

Topic 6: Family Safety, Risk, and Permanency Services

Link to [Procedure](#)

Family safety, risk, and permanency services are targeted to children and families on whom the Department has, following a child protective or CINA assessment or juvenile court action, opened a child welfare case. Regardless of the setting in which a family's children may be placed, these services are expected to provide a flexible array of culturally sensitive interventions and supports to achieve safety and permanency for children.

Services are expected to be flexible and strength-based, family-focused, designed to connect families to informal supports and community resources, bolster family protective capacities, and maintain and strengthen family connections to their neighborhoods and communities.

Family safety, risk, and permanency services are the primary family-centered service intervention purchased by the Department. This service will be purchased for a wide variety of children and families to either:

- ◆ Preserve the family and safely maintain children within their family home; or
- ◆ Safely reunify children who have been removed from their homes; or
- ◆ Achieve alternative permanent family connections for children who cannot return home, such as through making and maintaining an adoptive or guardianship placement.

For family safety, risk, and permanency services, a "case" is defined as:

- ◆ A child, or children, who are victims of abuse and meet the Department's criteria for opening ongoing child welfare services; and
- ◆ A child 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 the above children who reside in the same household at the time of the Department service referral or move into the household during the service period; and

- ◆ Any children who are in placement under the care and supervision of the Department; and
- ◆ The parents, stepparents, adoptive parents, or caretakers (such as relatives or significant others of the parents, of the above children).

NOTE: Not all family members involved in a child's services need to be living in the same residence.

Family safety, risk, and permanency services are purchased and provided through a monthly package of services and supports designed to promote safety and permanency for children. Contractors for these services will receive a case monthly payment rate. The contractor is required to focus on the entire family unit in the service delivery.

Assignment to Contractor

The Department has entered into contracts with contractors within the Ames, Council Bluffs, Davenport, Dubuque, Sioux City, and Waterloo service areas and within each of the two subareas in the Cedar Rapids and Des Moines service areas. Contractors were selected through a competitive bidding process.

Within each contract area, a Case Referral Assignment Tracking System will assign new case referrals to the two contractors on a 50/50, every-other-case referral basis. The system is designed to ensure that each contractor is at equal risk of receiving complex, difficult cases. This system has the following features:

- ◆ The case referral assignment process is used for both safety plan services and for family safety, risk, and permanency services referrals.
- ◆ If a contractor is assigned a case for safety plan services and that case later needs family safety, risk, and permanency services, the same contractor will maintain the case for those services.
- ◆ 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.

Contract Expectations

Service expectations for family safety, risk, and permanency services:

- ◆ Contractors are expected to attend all family team meetings held on the case while it is open for family safety, risk, and permanency services.
- ◆ Contractors are expected to attend court hearings on the case when requested by either the court or Department worker.
- ◆ Contractors must assign a “care coordinator” to each case they serve. This person will be responsible for coordination of and delivering all the services and supports provided by the contractor to the family. This person will be responsible for preparing and submitting all required reports on the case to the Department worker.
- ◆ Contractor staff will be responsible for identifying and addressing any safety concerns on cases and immediately reporting these concerns to the Department worker. They will also promptly notify the Department worker of any children or adults entering or exiting the household while the case is open.
- ◆ On an ongoing basis, contractor staff must assess the educational, physical, and mental health strengths and needs of all children in the case and, in consultation with the Department worker, refer children for necessary additional evaluation or services.
- ◆ Contractors must coordinate their services with the services and supports the family is receiving from other sources, including the Medicaid remedial services program (RSP).
- ◆ Contractors must implement plans to connect families to community resources and informal support systems, in order to reduce their reliance on formal services.

Family Contact

The frequency of contact with the child and family will be determined by the court, the department worker, and the family team meetings, based on the needs and complexity of the case. The contractor must maintain and document the level of contact as specified in the family case plan.

Following are the Department’s minimum case contact expectations for service contractors:

1. On new case referrals, the contractor must:
 - ◆ Make face-to-face contact within five business days of the Department referral with:
 - The parents,
 - Any caretaking adults in the home, and
 - Any children residing in the home or in foster family care, kinship care, or shelter care placement who were identified by the Department worker at referral as abuse victims or subjects of a court order based on CINA proceedings
 - ◆ Participate in a face-to-face initial joint meeting with the family and the Department worker, if available.
 - ◆ See children placed in PMIC, Toledo, or group care within the first 30 calendar days.
 - ◆ Make face-to-face contact with parents that do not reside in the home at the frequency identified in the family case plan.

The effective date on Form 470-3055, *Referral and Authorization for Child Welfare Services*, is considered the date of referral and the date the case is opened for service payment.

NOTE: While face-to-face contacts should generally occur in the family home, not all contacts must occur in the home. Contacts may also occur in alternative settings based on the needs and circumstances of the individual case.

2. During the first 30 days of service delivery, the contractor must have face-to-face contact, **at a minimum**:
 - ◆ With the family: every calendar week for the next three calendar weeks following the date of the initial face-to-face contact.
 - ◆ With all other children in the case that live in Iowa, but not in the parental home: once. This includes children in foster family care, kinship care, and shelter care placements.
 - ◆ With parents that do not reside in the home: at the frequency identified in the family case plan.

This 30-day period begins with the effective date of the initial form 470-3055 making the Department referral.

When a child is placed outside of Iowa, the DHS worker should coordinate through the Interstate Compact administrator to ensure that contact and services are provided to the child.

NOTE: While face-to-face contacts should generally occur in the family home, not all contacts must occur in the home. Contacts may also occur in alternative settings based on the needs and circumstances of the individual case.

3. After the first 30 days of service delivery, the contractor must, at a minimum, have face-to-face contact:
 - ◆ Every calendar month with the family and with all children in the case that reside in Iowa.
 - ◆ At the frequency identified in the case plan with parents that do not reside in the home

When a child is placed outside of Iowa, the DHS worker should coordinate through Interstate Compact administrator to ensure that contact and services are provided to the identified child out of state.

NOTE: While face-to-face contacts should generally occur in the family home, not all contacts must occur in the home. Contacts may also occur in alternative settings based on the needs and circumstances of the individual case.

Documentation and Reporting

Contractors are responsible for preparing and submitting the following reports to the Department worker:

1. E-mail to the Department worker confirming that the first face-to-face meeting with the family has taken place and the date of this meeting.
2. Case progress reports sent in electronic or written form at monthly intervals throughout the entire service delivery period. The contractor shall also provide a copy to the parents, unless parental rights have been terminated.

Due dates for case progress reports are calculated beginning with the effective date of the initial form 470-3055, *Referral and Authorization for Child Welfare Services*.

Case progress reports shall be prepared and submitted to the Department worker in the Department-prescribed format. At a minimum, the case progress report shall include:

- ◆ The names of the organizations and subcontractors providing services to the case;
- ◆ The author and date of the report and the due date for the next report;
- ◆ The dates of the face-to-face contacts with the family and children in the case during the reporting period, and a statement of whether service contact requirements were met during the period;
- ◆ A description of the service interventions and supports provided during the reporting period, including information on the frequency of these interventions and supports;
- ◆ A description of any crises occurring during the period and the crisis intervention responses provided;
- ◆ Information on contractor attendance at any family team meetings on the case during the reporting period;
- ◆ Information on any court hearings held on the case during the reporting period;
- ◆ Information on case progress and safety or permanency issues identified during the reporting period, including any child protective or CINA assessments or changes in placement initiated;
- ◆ A description of ongoing family functional assessment activities conducted during the reporting period including the following:
 - Sources of information used to conduct family functional assessment activities;
 - Strategies used to assess the children and family;
 - Any newly discovered family safety or risk factors or permanency issues identified in the case;
 - Any newly identified family strengths, concerns, and protective capacities;
 - Any revisions to recommendations concerning interventions, supports, and community service referrals that may be beneficial in the case.

- ◆ Any planned changes in the contractor's intervention plan for the next 30 days, including any planned referrals to community services or resources.
3. Other reports. Upon Department worker request, the contractor shall be responsible for preparing and providing other reports, such as a progress letter for a court hearing, to the Department worker.
 4. Case termination summary. Within 14 calendar days of service termination, contractors shall send the Department worker a written case termination summary, in the required Department format. The case termination summary shall include:
 - ◆ A description of the impact of services on family functioning and a short overview of case progress during services, and
 - ◆ A short description of current child and family functioning and case status, and
 - ◆ A short description of the family and community supports that have been developed and will serve as resources to the family after formal services end.

Service Activities

The contractor expected to have flexibility on which specific interventions are delivered in each unique case at the different points in the life of the case. The types of interventions provided will be:

- ◆ Based on Department and contractor assessment of children and family needs;
- ◆ Directed by the results of family team meetings in which family perspectives on their concerns and service needs are included; and
- ◆ Sufficient to address the safety, permanency, and risk issues in each case.

At a minimum, contractors for these services shall be required to have the capacity to provide the following activities when the needs and circumstances of a case, as determined by individual case situations, the results of family team meetings on the case, and the Department family case plan, require them:

1. Family functional assessment, meaning activities designed to evaluate the strengths and needs of a child and the child's family related to safety, permanency, and well-being. These activities are intended to assess, at specific points in time:
 - ◆ Child and family strengths and needs,
 - ◆ Protective capacities, and
 - ◆ The general functioning of the child and family within the family functioning domains used by the Department.

Based on the information gathered through ongoing family functional assessment, services and supports will be planned and implemented to improve the functioning of the child and family.

2. Planning and supervision of visits between parents and children and between siblings. These activities include:
 - ◆ Scheduling and planning for visits,
 - ◆ Providing transportation assistance for visits,
 - ◆ Providing or arranging for any necessary supervision for visits,
 - ◆ Providing instruction on family interaction and parenting during visits if needed, and
 - ◆ Providing reports on visit interactions and progress.

Services may also include arranging and supporting visits with prospective adoptive parents or prospective guardians.

3. Crisis intervention responses. Contractors are responsible for being available 24 hours per day, 7 days a week, for contact by families when they are experiencing a crisis threatening the safety and permanency of the children.

Contractors must have an after-hours contact system that is able to respond within two hours. The response may be by telephone, but the contractor has to be capable of making face-to-face crisis contact if necessary.

4. Family functioning interventions include service activities that improve and enhance a family's and child's functioning skills and protective capacities. These interventions can include, but are not limited to, the following:
 - ◆ Communication and social interaction functioning designed to promote more effective communication skills and provide instruction on effective anger management techniques.
 - ◆ Family relationship enhancement, including activities designed to improve family relationships and strengthen parent and child relationship.
 - ◆ Parenting education and behavior management instruction, including activities and instruction for one or more family members on how to promote positive child development and safely manage the behaviors of children.
 - ◆ Support for parental involvement in substance abuse, domestic violence, or mental health treatment.
 - ◆ Parent-to-parent coaching and mentoring programs including programs that use trained parent mentors to engage and instruct other parents.
 - ◆ Consumer education instruction, including activities and instruction with family members on how to become more aware of consumer education issues and skills that will improve family stability and adjustment.
 - ◆ Advocacy training including activities and instruction with one or more family members on how to advocate for and access services and supports from other systems such as mental health, substance abuse, the educational system, public and private benefit programs, etc.
 - ◆ Adolescent transitional services, meaning activities designed to work with adolescents, and other family members to help connect youth to available resources to prepare for and support their transition to adulthood. This intervention is especially important in cases where the primary goal is supporting a child's successful preparation for and transition to adulthood from the child's current living situation.
5. Family reunification services and activities, including supporting and planning for the transition of children back into their homes, schools, and communities and providing post-reunification monitoring and support.

6. Concurrent and permanency planning activities including activities that help the Department worker identify and achieve alternative permanent family connections for children who cannot be reunited. This can include helping identify potential relative placement options and also helping locate, achieve, and support adoptive or guardianship placements for children.
7. Safety checks and supervision activities meaning that the contractor will make face-to-face visits in the family's home to inspect the home environment and assess the safety of the children in the case.
8. Household management assistance and instruction, including provision of direct help with household tasks and instruction on household management and safety skills.
9. Transportation assistance, through direct provision of transportation or funding to support or provide transportation, to allow the family to access essential services and supports identified in the case plan and to attend parent, child, or sibling visits.
10. Activities or provision of funding to help the children and family secure necessary concrete supports, such as emergency food, household supplies, diapers, etc. that are essential to safety and permanency for the children.
11. Individualized case-specific services tailored to the unique circumstances of the case. For example, a case could require individualized funding for short-term respite care provided by a relative.

Other Related Services

With supervisory approval, children and families who are receiving family safety, risk, and permanency services may also be approved for the following Department-funded child welfare services, if needed:

- ◆ Drug testing
- ◆ Family team meeting facilitation
- ◆ Legal services for achieving permanency
- ◆ Protective child care assistance
- ◆ Foster family care maintenance payments
- ◆ Shelter care payments
- ◆ Group foster care maintenance and service payments