

**KERN COUNTY:  
PROCEDURAL GUIDE  
300-038**

**FAMILY STABILIZATION PROGRAM (LINKAGES)**

**WHAT CASES ARE AFFECTED**

**All cases and referrals where children are in the home or when their return home is imminent with Family Maintenance services.**

Date Issued: **02/12/2016**

Effective Date: **02/12/2016**

New Policy Release

Revised

**Revision(s) Made**

Cancels:

**POLICY INTENT**

This policy will provide instructions on how to refer child welfare clients to the Family Stabilization Program (FSP). A case shared between Child Welfare Services and CalWorks through the Family Stabilization Program is considered a Linkages case. The intent of such collaborative services is to support self-sufficiency including safely maintaining children within the home.

**OPERATIONAL IMPACT**

This policy impacts Social Service Workers (SSW) in Emergency Response (ER), Court Intake (CI), Family Services (FS), and VFM who are working with families with children in the home or when returning children to the home with Family Maintenance services.

**PROCEDURES**

**FAMILY STABILIZATION PROGRAM**

FSP goal is to support remediation of a situation or crisis that is destabilizing the family. Per [ACL 14-12](#) a situation or a crisis that is considered destabilizing may include, but is not limited to:

**NOTE:** FSP services are not limited to the eligible adult and should address FSP issues of the children associated with the case IF the situation interferes with the client's ability to participate in WTW activities.

- Homelessness or imminent risk of homelessness (no subsequent residence or the family lacks the resources needed to obtain other permanent housing) such as living:
  - ✓ out of a car,
  - ✓ on the street, or
  - ✓ in a shelter (may include reoccurrences of homelessness)
- Safety concerns due to Domestic Violence.
- Untreated or undertreated behavioral needs, including mental health or substance abuse related needs.
- Serious legal issues impacting mental health which involve:
  - ✓ incarceration
  - ✓ Child Protective Services (CPS) including:
    - Family Maintenance, or
    - Family Reunification (imminent return of child)
    - Voluntary Family Maintenance
    - Emergency Response services

Common barriers, such as lack of child care or transportation, **are not considered destabilizing situations** and do not meet the criteria for FSP.

#### **A. Family Stabilization Program Eligibility**

All individuals required to participate in WTW, who have time remaining on their WTW 24-Month Time Clock and have a situation/crisis that is destabilizing the family **are eligible** including clients that are:

- Non-compliant
- Sanctioned
- Recent non-citizen entrant
- Drug felons newly eligible for CalWORKs assistance

Those who **are ineligible** include:

- Families that only include WTW customers who have exhausted the WTW 24-Month Time Clock prior to the basis for qualifying for FSP.
- Cases where all adults have exceeded the CalWORKs 48-Month Time Limit;
- Fleeing felons and Probation/Parole Violators;
- Ineligible non-citizens;
- Non-needy caretaker relatives; and
- Adults or children receiving SSI/SSP.

#### **B. Family Stabilization Services**

The FSP program provides an increased level of intensive case management and services. The FSP Social Service Worker (SSW) has a reduced caseload to provide intensive case management and allow more frequent contact with clients, especially upon initial acceptance into the program. The FSP Unit uses internal,

local and community resources/services to meet the needs of the WTW client and family.

Services and assistance provided by the FSP Unit may include, but are not limited to:

- a full explanation of services available to the family
- a strength-based focused approach to build on the family's support system
- linking customers to outside resources and community services, such as emergency shelters
  - ✓ transitional housing
  - ✓ treatment for family members if it interferes with a client's ability to participate in WTW activities
- ✓ intensive day treatment, non-medical outpatient drug free treatment, and residential treatment
- ✓ community pantries
- ✓ rehabilitative services and/or Substance Abuse/Mental Health counseling/treatment
- ✓ legal assistance
- ✓ homeless assistance
- finding practical solutions to crisis situations
- additional services as needed to comply with their FSP including children's services (educational and recreational).
- on-going support and encouragement in the form of:
  - ✓ face to face contacts
  - ✓ phone calls
  - ✓ written communication

### **C. Referral Process**

Primary SSW Responsibilities when a family is identified that could benefit from FSP services:

- Discuss FSP with potential participant
- E-mail clients name, SSN, and seven digit case number from the brown service folder (00-1234567-0-02) to [FSPReferral@kerndhs.com](mailto:FSPReferral@kerndhs.com)
- Be prepared and available to staff case with designated FSP screener

**NOTE:** Approved FSP services will be tracked by FS linkages coordinator using special projects codes.

### **D. Ongoing Case Management**

Primary SSW Responsibilities:

- Make monthly contact with FSP SSW and document in CWS/CMS contact notebook

- In collaboration with FSP SSW coordinate service provision and ensure client is surrounded with adequate community resources
- Work jointly with FSP SSW to better assess child safety and promote self sufficiency
- Include FSP SSW in any Team Decision Meetings (TDMs) or applicable case staffing for linked clients.

**APPROVAL LEVELS**

Section	Level	Approval

**OVERVIEW OF STATUTES/REGULATIONS**

**Welfare and Institutions Code Section**

[ACL14-12](#)

PIM 12-35, 15-34, 15-40

AB 74

SB 855

**RELATED POLICIES**

[400-036 Team Decision Making Meetings](#)

[500-021 Linkage Services](#)

**FORM(S) REQUIRED/LOCATION**

**CWS/CMS:**            Contact Notebook

**SDM:**                None

# FAMILY STABILIZATION CASE PLAN & AGREEMENT

PARTICIPANT NAME:

CASE NAME:

CASE NUMBER:

SSW NAME:

SSW PHONE NUMBER:

( ) -

SSW CELL PHONE NUMBER:

( ) -

FSCP 6-month timeline:

to

Date FSNA completed:

I agree to weekly contact from the Welfare-to-Work Social Service Worker in the Family Stabilization Program.

I understand that misuse of housing funds can lead to termination of Family Stabilization services.

Based on the assessment, the following transitional goals and activities meet my current needs.

**GOALS:** I will select goals for myself that will assist me in stabilizing my life to transition back to the welfare to work program as a mandatory participant.

1. <sup>GOAL:</sup>

ACTIVITY:

RESPONSIBLE PARTIES:

EXPECTED COMPLETION DATE:

HOURS PER WEEK:

2. <sup>GOAL:</sup>

ACTIVITY:

RESPONSIBLE PARTIES:

EXPECTED COMPLETION DATE:

HOURS PER WEEK:

3. <sup>GOAL:</sup>

ACTIVITY:

RESPONSIBLE PARTIES:

EXPECTED COMPLETION DATE:

HOURS PER WEEK:

4. <sup>GOAL:</sup>

ACTIVITY:

RESPONSIBLE PARTIES:

EXPECTED COMPLETION DATE:

HOURS PER WEEK:

Additional Comments:

By signing this agreement, I agree to work to complete the steps necessary to help my family reach their stabilization goals.

PARTICIPANT'S SIGNATURE

DATE:

SOCIAL SERVICES WORKER SIGNATURE

DATE: