
Series: Operating Procedures COA: CM 9,
FPS 10

Procedure Name: Aftercare and Transition Planning
System

Procedure Number: OP BC 1016

Revision #/Date: 3/15/2017, 03/09/2026

Reviewed Date: (1) 04/02/2021

Effective Date: 02/05/2013, 03/09/2026

Applicable to: Family Partnerships of Central Florida
CARES Staff

SUBJECT: FPOCF operating procedure for Aftercare and Transition Planning for families that successfully complete the CARES Program.

PURPOSE: The purpose of this procedure is to outline FPOCF procedures for Aftercare and Transition Planning to ensure family sustainability and access to resources and supports that build upon their strengths and meet service needs. The proper application of this procedure ensures that FPOCF meets its commitment to ensure continuity of care for families using a family centered, consumer driven, strength based approach consistent with the wraparound principles of care.

PROCEDURE:

Aftercare and Transition Planning

Aftercare and Transition Planning is a highly individualized, comprehensive family driven process. The purpose of Aftercare and Transition Planning is to ensure that families have a plan developed prior to discharge that will enable the achievement of self-sufficiency and sustainability.. Transition planning begins early in the relationship with the family. Plans include the identification of a network of community support that are knowledgeable of the family and available in times of crisis. Aftercare planning helps to ensure that the potential for child maltreatment is minimized by actively engaging the family in accessing community resources readily available to maximize the family's potential for positive outcomes. Services and supports are provided in an integrated and holistic manner within the context of the locally managed system of care and developed in collaboration with the surrounding community, supporting community based organizations and informal and natural supports. This ensures continuity of care over time and across agency boundaries, while maximizing the family's opportunities for remaining together intact in the community.

Each family that successfully completes CARES is provided with a Transition Plan that outlines the family plan for aftercare (developed in advance of case closing to ensure an orderly transition.) The Transition Plan identifies risk factors based on family history and ongoing services needed as well as specifies steps for obtaining these services. The team takes the initiative to explore and identify all suitable resources and makes contact with the service providers prior to family discharge. In addition, CARES follows up on the Transition Plan as appropriate, when possible, and with the permission of the family to ensure that the plan is effectively meeting the family's needs. This Discharge Summary that is completed prior to case closure (as outlined in BC OP 1010) identifies the informal, natural and community supports involved with the family and assists with the continued identification of the family's sustainability supports. Discharge and transition planning begins when the family enters CARES based upon the information obtained during the Strength and Cultural Discovery/Family Functional Assessment-Ongoing. Information obtained from service authorizations, service providers, progress reports and recommendations from the Family Team during Family Team Conferences provide additional insight and resources during the Aftercare and Transition Planning process.

The Transition Plan is a comprehensive document that addresses short and long term needs and goals of the family. The Transition Plan includes the following:

1. Family and identified community support system.
2. Informal and Natural Supports,
3. Community Based Organizations.
4. Supportive services needed.
5. Status of family/significant other support system.
6. Type of aftercare services.
7. Family involvement/children issues.
8. Mental health status.
9. Providers funded through 3rd Party funding sources (such as Medicaid or Private Insurance);
10. Targeted Case management, when applicable.
11. Any other involved agencies, (for example the Department of Juvenile Justice);
12. Treatment Program's such as Psychiatrist for Medication Management or Therapist.
13. Sober living resources such as AA or NA when appropriate.
14. Information regarding emergency shelters and supportive housing when appropriate, and

15. Any other non-traditional ways to meet the family's needs such as community civic organizations, clubs, support groups and specialized advocacy organizations (for example children with autism.) Other services include but are not limited to outreach, information and referral, prevention and intervention services, assessment, individual, group and family counseling in a community setting, medical services, day treatment or respite.

Coordinators are responsible for:

- 1.Coordinating with the current service providers in identifying supports needed for successful transition.
- 2.Linking families to appropriate community-based supports including vocational and educational resources.
- 3.Ensuring that the plan meets the needs of the family, and
- 4.Ensuring that the family understands they can access CARES and participate in the Alumni program if additional assistance is required and to prevent the likelihood of recidivism.

BY DIRECTION OF THE PRESIDENT AND
CHIEF EXECUTIVE OFFICER:



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

APPROVAL DATE: March 18, 2026