

**Series: Operating Procedures****COA: FSP 1, 2, 3, 4, 5, 6, 7, 8, 9, 10 Procedure Name: Non Judicial In Home Services****Procedure Number: OP BC 1034****Revision Date: (1) 4/24/2017****Effective Date: 10/01/2012****Applicable to: Brevard C.A.R.E.S. , Inc. Staff**

**Purpose:** This operating procedure describes processes regarding families served through Non Judicial in Home Services (NJIHS).

**Reference:** Florida Statute Chapter 39.601,  
Florida Administrative Rule 65C-30.002  
Brevard Family Partnership Contract,  
Florida Department of Children and Families Operating Procedure 170-1: Florida's Child Welfare Practice Model.

**Procedure:** This operating procedure applies to Brevard C.A.R.E.S. staff.

### **Access to Services, Screening and Intake Procedures**

Brevard C.A.R.E.S. works directly with Department of Children and Families Child Protective Investigations (CPI) to provide case management services to families when a child(ren) has been determined to be unsafe due to impending danger but the danger threat can be managed with a safety plan.

"Impending danger" refers to a child being in a continuous state of danger due to caregiver behaviors, attitudes, motives, emotions and/or situations posing a specific threat of severe harm to a child. Impending danger is often not immediately apparent and may not be active and threatening child safety upon initial contact with a family. Impending danger is often subtle and can be more challenging to detect without sufficient contact with families. Identifying impending danger requires thorough information collection regarding family/ caregiver functioning to sufficiently assess and understand how family conditions occur.

The NJIHS Supervisor posts a schedule of available case transfer conference staffing times. The CPI is responsible for requesting the case transfer conference with NJIHS as soon as the Family Functioning Assessment (FFA) is complete and a child is determined to be unsafe. The CPI will complete a Brevard C.A.R.E.S. Consent Form and Case Transfer Checklist and supporting documents.

Prior to the case transfer the NJIHS Supervisor should accomplish as much preparation as possible regarding the information collection and safety decision making reflected in the FFA- Investigation and any history in Florida Safe Families Network (FSFN) so that the transfer conference can be focused and purposeful. Upon request of a case transfer conference, the

following preparation activities should be completed by the NJIHS Supervisor or designee to the extent possible in order to prepare for the case transfer:

1. Review and evaluation of the documentation for the case. This review should include the FFA-Investigation, Safety Analysis, the Safety Plan and Conditions for Return when there is an out-of-home safety plan.
2. Identification of any questions regarding information sufficiency related to impending danger, the rationale for the safety plan, and the level of intrusiveness for safety management. Action items to consider include:
  - a. Develop questions to ask during the Case Transfer conference.
  - b. Identify information that must be gathered prior to the completion of the FFA-Ongoing

The NJIHS Supervisor will assign all new referrals for NJIHS within twenty-four (24) hours upon acceptance of the case. FSFN reflects an initiation date of the date on which the case was accepted.

### **Case Transfer Conference**

When safe and appropriate, the use of a family team meeting/conference model is the preferred method for engaging families at the case transfer and the parent(s)/guardian(s) are invited to participate in the case transfer conference.

During the case transfer conference, the investigator will summarize the information collected on:

1. Identified danger threats.
2. Caregiver protective capacity.
3. Safety actions put in place as a result of safety planning.
4. Conditions for return if the child has been relocated.
5. The level of parental cooperation in complying with the safety actions to date.
6. All other critical information needed regarding the child and family including assessment information provided by the Child Protection Team or any other professional evaluation obtained during the investigation.

Participants at the conference will review and discuss the current safety plan and develop modifications as needed.

The DCC may also initiate immediate crisis intervention and referrals to community services as a result of the case transfer conference.

The DCC is required to both inquire and document insurance coverage for all members requesting or receiving services through the system of care. Notation on FSFN will include the name and policy number of all private insurance coverage available to the family. In the event that the family is uninsured, the DCC will document efforts to have the family apply for Medicaid coverage post transfer. These efforts will be documented on FSFN.

A contingency plan is negotiated for any missing items on the list in collaboration of all agencies involved. Initial face-to-face contact with child and family occurs within 72 hours of case acceptance. Once the family is accepted by Brevard C.A.R.E.S., the NJIHS Supervisor or designee creates a NJIHS referral in Mindshare and assigns a Diversion Care Coordinator (DCC).

## **FSFN Documentation**

The CPI will ensure that closure activities per Department of Children and Families CFOP 170-5, Chapter 25, have been completed and documented including any follow-up information agreed upon at the case transfer staffing. The investigation closure reason for all unsafe children will be "Closing Open to Ongoing Case Management." This date may be later than the date the case was accepted by NJIHS based on investigation activities not completed at the time of the case transfer meeting.

The NJIHS Supervisor is responsible for ensuring that the following information is documented accurately in FSFN:

1. Record the case transfer conference using "Meetings" functionality in FSFN, selecting Case Transfer Meeting (ESI) to document that the meeting has been completed and any follow-up information to be provided by the investigator that was agreed upon.
2. The actual date and time that the case has been accepted by using the "Case Accepted" box on the Case Transfer meeting page.

## **Family Engagement Service Philosophy**

Parents are more likely to succeed with making the changes that are vital to their child's safety and well-being when they are well-engaged in the case planning process. It is the DCC's responsibility to practice in a way that fosters family engagement. Family dynamics and history may make this a difficult task, but the ongoing efforts are still required. The DCC must make continuous efforts to engage the parent/legal guardian(s).

Closely linked to effective family engagement are the use of the family's resource network (natural and informal supports) and the creation of a Family Team. All of the persons involved with the family, the resource network and professionals, need to function as a unified team to engage the family and to collaborate in assessment, case planning and on-going activities.

During the Case Transfer Conference the NJIHS Supervisor and the DCC will explain to the parent/legal guardian(s):

1. The purpose of NJIHS.
2. The benefits to Brevard C.A.R.E.S. and the parent/legal guardian(s) to work together.
3. Explore with the parent/legal guardian(s) whether extended family members or others might be resources to participate in a Family Team meeting to develop a case plan.
4. Explain the use of Brevard C.A.R.E.S. Wraparound Model and Family Team Conferencing.
5. Explain how team meetings work
6. Determine who the family would like to invite to their team meeting.

## **Difficulty Engaging the Parent(s)/Legal Guardian(s)**

When there are situations where the parents are unable or unwilling to engage, or the DCC and parents disagree about the reason for NJIHS involvement or what needs to change, it is the ongoing responsibility of the DCC to exhaust all efforts to move the case forward and to continue to actively seek the parent's involvement.

The DCC will continue to make diligent efforts to engage the parent/legal guardian(s) in the following ways:

1. Work diligently to identify and overcome the barriers to the parent/legal guardian(s) participation in Family Team Conferencing, family assessment and planning.
2. Frequently and actively re-invite the parent/guardian(s)'s participation.
3. Continue to work toward establishing a partnership by stating the DCC's need for parent/legal guardian(s)'s perspectives, ideas and input.
4. Obtain and review all relevant documentation for family strengths that might be the basis for further exploration with the family.
5. Interview other persons who know the parent/legal guardian(s) to elicit their suggestions for engaging the parent.
6. Obtain professional assessment and evaluations.
7. Obtain professional input as to engagement approaches, such as use of a substance abuse, domestic violence advocate or mental health professional.

When a parent/legal guardian(s) is incarcerated, the DCC will attempt to meet with the parent personally or when necessary, through an Out of County services referral to gather information as to their understanding of the child's current status, the child's strengths and needs, their relationship with the child and how it is maintained, and the parent's plans for the future concerning the child.

At any point during the life of the case, if the parents are highly resistant and/or are unwilling to engage with the DCC a supervisor consultation is required.

### **Activities After the Case Transfer**

Upon assignment of the case, the NJIHS Supervisor completes a supervisor review of the case records within 24 hours to provide case direction to the DCC as well as to immediately assess child safety, well-being and permanency. During this initial review, the NJIHS Supervisor validates that the information contained within Florida Safe Families Network (FSFN) is complete and accurate. Ongoing supervisor reviews are conducted at a minimum of every 90 days. This subsequent review also ensures child safety, well-being, and permanency are being addressed and that the record (case file and FSFN) contains complete and accurate documentation.

The NJIHS Supervisor will use the Case Notes page Review, Supervisor note type to document supervisor reviews. If the review also serves the dual purpose of a required supervisor consultation, both note types may be selected.

### **Preparation**

The DCC will complete preparation activities on any new case received to inform safety management and the development of the Family Functioning Assessment-Ongoing (FFA-O). To the extent possible, preparation activities will be completed prior to the initial meeting with the family.

Preparation activities include a review of the case history including:

1. Historical information available in FSFN and other systems including any court orders.
2. FFA-I completed by the investigator to ensure an understanding of:
  - a. Danger threats and how they manifest in family

- b. Caregiver protective capacities.
  - c. Vulnerability of child(ren) to the danger threats.
  - d. Safety Plan
  - e. Safety Analysis and Conditions for Return
  - f. The DCC's role in managing the Safety plan, including the responsibilities for contact with the safety service providers.
  - g. What is expected from each safety service provider.
3. Household composition and dynamics.
4. Parent(s)/legal guardian(s)/legal guardian(s) and other adults with significant responsibility for the ongoing care and protection of the child.
5. Which household members might have a role in the care plan, including any paramour of the caregiver, and how the individual's interaction with the parent or legal guardian can be assessed in the appropriate information domain.
6. Information about the parent(s)/legal guardian(s) and prospective parents of the children and how to contact them.

The DCC will identify special circumstances that are known to be impacting the family and any past interventions. Given any special circumstances, the DCC will identify whether any special expertise will be needed for this case. Special circumstances include but are not limited to:

1. Domestic Violence
2. Parent(s)/legal guardian(s) own childhood history of abuse
3. Substance abuse
4. Mental illness
5. Conditions or circumstance of parent(s)/legal guardian(s) that will require assistance with verbal or written communication.
6. Criminal behaviors and other factors impacting the parent(s)/legal guardian(s) abilities to be protective.
7. Indicators that an infant or young child (birth to 36 months) may need a referral specifically for a developmental screening or other early intervention screening and assessment for possible developmental delays.
8. Other special needs of children in the home (e.g., medical, mental, learning disabilities, or deaf and hard of hearing).

The DCC will identify professional records that should be obtained or interviews conducted with persons/professionals formerly involved with the parent/legal guardian to further understand what is known, and what additional information needs to be learned as to:

1. Past interventions associated with domestic violence.
2. Past treatment for mental health or substance abuse.
3. Past treatment or intervention for child with special needs.

#### **FSFN Documentation**

The DCC will complete FSFN documentation as follows:

1. Any collateral interviews conducted to learn more about family conditions and/or needs will be documented in case notes by the DCC within 2 business days of the contact or call.
2. Any past evaluations, treatment notes and/or discharge summaries requested and/or received by the DCM will be documented in FSFFN in accordance with confidentiality provisions in Department of Children and Families CFOP 170-1.

#### **Management of Safety Plans**

Following the Case Transfer Conference the DCC will continuously monitor and assess the family's conditions and dynamics to inform on-going safety planning and plan modification. Management of the Safety Plan includes the timely modification of any plan when more intrusive, or less intrusive, actions are possible due to changes in family dynamics or conditions.

The DCC will provide initial face-to-face contacts with the child(ren) within two working days of case transfer. Within five business days after the case is transferred from investigations or another case manager, the DCC will confirm that the ongoing safety plan is sufficient.

Within 5 days following the case transfer, a supervisory consultation will occur to ensure the sufficiency of the safety plan.

The DCC will provide face-to-face contact with every child under supervision and living in Florida no less frequently than every 30 days in the child's residence. The visit will be unannounced to the child's current place of residence at least every 90 days, or more frequently if warranted based on the safety plan.

The DCC will maintain regular face-to-face contact a minimum of every 30 days with the parent(s)/legal guardian(s) and caregiver of any child. During these contacts, the case manager shall discuss with the parent(s)/legal guardian(s) or caregiver the safety plan, the care plan progress and the child's progress in terms of health, and well-being.

The DCC will monitor through contacts with all safety service providers no less than every 30 days and as frequently as is necessary to manage the effectiveness and dependability of the safety plan. The DCC will also gather information from other persons who see the child on a consistent basis to discuss how the child appears to be doing and whether there are any safety concerns.

The DCC monitoring activities regarding a safety plan will include the following activities:

1. Verify that all safety service providers know the name and contact information for the DCC responsible for managing the plan.
2. Confirm with safety service providers what actions they are providing.
3. Assess whether there have been any changes in parent/legal guardian conditions, attitude, ability or willingness to support the current in-home plan.
4. Determine whether the home environment continues to be, or has become stable enough for safety services providers to be in the home and be safe.
5. Determine whether the condition of the child is satisfactory and that the plan is working dependably to protect the child.
6. Confirm that all safety plan providers know what actions to take and who to notify immediately if problems arise.
7. Assess and assist the parent(s)/legal guardian(s) with Conditions for Return to achieve reunification.
8. Assess whether any critical junctures are anticipated that may destabilize conditions in the home, such as the birth of a new child or other significant change in household composition.

The DCC will exercise due diligence to modify safety plans in response to changing family dynamics, including when the Conditions for Return are achieved. The DCC will create a new safety plan when any of the following changes occur:

1. A new danger threat has been identified.
2. Danger threats have been eliminated.
3. Parent(s)/legal guardian(s) meet the Conditions for Return

4. There are changes in the family dynamics or conditions which change the types and or level of safety services needed.

The DCC will take the following actions to create a new safety plan:

1. Take protective actions immediately in order to keep the child from being harmed prior to leaving the home when present danger is evident.
2. To the extent possible the DCC, the parent(s)/legal guardian(s), and any providers involved in the formulation of the original safety plan will collaborate to revise the safety plan.
3. Identify whether there are ways to manage the identified danger threat with the child in the home and, if yes, contact persons or providers who can participate in providing safety services in an ongoing safety plan.

For any child born to existing family or client open to NJIHS, the DCC will call in the new child into the Florida Abuse Hotline at 1-800-96-ABUSE and initiate a staffing with their immediate supervisor and agency administrator to discuss the new child's birth and any allegations as this relates to child safety.

For new investigations received on open NJIHS cases, the DCC will share responsibilities with the CPI in a collaborative effort. In the event that the new investigation warrants the removal of the children, the DCC will work in conjunction with the CPI to assure that there is a shared responsibility in facilitating placement for the child. The DCC will specifically be responsible for notifying Intake that a placement is needed; completion of the Pre Placement Tool and creation and completion of a Child Resource Record for each child. The case will be staffed the next business day with the Dependency Case Management Agency to transport the child to the placement (if there are multiple children, the CPI will assist the CMA with transportation and placement if necessary); set up visitation within 72 hours of removal; ensuring that the medical screening (EPSDT) is scheduled within 72 hours; and request Family Team Conference to convene to discuss change in circumstances.

#### Supervisor Consultation and Approval

The NJIHS Supervisor will review the circumstances surrounding any attempted contacts with a child or parent/legal guardian that are required and establish any expectations as to further efforts to complete the visit.

A supervisor consultation is required as follows:

1. To the extent practical, a telephonic consultation should occur between the NJIHS Supervisor and DCC when either one encounters present danger in the field and is implementing a present danger plan or otherwise modifying an existing safety plan.
2. When the DCC in the field encounters a new danger threat or other change in the family dynamics that requires a safety plan modification prior to leaving the home.
3. When a safety plan is modified based on a change in one of the five criteria for an in-home safety plan.

The case consultation will include the following actions:

1. Determine if the DCC is clearly able to describe and document how Impending Danger is manifesting in the home.
2. Determine that the plan is the least intrusive and most appropriate.
3. Determine if the parent(s)/legal guardian(s) were involved in the ongoing assessment.
4. Assess how the Safety Plan is controlling and managing the identified danger threats.

The NJIHS Supervisor will conduct monthly Supervisory Reviews on any child that does not receive a face-to-face visit during the calendar month. There are various reasons for being unable to complete a visit and all circumstances warrant supervisory oversight. For example, if the child is missing, the supervisor must ensure reasonable efforts are being completed to locate the child. These children will be immediately identified at the conclusion of each calendar month and the supervisor review will be completed and input into FSFN by the 5<sup>th</sup> of the following month.

### **FSFN Documentation**

Within two business days of any safety plan monitoring activity, the DCC will document in contact notes any assessment information requested or gathered, or action related to the assessment of safety plan sufficiency. The DCC will use the FSFN Case Note page to:

1. Document which case participants the note pertains to as well as required activities associated with a single contact.
2. Document required face-to-face contacts including reasons not seen as well as any telephone contacts.

The DCC will document modifications to any existing Safety Plan by terminating the current Safety Plan in FSFN and creating a new version. As information from the prior safety plan will pre-populate when a new safety plan is created, the date needs to be changed to capture the date of the modification as well as changes to the plan being made. This will allow for a complete history of the safety plans. A significant safety plan modification which requires the creation of a new safety plan in FSFN includes the following:

1. One or more new safety management services are being added to the plan.
2. There is a substantial change in the level of intrusiveness of the plan (e.g., afterschool supervision decreases from 5 days a week to one day).
3. There is a change in informal safety management providers.

When a new safety plan is created, the DCC will upload the signed version of the updated plan into FSFN using the Safety Plan page within two business days of the plan's creation. The DCC will formally document an updated safety analysis when completing the FFA-Ongoing and any Progress Updates.

The NJIHS Supervisor will record the supervisor case consultation about safety plans within two business days using Case Note functionality in FSFN.

### **Discontinue A Safety Plan**

A safety plan should be discontinued and a case should be closed when a determination has been made that the child is now safe based upon the following:

1. The child's parent(s)/legal guardian(s) have substantially achieved all of the outcomes in the care plan pertaining to improved caregiver protective capacities and a safety plan is no longer necessary.
2. A Progress Update has been completed that provides sufficient information and analysis that caregiver's protective capacities are adequate and danger threats have been eliminated or are being managed by the parent(s)/legal guardian(s).
3. The child's parent(s)/legal guardian(s) have not achieved outcomes in a case plan, the relative/non-relative caregiver has a demonstrated history of protecting the child from the danger threats associated with the parent(s)/legal guardian and relative/non-relative has obtained Temporary Custody pursuant to F.S. Chapter 751.

When a DCC has been unable to locate the family using all available sources of information, a Progress Update is prepared which documents all efforts made to locate the family prior to discontinuing the safety plan.

The NJIHS Supervisor must conduct a supervisor case consultation when a family is no longer willing to support a safety plan or to participate in a case plan. The purpose of the consultation is to help the DCC remain objective and analytical about case dynamics. The focus should be on the DCC's perceptions and behaviors, and the role as a helper to facilitate family change. The NJIHS will help the DCC assess their level of engagement and potential ways to strengthen their efforts. The following issues should be discussed:

1. Level of DCC's understanding and empathy with caregivers.
2. Strategies to deal with resistance including coaching on interpersonal techniques. If the caregiver was openly hostile or rebellious, how did the DCC lower their authority and support self-determination?
3. If the caregiver is apathetic and passively resistance to intervention, how did the case manager attempt to empower the caregiver.

The NJIHS Supervisor case consultation will help the DCC assess the current care plan for achieving change and potential ways to strengthen it. The following should be discussed:

1. Is there agreement with the family as to child needs? Is there agreement with the caregiver as to what must change in order to meet the child's needs? If not, how could the DCC revisit that discussion.
2. Are care plan outcomes individualized and written using the caregiver's language? Are outcomes described in enough detail to provide benchmarks for change? Are the outcomes sequenced in a way to provide the caregiver with small, reasonable steps towards achieving success?
3. What specific strategies are being used in the change process for this child and family? What are the suggestions of other tema members for improving the change process?
4. How well are resources matched to the strategies that are intended to meet the needs and achieve planned outcomes?
5. Are services that are provided to the child and family working well? If not, why not?
6. Are other services necessary to protect the helath and safety of the child or, when necessary, protect others from the child?

The supervisor case consultation should identified needs for changing service providers, and address if a timely change can be made.

A staffing with Children's Legal Services (CLS), DCC and the NJIHS must be conducted when any of the following have occurred and the NJIHS Supervisor has conducted one or more consultations with the DCC to remedy the problem:

1. CLS has determined that there is not legal sufficiency to file a petition
2. A petition has been filed and denied by the court.

During the staffing , participants will determine the following:

1. Best options to re-engage the family.
2. Determine whether there needs to be additional information gathered to improve an understanding of danger threats, when they are operating, and the analysis of caregiver protective capacities
3. Strategies and options to develop and implement an in-home safety plan.

FSFN Documentation

The DCC will document the progress made toward alleviating danger by enhancing caregiver protective capacities, which resulted in NJIHS intervention in a Progress Evaluation.

The NJIHS Supervisor will document the Supervisor Consultation and approval.

### Family Functioning Assessment – Ongoing (FFA-O)

The FFA-O must be completed within 30 calendar days of case transfer. The primary focus of the FFA-O is on the household of the parent(s)/legal guardian responsible for danger threats that lead to an unsafe child as determined by the CPI.

A supervisor consultation pertaining to the family assessment is required in all cases prior to the approval of the family assessment.

The FFA-O will contain a current description of all household members as required by Department of Children and Families Operating Procedure 170-1: Focus of Family Assessment. When there is a parent/legal guardian in a separate household who as a result of an investigation has been found responsible for conditions that resulted in the child being unsafe (two maltreating households), a separate FFA-O for the other parent/legal guardian will be developed.

The DCC will confirm that the parent/legal guardian(s) whose behaviors need to change are the primary focus of the FFA-O and will determine which other persons will be associated with, and described in, the information domains for the parent/legal guardian.

As necessary, the DCC will gather information from other persons and professionals to inform completion of the FFA-O. The DCC will seek and validate information from others who know the family as to the behaviors, conditions, or circumstances that led to an unsafe child. This might include other care coordinators who have worked with the family before if there was prior involvement. There may be other professionals who have had past or current involvement with the parent(s) or the child(ren), or current evaluations may be in the process of being completed.

The DCC must engage with the parent/legal guardian(s) in a positive manner to gather additional information in the domain areas, understand danger threats and develop a deeper understanding of caregiver protective capacities.

The DCC will work with the parent/legal guardian and Family Team to identify diminished protective capacities which may have resulted in the identified danger threats. The DCC will:

1. Explain information to parent/legal guardian(s) about protective capacities.
2. Encourage the parent/legal guardian(s) to offer their perspective as to which diminished protective capacities led to an unsafe child. As necessary, the DCC should help the parents understand specifically what makes the child unsafe. Discuss with the family what the current family behaviors, conditions, and circumstances are that create danger threats.

The DCC will reach agreement with the parent/legal guardian(s) and Family Team as to which diminished protective capacities directly impact child safety. If the parents are unable or unwilling to offer their perspective, the DCC will offer suggestions as to which protective capacities may be diminished and ask for feedback.

The DCC will encourage the parent/legal guardian(s) and Family Team to offer their perspective as to which enhanced protective capacities (strengths) could be built upon to address the identified

danger threats. If the parents are unable or unwilling to offer their perspective, the DCC will offer suggestions as to which protective capacities may be enhanced and ask for feedback.

The DCC, in collaboration with the Family Team, should determine if an expert evaluation for either a parent/legal guardian(s) or the child is appropriate to help inform care plan outcomes when there is a specific condition or behavior that requires additional professional assessment.

The DCC, in collaboration with the Family Team, will review with the parent/legal guardian(s) the danger threats identified by the investigation and re-evaluate if the parents are denying the presence of danger threats, are in partial agreement, or are in near complete agreement.

The DCC, in collaboration with the Family Team, will construct the danger statement with the parent/legal guardian(s) when possible. The danger statement is a behaviorally based statement in very clear, non-judgmental language which states the following:

1. What the parent/legal guardian(s) actions were.
2. What the impact was/is on the child.
3. What the DCC (and Family Team when appropriate) is concerned about that could happen in the future.

The DCC will ensure that the Danger Statement is simple enough so the youngest person in the family with the ability to comprehend can understand. And that the statement is in the family's language as it serves as the framework for effective safety planning.

The DCC must develop a new FFA-O description based on further information collected and assessed to provide a basis for the scaling of caregiver protective capacities and child strengths and needs and the identification of care plan outcomes. The DCC will document in the FFA-O the reason(s) for ongoing NJIHS. The danger statement which was crafted with the family will populate this section of the FFA-O.

The DCC will complete the family assessment areas as follows:

1. Information gathered and assessed about the maltreatment and surrounding circumstances by the CPI will automatically populate the FFA-O and will not be editable.
2. In the "Additional Ongoing Information" section for the maltreatment and surrounding circumstances, the DCC will describe any new information learned about the incident or surrounding circumstances.
3. Develop the Child Functioning section with analysis of new information learned from all sources about child strengths and needs. This section will support the scaling of child strengths and needs that the DCC will later complete in the FFA-O.
4. Develop the Adult Functioning section with analysis of new information learned from all sources about the adult functioning. This section will support the scaling of caregiver protective capacities that the DCC will later complete in the FFA-O.
5. Develop the Parenting Practices, Discipline and Child Behavior Management section with analysis of the new information learned from all sources.

The DCC will complete scaling of Caregiver Protective Capacities and Child Strengths and Needs using the 4 point scaling criteria provided in the Department of Children and Families Operating Procedure 170-1: Chapter 2. The DCC will make sure there is sufficient information in the family assessment areas to support the capacity ratings. The scaling of caregiver protective capacities supports the DCC's confirmation of the diminished protective capacities that will become the focus of the care plan.

The completed Safety Analysis must provide sufficient information to support how each of the safety analysis criteria are met or not met. The DCC will update the safety analysis criteria to ensure that reasonable efforts are adequately reflected and:

1. Update the safety plan as necessary
2. Modify Conditions for Return if needed.

The DCC will document the “Family Change Strategy” developed with the family and Family Team in the following areas:

1. Family Goal
2. Ideas for change
3. Potential barriers

### **Care Plan**

The care plan is a formal agreement that is co-constructed with the parent/legal guardian(s) during a Family Team Conference. The care plan creates a specific road map for the changes that need to occur in order for the child to be safe in the parent/legal guardian(s)’s care without any outside supervision and how those changes will be facilitated. The care plan defines actions that the parent/legal guardian(s), and members of the Family Team will take. The care plan establishes goals, outcomes, resources needed and delineates who is responsible for the cost of services.

The DCC serves as the trained Family Team Conferencing facilitator and discusses with the family prior to the Family Team Conference who the family would like to invite to the meeting. This includes the possible benefits of having any of the children in the family participate in the meeting. Children 14 years of age and older must be allowed to actively participate in the development of their own care plan, as well as any revision or addition to the plan. Their participation in the actual Family Team conference should be based on discussions and feedback from the child and parent/legal guardian.

In cases involving intimate partner violence, the DCC will discuss with the survivor any safety precautions necessary for the Family Team Conference, including whether it should be held jointly with the perpetrator.

Prior to the Family Team Conference, the DCC should discuss with the parent/legal guardians and children if attending the conference:

1. What will occur during the conference
2. What the participants attending the conference hope to accomplish at the conference.
3. Possible family conflicts that might arise and ways to ensure that all family members can freely participate.
4. To the extent possible, the date, time and location of the Family Team Conference meeting.

NJIHS seeks to achieve a permanency goal of “Maintain and Strengthen” to main the child with the parent and strengthen parent’s ability to fulfill their responsibilities as parents.

The DCC will work with the parents/legal guardian and Family Team, to establish a mutually agreed-upon family goal and assess the parents/legal guardian’s motivation for change. This should happen after the protective capacities which resulted in the identified danger threats are better understood. The family goal should be established collaborative with the Family Team. When that is not possible, the DCC should provide some choices for the family that would be acceptable to the agency.

The family goal describes what the family hopes to accomplish in order to achieve the permanency goal that has been established for the child. The family goal statement:

1. Describes agreement between the parent/legal guardian(s), Family Team and the DCC about what must happen (to parent's protective capacity) for the child's safety to be sustained without the involvement of the agency.
2. Is written in clear, everyday language.
3. Describes the presences of new, observable behaviors or actions related to the children (rather than the absence of old, problematic behavior).
4. The DCC should develop the family goal statement using the family's words to the extent possible. A family goal is not a description of services or treatment which might be the method for achieving the goal.

The team will review, discuss and agree on the care plan outcomes. The outcomes must reflect the:

1. The changed behavior, condition or circumstance of the parent.
2. Child needs that require case planning.

After the family goal and outcomes have been established, the DCC will gather information from the parents and Family Team as to possible strategies for achieving family goal as follows:

1. Identify the family's resource network (informal and natural supports) that might be willing and able to assist the parents in achieving the family goal.
2. Explain to parent/legal guardian(s) any next steps that the DCC will take to inform the completion of the FFA-O.
3. Gather parent/legal guardian(s) and Family Team members ideas about interventions, treatment, and services.
4. Explore parent/legal guardian(s) and Family Team members concerns as to possible barriers.
5. Seek consideration of DCC ideas that other family members or persons involved have suggested.

The team should work with the parent/legal guardian(s) to identify the services and activities which the parents believe are the best match for them and what is the best set of first steps they are ready to tackle. This includes:

1. Discuss any barriers to the chosen actions, services and activities.
2. Identify special considerations that need to be addressed.
3. Identify language or cultural considerations.
4. Identify what needs to be in place for the parents to achieve change, such as transportation, child care, housing, funding or other external factors that might prevent access.
5. Discuss possible solutions to each of the identified barrier including what NJIHS can and cannot provide.
6. Discuss and determine solutions to barriers.

The team will determine appropriate care plan actions, tasks and services and completion dates to achieve outcomes. The DCC will explore with the parent/legal guardian(s) the choices, if any, of interventions that are available and that may be helpful to achieving the outcomes established.

The team will determine service or treatment needs of the parent/legal guardian(s) and child based on information, including consideration of evaluations or professional assessments that have been gathered up to this point. Services that are necessary for care plan tasks need to have

descriptions as follows:

1. The type of services or treatment
2. The date the service or referral for service will be provided.
3. The date by which the parent/legal guardian must complete each task.
4. The frequency of services or treatment provided.
5. The location of the delivery of the services
6. The provider responsible for the services or treatment.
7. Whether the parent/legal guardian is responsible for the cost of any services in the plan.

The DCC makes the referral for services and provides instructions to the providers regarding the timelines for subsequent utilization reviews and submits an authorization form to the provider. All referrals for services are to be completed and submitted within three (3) business days of a Family Team Conference.

In all cases, the care plan must include the minimum number of face-to-face meetings to be held each month between the parents and the DCC to review the progress of the plan, to eliminate barriers to progress, and to resolve conflicts or disagreements.

The care plan must be signed by all parties, except that the signature of a child may be waived if the child is not of an age or capacity to participate.

The DCC will assess the parent/legal guardian(s) motivation to change after all of the activities to gather information from the family has been conducted, including work with the Family Team to establish a family goal and change strategies. Knowing the state of motivation a parent is currently experiencing will guide the DCC's efforts throughout the life of the case to help the parent/legal guardian(s) move forward through the states of change.

There must be a minimum of one Supervisor Consultation, specific to the care plan, prior to the supervisor's approval of a care plan.

The DCC should consider seeking supervisor consultation when needed to explore issues and provide feedback regarding progress and/or challenges in achieving:

1. Family partnership, collaboration, and self-determination.
2. Use of least intrusive approaches and services that encourage a progressive move toward restoring parents' responsibility for child safety whenever it is safe and appropriate to do so.
3. Obtaining culturally relevant and individualized services and interventions.
4. Assisting parent/legal guardian(s) with the process of change, seeing change as a process, timing and sequencing of steps being guided by readiness for change at that moment, techniques being utilized to hear and be non-judgmental about the parents' hesitancy to make change and effective ways to assist the parents to continue to make positive steps toward change.
5. Achieving appropriateness of selected services in light of the particular diminished protective capacity and safety threat that exists.
6. Providing direction about whether an immediate protective action should be taken to manage a child's safety in the DCC or supervisor becomes aware of a circumstance when a child is unsafe.

### **FSFN Documentation**

Meetings with parent/legal guardian(s) or the child and other persons to co-construct the care plan should be documented in the Meeting page in FSFN. Any documents created at the meeting or

about the meeting may be scanned into FSFN and attached to the Meeting page. The actual documentation of the care plan using FSFN functionality may occur during the meeting with the family or afterwards.

1. The FFA-O, Family Change section will be used to document parent and child input including concerns.
2. Case notes should document notification to the child regarding the child's choice to choose members of the care planning team to represent their voice.
3. The documentation of a care plan begins with the creation of a case plan worksheet.
4. The case plan type (NJIHS) selected in FSFN will determine the information that must be captured on the tabs in the case plan worksheet.
5. The case plan worksheet depend on correct information in FSFN as to parties to the care plan, the DCC should ensure the demographics in FSFN record are updated and accurate.
6. The DCC will create a Case Plan Worksheet:
  - a. Information from the FFA-O will pre-fill the case plan worksheet:
  - b. The DCC will enter outcomes, tasks, and persons responsible for the tasks. If service referral request is needed the DCC will complete.
  - c. The DCC will select the type of case plan to be created: non-judicial from the case plan worksheet page.

The supervisor consultation will be recorded as a supervisor consultation in Case Notes.

Once the NJIHS Supervisor has approved the Case (Care) Plan the document will “freeze”. This will ensure that there is a record of the care plan as approved on that date. If there are further changes necessary at any time to the care plan, the DCC will make changes on the Case Plan worksheet in order to produce a new document.

A copy of the final Care Plan that has been signed by the parent/legal guardian(s) should be scanned and uploaded in FSFN. A copy of the signature page only is not sufficient documentation when it is not attached to the care plan. NJIHS plans which have been approved by the supervisor are uploaded directly to the file cabinet in Ongoing Services.

### Evaluating Family Progress

The evaluation of family progress should be continuous and result in timely modifications to safety plans and care plans as progress, or lack thereof, is made. Sufficient evaluation of family progress is critical to achieving permanency goals for children in accordance with established timeframes. The evaluation of family progress is documented in FSFN Progress Updates which provide NJIHS's formal justification and record for the current safety plan and all care plan actions.

Contacts are one of the primary methods used by DCCs to evaluate family progress as well as to evaluate the sufficiency of a safety plan.

1. The DCC will make face-to-face contact with every child under supervision and living in Florida no less frequently than every 30 days in the child's residence. All children aged 0-5 who reside with their parents and do not attend an accredited educational program or licensed daycare program shall be seen in-home at a minimum of once every 14 days. Substance exposed newborns must be visited in the home weekly. The DCC is responsible for monitoring that child needs are being met.
2. At least every 90 days, or more frequently if warranted based on the safety plan, the DCC shall make an unannounced visit to the child's current place of residence.
3. Contacts with the parent/guardian(s) must occur at a minimum every 30 days. The

frequency of face-to-face contact with the parent(s) should be driven by safety plan management as well as what the DCC needs to achieve as a result of the contact. When meetings with parents(s) occur at least every 30 days or more frequently, the DCC is better able to assist parent(s) with moving through the stages of change and progressing towards goal achievement.

4. When a child is with a parent in a certified domestic violence shelter or a residential treatment program, visitation arrangements shall be coordinated with program staff and may occur outside of the facility.
5. When non-maltreating parent(s) have outcomes and/or tasks that have been added to the care plan, face-to-face contacts shall be every 30 days.

The DCC is responsible for ongoing communication and collaboration with the family and team members involved to effectively evaluate family progress. If the care plan is targeting the correct issues and case work practice reflects consistent efforts to engage the family and the family's team, there will be adequate information supporting the evaluation of family progress and conclusions reached. The evaluation will be sufficient to determine whether the outcomes of the case plan remain appropriate or have been met and whether the strategies, services and interventions are working effectively or not to achieve lasting child safety and permanency.

The DCC is responsible for helping the parent(s)/legal guardian(s) and the team identify how to measure change in behavior, family conditions or dynamics.

Monitoring activities of the DCC to evaluate family progress include but are not limited to the following:

1. For the child, gathering information to determine whether the child's medical, mental health and/or developmental needs are being adequately addressed by the parent(s)/legal guardian(s) and the parents and/or any other caregivers are getting the child to necessary appointments and accessing identified resources.
2. Complete actions to evaluate the current status of caregiver protective capacities, and to confirm the sufficiency of any safety plan. These actions will be combination of in-home visits, parent contacts for the child if in an out-of-home safety plan, and on-going communication with any current safety plan providers.

Case notes will be used to document new information learned through family contacts and other activities that will be taken into consideration when the family assessment is formally updated and documented. Reports from treatment providers and evaluations received will be scanned into FSFN to ensure that the child's record is current.

The DCC may conduct emergency Family Team Conferences' when necessary and will notify the Brevard Family Partnership Intake Specialists of any potential placement disruptions. The DCC is responsible for ensuring support systems are intact to preserve placement. Any child that is identified as being at risk of placement disruption shall immediately be scheduled for a Family Team Conference. The DCC is responsible for the implementation of all previously recommended services.

A new Progress Update will be created in FSFN at a minimum every 90 days from the approval date of the FFA-O or last Progress Update. A new progress Update will be created sooner when fundamental decisions are being made for the child or children, or when critical events are occurring that necessitate a formal re-evaluation of protective capacities and child needs. Such times include but are not limited to the following:

1. When safety plan management has resulted in a decision to remove a child from home.

2. At the birth or death of a sibling.
3. Upon the addition of a new family member, including intimate partners.
4. Before recommending the change in an out of home safety plan as Conditions for Return are met.
5. Before a recommendation for case closure.

A Supervisor case consultation will determine if a Progress Update should be completed prior to the 90 day period based on the discretion of the supervisor.

Based on the Progress Update as to the progress that parent(s)/legal guardian(s) are making as well as any changes in the status of children, the DCC will determine whether any changes are needed to:

1. The safety plan
2. Care plan goal(s)
3. Care plan outcomes
4. Care plan activities and tasks
5. Care plan service provided and/or service providers.

The NJIHS Supervisor is responsible for a case consultation and the approval of any completed Progress Update.

#### FSFN Documentation

The child's record in FSFN should be updated with new information, including the completion of all contact notes. This ensures that the child's record is current and provides all of the relevant supporting documentation for a new Progress Update.

It is important for the DCC to always create a new progress Update in FSFN in order to document the current assessment. This will ensure that prior versions of the Progress Update remain intact.

The DCC will ensure that information received from any of the parent(s)/legal guardian(s) treatment providers informs their current assessment of protective capacities. If there have been improvements or a decline in any of the protective capacity ratings, the basis for that must be described in the information domains, current status descriptions.

The DCC will update the scaling of Caregiver Protective Capacities and establish the baseline rating for any new parent/legal guardian. If there is diminished capacity rating of "C" or "D" that will not be addressed in the care plan, the reason need to be provided.

For any new household member who has significant caregiver responsibilities, the DCC will provide assessment information specific to that person and rate their caregiver protective capacities.

The DCC will ensure that information received from any of the child's treatment providers and out-of-home caregivers informs their current assessment of child strengths and needs. The DCC should update the scaling of the "Child Strengths and Needs" indicators and establish the baseline rating for any new child in the home.

A new Safety Analysis should be written to justify and document why current safety services should continue, if less intrusive safety services are feasible, if the Conditions for Return should be

modified, or if other actions to achieve a lasting safety resolution are needed.

Each time a Progress Update is completed, each care plan outcome will be evaluated to determine the extent to which the parent(s)/legal guardian(s) is making progress. The DCC will rate progress with each outcome. Given progress, or lack thereof, care plan outcomes might need to be adjusted.

### Modify A Care Plan

Progress Updates will provide a concise, current understanding of the child and family's status and progress so that the current care plan outcomes, interventions and services can be evaluated for their continued appropriateness. The knowledge gained from ongoing assessments will be used to update the care plan to create a self-correcting process that leads to finding what works for the child and family. The care plan will be modified when outcomes are met, strategies are determined to be ineffective, and/or new needs or circumstances arise.

The Family Team should play a central role in conducting a review of the current care plan's effectiveness. Reviews might also be conducted an internal staffing. Care plan reviews should result in agreement as to:

1. Caregiver protective capacities
2. Impending danger
3. Conditions for return when an out-of-home safety plan is in place
4. Parent(s)/legal guardian(s) motivational readiness
5. New child or parent needs
6. New caregiver needs when an out-of-home safety plan is in place
7. Effectiveness of services
8. Desired results

The key decisions and range of options that will be considered and identified at a review meeting include:

1. Modifying the care plan outcomes, actions, tasks and/or services to ensue time and resources are not wasted on a flawed strategy.
2. Reunification of children and family with an in-home safety plan
3. Changing the permanency goal if adequate progress is not being made.
4. Seeking and/or renewing a commitment from parent(s)/legal guardian(s) to actively participate in change-oriented services.
5. Closing the case when a safety plan is no longer required.

A Progress Update must be completed to justify changes necessary to a care plan. Any new assessment information that results from a care plan review meeting will be included in the Progress Update.

Care plan amendments must include service interventions that are the least intrusive into the life of the parent(s)/legal guardian(s) and child, must focus on clearly defined objectives, and must provide the most efficient path to quick reunification or permanent placement given the circumstances of the case and the child's safety and well-being needs.

All families exiting NJHS will have an aftercare and transition plan, developed in collaboration with the Family Team, to help the family solidify gains made during the provision of services. The plan will include linkages to natural/informal resources and community services.

The NJIHS Supervisor will approve any modifications to the care plan.

### Safe Case Closure

A NJIHS case should be closed when a determination has been made in collaboration with the Family Team that the child's safety plan is no longer necessary per Department of Children and Families Operating Procedure 170-7, Chapter 13.

If a child is not safe, the case may be closed only when all of the following remedies have been attempted:

1. All reasonable efforts to engage the parent(s)/legal guardian(s) have been made.
2. Staffings with Children's Legal Services have been held and consensus has been reached or the dispute resolution has been completed.
3. In every case, there must be a Progress Update that provides the justification for closure.

Prior to case closure, Brevard C.A.R.E.S. complete Florida Safe Families Network checks, local criminal history checks and calls to service to assure no new reports or information has been added that may impact case closing.

The NJIHS Supervisor may approve case closure after a case consultation. Consultations will be provided to the DCC to explore issues and provide feedback regarding progress and/or challenges in achieving care plan outcomes or permanency goals.

### Supervisor Consultation and Approval Requirements

Supervisor consultations are guided discussions at specific points in the case management process that apply the child welfare practice model criteria focused on promoting effective practice and decision-making. Effective supervisor consultations provide modeling of strength-based interviewing, encouraging DCC input and ideas; and offering feedback. Case consultations provide the supervisor opportunities to learn about the quality of practice of the DCCs assigned to them. This includes understanding the interpersonal skills that their DCC use to engage families, knowing how to build and use effective family teams, critically thinking and assessing family dynamics throughout the life of a case, and ultimately which DCCs need additional support and professional development.

Supervisors are expected to have significant expertise to provide consultation around the child welfare practice model including the foundational skills that a DCC must have. Supervisor consultations include:

1. Supervisory activities to provide case consultation include field support, direct observations of DCC interviews, consultations in the office, active modeling and coaching.
2. Supervisor consultations promote and develop case manager's understanding of their responsibilities, skills, knowledge, attitudes, and adherence to ethical, legal, and regulatory standards in the practice of child welfare services.
3. Through case consultations the supervisor is able to assess DCC skills and determine what supports are needed. Throughout the on-going series, the supervisor will consult with the DCC to support their skill development.

A Supervisor consultation is required for the approval of the FFA-O, safety plans, and care plans and progress assessments. Supervisor consultation should be provided more frequently based on

the DCC's request for assistance or when the supervisor has identified that more support with a complex case is needed regarding progress and/or challenges in achieving care plan outcomes or permanency goals.

Supervisor consultation should occur in such a way that there is a balance between assuring that expectations for DCC accountability are met while at the same time respecting and supporting the learning and growth of DCCs.

A supervisor consultation associated with the approval of a DCC's work includes the expectation that the supervisor is reviewing for the DCC due diligence in gathering and documenting sufficient information that is the basis for major decisions impacting child safety and well-being.

### Consultation for Case Preparation Activities

Supervisor consultations that may be provide to assist the DCC with preparation activities should involve a wide array of considerations, including but not limited to the following:

1. Determine the need for the DCC's safety.
2. Allow the DCC the opportunity to ask questions.
3. Facilitate discussion as to what is already known and what additional information gathering is necessary to reconcile or fill gaps.
4. Affirm the DCC's approach to engaging the family.
5. Affirm the DCC has the skills necessary or determines what supports re needed.
6. To the extent practical, supervisor consultation related to preparation activities should be considered with a face-to-face or telephonic consultation between the NJIHS Supervisor and the DCC when a case involves:
  - a. Life threatening injuries or a child fatality.
  - b. Severe domestic violence perpetrated against a parent.
  - c. Potential danger to the DCC.
  - d. "High profile" participants
  - e. All cases assigned to a provisionally certified DCC.

### Oversight of Safety Plan Management

Consultations provided as required, or requested by the DCC, throughout the duration of the case should include focus on how the safety plan is controlling for the danger threat(s) and whether it is the least intrusive necessary.

Within 5 business days of case transfer, the NJIHS Supervisor will conduct a consultation with the DCC to affirm the safety plan is reasonable and adequate. The NJIHS Supervisor will determine that:

1. The DCC is clearly able to describe and document how Impending Danger is manifested in the home.
2. The plan is the least intrusive and most appropriate
3. The parent(s)/legal guardian(s) were involved in the assessment
4. It is clear how the Safety Plan is controlling and managing Impending Danger.
5. The Safety Plan is clear and sufficient to manage the identified danger threats while case management and services are implemented.

Within 5 days of any plan modification, the NJIHS Supervisor will conduct a consultation with the DCC for purposes of affirming the safety plan.

A Supervisor Consultation will be conducted to review and approve/deny an "Other Parent Home Assessment" to ensure it conforms to requirements.

A supervisor Consultation will be conducted to approve a home study of a family-made arrangement. The Supervisor will affirm that.

1. The parents/legal guardians made the decision as to the family arranged caregivers, not the DCC.
2. It is clear how the family arranged caregivers will control and manage the danger threats(s).
3. Appropriate interviews, background checks and assessments of caregivers have been completed the supervisor is able to affirm that the caregivers in a family-made arrangement are reasonable and adequate.
4. When changes to an in-home safety plan are necessary and a family arrangement occurs during the course of case management, the NJIHS Supervisor will consult with the Executive Director or designee.

### **Approval of FFA-O**

A supervisor consultation which focuses on the family assessment is required in all cases prior to approval of the FFA-O.

The supervisor consultation will seek to support the DCC in an assessment of their skills as well as their assessment of the family.

### **Approval of Care Plan and Modifications**

There must be a minimum of one supervision consultation, specific to the care plan, prior to the approval of the care plan.

The supervisor consultation should be provided to the DCC to explore issues and provide feedback regarding progress and/or challenges.

The NJIHS Supervisor will provide a consultation prior to approving modifications to a case plan. The NJIHS Supervisor should develop an understanding of the following questions with regard to the quality of the case plans under their purview:

1. How frequently is the plan's effectiveness evaluated by the DCC?
2. How well are resources matched to the strategies that are to meet the needs and achieve planned outcomes?
3. Are services that are being provided to the child and family working well? If not, why note?
4. Are any and all urgent needs met in ways that protect the health and safety of the child or, where necessary, protect others from the child?
5. Are there any identified needs for changing service providers to better meet a need? If so, can the change be made timely so there's continuity of service? If change was needed, why and can new service engage timely?

### **Approval of Progress Updates**

Supervisor consultations provided to support the DCC's adequate evaluation of family progress are of the utmost importance in determining the direction of ongoing intervention. Supervisor consultation should be provided to the DCC as needed to explore issues, promote the DCC's critical thinking, and provide feedback.

The NJIHS is responsible for the approval of any completed Progress Update. A Progress Update will be completed at a minimum every 90 days or at times when fundamental decisions are being made for the child or children, or when critical events are occurring that necessitate a re-evaluation

of protective capacities and child needs.

**FSFN Documentation of Supervisor Consultations**

The NJIHS Supervisor will use the Supervisor Consultation page to document all required consultations with the DCC associated with the FFA-O or Progress Update.

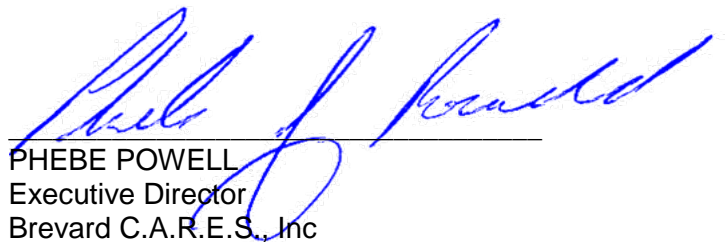
The NJIHS Supervisor will use the Case Notes page as follows:

1. Review, Supervisor: Use this note type of required monthly or quarterly case reviews. If review also serves the dual purpose of a required supervisor consultation, both note types may be selected.
2. Supervisor Consultation: Use this note for consultations associated with safety plan management, and case planning activities.

The notes for a case consultation will provide at least the following information:

1. Type of consultation
2. Which safety constructs and related criteria were focus of consultation
3. Indicate whether review included related documentation
4. Statement which describes Supervisor's appraisal

BY DIRECTION OF THE EXECUTIVE  
DIRECTOR



PHEBE POWELL  
Executive Director  
Brevard C.A.R.E.S., Inc

Signature Date: 06/06/2017