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FAMILY PRESERVATION
PROGRAM

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I. OVERVIEW

Family Preservation (FP) is a state-funded program designed to provide a range of strength-based, in-home, intensive case management and supportive services in conjunction with the Children & Family Services (CFS) involvement. FP places emphasis on empowering and helping each individual family to develop tools and skills that remain with them after the CFS intervention has ended. EHSD has contracted with a local community-based organization to work with families whose children, without these services, would be subject to any of the following:

1. Be at imminent risk of out-of-home placement.
2. Remain in existing out-of-home placement for longer periods of time.
3. Be placed in a more restrictive out-of-home placement.

II. POLICY

FP services are provided primarily in the home on a voluntary, time-limited basis. FP services may supplement the existing CFS family-driven case plan, **or** a CFS referral or the CFS case plan may be closed while FP services are voluntarily accepted by the family. To avoid duplication of efforts, FP is not combined with other service programs such as Wraparound or Differential Response. Probation may refer children under their jurisdiction.

FP services must be aligned with the CFS case plan:

- Intensive Family Services (aka Voluntary or Non-Court Family Maintenance);
- Court Family Maintenance; or,
- Family Reunification (reunified or pending reunification.)

III. UTILIZATION OF THE FAMILY PRESERVATION BY PROGRAM

A. Emergency Response:

A referral to the FP program may be made by the ER social worker:

1. At a TDM (Team Decision-making Meeting) for FP services. Note: If the CFS referral will be closed and not promoted to a case, the family may be referred to Differential Response Path II for community-based supportive services and case management instead.
2. On a Non-Dependent Legal Guardianship case in order to preserve the relationship/ placement.

CHILDREN AND FAMILY SERVICES
HANDBOOK



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B. Intensive Family Services, Court Family Maintenance, or Family Reunification Cases (IFR/Court FM/FR):

A referral to the FP program may be made by the social worker. FP may be utilized to supplement the CFS case plan as follows:

1. As a pre-placement preventive service.
2. When transitioning between programs e.g., from FR to Court FM, from Court FM to IFS.
3. To preserve an open Adoption case before finalization.

C. Closed Cases

1. If the CFS case is closing, and FP was not part of the original CFS case plan, the family may be referred to DR After-Care for voluntary case management services instead.

IV. FAMILY PRESERVATION SERVICES

- A. On average, an FP intervention may last anywhere from thirty (30) days to (3) months. Services may be extended to six (6) months on a case-by-case basis.
- B. A 24-hour emergency crisis intervention is available.
- C. FP services are designed to improve parenting skills and the family's dynamics by reinforcing parent's confidence in their strengths and in helping to identify improvement areas. FP services may include:
 - Family meetings
 - Advocacy
 - Therapeutic intervention, including communication skills
 - Conflict resolution
 - Parent training, including behavioral techniques
 - Direct parent coaching
 - Anger management
 - Positive discipline
 - Family bonding
 - Specialized services to support CFS cases involving pregnant and parenting teens

V. PROCEDURES

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A. SOCIAL WORKER ROLES AND RESPONSIBILITIES

1. Generates an FP referral by completing form [IFPP-1, Intensive Family Preservation Program Referral Information](#) in its entirety, including:
 - a. All safety or health risks to the service provider.
 - b. All existing service plans (e.g., Wrap, TBS) to avoid duplication of services.
2. Emails or send form IFPP-1 to the Inter-Agency Referral Committee Liaison (in East, Central or West), who will email the collected FP referral forms to the IRC team including the FP service provider.
3. Presents the FP referral (and corresponding Disposition report) to the Inter-Agency Place Committee (IRC), or presents the information to the regional FP supervisory representative, who will present it at the IRC meeting.
4. Involves the FP service provider in the family's CFT.
5. Works closely and communicates effectively with the family and FP service provider before, during, and after the FP case plan has been implemented.
6. Enters monthly contact notes into CWS/CMS for services provided.

B. THE INTER-AGENCY REFERRAL COMMITTEE

The Inter-Agency Referral Committee (IRC) provides oversight of the Family Preservation referrals made from both CFS and County Probation. The IRC:

- Meets at least twice per month, in person or via telephone.
- May consist of regional CFS supervisor representatives (East, Central, and West); the FP agency service provider; the Probation agency; and, administrative representatives from EHSD-CFS.
- Assesses all incoming referrals made to the FP program, including the corresponding Disposition report.
- Prioritizes the referrals and ensures that referrals are appropriate and handled efficiently. Priority is given to families with safety issues that can be addressed through an intervention in the family home.

VI. REFERENCES

[WIC 16500.5 – Part 4. Services for the Care of Children](#)
[HB Section 31-085 – Differential Response Path II](#)
[HB Section 31-087 – Intensive Family Services](#)

VII. FORMS/LINKS

IFPP -1 Intensive Family Preservation Referral

CONTACT PERSON: Contact the assigned Program Analyst with any questions.