



## Voluntary Family Maintenance (VFM) Collaborative Team Guide

### BACKGROUND

This guide is intended to accompany the portion of the revised FM/VFM Policy related to the VFM Collaborative Interdisciplinary Case Review Process. In order to ensure consistency across DCFS, sections I and II mirror the revised FM/VFM Policy while section III provides additional ideas that VFM Collaborative Team meetings can cover. Each office is expected to ensure the Collaborative Team process is documented and appropriate electronic and hard-copy signatures are obtained for the case file. Please refer to the revised FM/VFM policy for additional guidance.

**Source:** Revised Policy: [0080-502.25](#), Court Family Maintenance and Voluntary Family Maintenance (8/03/2020)

### I. COLLABORATIVE INTERDISCIPLINARY CASE REVIEW PROCESS

Prior to opening a Voluntary Family Maintenance (VFM) plan, referrals must go through a collaborative interdisciplinary case review process to determine:

1. Whether the child(ren) can safely remain in the home with appropriate services.	<i>[Enter Case Specific Information Here]</i>
2. Whether the family meets the VFM criteria.	<i>[Enter Case Specific Information Here]</i>
3. What types of services would best serve the family.	<i>[Enter Case Specific Information Here]</i>
4. Whether the family would benefit from six (6) months of VFM Services.	<i>[Enter Case Specific Information Here]</i>

### II. COMPOSITION OF THE COLLABORATIVE TEAM

***At a minimum, the VFM Collaborative Team must consist of a consultation with or between:***

VFM or Continuing Services (CS) SCSW	<i>[Enter Name Here]</i>
ER CSW	<i>[Enter Name Here]</i>
ER SCSW	<i>[Enter Name Here]</i>
<b><i>Additional team members may include:</i></b>	
County Counsel	<i>[Enter Name Here]</i>
Department of Mental Health (DMH)	<i>[Enter Name Here]</i>
The Community-Based Liaison (CBL)	<i>[Enter Name Here]</i>
A Public Health Nurse (PHN), if applicable (i.e., when a medically fragile child is involved)	<i>[Enter Name Here]</i>



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<b>Other team members who participated:</b>	
[Enter Title Here]	[Enter Name Here]
[Enter Title Here]	[Enter Name Here]
[Enter Title Here]	[Enter Name Here]

### III. ADDITIONAL CONSIDERATIONS FOR THE COLLABORATIVE TEAM REVIEW PROCESS

The following questions are provided as a guide to prompt a robust discussion amongst the team:

Date of referral?	Prior referrals?
Allegations?	Prior cases (VFM or Court)?
Outcome of the investigation?	Current open case? If so, did ER consult with case-carrying CSW?
Current concerns?	Final Risk Assessment level?
What's the goal in the next 6 months?	If child(ren) sleeps over bio father's home, did ER conduct home assessment?
Does family warrants DCFS supervision or linkage to services?	Did the family relocate during ER investigation? If so, are they still residing in our SPA?
If the case isn't accepted for VFM, are there other services or organizations to which the family should be referred?	

### Key Sub-Group Questions

<p><b><u>DOMESTIC VIOLENCE</u></b></p> <ol style="list-style-type: none"> <li>1. Is the identified perpetrator willing to remain out of the home, as per policy?</li> <li>2. Was the LE call log/CLETS requested?</li> <li>3. Is there a current Restraining Order in place? Family Law Order?</li> <li>4. Are there safety concerns with child(ren) having contact with either parent?</li> </ol>	<p><b><u>SUBSTANCE ABUSE</u></b></p> <ol style="list-style-type: none"> <li>1. What are the on-demand test results?</li> <li>2. How long has the parent been using the substance/alcohol? Drug of choice?</li> <li>3. If using marijuana, does the parent have a medical marijuana card?</li> <li>4. Is there a prior criminal history due to drugs/alcohol?</li> <li>5. Are there children under age 5 in the home? (If so, ARA approval to promote to VFM.)</li> </ol>
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<ol style="list-style-type: none"> <li>5. Does the victim (parent) report feeling safe in the home?</li> <li>6. Is the identified aggressor willing to participate in services?</li> </ol>	
<p><b><u>SEXUAL ABUSE</u></b></p> <ol style="list-style-type: none"> <li>1. Was there ARA consult to approve the VFM case?</li> <li>2. Does the non-offending parent believe the child?</li> <li>3. Is the perpetrator out of the home?</li> <li>4. Does the child report feeling safe in the home?</li> </ol>	<p><b><u>PHYSICAL ABUSE</u></b></p> <ol style="list-style-type: none"> <li>1. What was the Hub exam outcome?</li> <li>2. What was the eSCARS investigation outcome?</li> <li>3. Did the child sustain serious injuries?</li> <li>4. Are there prior substantiated referrals for physical abuse?</li> </ol>
<p><b><u>DRUG-EXPOSED INFANT</u></b></p> <ol style="list-style-type: none"> <li>1. Is there an outside support system in place? If not, refer to Family Preservation/Drug program.</li> <li>2. Is offending parent willing to test and participate in rehabilitation services?</li> <li>3. Is non-offending parent willing to participate in supportive services (i.e., Al-Anon classes)?</li> <li>4. Are there prior substantiated referrals for the same allegations?</li> </ol>	<p><b><u>VFM WITH A MINOR PARENT</u></b></p> <ol style="list-style-type: none"> <li>1. Is the minor parent a dependent of the Court?</li> <li>2. If so, did ER consult with case-carrying CSW?</li> <li>3. If so, was the minor parent’s counsel notified that a VFM is being considered?</li> <li>4. If minor parent is not a dependent of the Court, please consult County Counsel for further guidance.</li> </ol>