Family Partnerships of Central Florida
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Series:	**Operating Procedures, COA: CM 2.01, 2.02,2.03, 3.06, FPS 1, 2, CRI 1, 2**
Procedure Name:	**Access to Services, Screening and Intake**
Procedure Number:	**OP BC 1005**
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Effective Date:	**11/01/2009, 03/09/2026**
Applicable to:	**Family Partnerships of Central Florida Staff**

SUBJECT: Access to Services, Screening and Intake

PURPOSE: The purpose of this procedure is to outline procedures for referring and transitioning families to CARES, the Prevention and Diversion division of Family Partnerships of Central Florida. This procedure also outlines the protocols and steps taken by the FPOCF staff to ensure the safety and well-being of the children and families referred, and prompt quality access for families to the services. The proper application of this policy will ensure that FPOCF meets its commitment to ensure continuity of care for families using a family-centered, consumer driven, strength-based approach to care coordination in keeping with the wraparound principles of care.

PROCEDURE:

CARES Program (Family Support)
Access to Services, Screening and Intake Process

Community Referrals - The CARES Neighborhood Partnership Program (NPP) is a Wraparound care coordination program that is open to self and community referrals. A Care Coordinator is assigned to an identified family in need of services and supports and provides services and care coordination to help identify and meet the needs of the family. Families or a community stakeholder can make referrals directly to the program via the intake phone line. The only requirement for NPP is that the family does not have an open DCF, Post Adoption, CARES, or Dependency case. This program is not intended for CPI staff to refer families currently open to investigations. It is a good resource to provide when speaking with collaterals and other individuals in the community who could benefit from care coordination in an effort to prevent child abuse/neglect, as well as prevention of future DCF involvement. If it is determined that the family has current involvement with the Department of Children and Families, the case would be referred to our Family Support Services team for on-going support.

Juvenile Justice Referrals – FPOCF works directly with the Department of Juvenile Justice Detention Center to provide community-based service coordination and support to at-risk families.

The Detention Center staffs the case with the Wraparound Coach and the DJJ Specialist when there are concerns that a youth may enter foster care because of a lockout or due to conditions related to criminal charges. Upon receipt of a referral from the Department of Juvenile Justice and acceptance by the family, the DJJ Specialist is assigned the case by the Wraparound Coach.

Child Welfare Referral – FPOCF. works directly with Department of Children and Families Child Protective Investigations to provide Family Support Services (FSS) to at-risk families when a child has been determined safe but at high/very high risk. The Child Protective Investigator (CPI) staffs the case with the CARES Staffing Specialist.

- The Staffing Specialist posts a schedule of available staffing times. The Child Protective Investigator (CPI) is expected to have completed the Risk Assessment prior to the staffing. The completed Risk Assessment is needed to ensure the case receives the appropriate level of intervention when opened to Family Support. If a Risk Assessment has not been completed prior to the staffing, it will be jointly completed during the staffing.
- During the staffing, the Staffing Specialist reviews the FPOCF Consent Form, Face Sheet, and Risk Assessment with the referring CPI, discusses the family history, current family dynamics, and identified needs. This staffing is documented in FSFN. At the conclusion of the staffing, the Staffing Specialist and CPI attempt to contact the family. This serves as the first attempt to engage the family and is documented in FSFN within forty-eight hours.
    - If the caregiver refuses services during this joint attempt with the CPI, the Staffing Specialist documents the refusal and CPI's planned next steps in FSFN. The Staffing Specialist schedules a close the loop staffing within two business days with the referring CPI and CPI Supervisor (CPIS) for all families referred to Family Support determined to be safe but at high or very high risk who are unwilling to engage and participate.
    - If the caregiver accepts services during the joint contact with the CPI, the Child and Family Services Specialist builds the referral in and FSFN within one business day and sends it to the Family Support Services Senior Manager/designee for assignment.
    - If the attempt to reach the caregiver is unsuccessful, the Staffing Specialist documents the failed attempt in FSFN. The Staffing Specialist will attempt a total of three calls within the first two business days.
- If the caregiver accepts services during a follow up attempt, the Staffing Specialist builds the referral and in FSFN within one business day and sends to the Supervisor/designee for assignment. The Staffing Specialist will document the acceptance in FSFN and notify the CPI of the acceptance and document notification in FSFN.

If the caregiver refuses services during a follow-up attempt, the Staffing Specialist will document the refusal in FSFN and notify the referring CPI and CPI Supervisor via email of the refusal and intent to close the referral as a refusal. This notification will also be documented in FSFN. A "close the loop" staffing will be held at the next bi-weekly DCF/CARES Staffing Meeting with the CPIS, CPI Program Administrator, and Family Support Services Senior Manager to discuss next steps. If the Staffing Specialist is unsuccessful at reaching the caregiver in three attempts, and all attempts are documented in FSFN, the Staffing Specialist will notify CPI/CPIS via email and complete the "close the loop" staffing at the next DCF/CARES bi-weekly Staffing Meeting to discuss the next steps.

Family Support Services for High and Very High-Risk Families

Family Support Services will be recommended by the Department of Children and Families when they have determined that the children in the family are safe from present and impending danger; however, the family has a high or very high likelihood for maltreatment given their risk level as determined by the FSFN tool. Families Support Services for high and very high-risk families are voluntary. Children who have been determined to be unsafe by the Department of Children and Families are not eligible for Family Support Services.

To best serve families exiting the child welfare system, a Dependency Case Manager, in collaboration with their supervisor, may determine that ongoing Family Support Services are needed following case closure to mitigate risk to the children and support long-term family stability.

CARES works directly with the Dependency Case Management agency to provide aftercare Family Support Services to at-risk families transitioning out of the Dependency System.

All requests for aftercare services will be submitted directly to the CARES Family Support Services Senior Manager to ensure timely access to services and reduce potential barriers. If appropriate and the family is willing to work with CARES, a care coordinator will be assigned in FSFN and will reach out to the family within 48 hours to schedule an initial home visit.

Non-Judicial In-Home Services (for families referred for Child Welfare Diversion Case Management Services)

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

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

The co-located Staffing Specialist posts a schedule of available pre-case transfer conference staffing times. The CPI is responsible for requesting the pre-case transfer conference with the Staffing Specialist as soon as the Family Functioning Assessment (FFA) is complete, a child is determined to be unsafe, and a sufficient impending danger safety plan is implemented. The CPI will complete a CARES Case Transfer Checklist and supporting documents. A staffing will occur between the Staffing Specialist and the CPI, with CPI Supervisor approval, to discuss the

allegations, gather family history, review the FFA/Safety Plan, and complete a joint call to the family to explain the Non-Judicial process and obtain their consent to participate in Non-Judicial In-Home Services. The Staffing Specialist completes a consultation in FSFN to reflect the outcome of the pre-case transfer conference.

Prior to the case transfer, the NJIHS Supervisor should accomplish as much preparation as possible regarding the information collection and safety decision making reflected in the FFA-Investigation and any history in Florida Safe Families Network (FSFN) so that the transfer staffing can be focused and purposeful. Upon request of a case transfer staffing, the following preparation activities should be completed by the NJIHS Supervisor or designee to the extent possible in order to prepare for the case transfer:

1. Review and evaluation of the documentation for the case. This review should include the FFA-Investigation, Safety Analysis, and the Impending Danger Safety Plan. Notes should be entered by the CPI to reflect that appropriate background checks have been completed and approved for any safety providers that are reflected on a safety plan. The identity and contact information for all biological parents should be entered into the case notes.
2. Identification of any questions regarding information sufficiency related to impending danger, the rationale for the safety plan, and the level of intrusiveness for safety management. Action items to consider include:
    a. Develop questions to ask during the Case Transfer Staffing.
    b. Identify information that must be gathered prior to the completion of the FFA-Ongoing

Within 48 hours of accepting a referral, the NJIHS Supervisor will schedule the Case Transfer Staffing within seven days of initially receiving the referral. A Supervisor Consultation should be entered by the NJIHS Supervisor after reviewing the referral packet, addressing any immediate action or needs to address family safety and sufficiency for In-Home Safety Services.

Mobile Response Team (MRT)

The Mobile Response Team (MRT) supports families and individuals in serious distress with immediate crisis intervention and mental health services in Brevard County, over the phone or in person. The primary goal of MRT is to de-escalate the crisis situation, stabilize the family, maintain children in their natural home environment, provide support to families and connect families with appropriate resources.

MRT support is available to families 24 hours a day, 365 days a year at no charge. Services are accessed by calling the MRT hotline at 321-213-0315.

All requests for MRT will be assessed and filtered by the Mobile Response Team Therapist. The Mobile Response Team consists of the Mobile Response Team Program Manager, on call

therapists, care coordinators, and peer support specialists who can accommodate the North, South, and City of Melbourne Residents. The Mobile Response Team can be utilized by the Protective Investigator and Care Managers to prevent new removals, the case management agencies for placement preservation for relative, non-relatives and foster parents, as well as group home facilities and the community in general. MRT should not be utilized for ongoing counseling services or support. It should be considered a one-time emergency service, in most situations.

The MRT supports families in serious distress with immediate crisis intervention and mental health services in Brevard County, over the phone or in person, to reduce Baker Acts, arrest, and/or placement disruptions and ensure everyone receives the proper care.

The Family Partnerships of Central Florida (CARES Division) Mobile Response Team Therapist answers all calls promptly and responsively to identify urgency of needs and ensure that family are linked timely with appropriate services and interventions. If the call is appropriate for MRT services, the Mobile Response Team Therapist will evaluate the circumstances to determine the most appropriate response level:

- Telephone Triage: The Mobile Response Team Therapist provides de-escalation techniques to prevent or resolve the crisis over the phone and decides if a referral will be made to a community resource or crisis stabilization.

- On-Site Crisis Response: If care is needed beyond a phone call, a licensed and/or master level therapist will deploy within an hour to wherever the individual may be in the community, to provide effective intervention at the height of the crisis. MRT services can occur in family homes, schools, hospitals, or other community and residential settings. Therapeutic interventions by the teams are primarily centered on assessing the immediate safety needs, stabilizing the crisis, and providing assistance and support.

If the call does not meet the criteria for MRT supports, the Mobile Response Team Therapist will direct the caller to the appropriate community resource or 211. If the caller indicates suicidal ideation and the caller refuses Mobile Response Team supports, then the Mobile Response Team Therapist will call 911 requesting law enforcement response for a well-being check.

Safety Management Services Team (SMST)

FPOCF works directly with Department of Children and Families Child Protective Investigations (CPI) to provide Safety Management Team services (SMT) to families when a child(ren) has been determined to be in present danger, but the danger threat can be managed in the home with a safety plan.

All requests for SMT services for families with identified Present Danger will be made directly to

the Safety Management Supervisor for expedited access to services and to prevent individuals and families from experiencing any unnecessary barriers. Upon request the Safety Management Supervisor will complete an intake staffing with the requesting CPI Program Administrator or designee. If Present Danger exists, and a slot is available, the case will be immediately assigned to a Family Engagement Coordinator.

Present Danger. Present Danger exists as an immediate, significant, and clearly observable family condition, child condition, individual behavior or action or family circumstances which are in the process of occurring and which obviously endanger or threaten to endanger a child and require immediate action to protect a child. Present danger threats are usually identified at initial contact by an investigator. Present Danger exists when:

1. The CPI can visibly identify or readily assess historical information for out-of-control conditions that are immediately harmful to the child. The family conditions are such that the threatening family condition or behavior putting the child in danger could happen at any time and requires an immediate response.

2. The threatening family condition may be readily apparent, or it may be an allegation of significant harm that if true, requires protective actions.

3. Present Danger Threshold. The qualifiers that must exist to justify present danger are the following:

a. "Immediate" for present danger means that the dangerous family condition, child condition, individual behavior or act, or family circumstances are active and operating. What might result from the danger for a child could be happening or occur at any moment. What is endangering the child is happening in the present, it is actively in the process of placing a child in peril. Serious harm will result without prompt investigation and/or case manager response.

b. "Significant" for present danger qualifies the family condition, child condition, individual behavior or acts, or family circumstances as exaggerated, out of control, and/or extreme. The danger is recognizable because what is happening is onerous, vivid, impressive, and notable. What is happening exists as the matter that must be addressed immediately. Significant is anticipated harm that can result in pain, serious injury, disablement, grave or debilitating physical health conditions, acute or grievous suffering, impairment or death.

c. Present danger is "Clearly Observable" because there are actions, behaviors, emotions or out-of-control conditions in the home which can be specifically and explicitly described which directly harm the child or are highly likely to result in immediate harm to the child.

d. Danger Threats may manifest as Present Danger when:

i. Parent/legal guardian/caregiver's intentional and willful act caused serious physical injury to the child, or the caregiver intended to seriously injure the child. This refers to caregivers who anticipate acting in a way that will result in pain and suffering. "Intended" suggests that, before or during the time the child was mistreated, the parents'/primary caregivers' conscious purpose was willfully to act in a manner which would reasonably hurt/harm the child. This threat must be distinguished from an incident in which the parent/legal guardian or caregiver meant to discipline or punish the child, and the child was inadvertently hurt.

ii. Child has a serious illness or injury (indicative of child abuse or neglect) that is unexplained, or the parent/legal guardian or caregiver explanations are inconsistent with the illness or injury. This refers to serious injury which parent/legal guardian or caregivers cannot or will not explain. While this is typically associated with injuries, it can also apply when family conditions or what is happening is bizarre and unusual with no reasonable explanation. Generally, this will be a danger threat used only at present danger. One example is the following: A child has sustained multiple injuries to their face and head, and the parent/legal guardian cannot or will not explain the injuries and the child is very young or non-verbal. The parent(s)' explanation changes over time as to how the injury or illness occurred.

iii. The child's physical living conditions are hazardous, and a child has already been seriously injured or will likely be seriously injured. The living conditions seriously endanger a child's physical health. This threat refers to conditions in the home which are immediately life threatening or seriously endangering a child's physical health (e.g., people discharging firearms without regard to who might be harmed; the lack of hygiene is so dramatic as to cause or potentially cause serious illness).

iv. There are reports of serious harm and the child's whereabouts cannot be ascertained; and/or there is a reason to believe that the family is about to flee to avoid agency intervention; and/or the family refuses access to the child; and the reported concern is significant and indicates serious harm. This threat refers to situations in which the location of the family cannot be determined, despite diligence by the agency to locate the family. The threat also refers to situations where a parent/legal guardian/caregiver refuses to see or speak with agency staff and/or allow agency staff to see the child, is openly hostile or physically aggressive toward the investigator or case manager, is avoiding staff, refuses access to the home, hides the child, or refuses access to the child and the reported concern is significant and indicates serious harm. The hiding of children to avoid agency intervention should be thought of in both overt and covert terms. Information, which describes a child being physically confined within the home or parents who

avoid allowing others to have personal contact with the child, can be considered "reported concern is significant and indicates serious harm."

v. Parent/legal guardian or caregiver is not meeting the child's essential medical needs and the child is/has already been seriously harmed or will likely be seriously harmed. This refers to medical care that is required, acute, and significant such that the absence of care will seriously affect the child's health. "Essential" refers to specific child conditions (e.g., blindness, physical or developmental disability, medical condition) which are either organic or naturally induced as opposed to parentally induced. The parents will not or cannot address the child's essential needs.

vi. Child shows serious emotional symptoms requiring intervention and/or lacks behavioral control and/or exhibits self-destructive behavior that parent/legal guardian is unwilling or unable to manage. This refers to specific deficiencies in parenting that result in the exceptional child being unsafe. The status of the child helps to clarify the potential for severe effects. Clearly, exceptional includes physical and mental characteristics that result in a child being highly vulnerable and unable to protect or fend for him or herself.

vii. Parent/legal guardian or caregiver is violent, impulsive, or acting dangerously in ways that seriously harmed the child or will likely seriously harm to the child. Violence refers to aggression, fighting, brutality, cruelty, and hostility. It may be regularly active or generally potentially active. This threat is concerned with self-control. It is concerned with a person's ability to postpone; to set aside needs; to plan; to be dependable; to avoid destructive behavior; to use good judgment; to not act on impulses; to exert energy and action; to inhibit; and/or to manage emotions. This is concerned with self-control as it relates to child safety and protecting children. So, it is the absence of caregiver self-control that places vulnerable children in jeopardy.

viii. Parent/legal guardian or caregiver is not meeting child's basic and essential needs for food, clothing and/or supervision, AND child is/has already been seriously harmed or will likely be seriously harmed. "Basic needs" refers to the family's lack of:

1. Minimal resources to provide shelter, food, and clothing; or,
2. The capacity to use resources to provide for a minimal standard of care if they were available.

ix. Parent/legal guardian or caregiver is threatening to seriously harm the child, or is fearful he/she will seriously harm the child. This refers to caregivers who express anxiety and dread about their ability to control their emotions and reactions toward their child. This expression represents a "call for help."

x. Parent/legal guardian or caregiver views child and/or acts toward the child in extremely negative ways AND such behavior has or will result in serious harm to the child. "Extremely" is meant to suggest a perception which is so negative that, when present, it creates child safety concerns. In order for this threat to be identified, these types of perceptions must be present, and the perceptions must be inaccurate.

xi. Other. This category should be used rarely. Consultation with and approval by a supervisor must occur to determine that the threat identified is not covered in any of the standard danger threat definitions. Documentation should accurately describe the threat, including the threshold qualifiers.

If the referral does not meet the criteria for SMT, or if a slot is not available, the Safety Services Senior Manager will consult with the CPI Program Administrator or designee to determine if there is a community resource that can be engaged as a safety management service to assist in managing the safety plan. When a community resource is identified a by-pass referral will be completed by the Staffing Specialist. In cases where the family does not meet the program entry criteria and the CPI Program Administrator disagrees with the determination; the case will be referred to the Director of Family Safety & Support for review.

Family Stabilization Support Team

The Family Stabilization Support Team (FSST) is co-located in the DCF offices. Family Assessment Specialists are available to participate in both pre-commencement and post-commencement activities and can joint respond with CPIs to provide immediate supports and up-front services to families. The families identified for this service typically involve mental health, substance misuse, and/or family violence concerns. The FSST can implement immediate referrals and follow-up with service providers, provides crucial information to the CPI team to help drive safety decisions, and streamlines the care coordination process by staffing for ongoing services with the CARES Staffing Specialists. Referrals can be made directly by CPI staff to the Family Assessment Specialist or Family Stabilization Supervisor.

Head Start Family Support Services

Access to Services, Screening and Intake Process

Families who have been screened and determined to meet federal eligibility requirements by the Head Start grantee, Brevard Public Schools, (including children aged 3 to 4) have access to Head Start services through FPOCF.

Brevard Public Schools ensures that each family referred to Head Start meets eligibility requirements to be served through the Head Start program and compiles family demographic information (minimally family name, phone number, address, child's name and assigned Head Start school.) This screening practice ensures equitable treatment and supports timely initiation of community linkages and supports. The Head Start Care Coordinator receives this information, creates an intake in the centralized database, and assigns to self. The identified staff member

schedules the initial contact with the family no later than three days of receiving the referral and completion of the Strength and Cultural Discovery within five days. There are multiple supports available for each child served in Head Start that includes a pre-determined "team" consisting of; Head Start Classroom Teacher, Head Start Family Engagement Social Worker, Family Literacy Specialist, Home Visiting Nurses, Instructional Assistants that function as Family Advocates and Children's Mental Health Services Provider. All families minimally receive information and referral services, the identification and development of family goals and regular follow up to revisit family's changing needs. Families that initially present with more acute needs (beyond information and referral) receive more intensive case management including Family Team Conferencing. This level of need determination is made at the initial family meeting once the assessment is completed. This continuum is designed to flexibly meet family's needs as families experience either increased risk levels or as risk to the family decreases and stabilization occurs. CARES utilizes the following protocol to ensure that families that are experiencing immediate crisis are triaged for intensive service delivery: referring Brevard Public Schools personnel alerts Head Start Care Coordinator of immediate crisis that has been presented for subsequent family contact, engagement and crisis stabilization. In these instances, the family is contacted within the same day whenever possible but no later than 24 hours from referral. All Head Start families have access to a 24/7 on call service and mobile crisis response team. The agency's written procedures regarding immediate intervention and crisis stabilization are outlined in OP BC 1018 (that includes crisis and safety planning) as well as connecting the family to more intensive services and emergency response as appropriate. Progress notes including case chronological information is entered into the required state database system (PROMIS) and FSFN. This includes updates to the family needs and goals as appropriate to identified intervention.

In instances where families do not meet Head Start eligibility criteria, families can elect to be served voluntarily through Wraparound after review for eligibility by the Family Support Services Senior Manager or are referred and connected to appropriate community resources.

Parents As Teachers (PAT)

Parents as Teachers is available to eligible Family Support Services families. PAT is a home visiting program that includes the assessment and delivery of skills needed to increase parent knowledge of early childhood development. This model assists in early detection of developmental delays and health issues. PAT provides early childhood parent education, family support, family well-being, and school readiness. It teaches new and expectant parents skills intended to promote positive child development and prevent child maltreatment using four core components: personal home visits, supportive group connection events, child health and developmental screenings and community resource networks.

PAT is an Evidenced Based Model recognized on Florida's Family First Prevention Services Act Plan that blends a unique combination of research, education and empowerment to assist caregivers in connecting with their child's early development and build a lifetime foundation for academic success.. PAT is delivered via in home visits from Parent Educations. Key details regarding the age groups served include:

- **Prenatal Focus:** The program welcomes expectant families and starts offering support during pregnancy.

- ***Birth to Age 3:*** *The* Foundational Curriculum *supports families with children from birth up to 3 years old.*
- ***Age 3 to Kindergarten:*** *The* Foundational 2 Curriculum *is designed for families with children aged 3 through kindergarten entry.*
- **Enrollment:** While targeting early childhood, families can enroll at any point between pregnancy and kindergarten.

The seven goals/outcomes of PAT include:

- Providing early detection of developmental delays and connection to services
- Improving parent, child, and family health and well-being
- Preventing child abuse and neglect
- Increasing children's school readiness and success
- Improving family economic well-being
- Strengthening community capacity and connectedness

Parenting with Love and Limits (PLL)

Parenting with Love and Limits (PLL) is specifically designed for children and teenagers aged **10 to 18** who exhibit severe emotional or behavioral problems. It is highly effective for addressing Oppositional Defiant Disorder (ODD), conduct disorders, and ADHD, targeting adolescents at risk of out-of-home placement. Key aspects of the age group and program:

- **Target Age:** Adolescents and pre-teens (10–18).
- **Behavioral Focus:** Designed for severe behaviors such as aggression, chronic truancy, drug/alcohol abuse, and family conflict.
- **Goal:** To help parents re-establish authority through firm limits while maintaining a loving connection.
- **Structure:** Often involves a 6-week program combining multi-family group therapy and individual family coaching sessions

PLL combines group therapy and family therapy to treat children and adolescents aged 10-18 who have severe emotional and behavioral problems and frequently co-occurring problems such as depression, alcohol or drug use, chronic truancy, destruction of property, domestic violence, or suicidal ideation. The program also has been used with teenagers with less extreme behaviors. PLL is also used to serve as an alternative to a residential placement for youth as well as with youth returning from residential placement such as commitment programs, halfway houses, group homes, or foster homes. PLL teaches families how to reestablish adult authority through consistent limits while reclaiming a loving relationship.

Cribs for Kids
Access to Services, Screening and Intake Process

FPOCF offers on-going Safe Sleep Education via a virtual training.

1. Requests for a crib can be made through a referring agency, and self-referrals will also be accepted.

2. The infant in need of a crib and reside in FPOCF service area resident and be under 12 months of age.

3. Unless there are multiple births, the family can receive only one crib per household.

4. Parent/Caregiver will be required to complete a Cribs for Kids Program Referral Form, virtual training, and present a certificate of completion for Safe Sleep.

BY DIRECTION OF THE PRESIDENT AND CHIEF EXECUTIVE OFFICER:

PHILIP J. SCARPELLI
President and Chief Executive Officer
Brevard Family Partnership / Family of Agencies

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