Saturday, Sunday, or State holiday as specified by Iowa Code § 1C.2.

“Case” means the following:

For Solution Based Casework, Case means:

- ◆ The children who are victims of abuse and meet the Department’s criteria for opening ongoing services, or children who are subject to a court order based on Child in Need of Assistance (CINA) proceedings; and
- ◆ Any whole, half, or step siblings of these children who reside in the same household at the time of service referral or move into the household during the service delivery period, or are in placement under the care and supervision of the Department; and
- ◆ The parents, stepparents, adoptive parents, or kin/fictive kin caregivers of the children.

For SafeCare, Case means the parents and children ages zero to five in at-risk families.

For Family Preservation Services, Case means intact families or kin/fictive kin caregivers who have children at imminent risk of removal and placement in foster care as assessed by the Department worker and completion of the Department family risk assessment.

For Kinship Navigator services, Case means the kin or fictive kin caregivers with children placed in their care or temporarily residing with them as arranged by their parent.

“Child,” “Children,” or **“Youth”** means a person or persons who meets the definition of a Child in Iowa Code § 234.1(2).

“Child Safety Conferences” or **“CSC”** means a conference facilitated for children at imminent risk of removal and placement in foster care.

“Evidence-Based Interventions” or **“EBI”** means practices or programs that have peer-reviewed, documented empirical evidence of effectiveness. Evidence-based interventions use a continuum of integrated policies, strategies, activities, and services whose effectiveness has been proven or informed by research and evaluation.

"Family" or **"Families"** means the person or persons comprising the household where the alleged victim of child abuse resides.

"Family Support Specialist" or **"FSS"** means the individual primarily responsible for case management support which is provided using the Solution-Based Casework (SBC) practice model. The FSS is responsible for providing general service delivery, family preservation services, and motivational interviewing.

"Facilitator" means a trained person who organizes, prepares for, conducts, and reports on all activities involved in a Solution Focused Meeting and/or Youth Transition Decision-Making Meeting.

"Fictive Kin" means an individual who is unrelated by either birth or marriage but who has an emotionally significant relationship with another individual who would take on the characteristics of a family relationship.

"Intervention Specialist" or "IS" means an individual responsible for providing Evidence Based Interventions.

"Kin" means one's family and relations.

"Kinship Care" means the care of children by kin or fictive kin. Kin are the preferred resource for Children who must be removed from their birth parents because it maintains the Children's connections with their Families.

"Kinship Caregiver" means kin (e.g. grandparent, sibling, etc.) and fictive kin (e.g. godparents, close family friends, etc.) providing care for a child.

"Kinship Navigator Services" means the services and supports providing information, referral, and follow-up to kin and fictive kin who are caring for and raising absent kin's children to link them to benefits and other resources they need.

"Kinship Specialist" means the individual responsible for providing services and supports to assist kin or fictive kin caregivers receiving kinship navigator services.

"Removal" means the placement of a child from the setting in which they were living by order of the Court or Voluntary Placement Agreement.

"SafeCare" means an evidence-based training curriculum for parents who are at-risk or have been reported for child maltreatment. Parents receive weekly home visits to improve skills in several areas, including home safety, health care, and parent-child interaction.

“Solution Based Casework” or “SBC” means an evidence-based family centered model of child welfare assessment, case planning, and ongoing casework. The goal is to work in partnership with the family to help identify their strengths, focus on everyday life events, and help them build the skills necessary to manage situations that are difficult for them.

“Solution Focused Meeting” or “SFM” means a gathering of family members, friends, formal and informal supports, with the assistance of the SFM facilitator, to draw on past successes of the family in problem solving and work in partnership with the family to enhance the safety of children. SFM activities and anticipated outcomes are based on which SBC milestone the family is in at the time. SBC engagement and relapse prevention strategies will be utilized in the facilitation of the meeting.

“Youth Transition Decision-Making (YTDM) Meeting” means a youth-centered practice model and teaming approach that follows standards similar to that of Family Team Decision-Making (FTDM) Meetings and is offered to youth 16 years of age and older. This model has two key components: Engagement/Stabilization and the Dream Path process to promote self-sufficiency and to empower youth to take control of their lives and dreams. Supportive adults and peers create a team to help the youth make connections to resources, education, employment, health care, housing and supportive personal and community relationships.

“Youth Transition Decision-Making (YTDM) Meeting Dream Path” means a Youth-friendly collaborative plan completed for all Youth Transition Decision-Making Meetings covering the five Fostering Connections categories. The main focus is accomplishing steps toward achieving the Youth’s goals for age 18 and older.

Solution Based Casework (SBC)

SBC is the core foundation for service delivery purchased on all cases referred by the Department to the family-centered services contractor.

SBC is an evidence-based case management approach to assessment, case planning, and ongoing casework. The approach is designed to help the caseworker focus on the family in order to support the safety and well-being of their children. The goal is to work in partnership with the family to help identify their strengths, focus on everyday life events, and help them build the skills necessary to manage situations that are difficult for them.

This approach targets specific everyday events in the life of a family that have caused the family difficulty and represent a situation in which at least one family member cannot reliably maintain the behavior that the family needs to accomplish its goals. The model combines the best of the problem-focused relapse prevention approaches that evolved from work with addiction, violence, and helplessness, with solution-focused models that evolved from family systems casework and therapy.

By integrating the two approaches, partnerships between family, Department worker, contractor, and other service providers can be developed that account for basic needs and restore the family's pride in their own competence.

The assumptions of SBC include:

- ◆ Full partnership with the family is a critical and vital goal for each and every family,
- ◆ Partnership for protection should focus on patterns of everyday life of the family, and
- ◆ Solutions should target the prevention skills needed to reduce the risk in those everyday life situations.

Eligibility

Family-centered services are targeted to children and families with an open Department child welfare service case, following a Child Protective Services (CPS) Child Abuse Assessment, CPS Child in Need of Assistance (CINA) Assessment, or juvenile court action. Cases referred to family-centered services are based upon the following criteria:

- ◆ Adjudication as a Child in Need of Assistance (CINA) by juvenile court; or
- ◆ Placement in out-of-home care under the care and responsibility of the Department; or

- ◆ Need for Department-funded interventions, based on one of these factors:
 - Any child in the family is a founded victim of child abuse or neglect; or
 - Any child in the family is a confirmed victim of child abuse or neglect, and the child's Department-assessed risk level is high.

NOTE: If a referral was made for family-centered services and the youth enters shelter or a QRTP for more than 30 days, family-centered services must end.

Close the service by issuing form [470-3055, Referral and Authorization for Child Welfare Services](#), to the contractor of purchased services, reflecting the closing date.

Issue form [470-0602, Notice of Decision: Services](#), to the child, allowing timely notice.

Family-centered services must be re-authorized 15-30 days prior to planned discharge from QRTP. Refer to [Making a Referral to Family-Centered Services with SBC](#).

Case Assignment for Family-Centered Services with SBC

There are two family-centered services contractors in each of the Department service areas. Cases are assigned to a contractor within the case referral assignment tracking system on a 50/50, every-other-case referral basis. The case referral assignment tracking system is designed to ensure that each family-centered services contractor is at equal risk of receiving complex, difficult cases. This system is designed with the following features:

- ◆ The case referral assignment process is used for family-centered services with SBC and family preservation services if no current open Department service case.
- ◆ If a contractor is assigned a case for family preservation services during a CPS child abuse assessment and that case is later referred for ongoing Department services, the same contractor will maintain the case for family-centered services with SBC.
- ◆ The system allows for case-specific assignment overrides to provide service continuity for cases in which a case previously received services from one of the contractors or its subcontractor, and either the family or Department worker believes it would be beneficial for services to be delivered by that contractor or subcontractor.

If an override assigns a case outside of the alternating assignment order, the case referral assignment tracking system will recognize this change and equalize future referrals.

Making a Referral to Family-Centered Services with SBC

The Department worker shall issue form [470-3055, Authorization for Child Welfare Services](#). (Hereinafter referred to as "3055".)

- ◆ Complete the contractor assignment and required entries in FACS and generate the 3055 authorization in JARVIS under the name of the youngest child victim. Refer to the [JARVIS/FACS System Guidance Documents](#) for steps in accurately making system entries in FACS and JARVIS. Authorize family-centered services with SBC through the end of the month regardless of the date services are initiated (For example, a 6 month authorization with a 3055 effective date of 7.15.20, the final day of eligibility should be 1.31.21, not 1.15.21).
- ◆ Ensure that the contractor assigned for family-centered services with SBC is the same contractor IF the family received family preservation services during the child abuse assessment or CINA assessment which led to the referral.
- ◆ Override the contractor assignment if the other contractor comes up as the contractor to receive the referral.
- ◆ Once system entries are completed, complete form [470-5150, Child Welfare Services Referral Face Sheet](#).
- ◆ Ensure that all information contained in the 3055 and child welfare services referral face sheet is accurate.
- ◆ Complete the referral packet which includes the 3055, CPS Child Abuse Assessment Summary, child welfare services referral face sheet, safety plan (if applicable), family case plan (if completed), and available case specific referral information.
- ◆ Send the referral packet to the assigned family-centered services contractor so a family support specialist can be assigned to provide services to the family.
- ◆ Re-authorize family-centered services with SBC upon expiration of the current 3055 if services should continue with the family and provide the re-authorization 3055 to the contractor.
- ◆ Collaborate and facilitate a conversation with the family support specialist upon decision to close the family-centered services with SBC case and provide the identified case closure date.
- ◆ Complete a termination 3055 IF the final date of eligibility is greater than the identified date of case closure and provide to the family support specialist.
- ◆ Prorate payment for services for partial calendar months using a daily rate based on the number of days of services approved during a partial month.

Payment for Family-Centered Services with SBC

The monthly rate is the same for all contractors providing this service. If there is not a full month of service delivery, the monthly rate is prorated to a daily rate for the number of days a case is open during the calendar month. Contractors are paid for both the beginning and ending dates of service authorization. The contractor may invoice the Department in the month following the month of service at the specified case rate for each full month of family-centered services with SBC. Refer to the [JARVIS/FACS System Guidance Documents](#) for steps in making payment for family-centered services with SBC.

Discontinuing/Terminating Family-Centered Services with SBC

Prior to discontinuing family-centered services with SBC, consider whether the factors related to safety and permanency for children in the case have been sufficiently addressed and whether the family has sufficient connections to community resources and informal supports to manage without formal Department services.

Family-centered services can close before the expiration of the authorization period for reasons such as:

- ◆ The family refuses to cooperate with services.
- ◆ After repeated efforts, it is evident the family or individual is unwilling or unable to accept further services.
- ◆ After repeated assessment, it is evident the child and family are unable to attain the goals and objectives outlined in the case plan.
- ◆ The court closes the case.
- ◆ The family no longer needs services, e.g. if the family has achieved the goals and objectives outlined in the case plan.

Issue form [470-0602, Notice of Decision: Services](#), to the child, allowing timely notice.

Close the service by issuing form [470-3055, Referral and Authorization for Child Welfare Services](#), to the contractor of purchased services, reflecting the closing date.

SafeCare

SafeCare is an evidence-based behavioral parenting model shown to prevent and reduce child maltreatment and improve health, development, and welfare of children ages zero to five in at-risk families.

SafeCare is a home visitation-based parent training program conducted over 18 sessions. Parents who are at-risk for neglect are taught how to have positive parent-child and parent-infant interactions, keep homes safe, and improve child health. This program targets risk factors for child neglect and physical abuse in which parents are taught skills in three module areas:

- ◆ How to interact in a positive manner with their children, plan activities, and respond appropriately to challenging child behaviors,
- ◆ How to recognize hazards in the home in order to improve the home environment, and
- ◆ How to recognize and respond to symptoms of illness and injury, in addition to keeping good health records.

The goals of SafeCare include:

- ◆ Reduce future incidents of child maltreatment.
- ◆ Increase positive parent-child interaction.
- ◆ Improve how parents care for their children's health.
- ◆ Enhance home safety and parent supervision.

Eligibility

SafeCare is not a standalone intervention. SafeCare can be purchased as an additional service package under family-centered services. SafeCare is designed for all parents and caregivers of children ages 5 and under.

Making a Referral for SafeCare

Before making a referral for SafeCare, consider whether you are concerned about the parent/caregiver's ability to:

- ◆ Engage/bond with their infant?
- ◆ Structure daily activities that stimulate their child?
- ◆ Manage their toddler's behavior?
- ◆ Maintain a safe home?
- ◆ Make good health decisions for their child?

If there are concerns about the parent/caregiver's ability to complete any of these points, then a referral for SafeCare may be warranted. If warranted, issue the 3055 authorization.

- ◆ Complete the required entries in FACS and generate the 3055 authorization in JARVIS. Refer to the [JARVIS/FACS System Guidance Documents](#) for steps in accurately making system entries in FACS and JARVIS. Authorize SafeCare through the end of the month regardless of the date services are initiated (For example, a 6 month authorization with a 3055 effective date of 7.25.20, the final day of eligibility should be 1.30.21, not 1.25.21).
- ◆ Once system entries are completed, complete form [470-5150, Child Welfare Services Referral Face Sheet](#) if SafeCare is not referred at the same time as family-centered services with SBC.
- ◆ Ensure that all information contained in the 3055 and child welfare services referral face sheet is accurate.
- ◆ Send the 3055 and child welfare services referral face sheet to the assigned family-centered services contractor so an intervention specialist can be assigned to provide SafeCare to the family.
- ◆ Complete a termination 3055 IF the final date of eligibility is greater than the identified date of completion of SafeCare and provide to the intervention specialist.
- ◆ Prorate payment for services for partial calendar months using a daily rate based on the number of days of SafeCare approved during a partial month.

Once the referral is made to the family-centered services contractor, the SafeCare provider will take into consideration the parent/caregiver's readiness for SafeCare sessions. A parent/caregiver must be able to participate in weekly or bi-weekly sessions of SafeCare.

NOTE: SafeCare has been delivered to families with a range of risk levels, in both non-court and court-mandated situations. But there are sometimes urgent situations or crises which limit caregivers' ability to fully focus on a session. Keep in mind that once a referral is made to the contractor, there may be reasons why a family would be excused from SafeCare. Possible reasons for excusing families from SafeCare:

- ◆ Incarceration, treatment, geographical or facility restrictions;
- ◆ If the case is projected to close within two months
- ◆ Significant impairment due to drugs or alcohol

The SafeCare provider will always review the case with their SafeCare coach and seek their guidance. If one or more reasons apply for exclusion, the SafeCare provider will notify the SWCM for further discussion. If the issue/issues are remedied, it may be possible that another referral be made later. In addition, there might be times when a family begins SafeCare and is unable to complete the modules. If a family cancels or no shows for more than two consecutive sessions (more than two weeks pass without provision of SafeCare), the SafeCare provider will decide whether to reengage or discharge the family based on guidance from their SafeCare coach.

Families cannot concurrently receive SafeCare and family preservation services. If a family receiving SafeCare is referred for family preservation services, the authorization for SafeCare must end. If the family is excused or discharged from SafeCare after completion of the referral and 3055 authorization, close the SafeCare service by issuing a termination 3055 and send to the intervention specialist. Once family preservation services are completed and the family is stabilized, re-authorize SafeCare services to be provided if warranted at that time.

Payment for SafeCare

The monthly rate is the same for all contractors providing this service. If there is not a full month of service delivery, the monthly rate is prorated to a daily rate for the number of days the SafeCare referral is open during the calendar month. Contractors are paid for both the beginning and ending dates of SafeCare service authorization. The contractor may invoice the Department in the month following the month of service at the specified case rate for each full month of SafeCare on open Department service cases receiving this additional service package. Refer to the [JARVIS/FACS System Guidance Documents](#) for steps in making payment for SafeCare.

Family Preservation Services (FPS)

FPS are available during a CPS Child Abuse Assessment, Child in Need of Assistance (CINA) Assessment, and anytime during an open Department child welfare service case. FPS can be purchased as an additional service package under family-centered services.

FPS are short-term, intensive, home-based, crisis interventions targeted to families who have children at imminent risk of removal and placement in foster care. FPS combine skill-based interventions and flexibility so services are available to families according to their individual needs. The goal of FPS is to offer families in crisis the alternative of remaining together safely, averting out-of-home placement of children whenever possible. FPS function to modify the home environment and/or family behavior so that the child may remain safely in the parental household or in placement with kin or fictive kin caregivers. Services are focused on assisting in crisis management, restoring the family to an acceptable level of functioning, and gaining support within their community to remain safely together.

Child Safety Conferences (CSC) are only available during provision of family preservation services. CSCs are utilized for children at risk of removal and placement in foster care. Parents will be invited to attend a CSC to help identify collaborative solutions that allow the children and family to remain together. If it is not possible for the children to remain in the home, the goal is to ensure that the children are placed with kin or fictive kin caregivers rather than in a foster care placement. The decisions from the CSC will direct the blend of FPS and activities. An initial CSC is required within three business days of referral to FPS. A follow up CSC is facilitated within 10 calendar days from the date of the initial CSC. CSCs are facilitated in order to make key decisions on:

- ◆ The safety of the child,
- ◆ Service and treatment needs necessary for the child to remain with their parent or parents and/or natural supports,
- ◆ Developing a plan to prevent removal,
- ◆ The appropriate placement of the child if removal is necessary,
- ◆ The child's access and opportunities for normalcy activities based on the reasonable and prudent parenting standard.

Making a Referral for Family Preservation Services (FPS)

If a referral for FPS is warranted during an open Department child welfare service case, the SWCM supervisor must approve all authorizations. Once approved, issue the 3055 authorization.

- ◆ Complete the required entries in FACS and generate the 3055 authorization in JARVIS. Refer to the [JARVIS/FACS System Guidance Documents](#) for steps in accurately making system entries in FACS and JARVIS.
 - With supervisory approval, authorize one unit of service delivery (10 calendar days). If safety concerns continue after the first unit of service, an additional unit of service may be authorized upon supervisory approval.
- ◆ Once system entries are completed, complete form 470-5150, *Child Welfare Services Referral Face Sheet*.
- ◆ Ensure that all information contained in the 3055 and child welfare services referral face sheet is accurate.
- ◆ Contact the family-centered services contractor by phone to make the referral.
- ◆ Send the 3055 and child welfare services referral face sheet.

A family may not be referred for more than three consecutive units of FPS. If a family received FPS any time during life of the case, and FPS are later necessary to prevent removal and placement into foster care, any additional units of FPS must be authorized by the social work administrator (SWA).

Families cannot concurrently receive SafeCare and FPS. If a family receiving SafeCare services is referred for FPS, the authorization for SafeCare must end. Issue a termination 3055 and send to the intervention specialist. Once FPS are completed and the family is stabilized, re-authorize SafeCare services to be provided if warranted at that time.

Payment for Family Preservation Services (FPS)

The unit rate is the same for all contractors providing this service. The unit of service begins with the date of referral. FPS are purchased using as one 10-calendar day unit of service.

The contractor may invoice the Department following the unit of service at the specified unit rate for each unit of service provided. [Refer to the JARVIS/FACS System Guidance Documents](#) for steps in making payment for family preservation services.

Kinship Navigator Services

Kinship Navigator Services assist kinship caregivers in learning about, finding, and using programs and services to meet their needs.

Kinship Navigator Services are available to kin or fictive kin caregivers with children placed in their care or temporarily residing with them as arranged by the parent. Kinship Navigator Services may be provided to kinship caregivers for a maximum of four months. As long as there is an open Department service case and an identified need, there is no limit to the number of referrals for a kinship caregiver to receive Kinship Navigator Services.

Making a Referral for Kinship Navigator Services

If a referral for Kinship Navigator Services is identified for kinship caregivers during an open Department child welfare service case, the Department worker shall

- ◆ Complete form 470-5150, *Child Welfare Services Referral Face Sheet*.
- ◆ Ensure that all information contained in the child welfare services referral face sheet is accurate.
- ◆ Send the child welfare services referral face sheet to the assigned family-centered services contractor a kinship specialist can be assigned to provide services and supports to the kinship caregivers.
- ◆ Collaborate and facilitate a conversation with the kinship specialist to determine when the kinship specialist plans to close Kinship Navigator Services.

Payment for Kinship Navigator Services

The monthly rate is the same for all contractors providing this service.

The contractor may invoice the Department in the month following the month of service at the specified monthly rate for all cases up to a capped amount for each month of Kinship Navigator Services on open Department service cases. If cases exceed the capped amount, the contractor may invoice the Department at the specified case rate. SWCMs are not responsible for payment for Kinship Navigator Services. Payment is made by GAX to the assigned service contract specialist.

Solution Focused Meetings (SFMs)

SFMs are a formal family engagement strategy to work toward solutions. SFM activities and anticipated outcome will be based on which SBC milestone the family is in at the time of referral. SBC engagement and relapse strategies are utilized in facilitation of the meeting.

Families are best served when they are actively engaged and their voices are heard, valued, and considered with regard to decisions. SFMs support family-centered practices and are effective in ensuring the participation and cooperation of parents and their support systems in providing for the safety, well-being, and permanency of the child.

SFMs are solution based, draw on past successes of the family in problem solving, and work in partnership with the family. SFMs help support the continuity and congruency of the efforts, services, and supports being mobilized.

SFMs should occur throughout the life of the case, with meetings occurring:

- ◆ Initial (within 45 calendar days from the date of referral to family-centered services)
- ◆ Six months from the date of referral to family-centered services
- ◆ 12 months from the date of referral to family-centered services and every six months the case remains open
- ◆ Upon family request
- ◆ Prior to safe case closure

Should the Department require, SFMs may also be referred:

- ◆ When the Family Agree/Service Plan is completed and Action Plans need the assistance of others (between SBC milestone 2 and SBC milestone 3)
- ◆ When the family is in mid SBC milestone 3 and tasks are stalled
- ◆ When ready to acknowledge and recognize change and brainstorm specific ways to measure change
- ◆ When the family is in SBC milestone 4 to recognize and celebrate change and identify what is left to accomplish.

There are some situations where SFMs require particular careful thought and preparation, and where meetings may not be advisable. Each case is individual and should be evaluated based on the family's needs and circumstances.

- ◆ Cases where parental rights have been terminated.
- ◆ Situations involving sexual abuse, domestic violence, or court restraining orders.
- ◆ Circumstances that place the child or other team members in danger or significantly inhibit attainment of the child's permanency goal.

As the assigned SWCM, complete the following activities with families prior to making a referral for a SFM:

- ◆ Explain the purpose, focus, and scope of the SFM and solicit their willingness and cooperation.
- ◆ Help the family to understand what is expected and what will happen at the SFM. Once the family agrees to be referred, make a referral for a SFM.
- ◆ Explain the role of the SWCM regarding participation and responsibilities in the SFM. Answer any questions the family might have about the SFM prior to making the referral to the family-centered services contractor.
- ◆ Inform the family a SFM facilitator will be in contact with them after receipt of the referral.
- ◆ Identify any special considerations that may preclude some individuals' participation in the SFM, such as a court restraining order or domestic violence. Include this information in the referral for the SFM.
- ◆ When possible, the child protection worker (CPW) and SWCM should participate in the initial SFM.

Making a Referral for SFMs

Complete the SFM section of the child welfare services referral face sheet and provide to the assigned family-centered services contractor.

Youth Transition Decision-Making (YTDM) Meetings

Youth Transition Decision-Making (YTDM) is utilized for youth transitioning into adulthood. The model has two key components: Engagement/Stabilization and the Dream Path process to promote self-sufficiency. YTDM applies the FTDM process, philosophy, and practice strategy for youth transitioning into adulthood. Building teams to support youth and young adults who are at risk of homelessness, unemployment, and poor health has been identified as an effective means to address the factors that threaten a successful transition. [Family Team and Youth Transition Decision-Making Standards](#)

YTDM meetings can be used to enhance core casework functions of youth engagement, assessment, service planning, monitoring, and coordination. When properly facilitated, the YTDM planning process supports a trust-based relationship, facilitates youth engagement, and sustains the youth's interest and involvement in a successful transition process.

YTDM provides a positive and action-oriented response by caring adults and professionals to address the needs and desires of the youth. The YTDM planning process will help the worker complete case plans through a youth-adult partnership approach. Planning for education, employment, health, support networks, and housing will all be addressed throughout the process.

The facilitation of YTDM meetings on open Department child welfare service cases is provided with family-centered services. The life of the case junctures for YTDM meetings include:

- ◆ On or after the youth's 16th birthday
- ◆ Within 90 days prior to youth's 18th birthday

Making a Referral for YTDM Meetings

Complete the YTDM meeting section of the child welfare services referral face sheet and provide to the assigned family-centered services contractor.