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PROCEDURE

Series: Operations	**Operating Procedures**	**COA:** **CFOP: 170-9**
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Applicable to:	FPOCF and its subcontractors	

PURPOSE:

This operating procedure describes the core safety constructs and procedures that are used by care managers for purposes of family assessment, case planning, and progress evaluation. This operating procedure focuses on the achievement of changes in the specific family conditions that will help children achieve lasting safety and timely permanency with parent(s)/legal guardian(s). This operating procedure also includes implementation guidance for amended rules in Chapter 65C-30, Florida Administrative Code, General Child Welfare Provisions, which became effective February 25, 2016. While local systems of care and community resources may have different methods of operationalizing these procedures, the fundamental required actions to protect and intervene with unsafe children as outlined in this operating procedure are standardized across Florida to ensure that families receive consistent equality and fairness. This operating procedure applies to all persons responsible for case management activities for families with unsafe children.

References
Safety Methodology Practice Guidelines Investigations and Case Management; and Safety Methodology Desk Reference Guide.

SUMMARY OF REVISED, ADDED, OR DELETED MATERIAL Updated Chapters 2, 3, 4, 5 and 6 to incorporate case planning when parents are incarcerated or become incarcerated, parent accountability, case plan requirements for children younger than school age, the Rilya Wilson Act, education stability, and transition. The title of Chapter 4 has been changed to “Completing the Family Functioning Assessment – Ongoing.

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Chapter 1

STANDARDS FOR PREPARING FOR FAMILY ENGAGEMENT

1-1. Purpose. The purpose of standards for preparation activities is to ensure that the care manager becomes as informed as possible about information already known about the family, is able to assess the adequacy of the safety plan established, is able to identify information gaps and discrepancies that must be reconciled and identify strategies for family engagement. Adequate preparation will inform the care manager about the family's progress or challenges with current and past interventions. An adequate understanding of the family's involvement with, and response to, past and current intervention efforts is needed to identify what might already be known relative to the information domains, what gaps exist and what more needs to be learned about the family.

1-2. Preparation Prior to Case Transfer. Prior to case transfer, the Case Management Organization (CMO) should accomplish as much preparation as possible regarding the information collection and safety decision making reflected in the FFA-Investigation (FFA-I) and any history in FSFN so that the transfer conference can be focused and purposeful. Upon notification of a case transfer conference, the following preparation activities should be completed by the designee to the extent possible to prepare for case transfer:

a. Review and evaluation of the documentation for the case. This review should include the FFA-Investigation, the Safety Analysis, the Safety Plan and Conditions for Return when there is an out-of-home safety plan.

b. Identification of any questions regarding information sufficiency related to impending danger, the rationale for the safety plan, and level of intrusiveness for safety management. Action items to consider include:

(1) Develop questions to ask during the Case Transfer conference.
(2) Identify information that must be gathered prior to the completion of the FFA Ongoing.

1-3. Preparation Activities after Case Transfer.

a. The care manager 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.

b. Preparation activities include a review of 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 the 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 care manager'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) 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 case 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 parent(s)/legal guardian(s) and prospective parents of the children and how to contact them.

c. The care manager will identify special circumstances that are known to be impacting the family and any past interventions. Given any special circumstances, the care manager 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) Condition 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 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).

d. The care manager will plan the timing, location, and circumstances of the parent(s)/legal guardian(s) contact based on what is learned about the family. Considerations for the first meeting with the family will include all the following:

(1) Identify any family conditions or dynamics that may pose a personal safety threat. If threats are identified, discuss strategies for managing personal safety with supervisor before meeting arrangements with family are finalized.
(2) Determine if the meeting will be at the family home, the office, or a neutral setting.
(3) Determine if there might be a day of the week and time of day that would best allow the parents to focus on the meeting.
(4) When there is an adult involved in the household who is responsible for domestic violence, determine how to ensure a separate meeting with the other spouse or partner so that the interview is not compromised.

e. The care manager 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.
(a) Has the caregiver been a perpetrator or survivor of coercive control and/or battering?
(b) If a perpetrator, what is the behavior and is escalating in frequency or

severity? What interventions have been used in the past, and were they effective?
(c) If a survivor, what actions did survivor take to ensure safety for self and child(ren)?
(d) How is the daily functioning of survivor impacted by perpetrators' behavior(s)?
(e) How is providing care and protection for children impacted by perpetrators' behavior(s)?
(f) Has the survivor and perpetrator received any services in the past? If so, What were the services intended to assist with?

(2) Past treatment for mental health or substance abuse.
(a) What is parent/legal guardian's diagnosis?
(b) What are the symptoms of their condition?
(c) How is daily functioning impacted?
(d) How is providing care and protection for children impacted?
What treatment has worked successfully to manage the condition?
(f) Past treatment or interventions for children with special needs.
(g) What is a child's condition?
(h) How does it impact a child's daily functioning?
(i) How does it impact the care of child?
What interventions have worked successfully to manage the condition?

1-4. Supervisor Consultation. During the preparation phase, the care manager should consider seeking a case consultation for any of the following issues based upon case dynamics:

a. Facilitate discussion as to what is already known and what additional information gathering is necessary to reconcile or fill gaps.
b. Affirm the care manager's planned approach to engaging the family, including any support that may be needed.
c. Safety management concerns.

1-5. FSFN Documentation. The care manager will complete FSFN documentation as follows:

a. Any collateral interviews conducted to learn more about family conditions and/or needs will be documented in case notes by the care manager within 2 business days of the contact or call.
b. Any past evaluations, treatment notes and/or discharge summaries requested and/or received by the care manager will be documented in FSFN in accordance with confidentiality provisions in CFOP 170-1, Child Welfare Practice Model, Chapter 13.
c. Using case notes to record time spent reviewing case history is an optional best practice.

Chapter 2

STANDARDS FOR INITIAL FAMILY ENGAGEMENT

2-1. Purpose. The purpose of standards for "Introduction" with parent(s)/legal guardian(s) is to focus on the importance of building a positive working relationship. A positive working relationship is critical to the care manager's ability to co-construct meaningful case plan outcomes, strategies for change, and to assess the progress of the family over time. The standards are designed to assist care managers with building rapport with parent(s)/legal guardian(s), learning about the family

through interviews and observations, obtaining relevant information, and beginning to develop a trust-based working relationship.

2-2. Definitions.

a. "Family assessment" is an ongoing process that provides the care manager with information that informs the care manager's actions throughout the case. The family assessment is formally documented on a regular basis in FSFN as the agency's official position as to the current status of impending danger threats, child well-being, and safety analysis. On-going family assessment includes:

(1) Understanding the family dynamics and what conditions must change to achieve lasting child safety and timely permanency.

(2) Identifying changes in family dynamics that inform the need for changes in safety management.

(3) Gathering continuous feedback from the family and others as to what is working or not working to support the family change process.

(4) An understanding of the parent/legal guardian's internal motivation to change and its progression over time.

(5) Creating and evaluating case plan outcomes and associated actions to effectively address caregiver protective capacities and child needs.

b. "Working Agreement" is a mutual understanding between the care manager and the parent/legal guardian(s) as to how to effectively work together on the family assessment, case plan, and evaluating progress over time. It includes discussions as to when and where contacts will occur, how to contact the care manager and care manager's supervisor, how to contact the parent/legal guardian(s), and what to do if a meeting needs to be cancelled. This operating procedure does not require that a working agreement be in writing.

2-3. Family Engagement Standards for Introduction Activities.

a. Initial discussions with the family should help transition the parent/legal guardian(s) from the investigation to ongoing services, including the parent/legal guardian(s)' sentiment about the circumstances surrounding their involvement with the department. These initial meetings should provide families with opportunities to discuss their concerns, ask questions, and receive answers.

b. Several meetings might be required to achieve the purpose of introductory activities, especially for families with a history of child welfare system involvement or complex dynamics. May 1, 2019, CFOP 170-9 2-2

c. The following information gathering activities should occur in sequence to the extent possible. When the family initiates a discussion that starts somewhere else on the list below, they are likely to be more engaged when the care manager allows that to happen.

(1) The first contact will focus on the safety plan and how it is working from the perspective of the child(ren) and the parent/legal guardian(s). The care manager and supervisor must confirm the sufficiency of the ongoing safety plan within five business days after the case is transferred from investigations or another care manager per the requirements in CFOP 170-1, Chapter 12.

(2) The care manager will be as prepared as possible to deal with the parent/legal guardian(s)' fear, worry or anger. The parent/legal guardian(s) often will ask questions related to the intrusiveness of the safety plan, whether it is a child placed out of the home, a parent/legal guardian who has been asked to temporarily leave the home, or safety management providers coming into the home. In the first family contact, the care manager should:

(a) Explain the difference between a safety plan and a case plan.

(b) Establish the care manager's responsibility to manage the safety plan and how the care manager will achieve it, including the following:

1. Review a copy of the plan with the parent/legal guardian and determine if all the elements described in the plan are happening or not happening.

2. Gather parent/legal guardian(s) feedback about the current safety plan.

3. If there are Conditions for Return, gather parent/legal guardian(s)' input as to what would need to happen to assist them with achieving the Conditions or, if one parent is separated from the child and home, ensure that the current safety plan covers visitation. Parent/legal guardian feedback on the visitation plan is critical.

4. Explain other activities the care manager will be doing to ensure that the safety plan is working dependably.

(3) If families have had past involvement with the child welfare system, the care manager will acknowledge that this is known and seek family perspectives about that experience.

(4) The care manager will learn general information about the children and any other persons in the household.

(5) The care manager will learn about the family's understanding and perspectives as to conditions and/or circumstances that led to current agency involvement.

(6) The care manager will explain what case management work with families usually involves (i.e., figuring out what needs to change for parents to close their case or regain responsibility for the care and safety of their children) and will develop a working agreement with the parent/legal guardian(s) that includes safe communication strategies when dynamics of domestic violence pose threats for the survivor and children in family.

(7) The care manager will establish a working agreement with the family which includes at least a statement that the parents will keep in contact every 14 calendar days with the care manager or contracted case management agency regarding accurate contact information, status of case plan task completion, barriers to completion, and plans towards Conditions for Return if there is an out-of-home plan. May 1, 2019, CFOP 170-9 2-3

(8) If one or more of the parents/legal guardian(s) are unwilling to commit to the assessment process, the care manager should try to gain additional information and discuss with the parent(s) the reasons they are unwilling to participate in the process. The care manager should seek to find some areas of mutual agreement such as meeting their child's needs, which can serve as a point of further discussion or allow for some collaborative planning between the parent/legal guardian and the care manager.

2-4. Supervisor Consultation.

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

b. The care manager should consider seeking a case consultation for any of the following issues based upon case dynamics:

(1) Discussion as to what was learned from the family and what additional information gathering is necessary to reconcile discrepancies or fill gaps.

(2) Discuss the level of family engagement and explore next steps.

(3) On-going safety management issues.

2-5. FSFN Documentation.

a. Within two business days, each contact with a family will be recorded by the care manager in case notes and any family team meetings or staffing will be documented using the FSFN meeting module.

b. The following FSFN resources are located on the Center for Child Welfare FSFN "How Do I Guide" page:

(1) Notes – How Do I Guide.
(2) Meetings – How Do I Guide.

Chapter 3

ASSESSMENT OF CHILD FUNCTIONING

3-1. Purpose. The care manager is responsible for assessing child functioning, which includes the specific indicators of child well-being. An assessment of child functioning is the basis for understanding how the parent(s) and/or caregiver(s) address any specific child's needs. The child's well-being indicators, referred to as "Strengths and Needs," are a core component of the FFA-O and Progress Updates. The child's strengths and needs will be assessed throughout the child's involvement with the child's welfare system, establishing what must be addressed in a child's case plan. For a child who needs out of home placement, assessment of child functioning also includes the comprehensive information necessary to determine the most appropriate least restrictive placement match, or to stabilize a child already in a placement. To reduce negative child outcomes, considerations should be made regarding the proximity of placement to the removal home, the ability of the placement to meet the child's needs, and the recommendations of any child placement assessment.

3-2. Legal Authority.

a. Section 39.523(1)(a), Florida Statutes (F.S.).
b. Section 39.523(1)(b), F.S.
c. Section 39.523(2), F.S.

3-3. Definitions.

a. The "Child Functioning" domain is concerned with describing the child's general behavior, emotions, temperament, development, academic status, physical capacity, and health status. It addresses how a child functions from day-to-day and their current status rather than focusing on a specific point in time (e.g., contact during investigation, time of maltreatment event, care manager's home visit, etc.). An assessment of a child's functioning must take into account the age of the child and/or any special needs or developmental delays. Refer to CFOP 170-1, Florida's Child Welfare Practice Model, Chapter 2, paragraph 2-4g for the full definition of child functioning.

b. The "Child Strengths and Needs" are a set of indicators directly related to a child's well-being and success. Each indicator is rated based upon information that is provided in the narrative description of child functioning. The ratings provide a way for the care manager to identify areas that need attention in the case plan and to measure changes over time. Refer to CFOP 170-1, Florida's Child Welfare Practice Model, Chapter 2, Core Safety Concepts, for the specific scaling criteria for each indicator that care managers will use each time the family assessment is updated. The child strength and needs indicators are the following:

(1) “Emotion/trauma” means the degree to which, consistent with age, ability and developmental level, the child is displaying an adequate pattern of appropriate self-management of emotions.

(2) “Behavior” means the degree to which, consistent with age, ability and developmental level, the child is displaying appropriate coping and adapting behavior.

(3) “Development/Early Learning” means that the child is achieving developmental milestones based on age and developmental capacities; child development in key domains is consistent with age and ability appropriate expectations (this applies to children under the age of 6 years old). May 1, 2019, CFOP 170-9 3-2

(4) “Academic Status” means the child, according to age and ability, is actively engaged in instructional activities; reading at grade level or IEP expectation level; and meeting requirements for annual promotion and course completion leading to a high school diploma or equivalent or vocational program (this applies to children age 6 years and older).

(5) “Positive Peer/Adult Relationships” means that the child, according to age and ability, demonstrates adequate positive social relationships.

(6) “Family Relationships” means that the child demonstrates age and developmentally appropriate patterns of forming relationships with family members.

(7) “Physical Health” means that the child is achieving and maintaining positive health status which includes physical, dental, audio and visual assessments and services. If the child has a serious or chronic health condition, the child is achieving the best attainable health status given the diagnosis and prognosis.

(8) “Cultural Identity” means that important cultural factors such as race, class, ethnicity, religion, gender identity, gender expression, sexual orientation, and other forms of culture are appropriately considered in the child’s life.

(9) “Substance Awareness” means that the assessment of substance awareness is multi-dimensional. First, the assessment includes the child/youth’s awareness of alcohol and drugs, and their own use. Second, for children who have experienced the negative impacts of parent/caregiver substance misuse within their home, the assessment includes their awareness of alcohol and drugs and treatment/recovery for their parent/legal guardian(s), as age appropriate.

(10) “Preparation for Adult Living Skill Development” means that the child, according to age and ability, is gaining skills, education, work experience, long-term relationships and connections, income, housing, and other capacities necessary for functioning upon adulthood. This also includes adolescent sexual health and awareness (this applies only to children aged 13 years and older).

3-4. Activities to Assess Child Functioning.

a. Whether children are in an out-of-home safety plan or remain with the parent(s) as part of an in-home safety plan, it is important for the care manager to first gather information from parent(s) as to the child’s functioning before interviewing the child(ren). The care manager must gather comprehensive information from the parent(s), child(ren), and other persons who know the child(ren). Comprehensive information includes, but is not limited to:

(1) The child’s strengths, including the activities the child enjoys; the family members, friends, or other persons the child likes to spend time with; and child’s positive traits.

(2) The child’s needs. This includes:

(a) the child’s day-to-day routines and need for supervision;

(b) special medical, mental, or behavioral needs including medications; and,

(c) developmental or academic needs.

(3) The abilities of the parent(s) to provide for the child's needs, and issues that are a challenge. May 1, 2019, CFOP 170-9 3-3

(4) Any discrepancies between what the parent and others say versus the child's observed behaviors and what the child says (see Appendix A of this operating procedure, "Progress Evaluation Facilitative Objectives").

(5) When a child needs an out-of-home placement, the care manager must gather the following additional information:

(a) The child's preference for placement if the child is verbal or based on the care manager's observations of the child's behaviors or attachments to potential caregivers.

(b) The relatives and non-relatives who have a relationship with the child or with whom a relationship can be developed and who are willing and able to provide care for the child, including any special needs. The following activities will be conducted to assess child functioning:

(1) Talk with the child's parents, the child, other caregivers, and persons who know the child, about child functioning including current well-being strengths and needs.

(2) Observe parent-child, siblings, and other family interactions to assess protective capacities and child needs. Examples include, but are not limited to:

(a) Child displays behaviors that seem to provoke strong reactions from parents or siblings.

(b) Parent ignores inconsequential behavior or appropriately responds to child's "acting out."

(c) Child has difficulty verbalizing or communicating needs to parent.

(d) Parent easily recognizes the child's needs and responds accordingly.

(e) Child demonstrates little self-control and repeatedly has to be re-directed by parent.

(f) Child plays by himself or herself, or with siblings/friends age appropriately.

(g) Child responds much more favorably to one family member.

(h) Family members appropriately express affection for each other.

(i) Parent demonstrates good / poor communication or social skills.

(j) Parent is very attentive / ignores or is very inattentive to a child's expressed or observable needs.

Parent consistently/inconsistently applies discipline or guidance to the child.

(l) Parent reacts impulsively to situations or circumstances in the home.

Parents demonstrate adequate coping skills in handling unexpected challenges.

c. To determine if specific child needs are being adequately addressed and managed by the parent, the care manager will conduct the following activities:

(1) Obtain parental authorization to collect information from medical/mental health providers and schools. In non-judicial cases, parental authorization is necessary. When children are in out-of-home care and parental authorization is not available, a court order will be sought.

(2) Obtain copies of the child's medical or treatment records.

(3) Contact the child's physician and other treatment providers to fully understand medical, mental, developmental conditions or needs and the impact of such needs on the child's daily functioning and care.

(4) For all children in out-of-home care, a referral for a Comprehensive Behavioral Health Assessment (CBHA) must be made within seven days of removal. Requirements

associated with the CBHA are provided in Rule 65C-28, Florida Administrative Code (F.A.C.). The care manager shall review and consider any interventions or services recommended in a CBHA.

(5) For children age 13 years and older, obtain and utilize assessments conducted to identify existing life skills and skills that need development.

d. When children need an out-of-home safety plan:

(1) Per s. 39.523(2), F.S., the Community-Based Care Lead Agency or sub-contracted agency responsible for assessment and placement must convene a multi-disciplinary team staffing to review information known about the child and to choose the most appropriate available out-of-home placement.

(2) The care manager must document the child's preference for placement in the Child Functioning domain of the FFA-O.

(3) The care manager is responsible for reporting to the court as to the child's stability in the placement setting and the extent to which the placement is a good match to the child's needs. Even though the care manager may not have been responsible for the initial placement match, the care manager is responsible for the on-going assessment of the requirements specific to placement matching as outlined in Rule 65C-28.004, F.A.C.

3-5. Determining Child Needs to Include in Case Plan.

a. The care manager must complete an assessment of caregiver protective capacities before it can be determined whether the protective capacities or the parent(s)/legal guardian(s) are sufficient to address identified child needs.

b. The care manager will determine whether the child's developmental needs are being met. These needs include physical health, cognitive, speech and language, socio-emotional development, and other well-being needs. These needs must be addressed with interventions and/or services in the case plan as follows:

(1) For the child with an in-home safety plan, do the parents' protective capacities include ability and willingness to tend to all child needs. If the parent(s) are able and willing to continue to address child needs, they do not need to be addressed in the case plan.

(2) For the child with an out-of-home plan, child well-being needs must be addressed in the case plan based on a ratings result of "C" or "D" in the FFA-Ongoing or Progress Update. See paragraph 2-7 of CFOP 170-1 for specific rating criteria.

(3) All children over the age of 13 years must have case plan outcomes that relate to the development of any life skills that have been identified as a need.

3-6. Child Specific Section of the Unified Home Study (UHS)

a. The Unified Home Study is the assessment of a common set of requirements that must be met before the child is placed into someone's home such as a relative/non-relative, foster family, or adoptive family. For all home studies except initial foster home license, the child welfare professional collects child-specific information to determine if the potential caregiver(s) will be able to care for and protect an identified child or sibling group. Gathering this information timely will assist with achieving timely permanency. Child Specific Information includes the following:
   1. What are the needs of the sibling group?
   2. What are the child's special medical and emotional needs? Are there any fears the child has? Does the child have behaviors that the caregiver(s) should know about? Could the child harm other children or persons in the new setting? Does the child have any self-harm behaviors?

3. Does the child have allegories or other medical conditions? Is the child taking any medications and what is the frequency of dosage? What is the purpose of the medication? What is the name of any treatment providers?
4. Is the child of American Indian or Alaskan Native descent? If yes, which tribe is the child associated with?
5. Does the child receive childcare? If yes, who is the childcare provider?
6. Does the child attend school? What is the child's grade level? Does the child have any educational needs that will be important for the prospective caregiver(s) to address?
7. How does the child feel about living with the prospective caregiver(s)? What is the strength of the current relationship that the child has with the prospective caregiver(s)? Has/have the prospective caregiver(s) protected the child in the past? How frequently has/have the caregiver(s) cared for the child in the caregiver(s) home?

3-7. FSFN Documentation.

a. Within two business days, each contact is recorded by the care manager in case notes to document information learned about the child's needs.

b. Within two business days, information gathered from other sources to inform the child needs assessment will be documented in case notes. Records from evaluators or providers will be scanned into the FSFN file cabinet under the relevant image category and Image type.

c. The care manager shall document any medical, mental health or education information learned by using the medical and/or educational functionality in FSFN.

d. The care manager will document their assessment of functioning in the "child functioning" family assessment area of the FFA-Ongoing or Progress Update. The care manager will also provide a rating of each child strengths or needs in accordance with the ratings provided in CFOP 170-1, Chapter 2.

e. If any other formal assessments are used or obtained, they should be scanned to the Medical page or educational page. Any formal independent living skills assessment should be documented in the FSFN Independent Living Module. If there is other documentation, like a life skills development plan, it can be uploaded to the file cabinet under IL Plans.

f. The following FSFN resources are located on the Center for Child Welfare FSFN "How Do I Guide" page:

(1) Education – How Do I Guide.
(2) Medical/Mental Health – How Do I Guide.
(3) Independent Living – How Do I Guide.

Chapter 4

FAMILY ENGAGEMENT STANDARDS FOR EXPLORATION

4-1. Purpose. The ultimate purpose of family engagement is to jointly explore with the parents or legal guardians what must change for the agency to close the case. The FFA-O is the department's formal assessment that provides the basis for the case plan. The family engagement standards for exploration described in this procedure are intended to promote the care manager's interactions with parents/legal guardians to raise self-awareness, recognize and diffuse any parent resistance, and build constructive working relationships. The exploration standards facilitate deeper information

gathering about adult functioning, parenting, caregiver protective capacities, and the relationship of all to the identified danger threats. The exploration stage lays the final groundwork for developing a family change strategy, including the child's need for a safe and permanent home.

4-2. Assessments Required.

a. Family Assessment-Ongoing (FFA-Ongoing). The FFA-Ongoing 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 a child protection investigation.

(1) The FFA-O will contain a current description of all household members as required in CFOP 170-1, Paragraph 2-3, Focus of Family Assessment. In FSFN, the information that automatically populates from the FFA-I is for ease of review by the care manager and should be deleted, edited and/or added to provide a current and more in-depth assessment of the family's functioning.

(2) When there is a non-maltreating parent/legal guardian in a separate household the non-maltreating parent/legal guardian does not get added to either the FFA-I or FFA-O. However, information should be included in the FFA-O in the child functioning domain to describe the child's relationship with the non-maltreating parent/legal guardian. To the extent that the child has on-going contact with the other parent/legal guardian, information may be included in the parenting and discipline domains for the parent who is the focus of the FFA when it is relevant and important to know.

(3) 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-I and subsequent FFA-O for the other parent/legal guardian will be developed.

b. Other Parent Home Assessment (OPHA). When a child requires an out-of-home safety plan, AND only the removal parent/legal guardian has been found responsible for the unsafe child; an OPHA must be completed per requirements in CFOP 170-7, Chapter 5.

(1) If the OPHA was completed prior to case transfer, the care manager will conduct the following activities:

(a) Discuss the findings in the completed OPHA with the non-maltreating parent.

(b) Determine if there have been any changes in the parent/legal guardian's circumstances or goals with respect to the child(ren).

(c) When the child has been released to the parent/legal guardian as part of an out-of-home safety plan, assess the sufficiency of the safety plan and the parent/legal guardian's care of the child, including any specific child needs that need to be addressed.

(d) Update the OPHA as necessary if the parent/legal guardian's situation has changed or significant additional information is learned.

(2) If the OPHA was not completed due to the parent/legal guardian not being located prior to case transfer, the care manager will continue the diligent search to locate the parent/legal guardian until released by the court to complete the OPHA per requirements in CFOP 170-7, Safety Planning and Management, Chapter 5.

(3) A staffing with Children's Legal Services (CLS) must be held when the care manager and supervisor determine that there should not be any case plan goals, outcomes or family time which involves the non-maltreating parent/legal guardian.

4-3. Activities to Assess Parent(s)/Legal Guardians.

a. The activities of the exploration stage are described in a logical sequence, but the order in which they occur is controlled by the specific circumstances of the case. The care manager 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. When there is another parent in a separate household, information will be gathered from each parent to inform the Family Functioning Assessment-Ongoing as well as the Other Parent Home Assessment when required.

b. The care manager will work with the parent/legal guardian(s) to identify the diminished protective capacities which may have resulted in the identified danger threats. The care manager 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 care manager 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 care manager will explore the following through conversational interviewing:

(a) What has changed in the family that creates the unsafe situation.

(b) What has/hasn't worked in the past around that change

(c) The information necessary to develop the information domains per CFOP 170-1, Chapter 2, paragraph 2-4.

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

(4) Encourage the parent/legal guardian(s) to offer their perspective as to which enhanced protective capacities (strengths) could be built upon to address the identified danger threats. If the parent/legal guardian(s) are unable/unwilling to offer their perspective, offer suggestions as to which protective capacities may be enhanced and ask for feedback.

(5) Explore what the parent/legal guardian(s) might do to enhance protective capacities and improve diminished protective capacities.

c. The care manager should determine if an expert evaluation for either a parent/legal guardian(s) or the child is appropriate to help inform case plan outcomes when there is a specific condition or behavior that requires additional professional assessment, including situations such as:

(1) The parent/legal guardian(s) or child is displaying unusual or bizarre behaviors that are indicative of emotional or behavioral problems, physical illness or disability, mental illness, trauma assessment, suicidal or homicidal ideation.

(2) Other conditions where there is a need for additional information regarding an individual functioning in the professional's specialized knowledge; or to develop a better understanding of whether the individual's functioning impacts his or her protective capacity or child functioning.

4-4. Develop Danger Statement.

a. The care manager 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.

b. The care manager will co-construct the danger statement with 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 are the parent/legal guardian(s) actions?

(2) What is the impact on the child?

(3) What are the care manager's ongoing concerns?

c. When there is no full agreement, the danger statement includes the care manager's concerns and who is not in agreement.

d. The care manager will ensure that the Danger Statement is written to the fullest extent possible:

(1) Is simple enough so the youngest person in the family with the ability to comprehend understands.

(2) Is in the family's primary language as it serves as the framework for effective safety planning.

4-5. Establish Permanency Goal for Child. All case plans established for unsafe children, whether or not they are court supervised, will include the department's permanency and placement goal(s) for the child(ren). The care manager should explain to the parent(s)/legal guardian(s), as well as any substitute caregiver(s) involved, the goals for the child that the department has identified. Case plan goal options are as follows:

a. "Maintain and strengthen" means to maintain the child with parent and strengthen the parent's ability to fulfill their responsibilities.

(1) If a child has not been removed from a parent, even if adjudication of dependency is withheld, the court may leave the child in the current placement with maintaining and strengthening the placement as a permanency option.

(2) If a child has been removed from a parent and is placed with the parent from whom the child was not removed, the court may leave the child in the placement with the parent from whom the child was not removed with maintaining and strengthening the placement as a permanency option.

(3) If a child has been removed from a parent and is subsequently reunified with that parent, the court may leave the child with that parent with maintaining and strengthening the placement as a permanency option.

b. "Reunification" means the court has reviewed the Conditions for Return and determined the circumstances that caused the out-of-home placement and issues subsequently identified have been remedied to the extent that the return of the child to the home with an in-home safety plan prepared or approved by the department will not be detrimental to the child's safety, well-being, and physical, mental and emotional health.

c. "Adoption" means that a petition for termination of parental rights has been or will be filed.

d. "Permanent guardianship" of a dependent child under s. 39.6221, F.S.

e. Placement in another planned permanent living arrangement under s. 39.6241, F.S., under certain limited circumstances for children aged 16 years and older.

f. Concurrent planning should be used timely and appropriately to include a goal of reunification and an additional secondary goal.

(1) A case plan can be changed at any time to implement concurrent planning and an additional secondary goal.

(2) Permanency staffing's are held at the 5th and 9th month to assess the need for a concurrent plan or other goal changes.

(3) If reunification does not seem likely at the 5th month permanency staffing a concurrent plan should be requested at the subsequent court hearing.

(4) Concurrent planning does not just include changing the goal but also creating and implementing active efforts to achieve both plans simultaneously.

g. Transition from licensed care to independent living for a young adult who satisfies the conditions outlined in s. 39.6251, F.S.

4-6. Establish Family Goal and Change Strategies.

a. The care manager will work with the parents/legal guardian to establish a mutually agreed upon family goal and assess their 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 collaboratively with family members. When that is not possible, the care manager should provide some choices for the family that would be acceptable to the agency.

b. The family goal describes what the family hopes to accomplish 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) and the care manager 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 presence of new, observable behaviors or actions related to the children (rather than the absence of old, problematic behavior).

(4) The care manager 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.

c. After a family goal has been established, the care manager will gather information from the parent as to possible strategies for achieving family goal as follows:

(1) Identify the family's resource network 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 care manager will take to inform the completion of the FFA-Ongoing.

(3) Gather parent/legal guardian(s) ideas about interventions, treatment, services.

(4) Explore parent/legal guardian(s) concerns as possible barriers.

(5) Seek consideration of care manager ideas that other family members or persons involved have suggested.

d. The care manager 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 to establish a family goal and change strategies. Knowing the stage of motivation a parent is currently experiencing will guide the care manager's efforts throughout the life of the case to help the parent/legal guardian(s) move forward through the stages of change. See Appendix A of this operating procedure, "Progress Evaluation Facilitative Objectives."

4-7. Difficulty Engaging the Parent(s)/Legal Guardian(s).

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

b. The care manager 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 assessment and planning.
(2) Frequently and actively re-invite the parent/legal guardian(s)' participation.
(3) Continue to work toward establishing a partnership by stating the care manager'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 assessments and evaluations.
(7) Obtain professional input as to engagement approaches, such as use of substance abuse, domestic violence advocate or mental health professional.

c. When a parent/legal guardian(s) is incarcerated, the care manager 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.

4-8. Validate and Reconcile Information.

a. As necessary, the care manager will gather information from other persons and professionals to inform completion of the FFA-Ongoing.
b. The care manager 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 managers who 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, such as the CBHA. Activities to complete information gathering will include:
(1) Obtain and complete review any relevant documentation.
(2) Interview other involved persons.

4-9. Qualitative Indicators of Family Engagement. Indicators of effective family engagement are the following:

a. The parent/legal guardian(s) believe that their feelings and concerns have been heard, respected, and considered.
b. The parent/legal guardian(s) are invested in and committed to achieving a family goal and outcomes in a case plan.
c. The parent/legal guardian(s) follow through and take the actions expected.
d. The parent/legal guardians) have trust in the care manager and are open to hear feedback from the care manager as to concerns and non-negotiable expectations.
e. The parent/legal guardian(s) and the care manager have a shared understanding of the danger threats in the family that must be addressed are working toward the same goals and outcomes.
f. Whether or not it has not been possible to reach a shared understanding and agreement as to the reasons for the family's involvement, the care manager and the parent(s) are able to co-construct a case plan.

4-10. Supervisor Consultation and Approval.

a. At any point during the development of the FFA-O, if parents are highly resistant and/or are unwilling to engage with the care manager during or at the conclusion of the exploration stage, a supervisor consultation is required to:

(1) Provide the care manager an opportunity to assess family dynamics and sources of resistance.

(2) Support the care manager in considering other efforts to engage and in determining the next steps.

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

4-11. Documenting the FFA-O.

a. After all activities in Chapter 3 and 4 of this operating procedure have been completed, the care manager is ready to complete and document family assessment findings. While facts gathered from the family and other sources are briefly documented in contact notes, the completed assessment provides a critical analysis of all facts gathered. It is important for the care manager to always review and update the child's record prior to documenting the family assessment. This ensures that the child's record is current and provides all of the relevant supporting documentation for the family assessment. The care manager will:

(1) Ensure that all chronological notes are current.

(2) Update information about case participants including their relationship with the child and contact information.

(3) Ensure that Living Arrangement or Placement information is current.

(4) Ensure that the most current safety plan is in the child's record.

(5) Update contact information as to other professionals and other persons who are involved with the child's case.

(6) Update the child's record to ensure it is current for:

(a) Accurate placement information (Living Arrangement or Out-of-Home Placement.)

(b) Child's birth certificate and photograph.

(c) Medical/Mental Health information which documents all primary health care and any specialty providers, child health conditions and/or diagnoses, services received including immunizations, and any medications prescribed.

(d) Education information which includes current school information (care manager can enter school information which reflects past school attendance history), this section of child's record is used to document any child's Exceptional Student Education/Individualized Education Plan, diploma, and certificate information.

b. Document the family assessment. There are currently two methods for documenting a family assessment for maltreating parents:

(1) For cases opened prior to implementation of the updated Child Welfare Practice Model (formerly known as "Safety Methodology"), the Family Assessment in FSFN was utilized and may continue to be used until case closure.

(2) For all cases opened after implementation of the updated Child Welfare Practice Model, the Family Functioning Assessment-Ongoing will be used.

c. The care manager will confirm that the parent/legal guardian(s) whose behaviors need to change are the primary focus of the FFA and will determine which other persons will be

associated with, and described in, the information domains for the parent/legal guardian. See CFOP 170-1, Chapter 2, paragraph 2-3, "Focus of Family Assessment."

d. The FFA-Ongoing will be pre-populated with information developed by the investigator. The care manager must develop a new 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 case plan outcomes. The information developed by the investigator should be deleted and replaced with the care manager's narrative. (FSFN will maintain the information developed in the original FFA-I and all domain information will also become part of each participant's FSFN person record.)

(1) The care manager will document the reason(s) for ongoing agency involvement. The danger statement which was crafted with the family will populate this section of the FFA-Ongoing.

(2) The care manager will complete the family assessment areas as follows:

(a) Information gathered and assessed about the maltreatment and surrounding circumstances by the CPI will automatically populate the FFA-Ongoing and will not be editable.

(b) Maltreatment and Surround Circumstances. In the "Additional Ongoing Information" section for the maltreatment and surrounding circumstances, the care manager will describe any new information learned about the incident or surrounding circumstances (e.g., the father had been prescribed medications and revealed to the care manager that he was not taking them at the time of the incident).

(c) Child Functioning. Information gathered and assessed by the CPI about child functioning, for each child in the household, will automatically populate the FFA-Ongoing and be editable. The care manager will develop this 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 care manager will later complete in the FFA-Ongoing.

Information gathered and assessed by the CPI about adult functioning for each parent and caregiver will automatically populate the FFA-Ongoing and be editable. The care manager will develop this section with analysis of new information learned from all sources about adult functioning. This section will support the scaling of caregiver protective capacities that the care manager will later complete in the FFA-Ongoing.

Information gathered and assessed by the CPI about parenting practices, discipline and child behavior management for each parent and caregiver will automatically populate the FFA-Ongoing and be editable. The care manager will develop this section with analysis of new information learned from all sources.

(3) The care manager will complete scaling of Caregiver Protective Capacities and Child Strengths and Needs using the 4-point scaling criteria provided in CFOP 170-1, Chapter 2, paragraphs 2-6 and 2-7. The care manager will make sure that there is sufficient information in the family assessment areas to support the capacity ratings. The scaling of caregiver protective capacities supports the care manager's confirmation of the diminished protective capacities that will become the focus of the case plan. It is possible that the care manager's further assessment will result in changes to the determinations documented in the FFA-I. Some caregiver protective capacities that the FFA-I indicated were diminished may be determined to be adequate based on further information gathered and assessed. Likewise, some caregiver protective capacities that were identified as adequate in the FFA-I may be determined by the care manager to be diminished.

(4) The completed Safety Analysis must provide sufficient information to support how each of the five safety analysis criteria are met or not met. Refer to Appendix A of

this operating procedure for a more in-depth discussion of Safety Analysis criteria and examples that demonstrate when the family behaviors or conditions for an in-home safety plan are met or not met.

(5) The care manager will document the "Family Change Strategy" developed with the family in the following areas:

(a) Family Goal.

(b) Ideas for change.

(c) Potential barriers.

(6) The care manager will update the safety analysis criteria to ensure that reasonable efforts are adequately reflected and:

(a) Update the safety plan as necessary.

(b) Modify Conditions for Return if needed.

e. The following FSFN resources are located on the Center for Child Welfare FSFN "How Do I Guide" page:

(1) For basic information about documenting all case participants and their associated demographics, including a child's birth certificate and photo, refer to Person Management – How Do I Guide.

(2) Information about updating a case in FSFN, including participants, splitting or merging a case can be found in the Maintain Case – How Do I Guide.

(3) For information about updating the placement pages in FSFN, refer to the Out-of-Home Placements – How Do I Guide.

(4) For information about the creation, completion and maintenance of a child's education record, refer to the Education – How Do I Guide.

(5) For information pertaining to life skills for children 13 and older, refer to the Independent Living – How Do I Guide.

(6) For information specific to the creation and completion of the FFA-Ongoing, refer to the FFA-Ongoing – How Do I Guide.

4-12. Filing the FFA-O with Dependency Court. An FFA-O must be filed with the court when a case plan is filed. The care manager must submit the completed FFA-O to CLS at least five business days prior to the following time frames for court filing per s. 39.521(1)(a), F.S.;

a. Not less than 72 hours before the disposition hearing if the disposition hearing occurs on or after the 60th day after the date the child was placed in out-of-home care.

b. Not less than 72 hours before the case plan acceptance hearing, if the disposition hearing occurs before the 60th day after the date the child was placed in out-of-home care and a case plan has not been submitted pursuant to this paragraph, or if the court does not approve the case plan at the disposition hearing.

c. The court may grant an exception to the requirement for an FFA-O upon finding that all the family and child information required by s. 39.521(2), F.S., is available in an FFA-I filed with the court. The care manager is still required to complete the FFA-O.

Chapter 5

CASE PLANNING TO SUPPORT FAMILY CHANGE

5-1. Purpose. The case plan is a formal agreement that is co-constructed with parent/legal guardian(s). The case plan creates a specific road map for the changes that need to occur in order for a child to be safe in the parent/legal guardian(s)' care without any outside supervision and how those changes will be facilitated. The case plan defines actions that the parent/legal guardian(s),

the department, and other parties will take. The case plan establishes goals, outcomes, resources needed and delineates who is responsible for the cost of services. For court cases involving the placement of a child out of the home, case planning is also used to ensure that statutory requirements are being addressed to help achieve timely permanency and child well-being.

5-2. Family Engagement Standards for Preparing to Build a Case Plan for Change. The purpose of family engagement standards for building a case plan with families is that parent(s) 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 care manager's responsibility to practice in a way that fosters family engagement. Family dynamics and history may make this a difficult task, but ongoing efforts are still required.

a. The care manager must make continuous efforts to engage the parent/legal guardian(s) whether the case is non-judicial or judicial.
b. Closely linked to effective family engagement are the use of the family's resource network and the creation of a family team. All 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 monitoring activities.
c. The care manager will explain to the parent/legal guardian(s):
(1) The purpose of a case plan.
(2) The benefits to the agency and the parent/legal guardian(s) to work together to build the plan.
(3) The plan will describe what the parent(s)/legal guardian(s) will do, as well as other team members to support the parent.
(4) The agency and the parent/legal guardian(s) will monitor how the plan is working and determine when it needs to be modified.
(5) Explain the expectation to make every reasonable effort to help the child achieve timely permanency with their family within time limits set by the Florida legislature that require parents/legal guardians to make substantial progress to achieve permanency for the child within 12 months.
d. The care manager will explore with the parent/legal guardian(s) whether extended family members or others might have resources to participate in a family team meeting to develop a case plan. Based on the family team meeting model that the care manager's agency uses, the care manager will:
(1) Explain the agency's use of family team meetings.
(2) Explain how team meetings work.
(3) Determine who the family would like to invite to their team meeting.

5-3. Co-Constructing a Case Plan with Parent(s)/Legal Guardians and Child(ren).
a. The care manager will co-construct the case plan with parent/legal guardian(s). Per s. 39.6011(1)(a), F.S., the case plan must be developed in a face-to-face conference with the parent/legal guardian of the child, any court-appointed guardian ad litem, and if appropriate, the child and temporary custodian of the child. Family Team Conferencing, utilizing a trained facilitator, is considered the best practice.

b. In cases involving intimate partner violence, the care manager will discuss with the survivor any safety precautions necessary for the case plan conference, including whether it should be held jointly with the perpetrator.

c. The care manager should discuss with the family who they would like to invite to the meeting, including the possible benefits of having any of the children in the family participate in the meeting.

d. Children, when age appropriate, must be allowed to actively participate in the development of their own case plan, as well as any revision or addition to the plan. Their participation in the actual case plan conference should be based on discussions and feedback from the child and parent(s)/legal guardian(s).

(1) The child may find it helpful to include persons of their choice in discussions about the child's needs and case plan options to address those needs. Up to 2 members of the case planning team may be chosen by the child unless the care manager, after consultation with a supervisor, believes that such individual would not act in the best interests of the child [section 475(1)(B) (42 U.S.C. 675(1)(B)].

(2) Per s. 39.6035, F.S., children who are 17 years of age and older must participate in the development of the transition plan which must be in place six months after the child's seventeenth birthday.

e. Prior to a case plan conference, the care manager should discuss with the parent/legal guardians and children if attending the conference:

(1) What will occur during the conference.
(2) The requirement in s. 39.521(1), F.S. for any person responsible for Substance Misuse or a Substance Exposed Newborn per CFOP 170-4, a substance abuse disorder evaluation and participation in services recommended by the evaluation must be included in the case plan.
(3) What the agency, parent/legal guardians and children, if attending the conference, hope to accomplish at the conference.
(4) Possible family conflicts that might arise and ways to ensure that all family members can freely participate.
(5) To the extent possible, the date, time and location of the case plan conference.

f. The following are the recommended steps to achieve consensus with the family and their team:

(1) Case planning conferences should:
(a) Review the strengths of each parent/legal guardian including the protective capacities that are working well.
(b) Review the strengths of each child in the family.
(c) Review what progress the parent has already made.
(2) The family goal and the department goal for the child will be presented to the team and discussed. For the cases involving a child in out-of-home care, the use of a concurrent goal should also be discussed per requirements in Chapter 4 of this operating procedure.
(3) The care manager is responsible for re-stating the identified diminished protective capacities as an outcome, an observable, sustained change in behavior, condition, or circumstance.
(4) The team will review, discuss and agree on the case plan outcomes. The outcomes must reflect the:
(a) The changed behavior, condition, or circumstance of the parent.

(b) Child needs that require case planning. For the child in out-of-home care, the case plan must ensure that the child's well-being needs, including stability in the placement, are met.

(5) The team should work with 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:

(a) Discuss any barriers to the chosen actions, services and activities.

(b) Identify special considerations that may be considered barriers and solutions that need to be addressed (e.g., parent work schedule, incarceration, correctional facilities).

(c) Identify language or cultural considerations.

(d) Identify what needs to be in place for the parents to achieve change, such as transportation, childcare, housing, funding or other external factors that might prevent access; include services that may or may not be available through the correctional facilities, and any facility regulations.

Discuss and determine solutions to barriers.

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

(a) The team will determine the service or treatment needs of the parent(s)/legal guardian(s) and child based on information, including consideration of evaluations or professional assessments that have been gathered up to this point. If the child is younger than school age, any records from a childcare program, early education program, or preschool program including attendance requirements should be assessed.

(b) Services that are necessary for case plan tasks need to have descriptions as follows:

1. The type of services or treatment.
2. The date of the service or referral for the service will be provided.
3. The date by which the parent/legal guardian must complete each task. May 1, 2019, CFOP 170-9 5-4
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. In all cases, the case plan must include the minimum number of face-to-face
meetings to be held each month between the parents and the care manager to review the progress of the plan, to eliminate barriers to progress, and to resolve conflicts or disagreements.

(8) In cases that include incarcerated parents, care managers are to confirm with a point of contact of the institution regarding a list of available and unavailable services. A confirmation of communication and a list of services or lack thereof should be attached to the case plan.

(9) Judicial case plans and any amendments must be approved by the court. Any court ordered changes to the case plan must be updated in FSFN.
(10) The case 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 in the case-planning process.

5-4. Case Plan Outcomes/Tasks for Non-Maltreating Parent(s)/Legal Guardian(s).

a. Outcomes for parent/legal guardian(s) who have been assessed using the Other Parent Home Assessment (OPHA) will be based on agreement with the parent to the fullest extent possible as to what will help the parent achieve the concurrent permanency goal that has been established for the child.
b. FSFN functionality is designed to allow the care manager to create case plan outcomes and tasks for a non-maltreating parent, based on the OPHA. In such cases, one case plan worksheet will be used to document the outcomes and tasks for both the maltreating and the non-maltreating parent(s).

5-5. Supervisor Consultation and Approval.

a. There must be a minimum of one consultation, specific to the case plan, prior to the supervisor's approval of a case plan.
b. The care manager 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(s)/legal guardian(s) with the process of change (including normalizing 'resistance'), 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 nonjudgmental 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 if the care manager or supervisor becomes aware of a circumstance when a child is unsafe.

5-6. FSFN Documentation.

a. Meetings with parent/legal guardian(s) or the child and other persons to co-construct a case plan should be documented in the Meetings 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 a case plan using FSFN functionality may occur during a 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 case planning team.

(3) The documentation of a case plan begins with the creation of a case plan worksheet. If a non-maltreating parent who resides in a different household needs tasks in the plan, they are added directly to the maltreating parent's case plan worksheet.
(4). The case must be split when maltreating parents living in separate households have other children as a result of new relationships. A separate case shell, Family Functioning Assessment- Ongoing, and Case Plan must be developed to ensure confidentiality of new family units and children.
(5). The case plan type selected in FSFN will determine the information that must be captured on the seven tabs in the case plan worksheet (Judicial, Non-Judicial In-Home, Non-Judicial Out-of-Home). Judicial out-of-home cases will require completion and/or updating the additional pages provided in FSFN.
(6). Case plan worksheets depend on correct information in FSFN as to parties to the case plan, the care manager should ensure that demographics in the FSFN record are updated and accurate including:

(a) Names, including spelling, dates of birth, addresses, role of persons.
(b) Professional contacts.
Family Support Network contacts.

(7) For out-of-home cases, the child's Placement module in FSFN should be current and accurate to support information that pre-fills the case plan worksheet or supports information in it. Most of the following information can be edited when accessed through the Case Plan Worksheet; however, the care manager will need to refresh the Case Plan Worksheet when information is updated on another page associated with the case plan worksheet.

(a) Summary placement information is derived from the placement pages. Although the care manager may not be the person who enters the information, the care manager should ensure that the information is accurate as it will populate the case plan submitted to the court and is also the basis for contract outcome measures. The care manager should review begin and end dates for current removal episode and any placement changes associated with current removal episode.
(b) Completed and current information in the Department of Revenue (DOR) Child Support Record.
(c) The care manager should ensure that information in the child's functioning domain is aligned with:

1. Completed and accurate information in the Medical/Mental Health page is current as the case plan worksheet will require a summary as to the child's current medical, dental and/or mental health issues, treatments and diagnoses.
2. Completed and accurate information in the Education page. A narrative is required when the child is not performing on grade level. If the child is receiving an Exceptional Student Education (ESE) and does not have an appointed education surrogate, the care manager will need to provide a narrative explanation.
3. If the child has a Master Trust, the current account balance will need to be recorded. If the child needs a Master Trust established, the care manager must identify a date when the trust will be established.

(8) The care manager will create a Case Plan Worksheet. FSFN Case Plan Worksheet Functionality is designed to support changes throughout the life of any case including the need for multiple children with the same parent/legal guardian to have one case plan. The Case Plan Worksheet is able to follow the child(ren) from the delivery of services through non-court or court supervised in-home cases, dependency, foster care, and/or the termination of rights of the parents. Case plan worksheets are never "frozen" in FSFN. When changes to the case plan are needed, the Case Plan Worksheet allows for ease of case plan updates.

(a) Information in the FFA-Ongoing that will pre-fill the case plan worksheet:

1. The Family Change Strategy, including the Danger Statement, Family Goal, Ideas and Potential Barriers.
2. Child needs as well as caregiver protective capacities that have been rated as a "C" or "D" will display on the case plan worksheet so that relevant case plan outcomes can be created.

(b) The care manager will enter outcomes, tasks, and persons responsible for the tasks. If a service referral request is needed, the care manager will complete the following information using the case plan worksheet:

1. Responsible Party for Cost.
2. Location of Delivery of Services.
3. Date of Referral.
4. Frequency of Service.
5. Services Category.
6. Sub-services category.

(9) The care manager will select the type of case plan to be created, non-judicial or judicial, from the case plan worksheet page.

(a) The supervisor is expected to provide a case consultation and approval of any Case Plan. Judicial Case plans should be approved by the supervisor prior to submission to court.

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

Once the Non-Judicial Case Plan has been approved by the supervisor or the Judicial Case Plan has been accepted by the court, the supervisor will approve the document which will "freeze" that document. This will ensure that there is a record of the case plan as approved on that date. If there are further changes necessary at any time to the case plan, the care manager will make changes on the Case Plan worksheet in order to produce a new legal document.

b. A copy of the final Case Plan that has been signed by the parent(s)/legal guardian(s) should be scanned and uploaded in FSFN. A copy of the signature page only is not sufficient legal documentation when it is not attached to the case plan the parent/legal guardian signed.

(1) Non-Judicial Plans which have been approved by the supervisor are uploaded directly to the file cabinet in Ongoing Services.

(2) Judicial Plans approved by the court are uploaded to the File Cabinet using the Legal Page.

c. The following FSFN resource is located on the Center for Child Welfare FSFN "How Do I

Guide" page: Case Plan Worksheet – How Do I Guide.

Chapter 6

EVALUATING FAMILY PROGRESS

6-1. Purpose. Evaluating family progress is a collaborative review and conclusion about enhanced caregiver protective capacities and child needs. The evaluation includes information from the care manager, parent(s)/legal guardian(s), temporary caregivers, treatment providers and others who are a part of the remediation process. The evaluation of family progress should be continuous and result in timely modifications to safety plans and case plans as progress, or lack thereof, is made. Sufficient evaluation of family progress is critical to achieving timely permanency goals for children in accordance with established timeframes. The evaluation of family progress is documented in Progress Updates which provide the agency's formal justification and record for the current safety plan and all case plan actions. Per requirements in s. 39.701, F.S., judicial reviews must be conducted by the court at a of minimum every six months from the date of a child's removal to review the child's status as to placement stability, progress towards timely permanency and other aspects of well-being.

While the case management team is evaluating family progress ongoing and throughout the life of the case, family progress and timely permanency is also assessed during various means such as:

a. 5-month permanency staffing
b. 9-month permanency staffing
c. Monthly adoption staffing for all children with a goal of adoption
d. Otherwise requested permanency staffing
e. Multidisciplinary Team Staffing
f. Permanency Round Table
g. Other team meetings
h. Ongoing supervisor consultations
i. File reviews

6-2. Purposeful Case Management Contacts.

a. Contacts are one of the primary methods used by care managers to evaluate family progress as well as to evaluate the sufficiency of a safety plan. Contacts regarding safety management are outlined in CFOP 170-7, Chapter 11, paragraph 11-2, "Monitoring Responsibilities."

(1) The care manager 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. The primary care manager is responsible for monitoring that child needs as defined in Chapter 3 of this operating procedure are being met whether the child remains with a parent/legal guardian or is in an out-of-home care placement.

(2) At least every 90 days, or more frequently if warranted based on the safety plan, the care manager shall make an unannounced visit to the child's current place of residence.

(3) Contacts with parent(s)/legal guardian(s) must occur at a minimum every thirty days. The frequency of face-to-face contact with parent(s) should be driven by safety management as well as what the care manager needs to achieve as a result of the contact. When meetings with parent(s) occur at least every thirty days or more frequently, the care manager is better able to assist parent(s) with moving through

the stages of change and progressing towards goal achievement. Refer to Appendix A to this operating procedure, "Progress Evaluation Facilitative Objectives," for further discussion as to the progress evaluation objectives with parent(s), children and providers.

(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)/legal guardian(s) have outcomes and/or tasks that have been added to the case plan, face-to-face contacts shall be every thirty days.

(6) When an out-of-county services care manager is responsible for courtesy supervision or when another care manager conducts the contact with the child or parent on behalf of the primary worker, the primary care manager remains responsible for the reviewing contacts made to determine the quality of the contact and addressing any concerns.

(7) Within thirty (30) days of the TPR Petition being filed, the adoption case manager will be assigned as secondary. After the TPR appeal period has expired, the adoption case manager will be assigned primary for children who are placed with prospective adoptive parents who intend to adopt.

(8) If the prospective adoptive parent is the current caregiver, the adoption home study shall be completed no later than 90 days after the TPR Petition is filed.

b. The care manager is responsible for ongoing communication and collaboration with the family, team members involved, and the court to effectively evaluate family progress. If the case plan targets the correct issues and casework 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 timely permanency.

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

(1) Identify how the other persons, including any out-of-county services workers involved in the case plan will determine if adequate progress is being made.

(2) Explain to the parent(s)/legal guardian(s) that every service provider involved in the case plan will be asked to provide certain information including:

(a) Notify the agency immediately when it is believed a child is in danger or threat of harm.

(b) Provide updates to the parent(s)/legal guardian(s) about progress or lack thereof, in meeting outcomes or in meeting the child or family's needs, at the time of parent contacts.

(3) Identify expectations for when team meetings will occur and what the team will address.

(4) Follow local operating procedures for periodic team meetings with the parent(s)/legal guardians, providers, and the family resource network to discuss progress towards case plan goals, safety plan and case plan modifications needed.

d. Monitoring activities of the care manager 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. This includes the following:

(a) Have a conversation with a verbal child; the focus of the conversation should be the child's feelings regarding his or her safety in the home or current placement.

(b) Getting feedback from the child as to whether they are visiting the persons that they wish to see, with adequate frequency and quality of the visitation setting and transportation arrangements.

(c) Providing the child with information that is age appropriate as to the progress of their parent(s)/legal guardians, case plan goals and outcomes.

(d) Assessing the quality of the child's placement setting in terms of meeting their basic needs for care including routine health care and supervision.

(e) Assessing whether the child's special medical or mental health and educational needs are being adequately addressed. Additional information may be needed from treatment providers or other persons to assess the whether the child's special medical and mental health needs are being adequately addressed. The child's school attendance, review of school records and any educational assessment may be necessary to ensure the child's educational needs are met.

(f) Determining whether the out-of-home caregiver for the child has any needs for support, including services or training that might be critical to the child's placement stability.

(2) The care manager must complete the following actions to evaluate the current status of caregiver protective capacities, and to confirm the sufficiency of any safety plan. These actions will be a combination of in-home visits, parent contacts for the child in an out-of-home plan, and on-going communication with any current safety plan providers.

(a) Have face-to-face contact with parent(s)/legal guardian(s) and any non-maltreating parent or alternate caregivers that a child has been released to or placed with.

(b) Provide the parent(s)/legal guardian(s) with information as to their progress towards achieving case plan outcomes. Feedback should begin with positive findings and praise, reinforcement, and encouragement. When information has been gathered from providers, other team members or the care manager's own observations and concerns that reflect a lack of progress, it is the obligation of the care manager to share that information as well. The care manager should explore the caregiver's perception as to the quality of treatment services including any barriers, interpersonal conflicts or other safety management or case management challenges.

(c) Assess whether there have been any changes in parent(s)/legal guardian(s) conditions, attitude, ability, or willingness to support the current in-home plan, or to create an in-home plan to achieve reunification.

(d) Determine whether the parent(s)/legal guardian(s) continue to be cooperative, or would now be cooperative, with safety services necessary for an in-home safety plan as evidenced by:

1. The parent(s)/legal guardian(s) is agreeable to the safety services necessary for an in-home safety plan.
2. The parent(s)/legal guardian(s) is cooperative with all participants in the safety plan.
3. The parent(s)/legal guardian(s) is participating as expected in the actions and the time requirements of the ongoing safety and case plan.
4. The parent(s)/legal guardian(s) is meeting the expectations detailed in the ongoing safety plan.
5. Whether the home environment continues to be, or has become, stable enough for safety service providers to be in the home and be safe.
6. Determine whether the condition of the child is satisfactory and danger threats to the child are being actively managed.

6-3. When New Progress Update is Required.

a. 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 the FSFN file cabinet under the relevant Image Category and Image Type to ensure that the child's record is current.

b. A new Progress Update will be created in FSFN at a minimum every ninety 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 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 changing the case plan to include unsupervised visits.
(5) Before recommending or implementing reunification as Conditions for Return are met.
(6) Before a recommendation for case closure.
(7) When the case has been dismissed by the court.

c. The care manager shall seek a supervisory case consultation to review case dynamics when case circumstances include any of the following. The case consultation will determine if a Progress Update should be completed prior to the 90-day period based on the discretion of the supervisor.

(1) When significant changes in family members' and/or family circumstances warrant review and possible revision to the safety plan and/or case plan, such as a change to unsupervised visitation.

(2) When an emergency change in a child's out-of-home safety plan placement is needed.
(3) When the children and/or caregivers are making little or no progress toward the established outcomes and/or an immediate change in the case plan is needed.
(4) After any review (i.e., judicial, administrative, State, or County QA) recommends or directs that changes be made.
(5) At receipt of a new investigation or report of domestic violence in the home.

d. Before every required judicial review hearing or citizen review panel hearing, the Progress Update must also include pertinent details relating to the child that includes but is not limited to:

(1) Documentation of the diligent efforts made by all parties to the case plan to comply with each applicable provision of the plan.
(2) A description of the type of placement the child is in at the time of the hearing, including the safety of the child and the continuing necessity for and appropriateness of the placement, any concerns for the stability of the placement and what efforts have been undertaken to ensure the child's stability.
(3) The amount of fees assessed and collected from parent(s)/legal guardian(s) during the period of time being reported.
(4) The services provided to the foster family or legal custodian in an effort to address the needs of the child as indicated in the case plan.
(5) The number of times a child has been removed from his or her home and placed elsewhere, the number and types of placements that have occurred, and the reason for the changes in placement.
(6) The number of times a child's educational placement has been changed, the number and types of educational placements which have occurred, and the reason for any change in placement.
(7) If the child has reached 13 years of age but is not yet 18 years of age, a statement from the caregiver on the progress the child has made in acquiring independent living skills.
(8) Copies of all medical, psychological, and educational records that support the terms of the case plan and that have been produced concerning the parent(s)/legal guardians or any caregiver since the last judicial review hearing.
(9) Copies of the child's current health, mental health, and education records.
(10) When children are in out-of-home care, visitation and family time opportunities are evaluated for quality and frequency using the ratings in CFOP 170-1, Chapter 2, "Core Safety Constructs." The care manager should determine if the frequency and quality of family time arrangements need to be modified to provide more sufficient opportunities to meet any of the following or other objectives:

(a) Provide an opportunity for parent(s)/legal guardians to practice new skills and if using a parenting coach, to acquire new skills and improve parent-child interactions.
(b) Provide critical information about parental capacity to safely meet the needs of their child in a less restricted form of family time such as unsupervised or overnight.
(c) Ease the pain and potential damage of separation for all.
(d) Help the child to eliminate self-blame for removal.
(e) Support the child's adjustment to a new caregiver's home.
(f) Reinforce the parent(s)/legal guardian(s)' motivation to change.

(g) Offer a potentially therapeutic intervention, rather than just "a visit."
(h) Provide unique opportunity for the parent(s)/legal guardian(s) to observe the parenting skills of foster parents who are willing to co-parent.
(i) Help parent(s)/legal guardian(s) gain confidence in their ability to care for their child.
(j) Provide opportunities for parent(s)/legal guardian(s) to be up-to-date on their child's developmental, educational, therapeutic, and medical needs as well as their child's religious and community activities.
(k) Family time may provide an opportunity to heal damaged or unhealthy relationships between the parent(s)/legal guardian(s) and other family members who may be caregivers.
(11) In all court supervised cases, the care manager is required to provide the court with an overall evaluation of case plan compliance at each judicial review. The overall case plan compliance evaluation will be based on the care manager's assessment of progress on all the outcomes, and when a child is in out-of-home care, the quality and frequency of family time. The care manager will choose from the following:

(a) The parent(s)/legal guardian(s), though able to do so, did not comply substantially with the case plan, and the agency recommendations,
(b) The parent(s)/legal guardian(s) did substantially comply with the case plan
or,
The parent(s)/legal guardian(s) has partially complied with the case plan, with a summary of additional progress needed and the agency recommendations.
(12) In out-of-home cases, a statement from the foster parent or legal custodian providing any material evidence concerning the return of the child to the parent or must be provided to the court along with the Progress Update.

6-4. Progress Updates for Dependent Children 17 Years Old.

a. At the first judicial review hearing held subsequent to the child's 17th birthday, the department shall provide the court with an updated case plan that includes specific information related to the independent living skills that the child has acquired since the child's 13th birthday, or since the date the child came into foster care, whichever came later.
b. For any child that may meet the requirements for appointment of a guardian pursuant to Chapter 744, F.S., or a guardian advocate pursuant to s. 393.12, F.S., the updated case plan must be developed in a face-to-face conference with the child, if appropriate; the child's attorney; any court appointed guardian ad item; the temporary custodian of the child; and the parent(s)/legal guardian(s) if parental rights have not been terminated.
c. At the judicial review hearing if the court determines pursuant to Chapter 744, F.S., that there is a good faith basis to believe that the child qualifies for appointment of a guardian advocate, limited guardian, or plenary guardian for the child and that no less restrictive decision-making assistance will meet the child's needs:

(1) The department shall complete a multidisciplinary report which must include, but is not limited to, a psychosocial evaluation and educational report if such a report has not been completed within the previous 2 years.
(2) The department shall identify one or more individuals who are willing to serve as the guardian advocate pursuant to s. 393.12, F.S., or as the plenary or limited guardian pursuant to Chapter 744, F.S. Any other interested parties or participants

may make efforts to identify such a guardian advocate, limited guardian, or plenary guardian. The child's biological or adoptive family members, including the child's parent(s)/legal guardian(s), if the parental rights have not been terminated, may not be considered for service as the plenary or limited guardian unless the court enters a written order finding that such an appointment is in the child's best interests.

6-5. Actions Following Progress Updates

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 care manager will determine whether any changes are needed to:

a. The safety plan.
b. Case plan goal(s).
c. Case plan outcomes.
d. Case plan activities and tasks.
e. Case plan services provided and/or service providers.

6-6. Supervisor Consultation and Approval. The supervisor is responsible for a case consultation and the approval of any completed Progress Update.

6-7. FSFN Documentation.

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

(1) Ensure that all chronological notes are current.
(2) Update information about case participants including their relationship to the child and contact information.
(3) Ensure that Living Arrangement/Child Placement information is correct and that most current safety plan is in the child's record.
(4) Update Medical/Mental Health information which documents all primary health care and any specialty providers, child health conditions and/or diagnoses, services received including immunizations, any medications prescribed.
(5) Update Education information which includes current school information (care manager can enter school information which reflects past school attendance history). This section of the child's record is used to document any child's Exceptional Student Education/Individualized Education Plan, diploma and certificate information.

b. It is important for the care manager 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. When a new Progress Update is created, it will prefill with information from the most recent version which should be edited and updated to provide current progress information.

(1) For cases opened prior to implementation of the updated Child Welfare Practice Model (formerly known as "Safety Methodology"), the Family Assessment in FSFN was utilized and may continue to be used until case closure.
(2) For all cases opened after implementation of the updated Child Welfare Practice Model, the Family Functioning Assessment-Ongoing and Progress Update will be used.
(3) The care manager will confirm that the parent(s)/legal guardian(s) whose behaviors need to change are the primary focus of the Progress Update and will

determine which other persons will be associated with, and described in, the information domains for the parent/legal guardian. See CFOP 170-1, Chapter 2, paragraph 2-3, "Focus of Family Assessment."

(4) A new Progress Update created will be pre-populated with information already entered in any previous FFA-Ongoing or Progress Update for ease of review. The care manager will delete, edit and add information to compose a new description, based on further information gathered and assessed which will support any progress or change in protective capacities and child needs. The new Progress Update prepared by the care manager will provide a current status description for child functioning, adult functioning, parenting approach and discipline: based upon care manager observations, conversations, and information gathered from other team members involved including all service providers. The status description will provide:

(a) A description of what each family assessment area (child functioning, adult functioning, parenting and discipline) looks like currently based on assessment information gathered from different sources which are included.

(b) When pertinent for an in-home case, and for all out-of-home cases, the care manager is responsible for incorporating a summary of relevant information about the child's educational status, medical/mental health and independent living skills into the child functioning domain.

(c) The information in the family assessment areas should support the care manager's scaling of Caregiver Protective Capacities and Child Strengths and Needs.

c. The care manager 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.

d. The care manager will update the scaling of Caregiver Protective Capacities using the ratings in 170-1, Florida's Child Welfare Practice Model, Chapter 2, "Core Safety Constructs," and establish the baseline ratings for any new parent/legal guardian. If there is a diminished capacity rating of "C" or "D" that will not be addressed in the case plan, the reasons need to be provided.

e. For any new household members who have significant caregiver responsibilities, the care manager will provide assessment information specific to that person and rate their caregiver protective capacities.

f. The care manager 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 care manager should update the scaling of "Child Strengths and Needs" indicators using the ratings in CFOP 170-1, Chapter 2, "Core Safety Constructs," and establish the baseline ratings for any new child in the home.

(1) If a child has a need that is scaled at a "C" or "D" there should be a narrative description as to whether the parent(s)/legal guardian(s) is adequately meeting the need.

(2) When parent(s)/legal guardian(s) with an in-home safety plan are adequately meeting child needs, they do not need to be addressed in the case plan.

g. A new Safety Analysis should be written to justify and document why current safety services should continue, if less intrusive safety actions 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 case plan outcome will be evaluated to determine the extent to which the parent(s)/legal guardian(s) is making progress. The care manager will rate progress with each outcome using the ratings provided in CFOP 170-1, Chapter 2, paragraph 2-12. Given progress, or lack thereof, case plan outcomes might need to be adjusted.

i. FSFN functionality is designed to support the care manager in preparing a Judicial Social Study Report (JSSR) that meets all of the statutory requirements. The care manager will complete the Judicial Review Worksheet in FSFN to capture additional information for court cases involving a child in out-of-home care. FSFN will create a final JSSR for the court that pulls all necessary information from both the Progress Update and Judicial Review Worksheet.

j. The following FSFN resources are located on the Center for Child Welfare FSFN "How Do I Guide" page:

(1) Progress Update – How Do I Guide.
(2) Judicial Review Worksheet – How Do I Guide.

Chapter 7

MODIFYING A CASE PLAN

7-1. Purpose. Progress Updates will provide a concise, current understanding of the child and family's status and progress so that the current case plan outcomes, interventions and services can be evaluated for their continued appropriateness. The knowledge gained from ongoing assessments will be used to update the case plan to create a self-correcting process that leads to finding what works for the child and family. The case plan will be modified when outcomes are met, strategies are determined to be ineffective, and/or new needs or circumstances arise.

7-2. Team Meeting To Develop Case Plan Modifications.

a. The family team should play a central role in conducting a review of the current case plan's effectiveness. Reviews might also be conducted through internal staffing or a judicial hearing.

b. Case plan reviews should result in agreement as to:

(1) How is the child and family doing? Has their situation changed? What is the progress that has been achieved in enhancing caregiver protective capacities?
(2) What is the status of impending danger safety influences?
(3) Has there been progress in achieving conditions for return?
(4) Has there been a change in parent(s)/legal guardian(s) motivational readiness?
(5) Have new child or parent(s)/legal guardian(s) needs emerged?
(6) For the child in out-of-home care, are there emerging needs of the caregiver in order to ensure child stability?
(7) Are supports and services being delivered as planned? Are providers dependable?
(8) How well are the mix, match, and sequence of supports and services working?
(9) How well do these arrangements actually fit the child and family?
(10) Are advance arrangements for any child transitions being identified and accomplished?
(11) Are desired results for child and parent(s)/legal guardian(s) being produced?
(12) What things in case plan need to be changed in order to improve results desires?

c. When children are in out-of-home care, reviews will consider whether visits and appropriate interactions are occurring now? If so, are visits:

(1) Frequently occurring?
(2) Therapeutically appropriate?
(3) Conducive to relationship building with parent(s)/legal guardian(s) and siblings?
(4) Located in a convenient and least restrictive setting?
(5) Rescheduled in a timely manner?
(6) Increasing frequency and duration and decreasing supervision, if appropriate?
(7) Being used to assess reunification appropriateness?
(8) Providing mentoring opportunities for parent(s)/legal guardian(s)?
(9) Are other forms of family contact, interactions, or connecting strategies being used (e.g., phone calls, letters, family photos, tapes, Skype, recordable book, life books) when appropriate?
(10) Is there an effort to integrate the parent(s)/legal guardian(s) into other beneficial connections (e.g., participation in doctor's appointments, teacher conferences at school, sporting events, etc.)?
(11) What steps are being provided to encourage contact between children and incarcerated parent(s)/legal guardian(s) when appropriate?

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

(1) Modifying the case plan outcomes, actions, tasks and/or services to ensure time and resources are not wasted on a flawed strategy.
(2) Reunification of the children and family with an in-home safety plan.
(3) Changing the visitation plan to improve the quality and/or frequency of visits.
(4) Changing the permanency goal if adequate progress is not made.
(5) Increasing court and casework activity to ensure an alternate plan for permanence (e.g., adoption, transfer of guardianship) is secured.
(6) Seeking and/or renewing a commitment from parent(s)/legal guardian(s) to actively participate in change-oriented services.
(7) Closing the case when a safety plan is no longer required.

e. A Progress Update must be completed to justify changes necessary to a case plan. Any new assessment information that results from a case plan review meeting will be included in the Progress Update.
f. A court-supervised case plan may be amended upon approval of the court.
g. Case 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.

7-3. Supervisor Consultation and Approval. The supervisor will approve any modifications to the case plan.

7-4. FSFN Documentation.

a. When a case plan is modified, the care manager must ensure that the child's record is updated to support all information gathering activities including any case review conducted.

b. A Progress Update will provide the information gathered and assessed which is the basis for the case plan modification(s).

Chapter 8

OUT OF COUNTY SERVICES

(Publication Pending)

Chapter 9

SAFE CASE CLOSURE

9-1. Purpose. To ensure that there is standardized criteria for the closure of child welfare cases that involve an unsafe child.

9-2. Requirements for Closure.

a. A case should be closed when a determination has been made that the child's safety plan is no longer necessary per CFOP 170-7, Chapter 13, "Discontinue a Safety Plan" and the child has also achieved a permanency goal. When reunification cannot be achieved, the case will not be closed until legal custody of the child has been established through court proceedings.

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

(1) Per paragraph 4-8 of this operating procedure, "Difficulty Engaging the Parent(s)." All reasonable efforts to engage the parent(s)/legal guardian(s) have been made.

(2) Per CFOP 170-7, Chapter 1, paragraph 1-9, "Staffings with Children's Legal Services." Staffing's have been held, and consensus has been reached or the dispute resolution process has been completed.

c. In every case, there must be a Progress Update that provides the justification for closure.

(1) Any providers that are continuing to work with the family will be notified as to case closure.

(2) Termination of services in those cases where a Florida child has been legally placed into another state (the receiving state) pursuant to the Interstate Compact on the Placement of Children requires the prior written concurrence of the receiving state Compact office before any action to terminate supervision and/or jurisdiction can be accomplished. Such other state's written concurrence must, when received, be placed in the case record and a copy attached to the appropriate report to the court.

b. The supervisor must ensure that cases in which the court has ordered supervision are not closed until an order has been entered by the court terminating supervision, and a copy has been placed in the case record. Local procedures may allow the Living Arrangement/Placement to be end dated and the child system information "deactivated" as the child and family are no longer receiving services; however, the case cannot be formally closed until the order is received and placed into the file.

9-3. Supervisor Consultation and Approval. After a case consultation, a supervisor may approve case closure. Consultation will be provided to the care manager to explore issues and provide feedback regarding progress and/or challenges in achieving case plan outcomes or permanency goals.

9-4. FSFN/Documentation. The progress made toward resolving the problems which resulted in Department intervention will be documented in an updated Progress Update.

Chapter 10

SUPERVISOR CONSULTATION AND APPROVAL REQUIREMENTS

10-1. Purpose. The following provides a summary of required supervisor approvals and case consultations. Discussion points for required and optional supervisor case consultations are offered given the many different case dynamics that care managers may seek assistance with.

10-2. Supervisor Consultations Defined. 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 care manager input and ideas; and offering feedback. Case consultations provide the supervisor with opportunities to learn about the quality of practice of the care managers assigned to them. This includes understanding the interpersonal skills that their care managers 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 care managers need additional support and professional development.

10-3. Supervisor Consultation General Requirements. Supervisors are expected to have significant expertise to provide consultation around the child welfare practice model, including the foundational skills that care managers must have. Supervisor consultation includes:

a. Supervisory activities to provide case consultation include field support (by phone or in person), direct observations of case management interviews, consultations in the office, active modeling, and coaching.
b. Supervisor consultations promote and develop the care manager's understanding of their responsibilities, skills, knowledge, attitudes, and adherence to ethical, legal, and regulatory standards in the practice of child welfare services.
c. Through case consultations the supervisor assesses care manager skills and determine what supports are needed. Throughout the on-going services, the supervisor will consult with the care manager to support their skill development as to:
(1) Their approach to family engagement.
(2) Due diligence with gathering and documenting information this is sufficient, valid and reconciled.
(3) Care manager's critical thinking and analysis.
(4) Care manager's concerns and areas of help needed.
(5) Use of other team members for the case to increase understanding and/or actions needed.
d. Supervisor consultation is required for the approval of family functioning assessments; safety plans; and case plans and progress assessment. Supervisor consultation should be provided more frequently based on the care manager'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 case plan outcomes or permanency goals.

e. Supervisor consultation should occur in such a way that there is a balance between assuring that expectations for caseworker accountability are met while at the same time respecting and supporting the learning and growth of care managers. Supervisors should recognize that they are most effective at improving caseworker and family outcomes when:

(1) He/she brings a "big picture" meaning to the job for casework staff;

(2) He/she is able to instill a sense of ownership and commitment among casework staff for achieving standards for intervention;

(3) He/she communicates clear expectations for casework practice and provides guidance to staff in a collegial way; and,

(4) He/she is able to build competency, support independence and promote critical thinking among casework staff.

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

10-4. Oversight of Safety Plan Management. Consultations provided as required, or requested by the care manager, 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. When children are in an out-of-home safety plan, the focus is on continuous evaluation of the Conditions for Return.

a. Approval of Safety Plans. Within five business days of case transfer, the supervisor will conduct a consultation with the care manager to affirm that the safety plan is reasonable and adequate. The supervisor will determine that:

(1) The care manager is clearly able to describe and document how Impending Danger is manifested in the home.

(a) How long has the family condition been concerning or problematic?

(b) How often is the negative condition actively a problem or affecting caregiver performance?

(c) What is the extent or intensity of the problem and how consuming is it to caregiver functioning and overall family functioning?

(d) What stimulates or causes the threat to child safety to become active?

(e) How is the child vulnerable to the threat?

(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.

b. Within 5 days of any safety plan modification, the supervisor will conduct a consultation with the care manager for purposes of affirming the safety plan. The supervisor will determine that:

(1) The care manager is clearly able to justify the need for the level of intrusiveness by Safety Analysis criteria.

(2) The parent(s)/legal guardian(s) were involved in the assessment.

(3) It is clear how the plan will control and manage impending danger.

(4) The care manager is clearly able to describe in documentation how Impending Danger is manifested in the home.

(5) The plan is the least intrusive and most appropriate.

c. A Supervisor Consultation will be conducted to review and approve/deny an "Other Parent Home Assessment" to ensure it conforms to the requirements in CFOP 170-7, Chapter 6.

a. Sufficient information, including background screening, was gathered in a face-to face interview with the parent(s)/legal guardian(s) and a walk through of their residence, including information which supports a decision to release, or not release, a child with their parent.

b. Discuss case planning around reasons for denial of release of child or areas of support needed.

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

a. The parents/legal guardians made the decision as to the family arranged caregivers, not the primary worker.

b. It is clear how the family arranged caregivers will control and manage the danger threat(s).

c. Appropriate interviews, background checks and assessment of caregivers have been completed and the supervisor is able to affirm that the caregivers in a family-made arrangement are reasonable and adequate.

d. When changes to an in-home safety plan are necessary and a family arrangement occurs during the course of case management, supervisors are required to consult with a manager, manager designee or consultative team.

e. The following are examples of questions the supervisor might use to explore the case manager's case preparation activities:

(1) Do we understand how and when the danger threat manifests well enough to be able to plan around it?

a. What must be controlled?
b. How can it be controlled?
c. Why can't it be controlled in the home?
d. Can anyone other than the caregiver control it?
e. Can anyone substitute for the caregiver?
f. Can home or family circumstances be adjusted?
g. What are the attitudes, capacities and willingness of the caregivers?

(2) Do we understand what must change to meet Conditions for Return? Are the conditions written clearly? Conditions for Return should:

(a) Focus on what will control impending threats.

(b) Justify against the safety planning analysis:

1. Calmness and consistency of home environment.
2. Willingness and capacity of caregivers.
3. Kinds of in-home safety actions and safety services needed.
4. Suitability of resources and people.

(c) Have Conditions for Return been met and can an in-home safety plan be implemented?

1. The home environment is stable enough to sustain the use of an in-home safety plan.
2. Caregivers are willing to be involved and cooperate with the use of an in-home safety plan.
3. Safety services are available and accessible at the level of effort required to ensure safety in the home.

4. Safety service providers are committed to participating in the in-home safety plan.
5. The in-home safety plan will provide the proper level of intrusiveness and level of effort to manage safety threats. There have been specific changes in family circumstances and/or protective capacities that would allow for the use of an in-home safety plan.
6. What progress toward improving diminished caregiver protective capacities has been made?
7. What changes in the circumstances within the family, home or among caregivers?

(d) Evaluation as to sufficiency of the current safety plan and if it can be less intrusive or needs to be more intrusive?

1. Is the safety plan the least intrusive means that can effectively manage all danger threats occurring within the family?
2. Evaluate the level of commitment and alignment of the safety resources, do they understand the threat, are they aligned with the child/agency, are they able to act to protect the child?
3. How do the safety action keep the child safe?
4. Are the actions specific including the person responsible for each task, when the task will start, how often the task will happen, what are the resources or people who will help?
5. What level of safety management is needed to adequately oversee the safety plan to ensure it is working as designed to keep the child safe?
6. Evaluate whether all safety service providers understand their role, expectations and how often follow up will occur

10-5. Approval of Family Functioning Assessment-Ongoing.

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

b. The supervisor consultation will seek to support the care manager in an assessment of their skills as well as their assessment of the family as follows:

(1) Identify the ways in which the care manager attempted to gain parent(s)/legal guardian(s) involvement, partnership, and mutual agreement in the process of protective capacity assessment.

(2) Identify what strengths (enhanced protective capacities) the care manager was able to identify and build on, and how that was communicated to the parent(s)/legal guardian(s).

(3) Identify which specific diminished protective capacities has the care manager identified that are most related to the identified danger threats and how that was communicated to the parent(s)/legal guardian(s).

(4) Identify whether the care manager can articulate, observable, measurable changes that will lead to sustained child safety.

(5) Confirm with care managers that the outcomes, when achieved, will likely result in an increase of protective capacities and/or reduce or eliminate or manage danger threats such that agency intervention will no longer be necessary to manage child safety.

(6) Identify staff needing additional support and/or complex cases that will require intensive supervisory support. Establish clear direction as to when future case consultations should occur.
(7) Assist the care manager when the care manager experiences challenges in reaching a mutually agreed upon decision with the parent(s)/legal guardian(s) about outcomes or interventions.

10-6. Approval of Case Plans.

a. There must be a minimum of one supervisor consultation, specific to the case plan, prior to approval of a case plan.
b. The supervisor consultation should be provided to the care manager 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 parent(s)/legal guardian(s) 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(s)/legal guardian(s) with the process of change (including normalizing 'resistance'), 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 nonjudgmental about the parents' hesitancy to make change, and effective ways to assist the parent(s)/legal guardian(s) 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 if the care manager or supervisor becomes aware of a circumstance when a child is unsafe.
c. If parent(s)/legal guardian(s) are still highly resistant and/or are unwilling to engage with the care manager during or at the conclusion of the exploration stage, a supervisor consultation is required to:
(1) Provide the care manager with an opportunity to assess family dynamics and sources of resistance.
(2) Support the care manager in considering other efforts to engage the parent(s)/legal guardian(s) and in determining next steps.

10-7. Approval of Progress Updates. Supervisor consultations provided to support the care manager'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 care manager as needed to explore issues, promote the care manager's critical thinking, and provide feedback.

a. The supervisor 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. Such times include but are not limited to the following:
(1) When safety 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 or implementing reunification as Conditions for Return are met.
(5) Before a recommendation for case closure.
(6) When case has been dismissed by court.

b. The supervisor should consider the care manager's need for consultation in the following areas:

(1) The care manager's consistent monitoring and assessment of family progress:
(2) Is the child welfare professional focusing on behavioral change by caregivers or compliance?
(3) Is the child welfare professional focused on understanding the child's well-being needs so that they can determine whether those needs are being addressed by the parent(s)/legal guardian(s) or out-of-home caregiver?
(4) Do the child welfare professional's methods for gathering information and measuring progress include the appropriate parties (e.g., parent(s)/legal guardian(s), substitute caregivers, children, service providers, etc.)?
(5) For the child in out-of-home care, is the child welfare professional focused on any indicators that a child's placement may be in danger of disruption, and actions are necessary to ensure the child's stability?
(6) The care manager's consistent assessment as to whether the activities of the team members and the case plan strategies are effectively supporting the family change process:

(a) If reunification (with an in-home safety plan) is considered feasible, is there a corresponding increase of casework activity to thoroughly plan for this?
(b) Is the level of visit frequency and other monitoring that the care manager (and others) has with the family post-reunification sufficient to assure that the safety plan is working dependably?
(c) What specific strategies are being used in the change process for this child and family?
(d) If there are differences of opinion regarding the level of progress, does the child welfare professional attempt to reconcile those differences?
(e) Is the child welfare professional open to considering a lack of progress as connected to:

1. A lack of parental involvement in the plan's creation?
2. A poorly conceived intervention strategy?
3. Service providers whose services are not adequate for the interventions needed?

(f) Are the behaviors and conditions that are measured related to the central issues: the danger threats and gaps in protective capacities?
(g) Is there a thoughtful distinction made between all the central problems being resolved and enough of a change that an in-home safety plan can be implemented (and sustained while further change occurs)?
(h) Is this step of evaluating and considering effectiveness of strategy carried out by the child welfare professional as a deliberate *process*, or does it have characteristics of collecting reports and filling out required forms?

10-8. Required Consultations at Critical Junctures. The care manager is required to seek a supervisor consultation to review case dynamics when case circumstances include any of the following. The supervisor consultation may also determine if a Progress Update should be completed prior to the 90 days period; however, that will be based on the discretion of the supervisor.

a. When significant changes in family members' and/or family circumstances warrant review and possible revision to the safety plan and/or case plan, such as a change to unsupervised visitation.
b. When an emergency change in a child's out-of-home safety plan placement is needed.
c. When the children and/or caregivers are making little or no progress toward the established outcomes and/or an immediate change in the case plan seems indicated.
d. After any review (i.e., judicial, administrative, State, or County QA) recommends or directs that changes be made.
e. At receipt of a new investigation or report of domestic violence in the home.
f. There are new Children in an Open Case. Supervisor consultation will be provided to ensure the child welfare professional's due diligence in:

(1) Gathering sufficient additional information to fully assess the impact of the new child on family conditions and dynamics.
(2) Seeking the expertise and/or input from other professionals, family members and the family team as to the assessment, safety plan and/or case plan.
(3) The supervisor should participate in family team meetings or staffing to the extent possible to support decision making as to modifications necessary to the current safety plan or case plan.

10-9. Approval of Case Plan Modifications.

a. Supervisors will provide a consultation prior to approving modifications to a case plan.
b. The 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 care manager?
(2) Is there a genuine concurrent plan that is being actively pursued and sustained in the event that change is not likely in a timely way?
(3) How well are resources matched to the strategies that are to meet needs and achieve planned outcomes?
(4) Are services that are being provided to child and family working well? If not, why not?
(5) 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?
(6) 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?

10-10. Approval of Safe Case Closure. A supervisor consultation to approve case closure is for the purpose of ensuring that safety and permanency have been achieved.

10-11. Consultations for Case Preparation Activities. Supervisor consultations that may be provided to assist the care manager with preparation activities should involve a wide array of considerations, including but not limited to the following:

a. Determine the need for care manager's safety.
b. Allow care manager the opportunity to ask questions.
c. Facilitate discussion as to what is already known and what additional information gathering is necessary to reconcile or fill gaps.
d. Affirm the care manager's approach to engaging the family.
e. Affirm that the care manager has the skills necessary or determines what supports are needed.

f. To the extent practical, supervisor consultation related to preparation activities should be considered with a face-to-face or telephonic consultation between the supervisor or designee and the care manager when a case involves:

(1) Life threatening injuries or a child fatality.
(2) Severe domestic violence perpetrated against a parent (bite marks, attempted strangulation, assault of pregnant mother, injuries requiring medical treatment, threats of homicide or suicide).
(3) Potential danger to the care manager.
(4) "High profile" participants (department/CBC/sheriff staff/public officials or celebrities, etc.).
(5) All cases assigned to a provisionally certified care manager.

g. The following are examples of questions the supervisor might use to explore the case manager's case preparation activities:

(1) What significant gaps in information does the Case management Care manager identify in FFA? Does the Case Management Care manager believe that the gaps in information may have implications for child safety?
(2) Is it clear to you as the supervisor what the impending danger is in the family and why specific impending danger threats were selected?
(3) If you and the Care manager have any questions regarding the justification for identified impending danger threats, consider how case information meets the impending danger definitions and determine specific questions to ask the previous worker during the transfer meeting.
(4) Does your Care manager clearly understand how impending danger is occurring in the case? Prior to initiating the Case Management Introduction Stage, it is critical that your Care manager is able to articulate a clear understanding regarding identified impending danger.
(5) Based on an understanding of impending danger and the Safety Analysis, what is your Care manager's judgement regarding the sufficiency of the Safety Plan?
(6) Is the Safety Plan least intrusive and most appropriate as reflected in the Safety Analysis?
(7) If an In-Home Safety Plan was developed by the CPI, does the In-Home Safety Plan seem appropriate?
(8) Does Safety Analysis seem to confirm the use of a particular type of Safety Plan?
(9) Do safety services and/or safety service providers match up with the way that safety influences exist in the family?
(10) Consider the need to make adjustments to the Safety Plan (as indicated).
(11) What is already known about the family in terms of past child welfare investigations and services that are documented in FSFN? What additional information might be obtained from any prior caseworkers or service providers? If prior involvement of the family was recent or extensive, should there be a staffing with past professionals involved?
(12) Which individuals are likely to know the family well enough to provide information on an on-going basis during case management about child and adult functioning, general parenting and disciplinary and behavior management practices?
(13) Is there a sequencing of the interviews that will likely influence subsequent interviews (i.e., information gained informs next interviews line of questioning, etc.)?
(14) Are there any discernible patterns of 'out-of-control' behaviors (i.e., domestic

violence, substance abuse, unmanaged mental health condition, etc.) that the Care manager should have a heightened awareness of and knowledge as to how to approach intervention?
(15) Is there a need for immediate consultation/teaming with external partners (law enforcement, domestic violence advocate, substance abuse or mental health professional, etc.) prior to meeting the family?
(16) When, where, and with whom will the Care manager initiate contact?
(17) Based on what we know from the FFA, are there any implications with respect to how we should engage this family? Are caregivers likely to express resistance to the process? What are the implications for how the Care manager should consider intervening?
(18) Are there specifics to the safety plan that will need attention prior to or during the introductory meeting? How does the Care manager plan on addressing safety management issues? Are there indications that a safety plan may need to be adjusted?
(19) Is there any need for the Care manager to be accompanied by another child welfare professional or supervisor?

10-12. Supervisor Consultation Introduction Activities. Supervisor consultation that may be provided after the care manager's introductory meeting with the family should provide the care manager an opportunity to discuss with the supervisor their approach to engaging the family.

a. What did the care manager do that they feel worked well and why?
b. What does the care manager wish they had done differently and why?
c. What does the care manager plan to do next to continue building family engagement and trust?
d. Examples of questions the supervisor might ask include the following:
(1) Were there elements of the introduction that were missed and will need additional attention in subsequent meetings?
(2) Did the care manager get pulled away from the "client orientation" aspect of the Introduction Stage?
(3) Was the care manager able to clearly articulate their role, and how do they know caregivers understood?
(4) To what extent does your staff feel that they were able to build partnerships with caregivers?
(5) How did they describe/discuss the impending danger? What were the caregivers' reactions to the reason why the case was opened?
(6) How did they feel about conducting the interview?
(7) What did they find frustrating?
(8) Did they get stuck at any point?
(9) What did they do really well, and what might they do better next time?
(10) How can you help make this process easier or more understandable?

10-13. Supervisor Consultation about Child Needs. Supervisor consultation may be provided to support the care manager in identifying any experts and/or resources that might be beneficial in evaluating or addressing child needs. A supervisor consultation for exploration of child strengths and needs might provide the care manager an opportunity to consult with the supervisor as to:

a. Child strengths and needs.
b. How such needs impact child's daily functioning.
c. Impact on care and supervision of child.

d. Whether the parent/legal guardian(s) and other involved caregiver(s) understand and are attending to identified child needs.
e. Any supportive services that parent(s)/legal guardian(s) or caregiver needs.
f. Care manager's concerns and areas of help needed.
g. Consultation necessary with other team members to achieve stability of the child's placement.

10-14. Supervisor Consultation about Protective Capacities. Supervisor consultation and coaching that may be provided for those care managers who need additional support and coaching with family exploration activities related to caregiver protective capacities may accomplish any of the following:

a. Provide the care manager an opportunity to consult with the supervisor as to their approach to engaging the family through exploration activities.
(1) What does the care manager feel worked well and why.
(2) What does the care manager wish he/she had done differently and why.
(3) What does the care manager plan to do next to continue building family engagement and trust.

b. Provide the care manager and opportunity to present and discuss any of the following:
(1) Danger Statement.
(2) Conditions for Return.
(3) Safety Plan.
(4) Caregiver protective capacities that are a strength or are diminished.
(5) Assessment of family goals, input for case plan, perceived barriers.
(6) Resources or support needed from supervisor.
(7) Next steps.

10-15. FSFN Documentation of Supervisor Consultations.

a. The Supervisor will use the Supervisor Consultation page to document all required consultations with care managers that are associated with the FFA-O or Progress Update.
b. The Supervisor will use the Case Notes page as follows:
(1) **Review, Supervisor.** Use this note type for 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 type for consultations associated with safety management, Judicial Reviews, Case Planning activities and any required "2nd Tier" consultations.
c. The notes for a case consultation will provide at least the following information:
(1) Type of consultation in terms of:
(a) Face-to-face.
(b) Telephonic.
(c) Field observation.
(d) Other venues.
(2) Which safety constructs and related criteria were focus of consultation, such as but not limited to:
(a) Present danger elements.
(b) Impending danger threshold criteria.
(c) Type of danger threat.
(d) Information sufficiency criteria.
(3) Indicate whether review included related documentation.
(4) Statement which describes Supervisor's appraisal, such as but not limited to:

(a) Concur or do not concur with assessment of safety construct, actions taken, next steps, etc.
(b) Concur or do not concur with information sufficiency.
(c) A description of expectations as to follow-up actions by the care manager.

Appendix A: Progress Evaluation Facilitative Objectives

	Information Sources	Facilitative Objectives and Assessment Content
MINIMUM MONTHLY CONTACTS	**Parent(s)/Legal Guardian(s)** *Child Welfare Professional maintains acceptable amount of contact with caregivers to reinforce working relationship and facilitate change*	• Reinforce engagement and collaboration • Support Caregiver Self-Determination • Accurate perception of conditions resulting in Impending Danger • Emphasize what must change related to diminished Caregiver Protective Capacities • Encourage accurate perception, agreement, and/or continued commitment regarding Outcomes for Change (enhanced Caregiver Protective Capacities) • Support caregiver involvement in addressing and meeting the needs of children • Address caregiver motivational readiness for change • Assess the sufficiency of in-home safety plans • Consider the potential for a less intrusive safety plan • Consider the need to step up the level of intrusiveness of the safety plan
MINIMUM MONTHLY CONTACTS	**Children** *Child Welfare Professionals maintain acceptable amount of contact to effectively manage child safety and assure that the needs of children are met. It is important that contact with children coincide with the scheduling of the progress evaluation.*	• Assess child safety • Elicit impressions from children regarding safety plan sufficiency • Assess the needs of children • Consider progress being made in addressing the needs of children
MINIMUM MONTHLY CONTACTS	**Case Plan Service Providers** *Child Welfare Professional maintains Reasonable Contact with Service Providers to facilitate change*	• The approach to change oriented service provision • Evaluate efforts made by change service providers to address outcomes • Evaluate efforts being made by caregivers to address case plan outcomes • Evaluate caregiver participation in change-oriented services • Consider barriers to service provision and/or barriers to change • Elicit feedback regarding changes that might influence safety plan sufficiency

MINIMUM MONTHLY CONTACTS	**Safety Plan Service Providers** *Child Welfare Professional maintains an acceptable amount of contact with safety plan service providers to assure continued safety plan sufficiency*	• Evaluate changes that could influence the sufficiency of safety plan • Verify the amount and frequency of safety services • Determine continued commitment of safety plan service providers • Consider the need for adjustment to the safety plan
PROGRESS EVALUATION TEAM MEETING	**Case Plan Team:** **Caregivers** **Change Service Providers** **Safety Plan Service Providers** **Children (as appropriate)**	Objectives include reaching conclusions regarding the following: • Effectiveness of the case plan • Sufficiency of the Safety Plan • Progress toward achieving case plan outcomes • The need for revising the Safety Plan • The need for revising the case plan Specific discussions with family and team members should include: • Status of impending danger safety influences; • Progress in enhancing caregiver protective capacities; • Existing caregiver protective capacities that support change; • Specific indicators for measuring observable behavioral change; • Progress in achieving conditions for return (reunification); • Safety planning analysis related to the least intrusive provision of protection and the sufficiency of safety plans; • Caregiver motivational readiness; • Caregiver participation in case plan service delivery; • Addressing child needs; • Anticipated date by which the child will return home or achieve another identified permanency outcome; and • Effectiveness of case plans services and verification that case plan services are occurring as directed. • Assessment of family visitation and need for change to visitation plan
TEAM MEETING FOLLOW-UP	**Parent(s)/Legal Guardian(s)** *Child Welfare Professional follows up with caregivers to*	• Review the conclusions regarding the status of progress related to enhancing Caregiver Protective Capacities. • Discuss and confirm revisions to the safety plan.** If progress evaluation resulted in a determination to

	debrief review revisions to the safety plan and/or case plan as applicable	proceed with reunification, begin planning when and how the reunification process will occur. • Discuss and confirm revisions to the case plan. • Emphasize how revisions to the case plan are intended to address outcomes for change. • Seek and/or renew a commitment from caregivers to actively participate in change-oriented services.

BY DIRECTION OF THE PRESIDENT AND
CHIEF EXECUTIVE OFFICER:

PHILIP J. SCARPELLI
President and Chief Executive Officer
Family Partnerships of Central Florida

APPROVAL DATE: 12/09/2025